

Dear Colleague

RE: UPDATED GUIDANCE TO MEDICAL PRACTITIONERS FOR DEATH CERTIFICATION AND REPORTING DEATHS TO THE PROCURATOR FISCAL DURING THE COVID-19 PANDEMIC

1. This communication is to update the previous guidance issued on 24th March 2020 and 20th May 2020, to doctors, colleagues in Police Scotland, Crown Office and Procurator Fiscal Service and the Scottish Registration Service in relation to the processes for providing the Medical Certificate of Cause of Death (MCCD, or Form 11), during the COVID-19 Pandemic. Links to the previous CMO letters are below.
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)08.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)08.pdf)
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)15.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)15.pdf)

Background

2. Scottish Government's regulations making COVID-19 a Notifiable Disease came into force on 22 February 2020. The CMO letter can be accessed through the link below.
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)04.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)04.pdf)

3. Subsequently, the World Health Organisation (WHO) declared COVID-19 to be Pandemic on the 11 March 2020. The severity, spread in the population and duration of the Pandemic was unprecedented.

Principles

4. This letter is intended to adopt uniform terminology of the disease and the virus and support the reduction in time to provide the Medical Certificate of the Cause of Death (MCCD/Form 11) during this challenging time.

5. WHO has said that for the purposes of the International Classification of Diseases (ICD), the official name of the Disease is Coronavirus disease (COVID -19) (just as the Disease Acquired Immune Deficiency Syndrome is called AIDS).

From the Chief Medical Officer
Professor Sir Gregor Smith,
Crown Agent and Chief Executive of COPFS
David Harvie,
Paul Lowe, Registrar General for Scotland and Keeper of the Records of Scotland and
DCC Malcolm Graham, Police Scotland
19th April 2022

SGHD/CMO (2022)17

Addresses

For action

NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Primary Care Leads

For information

National Records of Scotland
Police Scotland
Death Certification Review Service
COPFS
NHS Board and Special Board Chairs
NHS Board and Special Board Chief Executives
NHS Board Directors of Nursing
Bereavement Co-ordinators of Health Boards
Chief Officers of Integration Joint Boards
Local Authority Registration Managers
Infection control managers
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
Police Care Network, NHS National Services Scotland (NSS)
Care Inspectorate
National Association of Funeral Directors
The National Society Of Allied And Independent Funeral Directors
Independent healthcare
Regional Resilience Partnerships (RRP)
Association of Registrars of Scotland

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Police Scotland - Suzanne Chow

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or

SCDHomicideGovernanceReview@scotland.police.uk

6. The official name of the Virus by the International Committee on Taxonomy of Viruses (ICTV) is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (just as the relevant virus causing AIDS is called HIV).

7. Therefore, the use of the terms COVID-19 disease or SARS-CoV-2 infection in MCCD/Form 11 is acceptable, and can also be entered into the register in that way.

Long COVID-19 syndrome terminology

8. The appropriate terminology that has been agreed jointly by RCGP, NICE and SIGN can be found on the following sites -

- NICE website link <https://www.nice.org.uk/guidance/ng188/chapter/context#ongoing-symptomatic-covid-19>
- SIGN website link <https://www.sign.ac.uk/our-guidelines/managing-the-long-term-effects-of-covid-19/>

9. As COVID-19 disease is a notifiable disease, the hazards box on the MCCD/Form 11 (DH1) as always, should be ticked.

Deaths not related to COVID-19 disease although testing positive for the virus within 28 days of the death

10. In circumstances where a death occurs within 28 days of a positive COVID-19 test but the death has not been directly caused by COVID-19 disease or COVID-19 disease has not contributed to the death, notification of the positive test is not required on the MCCD.

11. However, the relevant hazard box/es need to be completed as 'Y' (Yes) if a hazard is present, even if it has not caused or contributed to the death.

12. Medical Practitioners will be familiar with guidance issued by the Crown Office and Procurator Fiscal Service entitled 'Reporting deaths to the Procurator Fiscal - Information and Guidance to Medical Practitioners'. This guidance defines the categories of death reportable to the Procurator Fiscal by medical practitioners. In the CMO letter dated 24 March 2020 mentioned above, medical practitioners were advised that whilst s3(d), requires certifying doctors to report a death to the Procurator Fiscal (PF), where the individual dies of a disease or organism 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 Health (Scotland) Act 2008, the Lord Advocate had directed that during the pandemic, the exception to this was deaths due to COVID-19 disease or SARSCoV-2 infection or presumed COVID-19 disease or SARS-CoV-2 infection. This remains the guidance to certifying doctors with the intention that this will help to reduce the demands on the medical profession, whilst maintaining the overall integrity of the system for reporting and investigating deaths.

13. Medical practitioners will also be familiar with the guidance contained in the CMO letter dated 20 May 2020 mentioned above where medical practitioners were advised that, in light of significant public anxiety around deaths in care homes and deaths of those who may have contracted COVID-19 in their place of work, any such deaths must be reported to the PF in terms of section 3(g) of the aforementioned guidance.

14. **No other specific categories of death due to COVID-19 disease are required to be reported by medical practitioners on the grounds of section 3(g). That remains the position.**

15. The guidance also confirmed that others e.g. employers, registrars and others can report a death to the PF if they fall under the two specific categories described above. That remains the position. However, that does not absolve the certifying medical practitioner of the responsibility to report any death in either of these two categories.

16. Otherwise, there remain situations when certifying doctors do still require to report a death to the PF where a person has died as a result of COVID-19 disease or presumed COVID-19 disease. In particular where the death falls under another category defined by section 3(e) of the guidance to medical practitioners.

17. The Lord Advocate has clarified the process that must be followed by medical practitioners prior to reporting a nosocomial or hospital onset COVID-19 disease death under section 3(g) of the COPFS guidance. This includes deaths occurring in hospices.

18. Medical practitioners should not report hospital or hospice nosocomial or hospital onset COVID-19 disease deaths to the PF under section 3(g) of the Information and Guidance for Medical Practitioners (criteria details in **Annex B**), if the *only* reason the circumstances surrounding the death may be said to cause public anxiety is because the person died of COVID-19 disease or presumed COVID-19 disease in hospital or may have contracted COVID-19 in a hospital setting.

19. In addition, no hospital or hospice nosocomial or hospital onset COVID-19 disease deaths should be reported under section 3(g) without the medical practitioner discussing the death with their Health Board's infection control team or other senior clinicians, prior to reporting under section 3(g).

20. When reporting any hospital death to the PF, medical practitioners must be able to advise the PF the reason the death is being reported to them, with reference to the subsection of section 3 of the COPFS guidance under which the death is being reported, and must be able to detail any areas of concern by either medical staff or next of kin in respect of the infection control measures in place at the relevant time. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

21. Medical Practitioners are reminded that deaths due to COVID-19 or presumed COVID-19 must be reported to the PF, as per the CMO letter of 20 May 2022 ([CMO\(2020\)15 - Re: Updated Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic \(scot.nhs.uk\)](#)). These specific criteria are as below:

- where the deceased was resident in a care home (including adults, the elderly and children) at the time the virus was contracted;
- where the deceased may have contracted the virus in the course of their employment or occupation; or
- where they are reportable under section 3 (criteria details in **Annex B**) of the Information and Guidance to Medical Practitioners.

22. Where a hospital or hospital nosocomial or hospital onset COVID-19 disease death is being reported under section 3(e) the medical practitioner should discuss the death with their Health Board's infection control team or other senior clinicians prior to reporting. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

23. In considering whether COVID-19 can be said to be probable or definite hospital onset medical practitioners are directed to refer to the UK definition contained within the link below. <https://www.publichealthscotland.scot/media/11059/2022-01-hospital-onset-covid-19-surveillance-protocol-v1.pdf>

24. These steps will ensure that all deaths within these categories will be registered within the COPFS system of death investigation, and that each of these deaths can be investigated. The nature and extent of that investigation will depend on the particular circumstances of each case. The purpose is to understand the circumstances of the deaths, to prevent future deaths in similar circumstances and to take any necessary action.

25. The system of investigations of death in Scotland includes FAIs, but does not require an FAI in every death that is reported to the PF. FAIs are held only where they are required by law and mandatory, or where the Lord Advocate decides that one should be called in the public interest. In most cases, the investigation can be closed in a relatively short period of time and no further action is required.

26. The PF box in the MCCD/Form 11 should not be ticked where the death has not been reported to the PF.

27. This guidance from the COPFS will be kept under review and any decision taken to either revert to the status quo or extend the requirements will be communicated in a further joint letter.

28. The new guidance in **Annex A** 'fast-tracks' the completion of the MCCD to indicate where the cause of death is 'pandemic COVID-19 disease' or 'presumed COVID-19 disease', gives examples of situations, including complications due to vaccination, and outlines the circumstances that can be legitimately considered for certification. It is hoped that this combination will enable doctors to provide an MCCD/Form 11 and reduce delays in the registration of deaths from diagnosed COVID-19 disease. As above, a summary of the categories of deaths now reportable to the Procurator Fiscal can be found **at Annex B**.

29. NRS have taken powers via the Coronavirus Act 2020 to allow for remote registration without face-to-face contact with the informant (usually the next of kin, but now potentially including funeral directors with a family's permission) which have been in operation since March 26. Certifying doctors will also need to stop face-to-face contact and the handing over a paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) to whoever usually collects the MCCD/Form 11 (usually the next of kin/informant). Instead the copy of the printed/paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) produced and signed at the conclusion of the process by the certifying doctor should be scanned and e-mailed to the registration office where the next of kin/informant says they would like to register the death, as well as to the informant themselves.

30. Certifying doctors should also put a hard copy in the post to the registration office designated by the informant.

Action

31. We would be grateful if you could bring this guidance to the attention of relevant colleagues in your organisations and enable the dissemination of this information to all doctors in the area as soon as possible.

Thank you very much for your help in this matter.

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer

David Harvie
Crown Agent and Chief Executive of COPFS

Malcolm Graham
Deputy Chief Constable
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Paul Lowe
Registrar General and Keeper of the Records of Scotland

Guidance to Medical Practitioners for Death Certification during the COVID-19 disease Pandemic

This guidance is intended to assist medical practitioners with their clinical responsibility for the appropriate certification of deaths during the COVID-19 disease Pandemic. Whilst the guidance is not all inclusive, it is intended to give medical practitioners assistance and support with their clinical responsibility for the appropriate certification of death and provision of the MCCD/Form 11.

The aim is to provide information that will assist in the certification process and to give medical practitioners the confidence to act appropriately when operating in an environment altered and pressurised by the COVID-19 disease Pandemic. This approach to deaths during the COVID-19 disease Pandemic has been produced with the approval of the Directorate of the Chief Medical Officer, the Crown Office and Procurator Fiscal Service (COPFS), Police Scotland, and National Records of Scotland (NRS), with the view to assisting medical practitioners in the process of certification of death during the COVID-19 disease Pandemic.

During the COVID-19 disease Pandemic, there will be an increased number of deaths that will require to be certified. This increase may be so significant that that it will put pressure on medical practitioners and wider services as a whole. It is likely that some medical practitioners and colleagues from other services such as Police Scotland, Crown Office and Procurator Fiscal Service, forensic pathologists, funeral directors, burial and cremation authorities, local authority registrars and others, will themselves be incapacitated by COVID-19 disease or infection for periods of time and this will put an even greater strain on capacity within current systems.

In addition, due to public health reasons there may be increased pressure for the rapid disposal of those who have died, as well as requirements about the type of disposal procedures that need to be followed.

Reporting to the Procurator Fiscal

Any deaths due to COVID-19 disease are reportable to COPFS under the current 'Information and Guidance for Medical Practitioners'. [See link](#)

This is on the basis of section 3(d) of the guidance given that COVID-19 disease is an infectious disease that poses an acute and serious risk to public health due to it being a Notifiable Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008.

In light of the World Health Organisation declaring COVID-19 disease to be a pandemic on 11 March 2020, the Lord Advocate instructed that medical practitioners do not report deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal where they would otherwise require to be reported in terms of section 3(d) only – unless in the circumstances described in Annex B.

This suspension and guidance will be kept under review and any decision taken to either revert to the status quo or extend the requirements will be communicated in a further joint letter.

It is important to note that where a person has COVID-19 disease or presumed COVID-19 disease but the death falls under another category defined by section 3 of the PF guidance to medical practitioners, then the death must be reported to the Procurator Fiscal (**Annex B**).

This will include the following deaths:

- suspicious deaths
- drugs related deaths
- accidental deaths
- deaths as a result of an accident in the course of employment
- deaths of children from overlaying or suffocation
- deaths where the circumstances indicate the possibility of suicide
- deaths as a result of neglect/fault
- death of a child (other than where COVID-19 disease or presumed COVID-19 disease is the cause of death)
- deaths from other notifiable/infectious diseases
- deaths under medical or dental care in the circumstances defined in section 3(e)
- deaths while subject to compulsory treatment under the mental health legislation
- deaths in legal custody.

It should be borne in mind by medical practitioners that their clinical responsibility for appropriate certification of death requires that they be satisfied, ***on the balance of probabilities***, as to the likely cause of death. This complies with the concept of certification

provided ***to the best of one's knowledge and belief*** as required by the Registrar General for Scotland and written into the MCCD/Form 11.

There are a number of situations where medical practitioners may need to consider whether a cause of death of COVID-19 disease can be certified. It is anticipated that the majority of deaths during the COVID-19 disease Pandemic will be readily identified as such. There may, however, be certain categories where identification of the cause of death is not straightforward:

1. There may well be deaths where there has been recent medical intervention but the medical practitioner still has some doubt as to the cause of death. In these circumstances, the medical practitioner should consider the symptoms to see whether, ***on the balance of probabilities and to the best of their knowledge and belief***, “COVID-19 Disease” is the likely cause of death. These symptoms should include a persistent cough, high temperature and shortness of breathing in adults, and in children (who may have milder symptoms).

2. There may be cases where there has been little or no recent medical intervention and the medical practitioner is short of information as to the deceased's recent state of health. In these circumstances, the medical practitioner should consider the symptoms outlined above from relatives or friends, if available, as well as looking at the wider facts and circumstances.

These wider facts and circumstances can include the fact that there is a COVID-19 disease Pandemic, that the COVID-19 disease Pandemic has struck in the locality with community transmission, whether there was any evidence of testing kits or medication suitable for treating the symptoms of a COVID-19 disease or infection found in or near the deceased's possessions e.g. analgesics, cough medicine, medicines to reduce the fever, etc.

3. There may also be cases where the medical practitioner finds some evidence of symptoms and/or surrounding circumstances that are compatible with, but perhaps not exclusive to, COVID-19 disease as being the cause of death. In such a case, and where there are no other indications as to the cause of death, and where there are no suspicious circumstances, it would be considered clinically responsible to certify the death as “presumed COVID-19 disease”. This will be accepted as a cause of death by the local authority registrar and recorded in that format in the register.

4. If the practitioner is not able to satisfy him or herself on the balance of probabilities of the likely cause of death, then the appropriate action would be to discuss the issue with the Procurator Fiscal. The Procurator Fiscal may:

- advise that a certificate can be issued with “presumed COVID-19 Disease”,
- accept the reporting of the death to them in some instances, and take over the investigation of the case with the help of Police Scotland, which may or may not involve a post mortem examination (autopsy).

The first responders at the death in the community are expected to follow the Management of Death in the Community (in hours and out of hours) implemented on the 29 February 2016. See Link below.

[www.sehd.scot.nhs.uk/cmo/CMO\(2016\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf)

In Scotland, Confirmation of Death (Verification of Death/Pronouncing Life Extinct) can be undertaken by any registered healthcare professionals, trained and competent to do so. See link below.

<https://www.gov.scot/publications/verification-of-death-by-a-registered-healthcare-professional-chief-nursing-officer-guidance/>

Vaccination

Vaccination should not be included on the death certificate if the vaccination has not caused or contributed to the death to the best of the doctor’s knowledge and belief.

Where there are concerns about potential side effects or efficacy of the vaccine, this should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) using the [Yellow card Scheme](#)

Should there be an instance where vaccination is believed to have caused or contributed to the death, this would be reportable to the PF as an adverse drug reaction.

If advice is required from the [Death Certification Review Service](#) team the service is 0830 to 1730 Monday to Friday (his.dcrs@nhs.scot ; 03001231898)

Vaccine induced immune thrombotic thrombocytopenia

If this rare condition is confirmed as the condition directly leading to death, the case should be reported to the MHRA and the PF in keeping with the Crown Office & Procurator Fiscal Service (COPFS) guidance.

If thrombocytopenic thrombosis is suspected and the individual dies before a definitive diagnosis is made, then it would be up to the pathologists (in hospital or instructed by COPFS) to decide the cause of death.

The Death Certification Review Service (DCRS)

In parallel, it was realised changes would be required to amend/suspend routine, random review of MCCDs by DCRS, when there was a possible adverse impact on the workload, such as a rapid increase in additional deaths due to COVID-19 disease.

From 24 March 2020, and as an interim measure, the percentage of MCCDs selected for review by DCRS were decreased from the current 14% to 4% (3.5% for level 1 reviews and 0.5% for level 2 reviews). The random review of MCCDs was then suspended on 26 March 2020 but reinstituted at 4% level 1 reviews on 11 May 2020. In August 2020, the percentage of MCCDs selected for review returned to pre-pandemic levels. Since November 2020, the percentage of MCCDs selected for review has fluctuated in response to the pressures placed on the NHS by the Pandemic.

Requests for Interested Person Reviews were also temporarily suspended during this period, but have since resumed, and eligible applicants can apply directly to DCRS. More information can be found [here](#).

In addition, DCRS have throughout this time continued to provide advice via their enquiry line on 03001231898 or his.dcrs@nhs.scot and authorise disposal of repatriations to Scotland. The Death Certification Review Service and normal guidance for death certification will recommence when the Pandemic is declared to be over following any transition period, which may be required.

Categories of death to be reported

In terms of section 3 of the '[Information and Guidance for Medical Practitioners](#)', the following deaths must be reported to the Procurator Fiscal;

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 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 Health (Scotland) Act 2008 or any other infectious disease or syndrome. **In terms of CMO letter dated 24 March 2020, the Lord Advocate has suspended the requirement to report deaths due to COVID-19 disease or presumed COVID-19 disease under this category. Certifying doctors do continue to require to report a death to the Procurator Fiscal where a person had COVID-19 disease or presumed COVID-19 disease and the death falls under another category defined under section 3.**

(e) Deaths under medical or dental care (see Section 9 below)

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). (See Section 13 below)
- 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. **In terms of the guidance detailed in [CMO letter dated 20 May 2020](#), the Lord Advocate directed that this includes any death due to COVID-19 or presumed COVID-19 (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted or (b) where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation. Whilst not exhaustive, this may include deaths of care home workers, frontline NHS staff and emergency services personnel.**

In terms of the guidance detailed in this letter, the Lord Advocate has clarified that any hospital acquired COVID death should not be reported to the Procurator Fiscal's office, if the only reason the circumstances surrounding the death may be said to cause public anxiety is because the person died of COVID-19 disease or presumed COVID-19 disease in hospital or may have contracted COVID-19 in a hospital or hospice setting.

In addition, no hospital or hospice nosocomial or hospital onset COVID-19 disease deaths should be reported under section 3(g) without the medical practitioner discussing the death with their Health Board's infection control team or other senior clinicians, prior to reporting under section 3(g).

When reporting any hospital death to the PF, medical practitioners must be able to advise the PF the reason the death is being reported to them, with reference to the subsection of section 3 of the COPFS guidance under which the death is being reported, and must be able to detail any areas of concern by either medical staff or next of kin in respect of the infection control measures in place at the relevant time. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

Where a hospital or hospital nosocomial or hospital onset COVID-19 disease death is being reported under section 3(e) the medical practitioner should discuss the death with their Health Board's infection control team or other senior clinicians prior to reporting. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.