



## Death Certification Review Service

### Guidance for doctors completing MCCD for confirmed or suspected cases of COVID-19 in Scotland

- The preferred terminology is: COVID-19 Disease
- If the disease is suspected but not confirmed, you may write: Presumed COVID-19 disease
- Put any co-morbidities that have contributed to the death in Part 2 of the MCCD
- Tick YES to the DH1 hazard box, as COVID-19 is a notifiable disease
- There is a suspension on the requirement to report COVID-19 deaths to the Procurator Fiscal. Thus, deaths from COVID-19 do **NOT** currently need to be reported to the Procurator Fiscal (unless there would be another reason for reporting the death to the Procurator Fiscal based on their guidelines).
- This requirement to report for another reason includes any death due to COVID-19 or presumed COVID-19 in the following situations:
  - (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, emergency services personnel and public transport workers
- Tick the extra information box if you have outstanding results (for example, virology) which may change the MCCD at a later date. Otherwise, leave this box blank

## **Long term COVID terminology and resources for managing the long-term effects of COVID-19**

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

- [NICE website](#)
- [SIGN website](#)

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

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 or COVID-19 has not contributed to the death, notification of the positive test is not required on the MCCD.

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.

## **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
- Thus far, the vaccines appear to have a good safety profile
- 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 Procurator Fiscal as an adverse drug reaction
- If advice is required from the [Death Certification Review Service](#) team, the service is contactable from 08:30 to 17:30, Monday to Friday ([his.dcrs@nhs.scot](mailto:his.dcrs@nhs.scot); 0300 123 1898)

**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 Procurator Fiscal 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.

If you have any further questions, please contact DCRS on 0300 123 1898 or [his.dcrs@nhs.scot](mailto:his.dcrs@nhs.scot)

## PART C - CAUSE OF DEATH

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE

|  | Approximate interval between onset and death |        |           |
|--|--|--------|-----------|
|  | Years  | Months | Days      |
| I Disease or condition directly leading to death *<br>(a) <b>ACUTE RESPIRATORY DISTRESS SYNDROME</b>   |  |        | <b>5</b>  |
| Antecedent causes – Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last due to (or as a consequence of) |  |        |           |
| (b) <b>COVID-19 DISEASE</b>  |  |        | <b>14</b> |
| due to (or as a consequence of)<br>(c)   |  |        |           |
| due to (or as a consequence of)<br>(d)   |  |        |           |
| II Other significant conditions contributing to the death, but not related to the disease or condition causing it                                    |  |        |           |
| <b>HYPERTENSION</b>  | <b>14</b>                                    |        |           |
| <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>   | <b>12</b>                                    |        |           |
|  |  |        |           |

\* This does not mean mode of dying, such as heart or respiratory failure, it means the disease, injury or complication that caused death.

## PART D - HAZARDS

| To the best of your knowledge and belief: |  | Y                                   | N                                   |
|---|--|-------------------------------------|-------------------------------------|
| DH1                                       | Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body "contaminated", immediately before death? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DH2                                       | Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| DH3                                       | Is there radioactive material or other hazardous implant currently present in the deceased?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## PART E – ADDITIONAL INFORMATION

| Post mortem examination by a pathologist (tick one)             |  |
|---|--|
| PM1   | Post mortem has been done and information is included above  |
| PM2   | Post mortem information may be available later   |
| PM3   | No post mortem <input checked="" type="checkbox"/>   |
| Attendance on deceased (tick one)                               |  |
| A1  | I was in attendance upon the deceased during last illness <input checked="" type="checkbox"/>                          |
| A2  | I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate |
| A3  | No doctor was in attendance on the deceased  |
| Procurator Fiscal (tick if applicable)                          |  |
| PF  | This death has been reported to the procurator fiscal  |
| Extra information for statistical purposes (tick if applicable) |  |
| X   | I may be able to supply the Registrar General with additional information  |
| Maternal Deaths (tick if applicable)                            |  |
| M1  | Death during pregnancy or within 42 days of the pregnancy ending   |
| M2  | Death between 43 days and 12 months after the end of pregnancy   |

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## PART C - CAUSE OF DEATH

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE

|  | Approximate interval between onset and death |        |          |
|--|--|--------|----------|
|  | Years  | Months | Days     |
| I Disease or condition directly leading to death *<br>(a) <b>PRESUMED COVID-19 DISEASE</b>   |  |        | <b>9</b> |
| Antecedent causes – Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last due to (or as a consequence of) |  |        |          |
| (b)  |  |        |          |
| due to (or as a consequence of)<br>(c)   |  |        |          |
| due to (or as a consequence of)<br>(d)   |  |        |          |
| II Other significant conditions contributing to the death, but not related to the disease or condition causing it                                    |  |        |          |
| <b>ISCHAEMIC HEART DISEASE</b>   | <b>8</b>                                     |        |          |
| <b>METASTATIC ADENOCARCINOMA OF LUNG</b>   | <b>6</b>                                     |        |          |
|  |  |        |          |

\* This does not mean mode of dying, such as heart or respiratory failure, it means the disease, injury or complication that caused death.

## PART D - HAZARDS

| To the best of your knowledge and belief: |  | Y                                   | N                                   |
|---|--|-------------------------------------|-------------------------------------|
| DH1                                       | Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body "contaminated", immediately before death? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| DH2                                       | Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| DH3                                       | Is there radioactive material or other hazardous implant currently present in the deceased?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## PART E – ADDITIONAL INFORMATION

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| PM2   | Post mortem information may be available later   |
| PM3   | No post mortem <input checked="" type="checkbox"/>   |
| Attendance on deceased (tick one)                               |  |
| A1  | I was in attendance upon the deceased during last illness <input checked="" type="checkbox"/>                          |
| A2  | I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate |
| A3  | No doctor was in attendance on the deceased  |
| Procurator Fiscal (tick if applicable)                          |  |
| PF  | This death has been reported to the procurator fiscal  |
| Extra information for statistical purposes (tick if applicable) |  |
| X   | I may be able to supply the Registrar General with additional information <input checked="" type="checkbox"/>          |
| Maternal Deaths (tick if applicable)                            |  |
| M1  | Death during pregnancy or within 42 days of the pregnancy ending   |
| M2  | Death between 43 days and 12 months after the end of pregnancy   |

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