

## 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 decision will be reviewed in summer 2020
- 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

If you have any further questions, please contact DCRS on 0800 123 1898 or [dcrs@nhs24.scot.nhs.uk](mailto:dcrs@nhs24.scot.nhs.uk)

**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 * (a) <b>ACUTE RESPIRATORY DISTRESS SYNDROME</b>			<b>5</b>
<b>Antecedent causes</b> – 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) (c)			
due to (or as a consequence of) (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 <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

**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 * (a) <b>PRESUMED COVID-19 DISEASE</b>			<b>9</b>
<b>Antecedent causes</b> – 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) (c)			
due to (or as a consequence of) (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>		

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**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)	
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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