

ELECTRONIC DEATH REPORTING IN SOMERSET

NOTES FOR REPORTING DOCTOR

Coroner's Officers telephone: 01278 649700

Coroner's Officers email: CoronersOfficersSomerset@avonandsomerset.police.uk

- Deaths **must be reported electronically** using the Electronic Death Referral Form (EDRF) that has been circulated;
- all previous EDRF copies and versions derived therefrom **MUST** be destroyed with immediate effect. Only those with new Acting Senior Coroner logo will be acceptable
- EDRFs can be submitted to the Coroner's Officers at any time. Coroner's Officers are on duty from 07.00-16.00hrs Monday – Thursday and 07.00-15.30 Friday.

WHEN SHOULD A DEATH BE REPORTED TO THE CORONER?

1. As a result of the ***Notification of Death Regulations 2019*** the Senior Coroner should expect to receive notification of deaths in the following circumstances: (emphasis added)
 - (a) the registered medical practitioner suspects that the person's death was due to:
 - (i) **poisoning**, including by an otherwise benign substance (in regards to alcohol or smoking related deaths, only acute events should be reported. Natural chronic/long-lasting conditions do not need reporting);
 - (ii) exposure to or contact with a **toxic substance**;
 - (iii) the use of a medicinal **product, controlled drug or psychoactive substance**;
 - (iv) **violence**;
 - (v) **trauma, injury or accident** however long ago it happened;
 - (vi) **self-harm**;
 - (vii) **neglect**, including self-neglect;
 - (viii) the person undergoing a **treatment** or procedure of a **medical** or similar nature;
 - (ix) an injury or disease **attributable to any employment** held by the person during the person's lifetime (e.g. exposure to asbestos);
 - (x) **a cause is unknown**
 - (b) the registered medical practitioner suspects that the person's death was **unnatural** but does not fall within any of the circumstances listed above
 - (c) the registered medical practitioner suspects that the person **died while in custody** or otherwise in state detention (deaths in custody must be reported even if due to a natural cause);
 - (d) the registered medical practitioner reasonably believes that **there is no attending medical practitioner** as required to sign a certificate of cause of death in relation to the deceased person;
 - (e) the attending **medical practitioner is not available** within a reasonable time of the person's death to sign the certificate of cause of death; (the death must be registered within 5 days unless a referral to the Coroner has been made)
 - (f) the **identity of the deceased is unknown**
2. Once a death is referred to the Coroner, the reporting doctor may not issue a MCCD to a family until agreed by or on behalf of the Coroner.

3. Where the medical cause of death is agreed by the Coroner, the doctor signing the MCCD must indicate that the Coroner has been informed and must record the exact words as agreed with the Coroner, with no abbreviations.

WHO CAN SIGN THE MCCD?

4. The Coronavirus Act 2020 (CA2020), which introduced easements to death certification processes and cremation forms, **expired at midnight on 24 March 2022**. During the pandemic, reporting rules and regulations were relaxed. This relaxation has now expired and so a reporting Doctor who is looking to complete the MCCD:
 - (a) must have **seen** the deceased patient face to face for a **consultation within 28 days prior** to their death;
 - (i) telephone consultations are no longer sufficient;
 - (ii) a video consultation may be acceptable;
 - (iii) an appointment for a jab (whether covid, flu or similar) is not sufficient to be considered as “seen”;
 - (iv) saying hello or exchanging pleasantries in passing (i.e. during a hospice or ward round is insufficient), there must be an actual consultation
 - (b) cannot just have seen the deceased after death; he/she must have seen the deceased **in life AND during their last illness**.

FRAILITY OF OLD AGE IN 1A

5. If Frailty of Old Age / Old Age is being offered in 1a, the Coroner will require this to be supported by a history of decline (whether acute or chronic) and will expect full and accurate information to be provided, such as:
 - (a) Did the deceased have a frailty index score? If so, what was the score?
 - (b) Was the deceased bedbound, or had limited mobility and how long had they been like this?
 - (c) Was the deceased refusing food and/or drink?

**SAMANTHA MARSH
ACTING SENIOR CORONER
SOMERSET**