



## Notifications of Deaths Regulations 2019 (SI 2019 No 1112)

This summary is not a substitute for reading the original document but will provide a reference document to be used when completing a MCCD.

Paragraph	Description
2	Any of the following should be reported REGARDLESS of the time that has passed since death
	Reportable causes:
8	Death due to poisoning – intentional or accidental
8	Death due to ingestion of benign substance at high levels eg Sodium (salt)
9	Alcohol or smoking deaths only due to acute poisoning NOT causes due to long term conditions caused by alcohol/cigarettes
10	Exposure to or contact with toxic substances including radioactive materials
11	Death due to medicinal product whether deliberate or accidental eg Illicit or recreational drugs and also prescribed or non-prescribed (Over The Counter (OTC)) medicines
12	Death due to psychoactive substances that may stimulate or depress the central nervous system. This will include 'legal highs' or 'designer drugs' but also herbal highs eg salvia
13	Due to violence, trauma or injury – whether inflicted by self or other including a fall or road traffic accident
14	Due to self-harm: poisoning, trauma or injuries inflicted self or their actions
15	Death due to neglect including self-neglect: Neglect applies if in a dependent position eg minor, elderly person, a person with a disability or serious illness and it is REASONABLE TO SUSPECT there was a failure to provide them with or to procure for them certain basic and obvious requirements. This includes: <ul style="list-style-type: none"> <li>• Adequate nourishment or liquid</li> <li>• Adequate shelter or warmth</li> <li>• Adequate medical assessment, care or treatment</li> </ul>
16	Death albeit from natural causes resulted from human failure including acts/omissions
17	Self-neglect applies if death result of deceased intentionally or unintentionally not preserving their own life (not reportable if there was a documented, reasonable and informed decision by deceased not to act in a way that would have preserved their own life)



18	Where people fail to take adequate nourishment or proper personal care due to natural progression of an underlying illness such as dementia. This may hasten death but does not need notifying to the coroner unless there was neglect by others.
19	No need to notify if death as a result of life style choices eg smoking, eating excessively or chronic alcohol intake.
20	Death due to person undergoing any treatment or procedure of a medical or similar nature. This may be surgical, diagnostic or therapeutic procedure and investigations, anaesthetics, nursing or any kind of medical care. <ul style="list-style-type: none"> <li>• Death occurs unexpectedly</li> <li>• Errors made in the procedure</li> <li>• Procedure caused or contributed to death</li> <li>• Death follows recognized complication of the procedure</li> <li>• Original diagnosis was delayed or erroneous lead to death or acceleration of death</li> </ul>
21	Death following medical or similar procedure may not necessarily be due to that treatment: the medical practitioner should consider whether there is a relationship.
22	Death due to illness attributed to any employment held by the person during the PERSONS LIFETIME This could be self-employment, unpaid work, work experience or contracted services eg fall from scaffolding, crushed in machinery. It includes diseases received in the course of employment EVEN IF EMPLOYMENT HAS LONG CEASED
23	Disease in course of employment would include: <ul style="list-style-type: none"> <li>• Coal miner died of pneumoconiosis</li> <li>• Furniture worker died of cancer of nasal sinuses</li> <li>• Construction worker who died of asbestosis-related lung disease eg asbestosis or mesothelioma</li> <li>• Rubber or paint worker who dies of bladder cancer</li> </ul>
24	Death considered to be unnatural eg deceased contracted a disease (eg mesothelioma) as a result of washing his/her partner's overalls which were covered in asbestosis however long before the death occurred.
25	Medical practitioner unable to determine cause of death to the best of their knowledge or belief.
26	Death in custody or in state detention regardless of cause of death (see original document for full list)
27	No need to report expected death where there is a DOLS unless in custody or detention
28	No attending registered medical practitioner required to sign a Medical Certificate Cause of Death (MCCD)



	The attending medical practitioner must have seen the deceased EITHER in the 14 days prior to the date of death OR AFTER DEATH otherwise needs referring to the coroner
29	In general practice more than one GP may have been involved in the patients care and so be able to certify the death
31, 32, 33	The medical practitioner needs to be available to sign a MCCD within a REASONABLE TIME PERIOD. It is UP TO THE MEDICAL PRACTITONER to decide what is a reasonable time but should be as soon as possible and NO LONGER THAN 5 DAYS from death.
34, 35	Identity of deceased is unknown – report to coroner AND police

Information to be provided to the coroner

36	Report to coroner as soon as possible. Ring the coroner's office and this should become a priority. If also suspicious then notify police immediately
37	Take reasonable steps to establish cause of death before notifying coroner
38	Notifying in writing including submission of documents by courier or electronically (including email, web portal or other scanning method)
39, 40, 41, 42	Notification can be provided orally IN EXCEPTIONAL CIRCUMSTANCES eg telephone To provide written information as soon as practical

Remember that the Manchester North Senior Coroner has previously asked for cases of 'Aspiration Pneumonia' within the jurisdiction (Rochdale, Bury, Oldham) to be reported to the Coroner's office.

**Advisable to keep a laminated copy of this  
with the MCCD book**