

## Verification of death and medical certificate of cause of death

**Summary** The Policy Directive outlines the processes for the assessment and documentation to verify death and the medical certification of death for patients within the NSW Health system.

**Document type** Policy Directive

**Document number** PD2023\_014

**Publication date** 06 July 2023

**Author branch** Office of the Chief Health Officer

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**Replaces** PD2021\_029

**Review date** 06 July 2028

**Policy manual** Not applicable

**File number** DG23/3924

**Status** Active

**Functional group** Clinical/Patient Services - Medical Treatment, Records  
Corporate Administration - Records

**Applies to** Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

**Distributed to** Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service

**Audience** Clinical;Doctors;Nursing Staff;NSW Ambulance

## Verification of death and medical certificate of cause of death

### POLICY STATEMENT

NSW Health provides a uniform procedure for completing clinical assessments and documentation to verify death and when issuing a *Medical Certificate of Cause of Death*.

This Policy Directive describes the roles of medical practitioners, registered nurses/registered midwives and qualified paramedics in relation to assessment and documentation when patients die within the NSW Health system.

### SUMMARY OF POLICY REQUIREMENTS

#### Verification of death

Determination of death in patients is preceded by a minimum observation period of five minutes to establish that irreversible cessation of cardiorespiratory function has occurred. The observation period is to be done by the clinician determining death. After five minutes of continued cessation of cardiorespiratory function, the:

- absence of pupillary responses to light
- absence of response to central painful stimulus
- absence of a central pulse on palpation
- absence of heart sounds on auscultation
- absence of respiratory effort

indicate irreversible cessation of cardiorespiratory function and the time of death is then recorded.

A medical practitioner must conduct the verification of death assessment. In cases where there is no medical practitioner available to verify death, registered nurses, registered midwives and qualified paramedics can do so. The *Verification of Death* form must be completed. Qualified paramedics must only verify death as outlined in NSW Ambulance Protocol A13 *Verification of Death*.

Where a body is transported to a NSW Health facility for verification of death assessment, a medical practitioner, registered nurse or registered midwife can assess death and complete the *Verification of Death* form. The Coroner will issue a death certificate in such cases.

In situations where the person has injuries incompatible with life or has been deceased for some time, the death is considered obvious and no clinical assessment is required.

### Medical Certificate of Cause of Death

The medical practitioner who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death must, within 48-hours of the death, notify the Registrar of the Registry of Births, Death & Marriages using the *Medical Certificate of Cause of Death* form. The contact details of the medical practitioner who will complete the *Medical Certificate of Cause of Death* form must be included in the *Verification of Death* form.

In situations where it is necessary for a funeral director or government contractor to transport the body of a deceased person to a NSW Health facility for completion of the *Medical Certificate of Cause of Death* form and the name of the medical practitioner who will complete the *Medical Certificate of Cause of Death* form is not known, the registered nurse/registered midwife may write "transfer to <name of NSW Health facility>" in the *Medical Certificate of Cause of Death* section on the *Verification of Death* form.

A medical practitioner is to only certify the cause of death if a diagnosis of cause of death can be made. If the medical practitioner is unable to ascertain the cause of death, the matter must be referred to the Coroner.

Training must be provided to relevant staff regarding assessment and documentation of death (available via My Health Learning).

### REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_014 July-2023	Deputy Secretary, Population and Public Health	Changes to wording for clinical assessment for circulatory determination of death.
June-2021 (PD2021_029)	Deputy Secretary, Population and Public Health	Changes in relation to the time period for circulatory determination of death.
March 2020 (PD2020_011)	Deputy Secretary, Population and Public Health	Changes in relation to the time period for circulatory determination of death.
September 2015 (PD2015_040)	Deputy Secretary, Population and Public Health	Replaces term extinction of life with verification of death; clarifies the role of registered nurses / registered midwives and qualified paramedics in assessment and documentation of death; mandates use of a Statewide Verification of Death form.
July 2012 (PD2012_036)	Deputy Director-General Governance, Workforce and Corporate	Updated to include Ambulance Service of NSW and allow for assessment of life extinct of palliative care patients who die at home and who were receiving palliative care by a NSW public health service or facility.
November 1999 (PD2005_488)	Director General	Originally issued as Circular 99/92. Replaced Circular 95/97.

July 1995 (Circular 95/57)	Director-General	Replaced Draft Circular 89/130. This circular allowed a Registered Nurse to assess life extinct in specific circumstances.
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## 1. BACKGROUND

### 1.1. About this document

This Policy Directive outlines the process for the assessment and documentation to verify death (previously referred as extinction of life), and the medical certification of death of patients within the NSW Health system. It describes the roles of medical practitioners, registered nurses/ registered midwives and qualified paramedics employed by NSW Health in relation to assessment and documentation when patients die within the NSW Health system.

Medical practitioners must comply with the death certificate requirements outlined in the *Births, Deaths and Marriages Registration Act 1995* (NSW).

This Policy Directive does not apply to the Justice Health and Forensic Mental Health Network.

NSW Ambulance staff may only verify death in accordance with NSW Ambulance Protocol A13 *Verification of Death*.

This Policy Directive supports registered nurses and registered midwives to verify death across practice settings. The Nursing and Midwifery Board of Australia (NMBA) advises that *“the extent of a nurse or midwife’s scope of practice is determined by the individual’s education, training and competence. The extent of an individual’s scope of practice is then authorised in the practice setting by the employer’s organisational policies and requirements.”*<sup>[1]</sup>

All staff must comply with the legislative requirements in the *Coroners Act 2009* regarding the certification of death.

### 1.2. Key definitions

<b>Intention to complete and sign a <i>Medical Certificate of Cause of Death</i></b>	In circumstances where there may be a delay in completion of the <i>Medical Certificate of Cause of Death</i> by a medical practitioner, it may be appropriate following verification of death by a registered nurse/ registered midwife or qualified paramedic, for a medical practitioner to provide a notice of intention to complete a <i>Medical Certificate of Cause of Death</i> which will allow a funeral director to remove the body. The certification as to the cause of death must take place within 48-hours of the death.
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<sup>1</sup> Nursing and Midwifery Board of Australia Fact Sheet - *Context of practice for registered nurses and midwives* 2015

<b>Medical Certificate of Cause of Death</b>	The form issued by the NSW Registry of Births, Deaths & Marriages in which a medical practitioner notifies the Registrar, Registry of Births, Deaths & Marriages of a death and the cause of that death, pursuant to legislative requirements in Section 39 of the <i>Births, Deaths and Marriages Registration Act 1995</i> (NSW).
<b>Notification of deaths by medical practitioners to the Registrar at the Registry of Births, Deaths &amp; Marriages</b>	A requirement of the medical practitioner who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death under the <i>Births, Deaths and Marriages Registration Act 1995</i> (NSW). For further details see <a href="#">Section 2.2</a> .
<b>Public Health Organisation</b>	A public health organisation is defined in Section 7 of the <i>Health Services Act 1997</i> (NSW) as: <ul style="list-style-type: none"> <li>• a local health district and specialty health network, or</li> <li>• a statutory health corporation, or</li> <li>• an affiliated health organisation in respect of its recognised establishments and recognised services.</li> </ul>
<b>Verification of Death</b>	A clinical assessment process undertaken to establish that a person has died.

### 1.3. Legal and legislative framework

NSW legislation relevant to this Policy Directive:

- *Births, Deaths and Marriages Registration Act 1995* (NSW)
- *Coroners Act 2009* (NSW)
- *Health Services Act 1997* (NSW)
- *Human Tissue Act 1983* (NSW).

### 1.4. Policy framework

NSW Health policy documents relevant to this Policy Directive:

- NSW Health Policy Directive *Coroners Cases and the Coroners Act 2009* ([PD2010\\_054](#))
- NSW Health Policy Directive *Conduct of Anatomical Examinations and Anatomy Licensing in NSW* ([PD2011\\_052](#))
- NSW Health Policy Directive *Organ and Tissue Donation, Use and Retention* ([PD2022\\_035](#)).

## 1.5. NSW State Forms

NSW Health State Forms relevant to this Policy Directive:

- *Medical Certificate of Cause of Death* (SMR010509) [NSW Registry of Births, Deaths and Marriages]
- *Coronial Checklist* (SMR010.513)
- [Verification of Death](#) (SMR010.530)
- *Death Certification Arrangements for Expected Home Death* (SMR010.531).

## 2. DOCUMENTATION REQUIREMENTS WHEN A PATIENT DIES

### 2.1. Reporting a death to the Coroner

To determine if a death should be reported to the coroner refer to the *Coronial Checklist* available from the hospital/ local health district, in conjunction with the NSW Health Policy Directive *Coroners Cases and the Coroners Act 2009* ([PD2010\\_054](#)). The *Coronial Checklist* includes details of how to seek advice where there is uncertainty and provides contacts for the NSW State Coroner's Office or the Duty Pathologist, [NSW Health Forensic Medicine](#) (Sydney, Newcastle and Wollongong).

Nursing, midwifery and medical staff managing cases reportable to the Coroner must follow the steps outlined in the NSW Health Policy Directive *Coroners Cases and the Coroners Act 2009* ([PD2010\\_054](#)). For deaths reportable to the Coroner, verification of death (extinction of life) is documented within *Report of a Death of a Patient to the Coroner (Form A)* (SMR010.510). No additional documentation relating to death is required.

It is advisable to seek advice from the Coroner regarding the mandatory reporting of deaths which fall within the requirements of Section 24 of the *Coroners Act 2009* (NSW) which covers jurisdiction concerning deaths of children and disabled persons.

### 2.2. Medical certification of death

#### 2.2.1. Legal responsibilities of medical practitioners

Death certificates certify the facts and circumstances of the death of a person. Under the *Births, Deaths and Marriages Registration Act 1995* (NSW) the medical practitioner who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death, **must**, within 48-hours of the death:

- a) Give the Registrar of Births, Deaths and Marriages, notice of the death and cause of death, and
- b) if the medical practitioner is of the opinion that it is impracticable or undesirable to give notice of the cause of death of the person within that time, give the Registrar notice of the death, and of the medical practitioner's intention to sign a death certificate with the cause of death notified as soon as possible after that.



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In NSW public health organisations, the *Medical Certificate of Cause of Death* must be used to give notice of death. This form asks for the date of death or range of dates where the exact date is not known.

A medical practitioner cannot give notice based on review of medical records only. The body must be viewed, or the medical practitioner must have been treating the person prior to death.

If another medical practitioner has given notice, or the death has been reported to the Coroner under the *Coroners Act 2009* (NSW), a medical practitioner is not required to give repeat notice of death to the Registrar, Births, Deaths and Marriages.

A medical practitioner must only certify the cause of death if a diagnosis of cause of death can be made. If the cause of death is uncertain, reasonable steps are to be taken to obtain sufficient information to enable the medical practitioner to determine the cause of death. Reasonable steps would include reviewing the medical record or contacting other health professionals involved in the recent care of the deceased person.

If the medical practitioner is unable to ascertain the cause of death or the death is otherwise reportable to the Coroner (see [Section 2.1.](#)), the matter must be referred to the Coroner and a *Medical Certificate of Cause of Death* must *not* be completed.

If the medical practitioner is a relative of the deceased, they should not complete the certificate unless they are the only medical practitioner in a remote area. Medical practitioners must also disclose any property, pecuniary or other benefit(s) that they anticipate acquiring from the death.

Notification of death certificates may be requested from the Registrar of Births, Deaths and Marriages via phone 13 77 88.

## **2.2.2. Responsibilities for certification of death in NSW Health facilities**

When a patient dies in a NSW Health facility where there are medical practitioners on site, it is preferable that a medical practitioner conducts the verification of death assessment. If verification of death is completed by another health professional, a medical practitioner is to certify the death as soon as practicable.

In the case of facilities where there is not 24-hour medical coverage, the medical practitioner is to certify death at the commencement of duties. Only a medical practitioner can complete the *Medical Certificate of Cause of Death*.

## **2.3. Verification of death**

### **2.3.1. Roles of medical practitioners, registered nurses, registered midwives and qualified paramedics**

A medical practitioner must conduct the verification of death assessment in situations where medical tests are required to declare death (for example, prior to organ donation).

In all other cases, where there is no medical practitioner available to verify death, registered nurses, registered midwives and qualified paramedics can do so. Qualified paramedics must only verify death as outlined in NSW Ambulance Protocol A13 *Verification of Death*.

### 2.3.2. Clinical procedure for verifying death

Determination of death in patients is preceded by a minimum observation period of five minutes to establish that irreversible cessation of cardiorespiratory function has occurred. The observation period is to be done by the clinician determining death. After five minutes of continued cessation of cardiorespiratory function, the:

- absence of pupillary responses to light
- absence of response to central painful stimulus
- absence of a central pulse on palpation
- absence of heart sounds on auscultation
- absence of respiratory effort

indicate irreversible cessation of cardiorespiratory function and the time of death is then recorded.

In cases of expected deaths at home, the clinical assessment process for the verification of death must be completed.

Where a verification of death assessment has been completed and the practitioner is not certain if the person is deceased, they are to seek the opinion of a second health professional.

In a hospital setting, a medical practitioner should be called, if available. In the case of a registered nurse attending an expected death in a community setting, it is reasonable for the attending nurse to wait and repeat the verification of death assessment after a clinically appropriate time period has elapsed. A second opinion may be sought from a qualified paramedic by calling an ambulance if necessary.

Note that a different clinical procedure is conducted when a patient is certified dead for the purpose of organ donation. Such an assessment is conducted according to the NSW Health Guideline *Organ Donation After Circulatory Death* ([GL2021\\_012](#)).

In situations where the person has injuries incompatible with life (such as decapitation, severe incineration or extensive trauma), or has been deceased for some time (as evidenced by rigor mortis, dependent lividity or tissue decomposition), the death is considered obvious and no clinical assessment is required. This situation is most likely to occur when a body is brought to a hospital by a government contractor (see [Section 2.4.](#)).

### 2.3.3. Documentation

#### *Registered nurses/ registered midwives*

Registered nurses/ registered midwives who are assessing and documenting death must use the Statewide *Verification of Death* (SMR010.530). The original form is provided to the funeral director and a copy is kept in the health care record.

In remote sites, in situations where it is necessary for a funeral director or government contractor to transport the body of a deceased person to a NSW Health facility for completion of the *Medical Certificate of Cause of Death* and the name of the medical practitioner who will complete the *Medical Certificate of Cause of Death* is not known at the time the *Verification*

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of Death is being completed, the registered nurse or registered midwife may write “transfer to <name of NSW Health facility>” in the *Medical Certificate of Cause of Death* section on the *Verification of Death*. Local procedures must be in place to ensure that the *Medical Certificate of Cause of Death* is completed within 48-hours of the death.

**Qualified paramedics**

Qualified paramedics are to provide the funeral director with the *Verification of Death* and record details of the clinical procedure to verify death in the NSW Ambulance clinical record.

**2.3.4. Tissue or body donation for deaths outside a health facility**

Tissue and body donation may be relevant for some deaths outside of a health facility.

**Tissue Donation**

A potential donor of tissue for corneal, musculoskeletal and cardiac tissue (heart valve) transplantation is a deceased person for whom retrieval is possible within 24-hours after death.

In order to provide opportunities for families/ carers to support the donation of tissues for transplantation, the staff member who verifies the death should sensitively inquire whether the deceased had indicated their wish to be a tissue donor. If so, they should prompt the family/ carer to contact the NSW Tissue Bank via the Lions NSW Eye Bank on (02) 9382 7288 (24-hours a day) to notify them of the death. For more information see the NSW Health Policy Directive *Organ and Tissue Donation, Use and Retention* ([PD2022\\_035](#)).

**Donation of Bodies to a School of Anatomy/ Medical Science**

The deceased person may have decided in their lifetime to donate their body after death to a School of Anatomy for the purposes of anatomical examination and medical research and will usually have completed a consent form during their lifetime to document this decision. The family/ carer should be prompted to contact the relevant School of Anatomy body donation program to notify them of the potential donor's death and to make arrangements for the transfer of the body. Further information is available in the NSW Health Policy Directive *Conduct of Anatomical Examinations and Anatomy Licensing in NSW* ([PD2011\\_052](#)).

**2.3.5. Medical certification following verification of death**

A medical practitioner must complete the *Medical Certificate of Cause of Death* within 48-hours of death. The contact details of the medical practitioner who will complete the *Medical Certificate of Cause of Death* must be included in the *Verification of Death* to ensure this occurs.

For patients cared for at home where death is anticipated (such as patients known to NSW Health palliative care and affiliated or contracted palliative care services or hospital in the home patients with a resuscitation plan in place), it is recommended that there is agreement in advance on who will complete the medical certification of death. In such cases, the patient's general practitioner may agree to this responsibility (see [Section 2.5.](#)).

#### **2.4. Bodies transported for verification of death assessment by government contractors (individuals not under the care of NSW Health at the time of death)**

In some circumstances, a body may be transported by a government contractor, NSW Ambulance or the NSW Police to a hospital for verification of death. If a qualified paramedic is involved in the case prior to a decision to transport the body, it is recommended that they complete the *Verification of Death* form as outlined in Section 2.3. This will assist with transfer of the body to a more suitable location.

Where a qualified paramedic is not involved and the body is transported to a hospital for verification of death, a medical practitioner, registered nurse or registered midwife can assess death and complete the *Verification of Death*. The Coroner will issue a death certificate in such cases in due course. A copy of the signed *Verification of Death* form does not need to be provided to the police.

#### **2.5. Optional considerations for expected home deaths in regional and rural settings**

Within regional and rural settings, there may be specific challenges in organising a medical practitioner to complete the *Medical Certificate of Cause of Death* due to greater distances involved and limited medical workforce. Local health districts may elect to put in place local policy and/ or procedures to designate the medical practitioner responsible for completing the *Medical Certificate of Cause of Death* in advance of an expected death. This approach is encouraged by the State Coroner. Local procedure or policy development should involve consultation with primary care providers, funeral directors and potentially the police and Coroner.

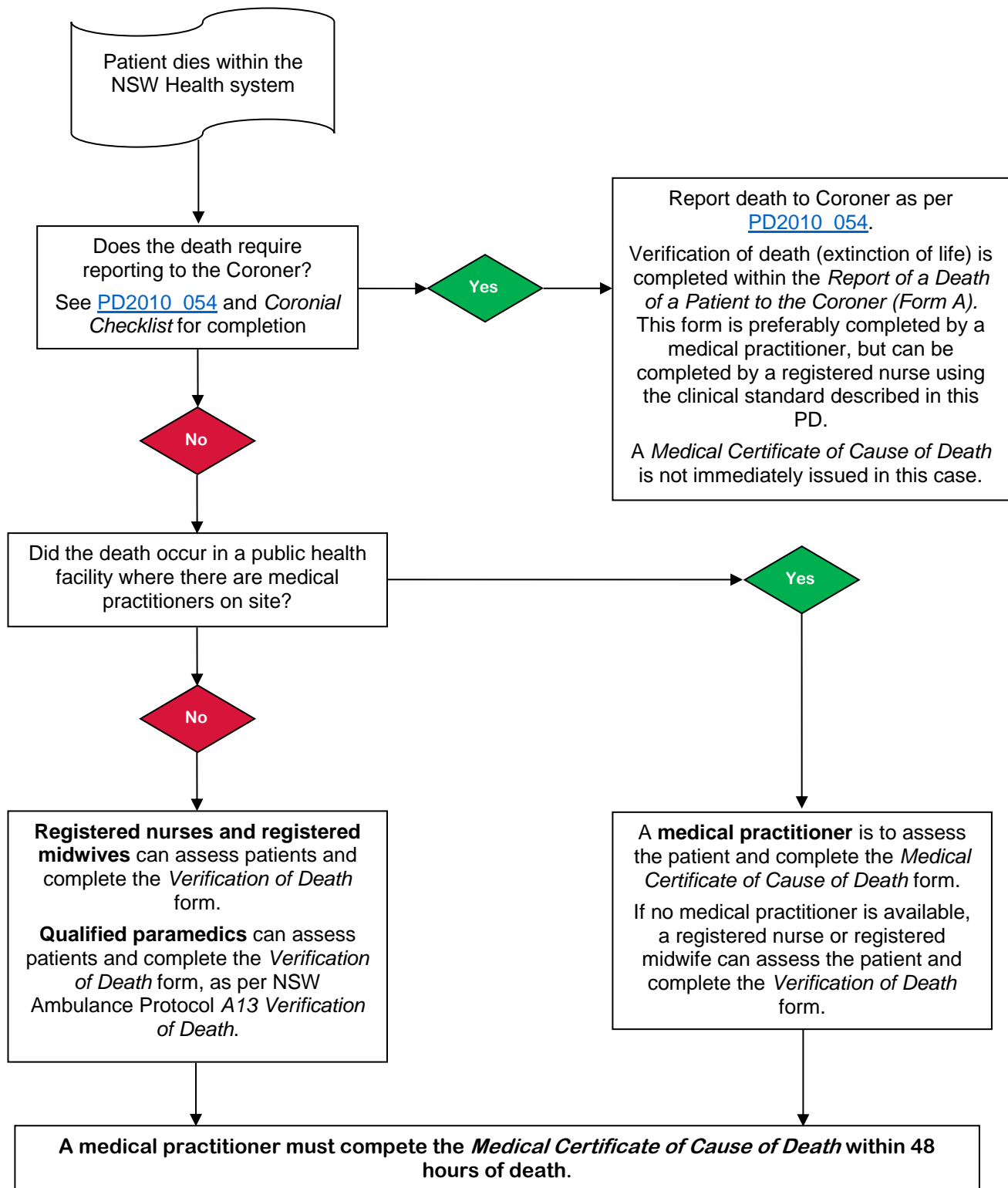
In many cases the patient's general practitioner will be a key part of the healthcare team for patients approaching and reaching the end of their lives who choose to be cared for and die at home.

It is recommended that general practitioners are involved in discussions about planning for completion of the *Medical Certificate of Cause of Death* as part of care planning. In many cases these discussions will be recorded in the patient's health record, however some local health districts and specialty health networks may elect to formalise the agreement. To assist with formalising this process, a model *Death Certification Arrangements for Expected Home Death* form (see [Appendix 2](#)) has been developed and endorsed by the NSW Health State Forms Management Committee. Use of this form is encouraged, but not mandated where local health districts and specialty health networks have elected to develop a process for managing expected deaths in this way.

### **3. APPENDICES**

1. Roles and responsibilities for documentation when a patient dies within the NSW Health system
2. StateForm *Death Certification Arrangements for Expected Home Death*



### 3.1. Appendix 1: Roles and responsibilities for documentation when a patient dies within the NSW Health system





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**3.2. Appendix 2: State Form *Death Certification Arrangements for Expected Home Death***

 SMR010531	 <b>NSW Health</b>	FAMILY NAME _____ MRN _____	DEATH CERTIFICATION ARRANGEMENTS FOR EXPECTED HOME DEATH
	Facility: _____	GIVEN NAME _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		D.O.B. ____/____/____ M.O. _____	
		ADDRESS _____	
		LOCATION / WARD _____ COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

**PURPOSE:**

This form is recommended for use where Local Health Districts / Specialty Health Networks have put in place local policy and/or procedures to designate the medical practitioner responsible for completing the Medical Certificate of Cause of Death (MCCD) in advance of an expected home death. This form will assist with timely removal of the body from the patient's home and give certainty about who will complete the MCCD.

- The first section of the form is for completion by Local Health District / Specialty Health Network staff.
- The second section of the form is for completion by the GP or medical practitioner who agrees to complete the Medical Certificate of Cause of Death within 48 hours of the patient death. The GP or medical practitioner should return this form to the requesting service as soon as possible.

**FOR COMPLETION BY REQUESTING SERVICE**

**Patient details**

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ MRN \_\_\_\_\_

Address \_\_\_\_\_

Patient Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Palliative or Life-limiting Diagnosis: \_\_\_\_\_

Palliative Care Phase: ☐ Deteriorating ☐ Terminal

**Details of requesting service:**

☐ Specialist Palliative Care Service ☐ Community Health ☐ Aged Care ☐ Multipurpose Service (MPS)

Staff member requesting form: Print Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Organisation: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR COMPLETION BY GP OR MEDICAL PRACTITIONER WHO ACCEPTS RESPONSIBILITY TO COMPLETE MCCD FOR EXPECTED HOME DEATH**

Will you make yourself available at the time of the patient's death to view the body and complete MCCD?

☐ Yes ☐ No

Comment: \_\_\_\_\_

Can you be contacted after hours? ☐ Yes ☐ No

If No, are you prepared to provide a Medical Certificate of Cause of Death (MCCD) to the Funeral Director within 48 hours if the death is not a reportable death under the Coroners Act 2009?

☐ Yes ☐ No

GP/Medical practitioner's details:

A/H or Mobile No (if available): \_\_\_\_\_ Surgery Ph: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ON COMPLETION, RETURN COMPLETED FORM TO:**

Contact person/service \_\_\_\_\_

FAX \_\_\_\_\_ or EMAIL \_\_\_\_\_

Original - Funeral Director

Photocopy - Medical Record

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DEATH CERTIFICATION ARRANGEMENTS  
FOR EXPECTED HOME DEATH

SMR010.531