

Policies, Procedures, Guidelines and Protocols

| Document Details | | |
|---------------------------------------|------------|--|
| Title | | Policy for Lodging and Releasing bodies from the Mortuary |
| Trust Ref No | | 533 |
| Local Ref (optional) | | |
| Main points the document covers | | This policy provides guidelines for the management of the mortuaries across the four Community Hospitals |
| Who is the document aimed at? | | Community Trust Nursing Staff and Ancillary staff that work within inpatients at Community Hospitals. |
| Author | | Rachel Mole, Clinical Services Manager, Bridgnorth Hospital |
| Updated 26/11/24 | | Locality Clinical Managers |
| Approval process | | |
| Approved by (Committee/Director) | | Patient Safety Committee |
| Approval Date | | 13/02/2025 |
| Initial Equality Impact Screening | | Yes |
| Full Equality Impact Assessment | | No |
| Lead Director | | Director Of Nursing & Clinical Delivery |
| Category | | Clinical |
| Sub Category | | Community Hospitals |
| Review date | | 13/03/2028 |
| Distribution | | |
| Who the policy will be distributed to | | Community Hospital Inpatient Ward Staff |
| Method | | Via website and Ward Manager’s meetings |
| Document Links | | |
| Required by CQC | | Yes |
| Required by NHSLA | | No |
| Other | | Non |
| Amendments History | | |
| No | Date | Amendment |
| 1 | 12/10/2017 | Updated Sections: Inpatient, Cleaning and Fridge Temperature, Maintenance, Fridge Failure - new section. |
| 2 | Oct 2020 | Update of Coroners details, out of hours arrangements, associated documents. Added use of Cadaver Bags and also monitoring of length of stay in Mortuary. Reporting mechanisms. Additional guidance around cleaning. |
| 3 | May2021 | Minor changes and Consultation Group updated |
| 4 | Nov 2024 | Minor changes , 5.1, 5.2, 5.45, 5.51, 5.52, 9,10 |
| 5 | | |

1. Introduction

This policy is intended to provide guidance for staff in relation to the management of the mortuaries across the four Community Hospitals and the Recovery and Rehabilitation units within Shropshire Community Health NHS Trust (SCHT).

The policy covers both the administrative and the clinical issues around the use of mortuaries and will help to ensure that all those that use the policy are clear regarding their responsibilities as well as ensuring the safe and appropriate use of the mortuaries.

2. Glossary

SCHT – Shropshire Community Health Trust

LCM – Locality Clinical Manager

COSHH - Control of Hazardous substance to Health Regulations

PPE – Personal Protective Equipment

3. Purpose

The policy will provide staff with guidance for procedure to be undertaken when patient is deceased and body needs to be removed from the Inpatient ward and taken to the Hospital Mortuary.

4. Duties

The Chief Executive

The Chief Executive Officer has overall responsibility for maintaining staff and patient safety and is responsible for the governance and patient quality and safety programmes within the organization.

Directors

Directors of Services are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation of this policy.

Line Managers and Service Leads (Locality Clinical Manager's and Ward Managers)

Managers will ensure that a system is in place within the services they are responsible for, for the implementation of this policy and for monitoring its effectiveness.

All Staff

All staff must ensure that they comply with the arrangements in place to implement and maintain this policy, within the areas they work.

5. Procedures to be adhered to within the Mortuary

5.1 Access to the Mortuary

Access to the mortuary will be via swipe access smartcard following the agreement of the authorised personnel who is:

Bishops Castle Community Hospital - Nurse in Charge

Bridgnorth Community Hospital - Nurse in Charge

Ludlow Community Hospital - Nurse in Charge

Whitchurch Community Hospital - Nurse in Charge

Recovery and Rehabilitation Unit Ward 36 – Nurse in Charge

Recovery and Rehabilitation Unit Ward 18 – Nurse in Charge

Policy for Lodging and Releasing bodies from the Mortuary

(In relations to the Recovery and Rehabilitation wards located at Shrewsbury and Telford Hospitals (SaTH) all bodies will follow the SaTH policy for lodging of bodies)

Access cards will not be made available to other individuals and non-Shropshire Community Health Trust (SCHT) staff may only gain access to the mortuary in the company of the authorised personnel.

5.2 Health and Safety

All SCHT staff will comply with moving and handling guidelines and COSHH (Control of Hazardous substance to Health Regulations)

Visitors attending for viewing must be accompanied by a nursing representative of the ward in respect of inpatients or a nominated funeral director for non-inpatients. If a death has been referred to the Coroner, the deceased person's body is under the Coroner's jurisdiction until the inquiry is completed and opportunities for the family to see their relative may be restricted. Arrangements to view should be made with the Coroner's officer who will be able to explain any restrictions.

Contact for Coroner's office is:

HM Coroner's Services
Guildhall,
Frankwell Quay,
Shrewsbury,
Shropshire,
SY3 8HB

Mr. J P Ellery - Senior Coroner, Mr H Westerman & Mrs. J M Lees - Assistant Coroner
Telephone: 01743 258540 (Coroner's Officers)
Telephone: 01743 258470 (Coroner's Administration Office)
Email: coroner@shropshire.gov.uk

5.3 Lodging of Bodies

5.3.0 Inpatients

All procedures involved in the receipt, storage and release of the deceased person's body must be carried out respectfully. This means that people's bodies should be cared for, handled and stored in an away which preserves the dignity of the deceased person at all times. Respectful care is demonstrated by ensuring that:

- Transport is appropriate. Ideally, for transportation to the mortuary a specially adapted trolley should be used so that the body of the deceased is completely concealed.
- The bodies of the deceased are labelled, kept covered and placed in the body bag/ shroud in a dignified way – bearing in mind the need for secure identification and in a way that best preserve the person's body. Use of a wrist and ankle band is preferable to attaching a label to the toe.

The deceased must be identified and labelled as follows:

- Wristbands x 2, one located on wrist and one on opposite ankle.
Policy for Lodging and Releasing bodies from the Mortuary

- ~~Body label on outside of Cadaver body bag on chest and one on outer sheet~~
- It is essential that identification of the body of a deceased person, including correlation of the forms and labelling, is checked by at least two individuals.
- The deceased will be placed in Cadaver body bag prior to transfer to Mortuary.

5.3.1 Infection Prevention

It is vital that both Health and Safety and the prevention of infection are employed within the mortuary setting. SCHAT must ensure that risks are reduced as far as possible by providing a safe working environment. Infection Prevention and Control precautions for the safe handling and disposal of infected bodies are necessary and appropriate PPE must be worn by staff when handling the body e.g. Surgical face masks, single use gloves and aprons. The use of eye protection must be risk assessed and worn if there is the danger of splashing.

If a patient has died whilst known or presumed to be suffering from an infectious disease then staff should wear personal protective equipment e.g. Surgical face masks, single use gloves and aprons. The use of eye protection must be risk assessed and worn if there is the danger of splashing. All bodies of the deceased must be enclosed in a plastic cadaver body bag before they are transported to the mortuary and labelled danger of infection.

Bodies must be escorted to the mortuary by a minimum of one member of SCHAT staff at all times.

Details of the deceased should be entered into the mortuary register and provide the following information:

- Date and time of entry
- Full name and address of deceased
- Source – if different from their address or the hospital ward
- Ward
- Age and date of birth
- Tray number
- Details of jewellery left on the deceased
- Name and status of persons entering details of the deceased
- Signatures

These details must be checked and signed by the two people lodging the body.

The body must then be placed on a body tray with a head block under the head in the Refrigerated Body Store and an appropriately completed door card attached to the body tray.

5.3.2 External Providers

This relates to deceased persons who have been brought by ambulance or undertakers and is accompanied by one or more of the following:

- Police (including Coroner's Officers)
- Ambulance Crew
- Undertakers

A bracelet, death card and door card must be prepared by trust staff, where possible giving the name and age of the deceased. If either or both are not known then this should be stated

on the bracelet as “unknown male” or “unknown female” along with the Tray Number of the deceased. The bracelet should then be applied to the right wrist of the deceased.

All columns of the mortuary register must be completed.

NB: Only the jewelry remaining with the deceased must be registered in the mortuary registration book. Any jewelry removed and retained by the police or returned to the relatives is NOT a matter for registration.

The registration book and death card must be signed by the officer responsible for lodging the body. In the case of a police officer this should include their name and personal number. In the case of an undertaker it should include the name of their company and their signature.

The body must then be placed on a body tray with a head block under the head in the Refrigerated Body Store and an appropriately completed door card attached to the body tray.

5.4 Release of Bodies

5.4.1 Cremation Forms

Undertakers must contact the Nurse in Charge of the ward at least 24 hours in advance if a Cremation form is required in order not to delay the release of the body.

5.4.2 In-patients

Undertakers collecting bodies on behalf of relatives must present the necessary documents from the Registrar of Births and Deaths (Green Disposal Order) or the Coroner's Office. The Mortuary book must be signed together with the responsible representative who is releasing the body.

5.4.3 External Providers

Undertakers collecting bodies of deceased “outpatients” on behalf of relatives must present the necessary documents from either the Registrar of Births and Deaths (Green Disposal Order) or the Coroner's Office.

UNDER NO CIRCUMSTANCES ARE HOSPITAL STAFF AUTHORISED TO RELEASE BODIES UNDER ANY OTHER CIRCUMSTANCE – ONLY THE EXTERNAL PROVIDER IS ALLOWED TO MAKE THIS RELEASE.

5.4.4 Procedure for Removal of Bodies from the Mortuary

When the release documents have been checked by the hospital representatives, the body of the deceased may be located by taking the tray number from the mortuary register.

The body documentation and tray card must be checked and correspond with the release documents by the authorised designated representative. The body may then be removed from the body store and the tray card removed from the refrigerator door.

The authorised hospital representative and undertaker must check the identify bracelet and if satisfactory, the body may be placed in the body tray or other appropriate container accompanied by a door card. The mortuary register must be completed and signed by the undertaker and initialed by the hospital representative releasing the body. The body may then be removed from hospital premises.

Release of bodies out of hours will be arranged only in exceptional circumstances with the Nurse in charge and the undertaker. Contact must be made with the nurse in charge who will attend and supervise the removal.

Monitoring of the number of days the deceased has been in the Mortuary is essential to ensure that they are removed in a timely manner to the chosen undertaker and prevent issues with Policy for Logging and Releasing bodies from the mortuary

capacity. Any body that is stored for greater than 7 days must be followed up with undertaker to ensure that arrangements are being made and to check for the reason for the delay. All delays must be escalated to the Locality Clinical Manager to discuss with undertaker.

5.4.5 Transfer of Deceased patients out of hours

Perry and Phillips Funeral Directors will provide a service to transfer the deceased patient at night from the four hospital sites of Whitchurch, Ludlow, Bridgnorth and Bishops Castle to the appropriate hospital mortuary for expected and unexpected deaths from SCHAT community hospital inpatient beds.

This service will be available between the hours of 21.00hrs to 6.30hrs seven days per week.

It is expected Funeral Directors will be accompanied by a member of SCHAT staff.

5.5 Cleaning and Fridge Temperatures

Body store fridges should be cleaned with peroxide disinfectant.

Please refer to SCHAT Cleaning and Disinfection Policy

It is the porter's / domestic responsibility to carry out the cleaning weekly within the Mortuary. The cleaning schedule for the mortuary must be completed following any clean, this will act as evidence and demonstrate when the area was last cleaned.

Appropriate personal protective equipment including surgical face masks, single use gloves and aprons. The use of eye protection must be risk assessed and worn if there is the danger of splashing e.g. where jet sprays or liquids are in use.

5.5.1 Maintenance

Body store fridges must be on the routine planned maintenance schedule via MEB, Stoke and a record of fridge temperatures maintained locally on a daily basis. Any fault noted must be immediately reported to MEB, Stoke for action and a log kept of job the number. For MEB contact details, please refer to the mortuary BC plan.

The Mortuary fridge must be kept at 4°C and a record of fridge temperature recordings maintained within the Mortuary on each site. Each site is equipped with calibrated recording equipment that monitors the temperature every 3 seconds and automatically records the data. Should the temperature drop below the required range (2 - 5 degrees), an alert system is in place that will notify a preset group. There is a time delay set in order for the fridges to be opened and prevent alerts being sent as a false alarm.

5.5.2 Fridge Failure

A Business Continuity plan for all Trust Mortuaries is in place and describes the actions which must take place in the event of a mortuary fridge failure, including relevant contact details. These are also cross referenced to each Community Hospital locality level business continuity plan.

External Processes

There is a Regional Mass Fatalities and Excess Deaths Plan, which links to a Trust Mass Fatalities and Excess Deaths Plan. These documents detail the arrangements for the governance, storage, handling and retrieval of bodies during a 'mass fatalities incident'.

The Trust's Community Hospital mortuary provision is included within the plan but is considered too small to be of assistance during these events. The Trust will report on capacity and offer mutual aid storage support during any declared incident.

It is important that when offering mutual aid support to transferred deceased persons in mutual aid, that the processes within this policy are followed – i.e that a member of SCHAT Staff accompanies staff and body records are maintained in accordance with SCHAT requirements. In such incidents, a Mass Fatalities Coordination Group, led by the Coroner, will oversee all arrangements and requests for mutual aid. This will be coordinated with the Trusts Director on Call.

The Trust have a Service Level Agreement with SaTH to provide mutual aid during high demand (referred to as excess deaths rather than mass fatalities). This is managed through the Regional Death Management Group which the EPRR Lead attends. Although the SLA is in place, it is regarded as impractical due to the distance. Normal custom is for local funeral directors to offer contingency support. There is greater capacity within Telford and Wrekin funeral directors and it will be less impactful to patients families. However, the SLA remains in place.

6. Consultation

Karen Maynard, Deana Girling, Emma Byrne, Ward Managers in Community Hospitals
Kerri Swinbourne, Hotel Services Managers Ludlow and Bishops Castle Community Hospitals
Infection Prevention and Control Team – Sharon Toland
EPRR Lead – Brian McMillan
Adults Community SDG Group

7. Dissemination and Implementation

All staff involved in lodging and release of bodies within the mortuary or working within the environment should participate in education and training that is appropriate for their role and this will include:

- Awareness of equality and diversity issues
- Appropriate interpersonal and communication skills
- Health and safety
- Infection Prevention and Control awareness
- Quality and accountability
- An appropriate knowledge and understanding about death and bereavement and grief.

8. Monitoring Compliance

Hotel Services Managers will be responsible for ensuring that the mortuary is included within the Cleaning Audit schedules for inpatient wards and will monitor compliance through audits. Ward Managers will be responsible for ensuring that there is a plan to review / audit the procedures for care after death.

Any issues with compliance will be raised via exception reporting to the Quality and Safety Committee to ensure the Executive Team are aware.

LCM's to check mortuary swipe access entry data monthly to ensure appropriate access inline with the fuller report.

[Managing infection risks when handling the deceased - HSG283 - HSE](#) (July 2018)

National Standards of Healthcare Cleanliness (2021)

[fuller-inquiry-phase-2-interim-report-hc-260-print-with-correction-slip](#) (Oct 2024)

10. Associated Documents

Verification of Death Policy (438-56784, 25 September 2019)

SCHT Standard Infection Control Precautions: Hand Hygiene and Personal Protective Equipment Policy (1081-52864, 30 April 2019)

SCHT Cleaning and Disinfection Policy (778-56771, 11 July 2019)

COSH Control of Substances Hazardous to Health Regulations 2016)

Mortuary Check List for Community Hospitals

Standing Operating Procedure for the Transfer of the Deceased

Patient in Community Hospital Inpatient Wards (2112-50021, September 2020)

Care after Death Policy for Adults DOC ID ELOC04

SCHT Mass Fatalities and Excess Deaths Plan V1.0 July 2024

West Mercia Mass Fatalities and Excess Deaths Framework V1.0 Feb 2025

SCHT Mortuary Business Continuity Plan V1.0 2024