

Care and Respect in Death

Good Practice Guidance
for NHS Mortuary Staff

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Foreword



People working in mortuaries in NHS hospitals have an important and challenging role. They have to balance a number of different needs – providing an effective, efficient, safe and secure service, while at the same time treating bereaved families respectfully and sensitively.

The NHS cares for many people at the end of their lives and that care does not end when they die. Mortuaries are a vital part of the service the NHS gives to patients who die in hospital and to their bereaved families and friends. The services they provide are often overlooked. But good care after death is not an optional extra. If things go wrong in a hospital mortuary, the impact on bereaved families can be devastating. Providing a high quality mortuary service which respects the dignity of deceased patients and their families is a key part of effective support for bereaved families.

There is much good practice in NHS mortuaries, and many dedicated and caring staff working in them. The advice in this document has been developed with their insight, knowledge and experience. The Government's aim is to put patients at the heart of the modern NHS. Providing a service which ensures care and respect in death is an important part of that vision. I welcome the publication of this advice, which sets out eight key principles of good practice and provides guidance on how those principles can be put into practice.

Norman Warner

Norman Warner
Minister of State for NHS Reform

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Executive Summary

In February 2004, the Government published *Modernising Pathology Services*, good practice guidance to the NHS on building better pathology services. This set out a vision for NHS pathology services which would:

- be built around the needs of patients and their clinicians, seeing services from their perspective
- enable and empower staff to work across traditional boundaries to deliver the highest quality care to all
- offer patients greater choice in where, when and how they access pathology services
- be integrated into wider service developments and improvements.

This was followed in September 2005 by *Modernising Pathology: Building a Service Responsive to Patients*. This set out how, in line with *The NHS Improvement Plan*, the NHS could build a new pathology service shaped around the patient and indicated that the Department of Health would publish good practice advice for NHS mortuary staff.

People working in mortuaries have an important but challenging role. They need to balance delivery of an effective and efficient service which follows stringent procedures to ensure safety and security, with the need to demonstrate respect and sensitivity for bereaved families.

This document is complementary to *When a Patient Dies – Advice on Developing Bereavement Services in the NHS*¹ and to local standard operating procedures in mortuaries, and is designed to be read alongside them. It also does not seek to duplicate existing regulations and guidance for the performance of post-mortem examinations. The focus of this document is on ensuring that NHS mortuaries deal in a safe, secure and sensitive manner with the bodies of those who die in hospital or who are brought to the hospital mortuary after death.

1 Published by the Department of Health in 2005, and available at www.dh.gov.uk.

It has been developed with advice from the Mortuary Services Sub-group of the National Pathology Oversight Group. We are very grateful to the group for the time they gave to developing the document, and to the late Nancy Kohner, the independent consultant who facilitated it and contributed so much.

The document:

- sets out eight key principles of good practice for all staff working in NHS mortuaries
- provides guidance on how those principles can be put into practice.

Chapter One

Setting the Scene

Introduction

- 1.1 People working in mortuaries have an important and challenging role. They need to balance delivery of an effective and efficient service which follows stringent procedures for ensuring safety and security, with the need to demonstrate respect and sensitivity for bereaved families² and meet the needs of clinical staff.
- 1.2 This document sets out the eight key principles of good practice that all staff working in NHS mortuaries, including Anatomical Pathology Technologists (APTs), mortuary managers and pathologists³ will need to follow. Other hospital staff (clinical staff, porters, members of the bereavement team and hospital chaplains), those working in public mortuaries and others involved in care after a death, such as funeral directors who have contact with the mortuary and with families after a death, and Coroner's officers who investigate sudden or unexpected deaths or deaths of unknown cause, will also find it a helpful guide to practice.
- 1.3 The guidance acknowledges that while mortuaries operate in different ways in NHS Trusts around the country (facilities vary, and mortuary staff fulfil different roles), there are fundamental principles of good practice which will always apply. The practical guidance set out in this document is based on those principles. It provides a basis for, but does not replace, the detailed standard operating procedures which every mortuary must have in place, and which will be adapted to local and individual circumstances. Mortuary services will wish to check those against the principles set out in this document.

² The word 'families' is used throughout this document to mean the relatives, partners and close friends of the person who has died. It is recognised that those who are bereaved by a death and who may have contact with mortuary and other hospital staff are not always, or not exclusively, family members.

³ It is recognized that some of these roles will overlap in some cases.

Background

- 1.4 The reports of the inquiries at the Royal Liverpool Children's Hospital⁴ and Bristol Royal Infirmary,⁵ published in 2001, the Chief Medical Officer's response to the former,⁶ also published in 2001, and the 2002 response from the Department of Health to the Bristol Royal Infirmary,⁷ all recognised the need for change in the way bereaved families are cared for in the NHS. Since then, the Department of Health and NHS Trusts around the country have worked to improve the quality of support for bereaved people and care for deceased patients, and to develop related services, including pathology and mortuary services.
- 1.5 *Modernising Pathology Services*,⁸ published in 2004, acknowledged the importance of mortuary services and committed the Department of Health to working with key stakeholders to publish good practice guidance for mortuary staff. *Modernising Pathology: Building a Service Responsive to Patients*,⁹ published in September 2005, re-iterated this. Since then, *The NHS Improvement Plan*¹⁰ commits the NHS to put people at the heart of the service and urges staff to work differently to deliver a world class high quality service. The Department of Health has also published advice for the NHS on bereavement services.¹¹
- 1.6 This guidance, which has been developed with the help of the Mortuary Services Sub-group of the National Pathology Oversight Group (see Annex A for membership), is therefore an important part of a wider picture of modernisation and reform in the NHS. It sets out eight key principles to guide the development of good practice locally.

4 Department of Health. *The Royal Liverpool Children's Inquiry Report*. 2001. Available at www.dh.gov.uk.

5 *The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995: Learning from Bristol*. 2001. Available at www.dh.gov.uk.

6 Department of Health. *The Removal, Retention and Use of Human Organs and Tissue from Postmortem Examination*. Advice from the Chief Medical Officer. 2001. Available at www.dh.gov.uk.

7 Department of Health. *Learning from Bristol: The Department of Health's Response to the Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995*. 2002. Available at www.dh.gov.uk.

8 Department of Health. *Modernising Pathology Services*. 2004. Available at www.dh.gov.uk.

9 Department of Health. *Modernising Pathology: Building a Service Responsive to Patients*. 2005. Available at www.dh.gov.uk.

10 Department of Health. *The NHS Improvement Plan: Putting People at the Heart of Public Services*. 2004. Available at www.dh.gov.uk.

11 Department of Health. *When a Patient Dies – Advice on Developing Bereavement Services in the NHS*. 2005. Available at www.dh.gov.uk.

Eight Key Principles

- 1.7 While mortuary practice protocols may vary according to local circumstances and needs, the eight fundamental principles outlined below will usually inform local good practice protocols and be a hallmark of good practice. They are based on an assumption that the needs of key stakeholders are to be met, whether the particular emotional and social needs of families, the professional requirements of clinical and other staff, or the need of an organisation in terms of local service profiles, the availability of resources, and facilities.

Principle One: A service responsive to individual needs

- 1.8 Death and bereavement affect individuals in different ways. Their response is also influenced by their beliefs, culture, religion, values, sexual orientation, life-style or social diversity. Mortuary service staff will be alert to individual needs, and be flexible in attempting to meet them.

Principle Two: A service that shows respect

- 1.9 Policy and practice in the mortuary will demonstrate respect towards those who have died, towards bereaved relatives and in the way people's bodies are cared for.

Principle Three: A service that is safe and secure

- 1.10 High standards of security are essential to protect the bodies of those who have died and to ensure that the needs of bereaved families can be met. Security involves both appropriate facilities and efficient systems and procedures. The mortuary service environment will be properly secure and the highest possible standards of care delivered to the deceased and their bereaved families. Effective security systems, procedures and a pro-security culture among mortuary staff will be in place. Health and safety and the prevention of infection are also vital aspects of the service.

Principle Four: A service that is confidential

- 1.11 Mortuary staff have access to sensitive information about people who have died and about bereaved families. Information will be treated in accordance with requirements for patient confidentiality.

Principle Five: A reflective service committed to improvement

- 1.12 In order to maintain high standards of practice, regular review and audit of mortuary services will be undertaken so that opportunities for improvement are identified and changes made as necessary. The review process and its outcomes will always be recorded.

Principle Six: A service which values effective communication

- 1.13 Patient care does not end with a person's death. Mortuary services provided by NHS Trusts are integral to the patient care pathway. They will be part of Trusts' communication network, with good communication between mortuary staff and the staff who use their services; and also with families using those services and organisations outside the hospital.

Principle Seven: A service that is fit for purpose

- 1.14 Families and users of mortuary services will be confident that local pathology services provide a high quality service which meets national requirements and takes account of professional protocols and guidelines for good practice across all aspects of the work they do.

Principle Eight: A service which values its staff

- 1.15 A high quality mortuary service is built on the skills and dedication of the staff who manage and work in it. Given the nature of their work, staff will be confident that they will be offered support and training opportunities to maintain and develop their knowledge, understanding, self-awareness and skills.

Chapter Two

Putting the Principles into Practice

Introduction

2.1 This chapter sets out how mortuary services across the country could use these principles to guide their practice and the development of local protocols. It takes as its starting point the fact that mortuary services exist to safeguard the bodies of people who have died, and proposes this be done in a way that ensures the needs of bereaved families as well as a number of other stakeholders are met. Their other key role is to facilitate the conduct of post-mortem examinations, but that is outside the scope of this document. In order to design a service that meets the needs of bereaved families, the local community, clinicians, local authorities who have responsibility for Coroners and others, mortuary services should involve these groups in service development and review. This is particularly important where the mortuary serves a community with different cultural and religious groups. Consultation and collaboration with all sections of the local population will help to ensure that the service provided is responsive and appropriate. Consultation and discussion with local communities and groups about their specific needs is a vital part of building understanding and good local practice.

A service responsive to individual needs

2.2 Where families have individual, cultural or religious preferences concerning the storage, handling, transportation or presentation of the deceased person, these need to be carefully documented and accommodated wherever possible. Families will be asked about their needs or preferences and if these cannot be met, or difficulties occur, the reason explained and a compromise sought. (See also paragraphs 2.3 – 2.6 below on viewing.) For example, if the person who has died has left specific requests or instructions, these should, where possible, be followed. A member of staff, either in the mortuary or on the ward, will also talk to relatives about what they want in relation to issues such as, for example, viewing the deceased and wherever possible, their requests will be met. If requests cannot be met,

an explanation will be given and, where appropriate, a compromise found. If there is a conflict between the wishes of the person who has died and the bereaved family, this will need to be discussed sensitively with the family.

Families' needs

- 2.3 It may be important for bereaved families to see and spend time with the person who has died during the time that they are in the mortuary. Mortuaries need to have in place policies to support good practice locally.¹²
- 2.4 In a good mortuary service, families who wish to see the body of their loved one will be able to do so (unless there are legal impediments).¹³ However, if the person's body is decomposed or disrupted, it is good practice to offer advice and guidance to the family first. Coroner's officers are very experienced in managing this. Although mortuary staff may sometimes feel anxious about a family viewing a relative if, for example, the family is very distressed or the deceased's body is in a particularly poor condition, seeing and spending time with their relative's body can be helpful for bereaved people, even in extreme circumstances.
- 2.5 If a death has been referred to the Coroner, the deceased person's body is under the Coroner's jurisdiction until the inquiry has been completed, and opportunities for the family to see their relative may be restricted. In addition, in homicide cases there may be further restrictions on viewing where the police raise concerns about contamination of forensic evidence. Arrangements to view should be made with the Coroner's officer who will be able to explain any restrictions.
- 2.6 It is important that mortuary staff, possibly along with other staff involved in supporting the bereaved family, take responsibility for ensuring that, before a bereaved person or family decides to view their relative's body:

12 Occasionally the family may prefer to accompany the deceased patient from the hospital ward, and also take an active part in their removal from the mortuary.

13 See recommendations 25-30, *Public Inquiry into the Identification of Victims Following Major Transport Accidents. Report of Lord Justice Clarke* (Cm 5012) London: The Stationery Office 2001. While Lord Clarke's recommendations relate primarily to the viewing of bodies in Coroners' cases and following a major disaster, the recommendations are also relevant to the viewing process generally.

- they are given information about what the mortuary is like, as well as any security requirements they may be required to observe and what they will see
- they are given information about the condition of the deceased person's body. It is vital that this information is given honestly, sensitively and clearly. Some people will want more detail than others. All should be given the chance to ask questions.¹⁴ It may sometimes be helpful for families to see a photograph, either to enable them to decide whether or not they wish to see the body or as preparation for viewing. If a photograph is taken for these purposes, it should be good quality and clear. The family should be reassured that, unless they want to keep it, the photograph will be destroyed. (Photographs taken as part of a post-mortem examination are different and separate. Next of kin should be informed that these are likely to be retained)
- they are offered support. Some people may want to be alone with the person who has died but others may choose to have the support of a member of the mortuary staff, the bereavement team or a chaplain. Alternatively, they may wish to bring someone of their own choosing to support them
- they are given the opportunity to express any particular needs and preferences about the presentation of their relative (for example, how he or she is covered or dressed), the timing of viewing, and any access requirements for disabled people
- they are told what they can (or cannot) do (see paragraph 2.2 above). However, if the death has been referred to the Coroner, it may not be possible for the family to care for the deceased person and the Coroner should be consulted. The situation should then be carefully and sensitively explained to the family, and time given to respond to their questions and concerns
- they know how to reach the hospital and, if they are coming by car, where to park.

¹⁴ The impact of bereavement may make some people less able to be active in requesting information and expressing their needs and preferences. Mortuary staff need to bear this in mind.

- 2.7 It can help families to have written information about the process to read in advance, but it should never be a substitute for information being given verbally and in person.
- 2.8 Where a mortuary service is working well, families who choose to see their relative will be met in a part of the hospital that is familiar to them or easy to find, then accompanied to the mortuary. Ideally, the member of staff accompanying them should have some contact with the family beforehand – at least by phone – and the family should know their name and role.
- 2.9 Viewing is generally dictated by opening hours and the availability of mortuary staff. Where possible, families will be able to see their relative as soon as they wish. If this is not possible, reasons should be given and every effort made to enable them to see the deceased's body at the earliest opportunity.
- 2.10 Appointment times, once made, should always be honoured. It is extremely difficult for a grieving family to tolerate a cancellation. If there is a delay, a member of staff must always meet the family at the appointed time, apologise, and explain the problem.
- 2.11 Direct contact with their relative's body cannot be refused in Coroner's cases unless there are concerns about interference with evidence (see paragraph 2.5 above), but some may choose to see their loved one through a glass screen. Sensitive and informed discussion beforehand should help them to make the choice that is right for them. In rare circumstances where the risk of infection may mean that viewing or contact has to be restricted, this will be carefully explained to the family beforehand and time given to answer their questions and respond to their feelings and concerns.¹⁵ (Where the family was not aware of the infection, however, this will need to be carefully managed to avoid breaching patient confidentiality.)
- 2.12 In some situations it may be helpful to repeat information about the deceased person's body before going into the viewing room or to give more detailed information – for example, about any marks or damage, including the lines of stitching from a post-mortem examination. It is often helpful to combine positive information with anything negative – although honesty is essential. For example, "She looks peaceful but quite pale," or "He has a bruise on his cheek but there is no blood."

¹⁵ For further guidance on viewing of, and contact with, bodies which may present health risks, see *Safe Working and the Prevention of Infection in the Mortuary and Post-mortem Room*. Health and Safety Executive, 2003; and *A Handbook of Anatomical Pathology Technology*. The Royal Institute of Public Health, 2004.

- 2.13 Some people will want time alone with the person who has died, others will want a member of staff to stay with them. In these circumstances, it is important that:
- they can feel absolutely assured of their privacy but can call someone if they wish. Ideally, they should be able to call for a member of staff themselves (by use of a bell, for example). It is better to tell the family that they will not be disturbed for a certain length of time unless they ask for someone to come than to say, for example, “I will come back every now and then to see if you need anything.”
 - they know what they can and cannot do (see paragraph 2.6 above). Any restrictions that are absolutely necessary should be carefully explained.
- 2.14 For some families, it is important that the family members are together when viewing the body of the person who has died. This may mean accommodating quite a large group of people, possibly including children. It is important to discuss the family’s needs beforehand and, if space is limited, explain the difficulty. Every effort should be made to meet families’ needs or reach an acceptable compromise.
- 2.15 In the best mortuary services, before a family leaves, a member of staff will be available to answer any questions or concerns. If facilities allow, the family may want to spend some quiet time in a private room before they leave.

The viewing room

- 2.16 A viewing room will usually be decorated and furnished in a way which will help people feel calm and cared for, with soft but not dim lighting, and easy chairs so that if they wish, relatives can stay with the deceased person for a while in comfort. Ideally, it should not be possible to hear noises from elsewhere in the mortuary.¹⁶ There should be no religious artefacts or symbols permanently displayed, but families should be asked if they would like a religious symbol to be made available.¹⁷ Ideally drinking water and dedicated toilet facilities should be available to visitors. Trusts may also wish to consider whether the approach to the mortuary is appropriate and put in place any necessary improvements.¹⁸

¹⁶ NHS Estates. *Improving the Patient Experience – A Place to Die with Dignity: Creating a Supportive Environment*. 2005.

¹⁷ It may be helpful to have an indication of the direction of Mecca available.

¹⁸ Also see NHS Estates. *Improving the Patient Experience – A Place to Die with Dignity: Creating a Supportive Environment*. 2005.

Good practice example: Doing simple things well

Mortuary Manager at North Middlesex University Hospital NHS Trust:
“The facilities that we have in this old Victorian building can seem forbidding to patients’ relatives and I have found that sometimes, when relatives are viewing their loved ones’ bodies, they need a quiet space to be alone for a while in the fresh air. I persuaded my Trust to fund a bench seat outside the mortuary so that relatives could sit there until they were ready to return to dealing with the practicalities of death.”

- 2.17 Detailed recommendations about the layout of a viewing room and other facilities are given in *Facilities for Mortuary and Post-Mortem Room Services*.¹⁹
- 2.18 The deceased person’s body is likely to be moved into the viewing room on a bier trolley, but in the viewing room itself the body must be on a stable surface and easily accessible: some people will want to touch or hold the person who has died, or sit comfortably beside them, maybe holding hands; and some may be wheelchair users, or children. A raised dais is not appropriate: it is best for the deceased to be at normal bed-height.
- 2.19 Some families may need facilities for ritual washing of their relative’s body. Mortuary services should have in place a policy about access to suitable facilities in such cases, within the Trust or, if this is not possible, locally.

Good practice example: Working with the community to meet their needs

Mortuary Manager, Hull and East Yorkshire Hospitals NHS Trust:
“We are working on an initiative in co-operation with our trust, the local authority and the local Muslim community. We plan to convert a disused facility at one of the local cemeteries to make it suitable for families to use for preparation of their loved ones’ bodies according to their religion, such as ritual washing. In addition mortuary staff will work with the community in providing professional help and advice to ensure the safety of all concerned. We are working out the finer details now. Everyone involved is very keen to see this facility up and running.”

¹⁹ NHS Estates. *Facilities for Mortuary and Post-Mortem Room Services* (HBN 20). 2001.

Preparing and presenting the body of the person who has died

- 2.20 It is important that the deceased is presented in the best possible way. Mortuary services should have in place a policy on this issue. However, one person's idea of good presentation may be very different from another's and it is good practice to work in partnership with bereaved families, making no assumptions and asking them about their preferences and needs. Mortuary and bereavement services will need to have in place clear and robust mechanisms for communicating information about the deceased patient, or family care; this will ensure that any relevant information from the family is passed to mortuary staff. Mortuary staff could consult with nursing staff who cared for the patient about specific details, such as how the patient wore a scarf or a brooch.
- 2.21 In developing a policy on preparing and presenting a deceased person for viewing, mortuary services will be aware that:
- while most families will wish their relative's body to be cleaned, some may not. Some relatives may wish to see the body in the state it arrived in the mortuary, some may wish to clean at least some parts of the body themselves, or their religion may dictate that the washing is done as part of a religious ritual
 - some may want the deceased person to be dressed or wrapped in something of their choosing
 - If a death has been referred to the Coroner, opportunities for the family to care for the deceased person's body in these ways may be restricted. This should be discussed with the Coroner's officer.
- 2.22 Mortuary staff will do all they can to meet individual families' needs in preparing and presenting their relative's body, working with others if necessary. If there are needs which cannot be met in the hospital setting, a funeral director is likely to be able to help and this should be discussed with the family.
- 2.23 If a family is viewing a relative following a post-mortem examination, it is vital that the deceased person's body has been well restored.²⁰ The family should be told, sensitively but clearly, about the condition of the body and should have the chance to ask questions. Some families will want a minimal amount of information, others much more, but none should

²⁰ Further information will be found in: The Royal College of Pathologists. *Guidelines on Autopsy Practice*. September 2002; The Royal Institute of Public Health. *A Handbook of Anatomical Pathology Technology*, 2004, and the Healthcare Sciences National Occupational Standards (HCS NOS), published at www.skillsforhealth.org.uk.

have to discover for themselves where, for example, incisions have been made. Mortuary services should have in place a policy on line removal and wounds on a deceased person's body.

Good practice example: Learning from the experts

Mortuary Manager, North Glasgow University Hospital NHS Trust:
“We encourage our staff to work with embalmers to gain experience in respectful presentation of the deceased. Local embalmers are encouraged to attend post-mortem rooms to help them understand the procedures undertaken by pathologists and APTs.”

Children and babies

- 2.24 Parents may have preferences about how their child is transported to the mortuary. Particularly in the case of babies, they may wish to carry the baby themselves, or accompany the member of staff who carries the baby. In some hospitals babies are transported in a pram or a Moses basket.
- 2.25 Mortuary services following good practice will ensure that the viewing room is adaptable so it can also be an appropriate place for bereaved parents (and possibly other children) to spend time with their dead baby or child. The adult-sized bed or trolley will be replaced with a baby's crib or cot, or an appropriately sized bed or trolley for a small child.
- 2.26 See paragraph 2.20 above for guidance on presentation. Parents may want to cuddle their child – perhaps seated in a comfortable chair. Some may want to wash or dress their child as a final act of caring. If so, it is important they know beforehand what they can do, and how it might feel, and that they are helped to do what they want and need.
- 2.27 It is not unusual for parents to want a particular significant toy, blanket or item of clothing to be with their baby at all times. Consideration needs to be given as to whether this is possible (and the reasons explained if it is not), and how to ensure such possessions remain with the baby or child.

A service that shows respect

2.28 When mortuary staff meet bereaved families, they will treat them with respect, avoiding judgements, assumptions or stereotyping. It is important that staff are aware of diversity in the community they serve and are able to respect and accommodate the diverse cultural and religious needs of the groups and individuals within that community.^{21,22,23} Close liaison with the bereavement service and the chaplaincy would be helpful.

2.29 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 a way which preserves the dignity of the deceased person at all times – allowing for the fact that some procedures (most obviously a post-mortem examination) are invasive. 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 dead person's body is completely concealed
- patients and visitors do not see dead people being taken in and out of the mortuary
- the bodies of the deceased are labelled, kept covered and/or wrapped in a dignified way – bearing in mind the need for secure identification – and in a way that will best preserve the person's body. Use of a wrist and ankle band is preferable to attaching a label to the toe
- there are always sufficient staff available to move the bodies of people who have died safely and respectfully, and all staff involved behave respectfully when doing this.

Release of a baby's body to parents

2.30 Some parents may choose to take their deceased baby home in their own car. If so, the baby will be released directly to them. The Trust should have a policy in place covering the procedures to be followed in such cases.

21 Detailed information and guidance is provided in Henley A, Schott J. *Culture, Religion and Patient Care in a Multi-Ethnic Society. A Handbook for Professionals*. London: Age Concern. 1999.

22 Helpful information and advice is also included in Jogee M. *Religions and Cultures – A Guide to Beliefs, Customs and Diversity for Health and Social Care Services*. 6th edition 2004. R&C publications, Edinburgh.

23 See also *A Handbook of Anatomical Pathology Technology*, published by the Royal Institute of Public Health, 2004.

- 2.31 If the baby cannot be released to the parents in a Coroner's case until after the enquiry, it is important the reasons are explained to the parents.
- 2.32 The arrangements will probably be facilitated by a member of the bereavement team, or by the midwife or neonatal nurse who has been caring for the family. However, good liaison with the mortuary is important, and mortuary staff are likely to be involved. They need to be aware of the general procedure and also any individual arrangements or requests. It is important that:
- parents are well informed, both about formalities to do with releasing the child's body and also the practicalities of transporting the child and keeping the body for a time at home
 - parents are aware of the state of the child's body, and the likely changes that will occur
 - parents are supported in what they wish to do and their needs are met wherever possible
 - parents have a contact in the Trust whom they can phone if they have any query or difficulty.
- 2.33 It is important that parents are given choices and their wishes are met wherever possible. Planning beforehand, and making sure that everyone involved is well informed, is vital.
- 2.34 For more information about the handling of babies' bodies and parents' possible needs, see *Pregnancy Loss and the Death of a Baby. Guidelines for Professionals*,²⁴ and the website of the Child Bereavement Trust.²⁵

Good practice example: Taking care of bereaved parents

Bereavement service, Great Ormond Street Hospital for Children NHS Trust: "When a baby or child dies, the family sometimes want to take them home for a while before the funeral. The hospital gives the parents a letter to carry, just in case they are involved in an accident or are stopped by the police for some reason, to help them avoid delay and distressing explanations."

24 Kohner N. *Pregnancy Loss and the Death of a Baby. Guidelines for Professionals*. London: SANDS. 1995.

25 Guidance for professionals is available on the Child Bereavement Trust website at www.childbereavement.org.uk/professionals/membersarea.php, by logging in to the research and reference material.

A service that is safe and secure

2.35 Managing the receipt, storage and release of deceased people and their property safely, securely, efficiently, effectively and appropriately is the core business of mortuary services. It is, therefore, important that staff work in an environment which is properly safe and secure. Mortuary services should liaise with the nominated Local Security Management Specialist (LSMS)²⁶ on any security-related matters. The LSMS can assist with the promotion of a pro-security culture²⁷ and the deterrence, prevention and detection of incidents. Security assessments should include:

- consideration of an integrated security solution, using a combination of physical controls or systems such as closed circuit television, locked and alarmed emergency exits, access controls, intercoms and remote door releases
- risk prevention for the avoidance of incidents
- arrangements for working out of hours.

2.36 Health and safety, and the prevention of infection, are also vital in mortuaries and post-mortem rooms. NHS Trusts should ensure that risks are reduced as far as possible – for example, by providing and maintaining a safe working environment, and ensuring staff are personally protected. Staff who work in mortuaries should be trained in the risks of their work and environment and should know how to avoid or minimise these risks. This will involve good working practice, standard operating procedures, and staff training.²⁸

Standard operating procedures

2.37 It is the responsibility of mortuary staff to care for and keep secure the bodies of people who have died, who are brought to the mortuary for storage and/or post-mortem examination. Procedures are needed which will ensure:

- all bodies, organs and other human tissues are tracked from arrival in the mortuary to release

²⁶ For further information, see www.cfsms.nhs.uk.

²⁷ NHS Counter Fraud and Security Management System. *A Professional Approach to Managing Security in the NHS*. 2003. Available at www.cfsms.nhs.uk.

²⁸ Health and Safety Executive. *Safe Working and the Prevention of Infection in the Mortuary and Post-mortem Room*. 2003. See also *A Handbook of Anatomical Pathology Technology*. The Royal Institute of Public Health, 2004.

- bodies and any personal belongings can be located at any time
 - the correct body is released to the correct recipient
 - bodies are kept in the best possible condition, and protected from interference, accidental damage or avoidable deterioration.
- 2.38 Standard operating procedures, and adequate facilities, are needed to achieve these objectives. Standard operating procedures should be:
- documented, signed and dated by mortuary staff and pathologists responsible for implementing them
 - made easily accessible to staff on paper
 - known to and understood by staff involved in their implementation, and supported by training
 - reviewed and updated regularly, in line with a robust quality management system which includes a programme of scheduled audit.
- 2.39 Mortuary services following good practice will have a policy in place which covers the procedures necessary for the identification of deceased people's bodies and their possessions. This should link to the Trust's patient property policy.
- 2.40 Standard operating procedures need to be understood not only by mortuary staff but also by other staff involved in their implementation – for example, medical and nursing staff, bereavement staff, chaplains, porters, cleaners, police officers, Coroner's officers and funeral directors. Where these or other staff, either from within or outside the Trust, are involved in a procedure, copies of the procedure should be made available to them for reference – for example, on the wards, in the bereavement office, in the portering service office. All staff need to be regularly updated about mortuary procedures.
- 2.41 Good liaison between the mortuary and other staff and services is important. For example, nurses and healthcare assistants who prepare deceased people's bodies for removal to the mortuary should be aware of best practice. They need information and training to enable them to carry out this task well. Staff from outside the mortuary who are involved in this work, even if only occasionally, for example, police and new Coroner's officers, should also be encouraged to visit the mortuary and familiarise themselves with the way it operates.

Health and safety

- 2.42 All mortuary staff will need to be aware of current health and safety legislation and guidance, and will receive training to enable them to work safely.²⁹
- 2.43 Staff visiting the mortuary, and visitors from outside such as health professionals from the community, police officers, Coroners and Coroner's officers and funeral directors, must be informed of, and observe, mortuary guidelines on health and safety, manual handling, and security.

Facilities

- 2.44 The standard of mortuary facilities has a direct bearing on both the security and preservation of deceased people's bodies and the health and safety of staff, so it is essential that facilities are regularly inspected and essential maintenance work is carried out promptly. There is detailed guidance in *Facilities for Mortuary and Post-Mortem Room Services*.³⁰ Mortuaries which are part of a pathology laboratory service will be inspected as part of the accreditation process (see paragraph 2.71).

Identification of the body of a person who has died

- 2.45 It is essential that identification of the body of a person who has died, including correlation of forms and labelling, is checked by at least two individuals. In Coroner's cases, it is the responsibility of Coroner's officers to establish identity on behalf of the Coroner by visual means or using fingerprints, dental records or DNA (though when the person has died in hospital, this task may be delegated to hospital staff).
- 2.46 Once a person's body is identified, it must be securely labelled, preferably with a wrist and/or ankle band.
- 2.47 If there is any problem with identifying the deceased person in, for example, a hospital setting, mortuary staff should liaise with the ward staff who nursed the person before death and ask them to attend the mortuary to identify the person positively. In the case of a 'brought-in-dead' body, mortuary staff must liaise with the Coroner's officer(s) and confirm which arrangements are in place to accomplish a positive identification.

²⁹ Health and Safety Executive. *Safe Working and the Prevention of Infection in the Mortuary and Post-mortem Room*. 2003.

³⁰ NHS Estates. *Facilities for Mortuary and Post-Mortem Room Services* (HBN 20). 2001.

Good practice example: A simple precaution

APT in North Glasgow University Hospital NHS Trust: “We have a ‘same name’ procedure to warn us when two of the deceased have the same or similar names. We put a ‘same name’ label on the outside of the shroud or body bag, on any documents for the deceased, even on the mortuary door. A ‘same name’ alert is put on the computer database so that if anything is printed out for staff or funeral directors, it also carries the warning.”

Personal possessions on or with the body of a person who has died

- 2.48 Mortuary services should have a system in place to implement security of personal possessions on the deceased’s body, or delivered to the mortuary with the deceased.
- 2.49 Care is needed when returning personal possessions to the family. It may be necessary to find out, as tactfully as possible, to whom the property should be returned, or to check whether the person asking for the property is the person legally entitled to it. If there is uncertainty, enquiries should be made. There will be a recognised procedure, with appropriate liaison between mortuary staff and those outside the mortuary (the bereavement team, for example). Families may also need information to prepare them for the condition of possessions being returned to them.

Release of the body of a person who has died

- 2.50 A member of the hospital staff, often a member of the bereavement team, will help the family if necessary to complete any documentation relating to the person’s death. Before a deceased person’s body is released, mortuary staff should check that all necessary documentation is complete and the deceased person’s identity is confirmed, both by the mortuary staff and by the person to whom the body is being released.
- 2.51 The body of a person who has died may be collected from the mortuary by the family, but is usually released to a representative, most often a funeral director. Mortuaries should therefore ensure that they have good lines of communication and working relationships with local funeral directors. An efficient system for releasing the body of the deceased also depends on close liaison with other staff in the hospital who are in touch with the family – usually a member of the Trust’s bereavement team.

- 2.52 For information about the release of babies' bodies direct to the family, see paragraphs 2.30 – 2.34 above.
- 2.53 In some cases, it will be important to inform the funeral director (or the person to whom the deceased person's body is being released) about the state of the body, along with any other information that is relevant – for example, if there has been any marked deterioration or damage. This should also be documented.
- 2.54 If whole organs or large parts of organs have been removed during an autopsy and it was agreed with relatives that they would be replaced in the deceased's body, it is essential to check that this has been done. Mortuary services should have in place local protocols covering the documentation needed to record this (see paragraph 2.72 below).
- 2.55 If any organs, tissue or body parts have been removed and cannot be returned to the deceased's body, it is important that this is noted and the family is aware of it. If there has been a hospital post-mortem examination and organs or tissue have been retained, the next of kin will already have expressed their wishes about what is to be done with the retained organs when giving post-mortem consent.
- 2.56 Mortuary staff should make all reasonable attempts to accommodate a family's request for a deceased person's body to be released quickly, and explain the reasons for any delay. Hospitals need robust procedures in place to ensure the bodies of people who have died are released correctly (see paragraphs 2.37 – 2.38), and common practice is to provide the hospital with a certificate of disposal ('the green form') before a body is released. However, where the death is not referred to the Coroner, and a certificate of the cause of death is available, it might be helpful to consider what alternative documentation would be acceptable.³¹ This might be particularly appropriate when the local community includes groups whose faith indicates vigil or early burial after death. Where staffing permits, arrangements for releasing a deceased person's body outside normal mortuary hours might also be considered.
- 2.57 In Coroners' cases, it is important that there is an agreed protocol in place to ensure that there is no confusion about who is responsible for the custody and release of the bodies of the deceased.

³¹ Some local authorities provide an out of hours service, including weekends, for the issue of a certificate for disposal before the death is registered, in order to facilitate the early release of the body and subsequent burial. While this makes early burial possible (where the death is not referred to the Coroner), the death must be registered, and specific forms obtained, before the deceased can be cremated or taken out of England.

Children and babies

2.58 Mortuary services following good practice principles will consider appropriate arrangements for storage of babies who have died. They may wish to consider the following:

- documentation to make it clear that the body is a baby or child
- the bodies of babies and small children to be stored in designated fridges
- suitable storage arrangements for the bodies and remains of babies born dead before 24 weeks gestation, including products of conception, to be provided. Storage may be in the mortuary or elsewhere, depending on Trust facilities, but mortuary staff should be aware that some parents of babies born dead before 24 weeks, like the parents of stillborn babies, will wish to see, hold and spend time with their baby, and it is important that they are enabled to do this and receive sensitive support
- all Trusts to have in place a policy for the respectful disposal of babies born dead before 24 weeks gestation.³² Mortuary staff should be aware of this policy and, in some Trusts, may be involved in its implementation.

A service that is confidential

2.59 Mortuary staff will often have access to sensitive information, both about people who have died and about bereaved families. It is essential that they manage this information in such a way that patient confidentiality continues to be observed, and also that the family's distress is minimised. In Coroner's cases, the Coroner has a right of access to information, and has control over what may or may not be disclosed.

2.60 Detailed and reliable documentation is essential in order to:

- check that standard operating procedures are followed
- locate, secure and track deceased bodies, organs and human tissue

³² For further information, see Kohner N. *Pregnancy Loss and the Death of a Baby. Guidelines for Professionals*. London SANDS. 1995. Department of Health advice can be found at www.dh.gov.uk, under Tissue general information.

- ensure that relevant information is recorded and accessible
- enable the collection of relevant available data for audit purposes.

2.61 Guidance on record keeping is available in *Records Management: NHS Code of Practice*.³³

2.62 It is important that all procedures from the receipt to the release of a deceased person's body are documented in order to:

- ensure staff can locate bodies, provide information about them, and answer queries
- protect staff who are responsible for the safe-keeping of the bodies and personal belongings of people who have died
- maintain complete and accurate records for audit and possible future reference.

2.63 Mortuary services should have in place a policy on documentation procedures.

A reflective service committed to improvement

2.64 It is good practice to review and audit services regularly. Changes should be made where indicated, and the review process and its outcomes should be recorded. Bereaved families and professional users of the service (including external users such as Coroners, local authorities who provide mortuaries for the Coroner and the police who employ officers who work there regularly, funeral directors and bereavement support organisations) should be asked to contribute to the review process, and their comments should be taken into account. Feedback could be sought on points such as the following:

- is the environment safe, so staff and users feel at ease while they are there?
- is it clean and tidy for staff and users?
- is the signage good?

³³ This is available at www.dh.gov.uk. It replaces previous guidance, including Health Service Circular HSC 1999/53 *For the Record: Managing Records in NHS Trusts and Health Authorities*.

- is it situated in an appropriate part of the hospital site?
- is it temporary?
- is confidential information stored securely?

2.65 The way these principles are put into practice will vary from one locality to the next and one mortuary to the next. However, mortuaries should not operate in isolation from one another. It is important that information and good practice is shared. There will be benefits in establishing and maintaining informal networks, possibly involving others involved in care after death – for example, those working in public mortuaries and funeral directors. Pathology networks can facilitate the sharing of good practice, lay involvement, training and information between mortuaries within the network.

A service which values good communications

2.66 Mortuary staff who have contact with families are likely to be talking to them about sensitive, difficult issues and will be with them at a time of great distress. They need good communication and interpersonal skills, and some understanding of the experience of loss. Training to develop these skills and attributes would be appropriate and very helpful.³⁴

2.67 Families will inevitably deal with a range of hospital staff when a relative dies, and a joined-up approach is important in order to reduce the burden on bereaved families and minimise the potential for communication breakdown. Mortuary staff are likely to be talking with families about subjects that other professionals (clinicians, for example, or staff from the bereavement service) may also have talked with them about. It is important that everyone involved is aware of this and that the information given is always consistent. For this reason, where appropriate, mortuary staff will be involved in meetings and decision-making outside the mortuary, and vice versa.

2.68 Relatives may have questions about the process which caused death, or the circumstances around death, which mortuary staff are unable to answer because of a lack of relevant information or training. Staff should have clear routes of referral so that such technical or difficult questions can be answered appropriately with a minimum of delay.

³⁴ *When a Patient Dies. Advice on Developing Bereavement Services in the NHS.* Department of Health, October 2005. Available at www.dh.gov.uk.

- 2.69 Mortuary services should have in place a policy on communicating with bereaved families. This may cover access to appropriate support if families need additional services such as translation or signing.

Good practice example: Joined-up working to provide seamless care

Mortuary and Bereavement Manager, Guys and St Thomas' NHS Foundation Trust: "Trained mortuary staff (APTs) are part of the hospital's bereavement team. This is particularly helpful if they are involved in the 'consent for autopsy' process: the APT presents a 'face' to the relatives of the person who is caring for their loved one, and also has a clear understanding of the relatives' wishes regarding the autopsy that can be relayed to the pathologist at the time of the examination. A senior APT is identified as the lead involved with the bereavement forum, where all care related issues are discussed, and the care of the deceased and the care of the bereaved are brought into synch; in this way, seamless care can be provided to the deceased and their family, carers and friends."

A service that is fit for purpose

- 2.70 Mortuary services will have in place facilities, protocols and procedures which enable staff to provide the required service efficiently, effectively and to appropriate clinical standards.
- 2.71 The Department of Health has said that all NHS pathology laboratories should enrol in a relevant accreditation scheme. Accreditation standards are largely overseen by Clinical Pathology Accreditation (UK) Ltd (CPA).³⁵ There are no accreditation standards relating specifically to mortuaries. However, accreditation standards for personnel, premises and environment, evaluation and quality assurance all apply. The Royal College of Pathologists has also published good practice guidelines on autopsy practice.³⁶ The Association of Anatomical Pathology Technologists (AAPT) also provides advice on good practice;³⁷ the Healthcare Sciences National Occupational Standards include several on APT working practices,³⁸ and the Royal Institute of Public Health has published a *Handbook of Anatomical Pathology Technology*.³⁹

35 See www.cpa-uk.co.uk under Documents and Publications/Medical Laboratories.

36 *Guidelines on autopsy practice*. The Royal College of Pathologists, September 2002.

37 For further information, see the Association of Anatomical Pathology Technologists website at www.aaptuk.org.

38 These are published at www.skillsforhealth.org.uk, under Completed Frameworks, Healthcare Science.

39 *A Handbook of Anatomical Pathology Technology*. The Royal Institute of Public Health, 2004.

2.72 From 1 September 2006 all mortuaries, NHS and public authority, will require a licence from the regulatory body, the Human Tissue Authority (HTA), for activities including post-mortem examination and the removal and storage of human tissue. The HTA has published Codes of Practice, and will carry out inspections.⁴⁰

A service which values its staff

2.73 All staff involved in delivering mortuary services should participate in education and training that is appropriate for their role. Trusts should, therefore, make training and learning opportunities available to mortuary staff at all levels to enable them to develop:

- accurate, practical knowledge of hospital policy and procedures, and relevant legislation
- an appropriate level of knowledge and understanding about death, bereavement and grief
- awareness of equality and diversity issues
- appropriate interpersonal and communication skills
- scientific and technical skills
- health and safety and infection control awareness
- quality and accountability.

2.74 This area of work can be particularly demanding, and it is important that staff should have access to a range of formal and informal support. Time should be allocated to ensure that staff are able to access the support they need.

⁴⁰ Further information, and the HTA Codes of Practice, are available on the HTA website at www.hta.gov.uk.

2.75 As a result of the isolated location of most mortuaries and the shift patterns maintained by staff, a risk assessment will usually be undertaken and adherence to a Lone Worker policy encouraged among all mortuary staff. Distressed relatives may have strong emotions which, very occasionally, may result in aggression directed against mortuary staff. Where risk assessments indicate a need, systems such as panic alarms and lone worker devices should be in place and underpinned by suitable and sufficient support procedures to protect staff. Detailed guidance is set out in *Not Alone: A Good Practice Guide for the Better Protection of Lone Workers in the NHS*.⁴¹

Good practice example: Looking after staff

APT at Guy's & St Thomas' NHS Foundation Trust: "Working in a mortuary and dealing with bereaved families and individuals can be emotionally upsetting. We need to look after ourselves so that we can look after the deceased person and the bereaved family properly. The most senior APTs here take an active role in maintaining their own mental well-being and that of the other APTs. We encourage staff to discuss the day's events as a group and talk through any feelings or thoughts they may have as a result of work. The APTs are actively encouraged to use the Trusts' staff counselling service."

⁴¹ NHS Counter Fraud and Security Management Service. *Not Alone: A Good Practice Guide for the Better Protection of Lone Workers in the NHS*. March 2002. Available at www.cfsms.nhs.uk.

Annex A

Membership of the Mortuary Services sub-group of the National Pathology Oversight Group

Dr Ian Barnes	National Clinical Lead for Pathology, Department of Health
Ms Mitzi Blennerhassett	Member, National Pathology Oversight Group
Ms Judith Bernstein	Coroners Division, Department for Constitutional Affairs
Mr Tony Falcon	Pathology General Manager, North West London Hospitals NHS Trust
Mr Peter Jones	Bioethics Team, Department of Health
Ms Rita Joshi, succeeded by Ms Lorraine Harris	NHS Security Management Services
Ms Nancy Kohner	Independent Consultant
Prof Sebastian Lucas	Professor of Histopathology, Guys & St Thomas' NHS Foundation Trust
Mr Alan Moss, succeeded by Mr James Lowell	Association of Anatomical Pathology Technologists
Mr David Sowter	National Association for Healthcare Security
Mr Joe Ward	Manager, Greenwich Public Mortuary

Secretariat

Ms Deirdre Feehan	Modernising Pathology Team, Department of Health
Mr Paul Clegg	Modernising Pathology Team, Department of Health

Annex B

Workforce – the Anatomical Pathology Technology Workforce

The current qualifications for Anatomical Pathology Technology consist of a Certificate and Diploma in Anatomical Pathology Technology awarded by the Royal Institute of Public Health (RIPH). These are set out below.

Royal Institute of Public Health Certificate in Anatomical Pathology Technology

The course leading to this qualification, combined with on-the-job experience, prepares in-service Anatomical Pathology Technologists (APTs) and in-service APT trainees to provide safe and practical assistance to the pathologist in the post-mortem room and to maintain the mortuary in a clean and efficient manner. It is awarded by the RIPH.

All certificate examination candidates must have:

- successfully completed a number of specified practical tasks for the Certificate, which are recorded by their supervisor in the Practical Assessment Book, which should be submitted with each individual's examination entry record form. An APT will normally require up to two years training in order to complete the practical tasks
- attended an approved course of study before sitting the examination.

The assessment for the award of the Certificate is made up of three parts; a practical assessment, a written examination and an oral test, all of which test knowledge and understanding of the whole syllabus.

Royal Institute of Public Health Diploma in Anatomical Pathology Technology

The course leading to the Diploma prepares the in-service APT to provide scientific and practical assistance to the pathologist in the post-mortem room and to be proficient in all aspects of hygiene and safety. The Diploma, awarded by the RIPH, acknowledges the APT's ability to take charge of a mortuary and to instruct assistants in safe practices. Entrants must already hold a Certificate in Anatomical Pathology Technology.

The assessment for the award of the Diploma is made up of three parts: a practical assessment, a written examination and an oral test, all of which test knowledge and understanding of the whole syllabus.

For the Future

A set of National Occupational Standards have now been approved for anatomical pathology as part of the National Occupational Standards Project in healthcare science.⁴² These are currently being used as key tools in the development of competency-based career pathways for APTs.

A career framework for Healthcare Scientists in the NHS, published by the Department of Health in 2005, includes a recommendation to 'ensure all eligible staff are on the relevant voluntary register to enable smooth transfer to a statutory register'. APTs can now register under a voluntary registration council⁴³ and are looking towards an application for statutory regulation to the Health Professions Council (HPC).

Statutory regulation exists to ensure standards of practice by regulated practitioners and to protect the public as far as possible against the risk of poor practice. It works by setting agreed standards of practice and competence, by registering those who are competent to practise and restricting the use of specified titles to those who are registered. It can also apply sanctions such as removing from the register any practitioner whose fitness to practise is impaired.

⁴² Published at www.skillsforhealth.org.uk.

⁴³ See www.vrcouncil.org for more details.

The role of the HPC is to:

- set standards of proficiency (competence), ethics and conduct for practitioners of a profession
- set standards of training which will produce competent, safe and effective practitioners in that profession
- keep a register of those who meet the standards and are fit to practice
- have a mechanism for dealing with registrants who stop meeting the standards and need to be removed or restricted from practice, by investigating complaints and taking any necessary action to restrict their practice.

The HPC will expect any group applying to it for consideration for statutory regulation to have in place or otherwise meet a number of criteria. Among these is the ability to display:

- a defined body of knowledge
- evidence-based practice
- an established professional body
- a voluntary register/list of eligible practitioners
- defined entry routes
- independently assessed entry qualifications.

This means that future education and training for this group of practitioners will be aligned to an agreed scope of practice. Discussions are under way to develop this and it is likely that education and training will be set at Foundation degree level, replacing both the Certificate and Diploma in one overall qualification, designed to be fit for purpose and capable of complying with the criteria outlined above. This will allow the profession to go forward for regulation of practice.

A voluntary register for healthcare scientists (VRCHCS) has therefore been set up with the aim of achieving the necessary HPC criteria, and it is likely that the first practitioners will be able to register with the voluntary register in mid to late summer 2006. The voluntary register will be open to practitioners in both NHS and public mortuaries and will set the standards for entry to the voluntary register. Extended roles for APTs are currently being explored with the Royal College of Pathologists amongst others.

Annex C

Sources of Further Information and Guidance

This document is complementary to, and intended to be read in conjunction with, other guidance; in particular:

When a Patient Dies – Advice on Developing Bereavement Services in the NHS. Department of Health, 2005. Available at www.dh.gov.uk.

Standard operating procedures.

For advice and guidance on mortuary staff working practices

A Handbook of Anatomical Pathology Technology. The Royal Institute of Public Health, 2004. This provides wide ranging guidance and information on mortuary work. Sections particularly relevant to this document include those on general procedures and policies, and on dealing with bereaved families and visitors in the mortuary, including arrangements for different religions, and the possessions of the deceased.

Safe Working and the Prevention of Infection in the Mortuary and Post-mortem Room. Health and Safety Executive, 2003.

Guidelines on Autopsy Practice. The Royal College of Pathologists, September 2002.

The Healthcare Sciences National Occupational Standards (HCS NOS), published at www.skillsforhealth.org.uk. These are statements of competence describing good practice and are written to measure performance outcomes. Essentially they describe what needs to happen in the workplace (not what people are like).

The Human Tissue Authority (HTA) has produced Codes of Practice for Consent, Donation of organs, tissue and cells for transplantation, Post-mortem examination, Anatomical examination and Removal, storage and disposal of human organs and tissue. These codes are published on the HTA website at www.hta.gov.uk.

Department of Health advice on disposal of babies born dead before 24 weeks gestation can be found at www.dh.gov.uk. under Tissue general information.

A Professional Approach to Managing Security in the NHS. NHS Counter Fraud and Security Management System, 2003. Available at www.cfsms.nhs.uk. This document outlines how the NHS will provide the best possible protection for its patients, staff, professionals and property.

Not Alone: A Good Practice Guide for the Better Protection of Lone Workers in the NHS. NHS Counter Fraud and Security Management Service, 2002. Available at www.cfsms.nhs.uk.

For the Record: Managing Records in NHS Trusts and Health Authorities. This is available at www.dh.gov.uk. It replaces previous guidance, including Health Service Circular HSC 1999/53.

For details of the standards set by Clinical Pathology Accreditation (UK) Ltd, see www.cpa-uk.co.uk under Documents and Publications/Medical Laboratories.

Professional guidance and support for APTs is provided by the Association of Anatomical Pathology Technologists. See www.aaptuk.org.

For advice and guidance on supporting bereaved families

Cruse Bereavement Care has a helpline (0870 167 1677) which is linked to a Branch network. It also has a young person's helpline (freephone – 0808 808 1677) and a message board (rd4u.org.uk) providing peer support for young people. Further information on a wide range of resources for families and for professionals can be found at the website, www.crusebereavementcare.org.uk.

Kohner N. *Pregnancy Loss and the Death of a Baby. Guidelines for Professionals*. London: SANDS, 1995.

The Stillbirth And Neonatal Death Society (SANDS) provides support and information for bereaved families, with a helpline (020 7436 5881) and a discussion forum. Details can be found on the website at www.uk-sands.org.

The Child Bereavement Trust has produced a wide range of resources for families (bereaved children and those grieving for a child) and for professionals. Details can be found on the website at www.childbereavement.org.uk.

For advice and guidance on cultural and religious customs:

Henley A, Schott J. *Culture, Religion and Patient Care in a Multi-Ethnic Society*. A Handbook for Professionals. London: Age Concern, 1999.

Jogee M. *Religions and Cultures – A Guide to Beliefs, Customs and Diversity for Health and Social Care Services*. 6th edition. R&C publications, Edinburgh, 2004.

For advice and guidance on the built environment:

Improving the Patient Experience – A Place to Die with Dignity: Creating a Supportive Environment. NHS Estates, 2005.

Facilities for Mortuary and Post-Mortem Room Services. (NHS Estates Health Building Note 20), 2001. Health Building Notes provide advice to project teams designing and planning new buildings and adapting/extending existing buildings.

NHS Trusts in England and all UK government departments can download core guidance (Health Building Notes etc) from the Knowledge and Information Portal, at www.nhsestatesknowledge.dh.gov.uk, by registering for membership. All other organisations can purchase electronic copies of core guidance from Barbour Index, 01344 884121 or IHS Technical Indexes, 01344 404429.

Other

Information on the Coroner system, and Coroner reform, can be found on the website of the Department for Constitutional Affairs, at www.dca.gov.uk.

Information on the General Register Office and Registration Modernisation can be found at www.gro.gov.uk.



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