



Document Type: Procedure	Unique Identifier: CORP/PROC/025
Document Title: Mortuary Out-of-Hours Viewings And Identifications Process	Version Number: 1.3
	Status: Ratified
Scope: Trust Wide	Classification: Organisational
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Replaces: Version 1.2, Mortuary Out-Of-Hours Viewings and Identifications Process, Corp/Proc/025	Head of Department: Joe Ogle, Mortuary Manager
Validated By: Divisional Management Board	Date: 11/06/2015
Ratified By: Procedural Documents and Information Leaflet Group	Date: 17/06/2015
Review dates may alter if any significant changes are made	Review Date: 01/05/2019 (Extended – form 030/2019)
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1, 2, 3, 4, 5, 6, 7 Principles	Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1, 2, 3, 4, 5, 6, 7 Staff Pledges
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
Document for Public Display: Yes	
No References to Check.....Frances Sim.....Date.....8.7.15.....	
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

Procedure of what to do in the event of a request to a view deceased in the mortuary outside working hours.

2. PURPOSE

This procedure is to be followed, in order to make and/or accommodate a request to view the deceased, in any UHMB Mortuary out of normal working hours.

3. SCOPE

This procedure applies to all Clinical Site Managers, Matrons, Senior Nurses, Anatomical Pathology Technicians (APTs), portering staff, Senior Manager On call (SMOC) police and coroner's officers.

4. PROCEDURE

4.1 Out of Hours Viewing

During working hours mortuary staff will manage and facilitate all viewings and identifications between 08.30 and 16.30 Monday to Friday. Outside these times and bank holidays are classed as out of hours. One Anatomical Pathology Technician is on call for the following duties for all three UHMB mortuaries (WGH, FGH, RLI).

4.1.1 Cornea & Tissue donation

Some UHMB APT's are trained retrievers for cornea donations on behalf of NHSBT. APT's also facilitate opening of the mortuary facilities for other tissue retrievals carried out by NHSBT staff.

4.1.2 Home office post mortems

APT's assist at home office post mortems at FGH and RLI sites only.

4.1.3 Road Traffic Collision (RTC's), disfigured, decomposed, leaking and any other deceased requiring attention prior to formal identifications and/or viewings

APT's will attend to clean and prepare deceased for viewings/identifications if required under instruction/authorisation from the police. APT's are not always required once the deceased is made presentable and may pass to other staff to carry out.

4.1.4 Baby and children viewings

APT's will conduct all viewings on babies and children if required in the mortuary due to sensitive nature and duration of viewings. For the purposes of this procedure, the definition of a child is someone under the age of 16 years old.

Foetal and stillbirth viewings can be conducted by midwifery staff on the ward/delivery suite. If the foetus/stillbirth has been sent to the mortuary, the nurse/midwife caring for the mother shall arrange for the porter to retrieve the foetus/stillbirth and return it to the ward. Following the viewing, the foetus/stillbirth shall be returned to the mortuary, ensuring that correct labelling is maintained, and replaced in the same fridge unit it was previous.

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4.1.5 Bariatric patients

APT's will manage the Trust Bariatric contract through Event Medical Response Services (EMRS). APT's will carry out all hoisting of Bariatric deceased within UHMB mortuaries when required.

4.1.6 Body Store Contingency Plan

APT's will attend the mortuary at times when capacity becomes a concern and put in place the mortuary contingency plans. This could also be at times of body store temperature failure. (AX011LP)

4.1.7 Release of deceased

APT's will attend the mortuary to release deceased out of hours for reasons such as tissue donations, home office post mortems, religious reason and family requests ensuring all documentation is completed and departmental SOP's (AX057LP) are followed.

4.1.8 Ad-hoc call outs

APT's are on call for phone advice and any other ad-hoc duties that are required to be carried out in an emergency out of hours.

4.2 Formal Identifications (ID)

- i. Cumbria or Lancashire Police will contact switchboard with a request to carry out a formal ID in the presence of a police officer.
- ii. Switchboard staff must ascertain which UHMB hospital site the ID is required and transfer the call to the relevant site's Clinical Site Manager (CSM).
- iii. CSM must note the deceased details and proposed ID time details and make arrangements to check the appearance of the deceased in the mortuary with the CSM (FGH)/Senior Nurse/Matron (RLI).
- iv. If minimal/standard attention is required CSM (FGH)/Senior Nurse/Matron (RLI) must arrange a suitable time to carry out the ID with police and portering staff.
- v. It is acceptable practice to delay ID's to a suitable time to suit CSM (FGH)/Senior Nurse/Matron (RLI) out of hours when minimal staffing is a factor. Cumbria and Lancashire police officers arranging ID must be made aware if this is the case.
- vi. It is acceptable practice to pre-warn relatives that only approximately 30 - 45 minutes viewing time slots are available out of hours due to minimal staffing.
- vii. If the CSM (FGH)/Senior Nurse/Matron (RLI) cannot facilitate due to level three or four workload taking priority then on call APT staff can be contacted by a Senior Manager On Call. This must be documented on the SMOC report.
- viii. After checking the deceased in section iii above the CSM (FGH)/Senior Nurse/Matron (RLI) feels the deceased requires further attention, APT on call staff can be contacted by the SMOC and detailed on the SMOC report.
- ix. All viewing presentation procedures must be followed which are displayed in all

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UHMB mortuaries (AX007LI).

4.3 Viewings

- i. Relatives will contact switchboard with a request to carry out a viewing of deceased.
- ii. Switchboard staff must ascertain which UHMB hospital site the viewing is required and transfer the call to the relevant site's Clinical Site Manager (CSM).
- iii. CSM must note the deceased personal details and viewing time details and make arrangements to check the appearance of the deceased in the mortuary.
- iv. If minimal/standard attention is required CSM (FGH)/Senior Nurse/Matron (RLI) must arrange a suitable time to carry out the ID with relatives and portering staff.
- v. It is acceptable practice to delay viewings to a suitable time to suit CSM (FGH)/Senior Nurse/Matron (RLI) out of hours with minimal staffing. Relatives must be made aware if this is the case.
- vi. It is acceptable practice to pre-warn relatives that only 30 - 45 minutes viewing time slots are available out of hours due to minimal staffing.
- vii. If the CSM (FGH)/Senior Nurse/Matron (RLI) on duty cannot facilitate due to level three or four workload taking priority then on call APT staff can be contacted by a Senior Manager on Call. This must be documented on the SMOC report.
- viii. After checking the deceased in section iii above the CSM (FGH)/Senior Nurse/Matron (RLI) feels the deceased requires further attention, APT on call staff can be contacted by the SMOC and detailed on the SMOC report.
- ix. All viewing presentation procedures must be followed which are displayed in all UHMB mortuaries.

4.4 Clinical Site Managers & Matrons Presentation of Deceased Training

- i. CSM/Senior Nurse/Matron's must be trained to present a deceased for viewing by Mortuary Manager or Senior Anatomical Pathology Technicians.
- ii. All training sessions must be booked through TMS.
- iii. Training sessions will be held on a regular basis.

5. ATTACHMENTS	
Number	Title
1	Mortuary Out of Hours Viewings and Identifications Flowchart
2	Equality and Diversity Impact Assessment Tool

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6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
AX007LI	Viewing & Identification Instruction
AX057LP	Release of deceased procedure
AX011LP	Storage of deceased procedure

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
APT	Anatomical Pathology Technician
CSM	Clinical Site Manager
SMOC	Senior Manager On call
NHSBT	National Health Service Blood Transplant
RTC	Road Traffic Collision
FLO	Family Liaison Officer
EMRS	Emergency Medical Response Services
SOP	Standard Operating Procedure
ID	Identification

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Mary Shimwell	Matron	
Jane Kenny	Governance Lead	
Joann Morse	Deputy Director Nursing	
Carol Park	Assistant Chief Nurse	

10. DISTRIBUTION PLAN	
Dissemination lead:	Jane Kenny – DGAG Committee
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	Jane Kenny, Mary Shimwell, Joann Morse
Document Library	SharePoint
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

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11. TRAINING		
Is training required to be given due to the introduction of this procedural document? Yes		
Action by	Action required	Implementation Date
Joe Ogle	Presentation of deceased training for CSM's/Senior Nurse/Matrons	On-going

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	Oct 2017	Page 3	BSF Page Added	01/06/2018
1.2	10/10/2018	Page 1	Review Date extended – form 131/2018	01/02/2019
1.3	13/02/2019	Page 1	Review Date extended – form 030/2019	01/05/2019

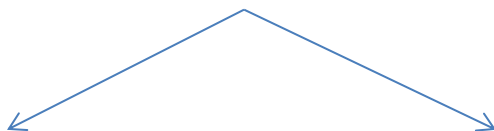
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Appendix 1: Mortuary Out of Hours Viewings and Identifications Flowchart

Call comes in from police or relatives for ID /viewing to CSM/Senior Nurse/Matron's from switchboard



CSM/Senior Nurse/Matron's check physical and visual appearance of deceased. Portering staff will arrange entry to mortuary.



Minimal/standard attention

further attention required by APT's



CSM/Senior Nurse/Matron's
can proceed with viewing.

SMOC will call APT out to assist
and document in the SMOC report.



Arrange suitable 30 minute viewing
to suit all parties porters/nurse/family

APT will either clean and carry out ID/viewing or
leave for CSM/Senior Nurse/Matron's
dependant on timings.



If CSM/Senior Nurse/Matron's unable to
facilitate viewing due to pressure or site level at 3 or 4,
it must be escalated to SMOC to call the on call APT
and documented in the SMOC report.

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Appendix 2: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
4a	If so can the impact be avoided?	N/A	
4b	What alternative are there to achieving the policy/guidance without the impact?	None	
4c	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the HR Equality & Diversity Specialist, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the HR Equality & Diversity Specialist, Extension 6242.

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