ACUTE SERVICES REDEVELOPMENT PROJECT

SERVICE/DEPARTMENT

Out-put Based Specification

Mortuary

Planning Group Lead: J Knox/A Cameron

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25.3.13</td>
<td>N Mitchell</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>01.05.13</td>
<td>P Tate</td>
<td>Review of brief – sent to N Mitchell for comments re: viewing room for relatives</td>
</tr>
<tr>
<td>3</td>
<td>02.05.13</td>
<td>N Mitchell/P Tate</td>
<td>Reviewed with changes</td>
</tr>
<tr>
<td>4</td>
<td>03.07.13</td>
<td>P Tate</td>
<td>Final Review</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 INTRODUCTION AND OUTLINE OF SERVICES

1.1 Departmental Function

The mortuary and post-mortem facility fulfils several functions:

- A facility to investigate cause and/or circumstances of death by performing a post-mortem examination of the deceased.
- A facility to enable demonstration of post-mortem findings to clinical staff and allow teaching.
- Reception and storage of the deceased.
- A facility to permit the viewing and/or identification of a body if requested or required.
- A facility for relatives or next of kin, when they are visiting the mortuary, to view or identify a deceased patient.

The mortuary also provides accommodation and post-mortem services for those deaths that fall under the jurisdiction of the Procurator Fiscal.

1.2 Specialist/Tertiary Services

The mortuary provides accommodation and post-mortem services for the procurator fiscal. The Mortuary carries out approximately 200 fiscal post mortems per year.

1.3 Current Service Configuration

The mortuary has 34 fridges/freezers of which there are:

- 6x4 basic fridges
- 1x3 bariatric fridges
- 1x3 larger non bariatric fridges
- 1x4 fridge/freezer designated for procurator fiscal use (lockable)

The mortuary has one post-mortem room with two autopsy tables. The mortuary has a relatives waiting/quiet area and a viewing room.

In addition the mortuary also contains several storage rooms for Histology and Cyto-histology long-term storage (blocks/slides).

Access to the mortuary is by way of a discrete covered area at the back of the hospital. The mortuary is not overlooked by other departments and privacy with regards to body movement is excellent.

The mortuary is within easy access to the pathology department.

1.3.1 Bed/Treatment Area Numbers
N/A

1.3.2 Outpatient Dep/Ambulatory Care
N/A

1.3.3 Access to Imaging & Laboratories
N/A

1.3.4 Specialist Technical Infrastructure
N/A
1.4 Capacity For Investigation/Treatment Of Current Referrals

The mortuary has two post-mortem tables. High risk (category III) bodies are referred to Glasgow for PMs. Category III facilities are not on site.

Currently fridge capacity is manageable, however, there are issues with capacity regarding prolonged breaks (e.g. bank holidays) and the winter months. The department relies upon a reliable and frequent turnover to ensure capacity management. This is becoming ever more challenging because many of the local Undertakers do not have refrigeration facilities within their premises; in the absence of a change to their practice there will be a requirement for additional capacity. The NHS Board may wish to review its policy regarding body storage.

1.5 Patient Activity (by function)

N/A

1.6 Effect Of System Redesign/Balance of Care/National Strategy

1.6.2 Current Links with Primary Care & Community Services

N/A

1.7 Impact Of Current Location/Configuration On The Running Of The Service

1.7.2 Positive

- The Mortuary is well equipped
- Good configuration
- Good facilities including air conditioning of key areas
- Areas are well defined i.e. clean / dirty areas
- Fridges are alarm linked to the hospital switchboard

1.7.3 Negative

- Space is poor around the post mortem tables and cut up tables
- Insufficient number of bariatric post mortem tables.
- Security is not controlled
- Current fridges are difficult to clean
- Lighting within the facility is poor
- Fridge capacity has been an issue at prolonged breaks (public holidays) and during the winter months consultation with Undertakers regarding responsibility for timely transfer of the deceased may be required to help clarify future capacity requirements;
- Insufficient bariatric fridges
- Difficult to transfer bariatric bodies into the PM room.
- Access for relatives is currently either via the hospital lower ground corridor or via the external entrance. This is considered unsuitable as often distressed relatives have to walk past busy departments, equipment stored in the lower ground corridor awaiting repair and pallets with storage of pharmaceutical supplies. Access to the external entrance for relatives is through the service yard for CSSD and the entrance/exit to the garage for hearses. As relatives...
1.8 Current Service Risks

Current service risks include:

- Under capacity during prolonged holiday periods (bank holidays where there is no daily collection of bodies by the undertakers)
- Under capacity during the winter months.
- No real provision for major incidents / accidents
- Fridge failure effecting capacity. Fridges are >15 years old.
- No provision for high risk post mortems. No service level agreement to ensure these can be carried out at another hospital.
- Security - currently there is no defined list of who has access to the mortuary.
- Poor lighting within the facility.
- Insufficient bariatric post mortem tables.
- The current fridge design does not allow for easy accessible cleaning.

2 SERVICE TRENDS

2.3 Demand on Specialty/Service

2.3.2 Anticipated Future Activity

There are issues relating to the demographics of the area. The population within D+G is getting older which will have an effect on the requirements for the mortuary.

Currently there is limited capacity for situations such as an infectious disease outbreak (e.g. Flu)

2.3.3 Anticipated Shifts in the Locus of Care

2.4 Technology / Developmental Technology

2.5 Assessment & Admission Criteria

N/A

2.6 Links with Primary Care and Community Services

There are links with local undertakers but this is purely collection/delivery of cadavers. The undertakers collect deceased patients from all community/cottage hospitals and either deliver to the mortuary in the acute hospital, or take directly to their own chapel of rest.

2.7 Nurse Practitioner/AHP Role Enhancement

N/A

2.8 Multi-Disciplinary & Multi-Agency Working

Direct links with, local undertakers, police, and the procurator fiscal. At times links with other health boards.

2.9 Other Factors Affecting Activity And Treatment By 2015 / 2020
2.10 Treatment Trends

N/A

2.11 Likely Technical Advances

No technical advances have been noted.

2.12 Service Delivery Transitional Risks

N/A

3 SERVICE MODEL & PHILOSOPHY OF CARE

3.3 Philosophy of Care

The Mortuary department will continue offering a non forensic / non high risk service for the foreseeable future

3.4 Model of Care Delivery

Dignity for the deceased will be the department’s highest priority and care and attention for the deceased will be maintained at all times. The Mortuary will link in with the Health Board ‘Last offices’ policy.

The department will ensure that all relatives and visitors will be treated in a sensitive and dignified manner.

3.5 Future Service Scope

It is not envisaged that there will be any significant changes to the current service scope.

3.6 Patient/Process Flow & Service Delivery

The mortuary must be sited to encompass the following:

- Discrete location that is not overlooked by other hospital departments
- There must be easy access for ambulances and undertakers delivering / collecting bodies.
- The mortuary must be located for easy access by all relevant departments within the hospital. There must be provision of service corridors etc away from the main patient / visitor thoroughfares. These corridors must allow for discrete transfer to the mortuary.
- The Mortuary must have separate entrances for the staff and the public.

3.7 Future Service Delivery Risks

These include:

- Location of mortuary not fulfilling the above in 3.4
- Appropriate adjacencies.
- Current mortuary provides long term storage for laboratory blocks and slides. It is not necessary for these to be located within the mortuary but provision
must be made for these storage areas. The laboratory working group consultant has been made aware of this issue.

- Insufficient fridge capacity
- Insufficient bariatric post mortem tables
- Major incident provision
- Infectious disease outbreak (e.g. Flu)
- Preventative maintenance plans must be in place for all fridges and equipment.
- Heating and ventilation (including appropriate ppm programme)
- Alarm links to appropriate locations
- General security including provision for lone working
- Access for ambulances / funeral directors.

Please refer to ongoing risk assessment that covers the whole laboratory directorate.
4 FUNCTIONAL CONTENT

4.3 The Proposed Facilities/Accommodation Overview (What is included)

In addition to the facilities detailed in SHPN20 the following have been highlighted as changes to the current Mortuary model

Body Store Capacity
Requirement for an increase in fridges:

The fridge configuration would give the following capacity:
- 5 bed fridges allowing for 5 full size beds or 15 bariatric spaces or 40 standard size spaces.
- In addition there will be 1 bariatric fridge / freezer with three shelves giving a capacity of 3 bariatric bodies/6 bodies. This will be situated within the confines of the garage but with the access door into the mortuary fridge area.
- All fridges must be lockable
- All fridges must be easily maintained / cleaned

PM facilities:
- Two standard PM tables are required.
- In addition 1 bariatric PM table is required.
- Tables must be height adjustable
- There must be direct access from the body store to the PM room.
- There must be easy access from the body store to the PM room for bariatric bodies.
- There must be an overhead hoist for lifting bodies, ceiling height sufficient to hoist bodies out of and up and over height of coffin on trolley.
- Cut up benches must be adjustable.

General
- Male / female changing rooms
- Store rooms
- Office for APT / Pathologist
- Area for the installation of temporary fridges during periods where capacity has been breached.
- There must be provision within the Organisation that relates to High Risk / potentially infected bodies. There is no provision within the plans for the new mortuary to process such cases.
- The public entrance to the mortuary must not be directly overlooked by any wards / departments. There must be sufficient landscaping to ensure privacy.
- Storage of pregnancy loss specimens
- Areas within the mortuary must be ventilated for formalin vapour.
- There will be a requirement for a relative’s room and viewing room with comfortable and soft furnishings (as per building regulations for mortuary). There is a requirement for beverage making facilities.

4.4 Clinical Facility Requirements (How will it work)

4.4.2 Configuration
The main function of the facility will be the storage of the deceased and when required post-mortem examination. There will be deceased identification and viewing facilities for relatives etc.

4.4.3 Reference to internal relationships/adjacencies
The mortuary should ideally be sited in close proximity to the main Pathology laboratory. The mortuary must have easy access to all wards / clinical areas for transport of the deceased, this access must be discrete and not easily accessed by members of the public. Access for undertakers must also be discrete with no wards / departments overlooking the access.

Relative’s access must be defined and must also be discrete.

4.4.4 Access Requirements
The mortuary is required to be very secure at all times. Access to the mortuary out of hours must be restricted to authorised personnel only. Currently porter staffs manage the delivery of the deceased within the hospital.

Viewing access for relatives out of hours is restricted and is the responsibility of nursing staff to arrange and be present at viewings. Funeral directors must contact the bed manager for access out of hours.

4.5 Opening Times (When will it work)
Current opening times:
Monday – Thursday  0800 – 1630
Friday – 08.00 – 1600

Outwith these hours no APT cover – access via Porter staff and bed managers. The assumption being that these times will not change within the new hospital.

4.6 Specific Design Considerations
Fittings and equipment should be made of robust, impervious, non-rusting, non-decaying and non-staining materials, which will not deteriorate under hard continuous use.

Fittings must be designed for easy cleaning on all sides (where possible)

Ledges in the details of floors, walls and door junctions must be avoided. All joints must be sealed.

Channel gratings should be designed in short sections, which can easily be lifted and disinfected by submersion in a sink or container.

Drains must be of sufficient diameter to prevent blockages, particularly waste pipes from sinks.

Work surfaces must be made from impervious materials to aid cleaning and disinfection. All Flooring and wall coverings must be impervious and easily decontaminated following any potential spillage.

The Bier room must have non-permeable floor covering to enable washing of bodies.
Both temperature and ventilation must be controlled.

Ventilation must be appropriate for the safe use and storage of formalin.

### 4.7 Design Guidance

Standards for the Medical Laboratory, Clinical Pathology Accreditation (UK) Ltd, v2.02, November 2010.

ISO15189, Quality Management in the Medical Laboratory, 2007

The management, design and operation of microbiological containment laboratories Guidance, Advisory Committee on Dangerous Pathogens (ACDP), 2001 ISBN 0780717620340

Safe working and the prevention of infection in clinical laboratories and similar facilities Guidance HSE, 2003 ISBN 0717625133


Infection at work: controlling the risks Advisory Committee on Dangerous Pathogens 2003 available online at: [www.hse.gov.uk/pubns/infection.pdf](http://www.hse.gov.uk/pubns/infection.pdf)

Directive 2000/54/EC on the protection of workers from risks related to exposure to biological agents at work’ Official Journal of the European Communities 2000 45 L262 21-45 ISSN 03786978

HBN 22, Facilities for Mortuary and Post Mortem Room services – latest version

Health Technical Memorandum 07-01: Safe Management of healthcare waste, November 2006

HTM 64 – Sanitary assembles

HTM2065, Healthcare waste management – segregation of waste streams in clinical areas, HMSO, 1997

Human Tissue Act

### 4.8 Environmental and Services Requirements

Access to portering services 24/7

Access to transport services

Access for Funeral Directors – this must be a dedicated access that is both secure and secluded from general public view

Access to IT infrastructure

All flooring, benching and walls must be impervious and easily cleaned/disinfected.