G33	Standard	Handling of the deceased

Systems are in place to encourage the handling with dignity of deceased persons **(including transport and storage) from their place of demise to eventual interment/ cremation.**

Justification

Rationale

Dignity and respect towards the deceased person ensuring:

- cultural and religious considerations are taken into account
- mishandling and trauma to the deceased is prevented
- injury to staff is reduced.

Authorising Evidence

None specific, but the following apply;
HSWA (1974); LOLER (1998); MHSWR (2000); MHOR 1992 (as amended 2004); PUWER (1998)

Links to other published standards & guidance

HOP5 (2005); NPSA (2008); Revie, M (2000); RCN (2009); RCN (2012); Ruszala et al (2010)

Cross reference to other standards in this document

G8,15

Appendices

None

Verification Evidence

- requirements for compliance to achieve and maintain this standard

The deceased person is handled with dignity and respect as local policy indicates.

- An agreed approach, informed by evidence-based best practice, documented in the M&H policy, is disseminated to all staff in the mortuary/ organisation
- M&H risk assessments that are 'suitable and sufficient', robust and balanced
- Safe systems of work and standard operating procedures
- Individual assessments of staff, the deceased and the environment where necessary
- Ergonomics is integral
- Information and communication systems – including documentation
- Competent, healthy staff, in sufficient numbers
- Training (theoretical and practical) and supervision
- A mortuary environment conducive to good care (space, layout etc)
- Handling and other equipment that is suitable (fit for purpose), maintained and inspected and readily available
- Investigation of, and learning from, adverse events using root cause analysis to locate the cause and prevent recurrence SFAIRP
- Monitoring, audit and review of the verification evidence
- Points learnt from audit, and accident/ incident investigations and reports are disseminated and discussed with relevant staff, with subsequent learning
- Reporting of the status (level of compliance) to the organisation
- Action plans to correct any lack of compliance
- The culture is one of learning rather than 'blame and shame'
- Staff work within protocols and record as necessary

G33 Protocol – Handling of the deceased

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1. Introduction and background

There is a paucity of literature on handling the deceased in spite of the fact that it is a daily occurrence in health and social care (Revie, 2000).

In a hospital environment the deceased will have to be moved from the ward or other areas to the mortuary, within the mortuary, and finally from the mortuary to the funeral director. At all times, dignity and respect must be shown to the deceased. In some areas of the funeral industry particular care is taken in relation to terminology used, such as reference to the 'deceased', rather than 'body' and avoidance of the term 'removal of the body', but instead, 'bringing the deceased into the care of the funeral director'.

In the community after all the formalities of contacting the appropriate professionals (e.g. GP to certify death, police in suspicious circumstances) the funeral director/s would be called to remove the deceased person. If an autopsy/ post-mortem (PM) is required, the deceased will be taken to a relevant mortuary, usually within a hospital.

Historically, the majority of staff employed within a mortuary or funeral directors have been male, however, there is no reason why female staff should not also be employed, as is the case in some funeral director organisations (Revie, 2000). Staff members will have various degrees of occupational fitness, experience and training. Some staff may have been used to a predominantly manual method of moving the deceased, which can cause injury to the handler possibly resulting in career changing choices and liability for the employer. In addition, the manual handling techniques may have been poor, and long hours of standing, particularly in one position, can leave staff fatigued and more likely to sustain an injury over time.

Handling of the obese person also causes potential M&H problems (Pheasant, 1997; Cowley & Leggett, 2010) as bodies will be heavier and may be stiff and unyielding, or floppy. The deceased person's weight may be distributed unevenly, and this could negatively affect both the stability and structural integrity of any equipment used (Cowley & Leggett, 2010). Globally 6% of all deaths are due to obesity. There are more than 1billion overweight adults with at least 300 million classed as obese (WHO figures (1998) as cited in Drinkwater and Foster, 2010).

According to Higgins (2008), fifty-four per cent of deaths in England and Wales occur in acute hospital beds, whilst 22% of people die at home (Office of National Statistics, 1999 as cited in Higgins, 2008).

Manual handling (MH) is a high risk activity in both mortuary and community settings. In the community it is frequently unavoidable, particularly if there are not enough staff and/ or equipment to assist with the transfer of heavy deceased persons.

All moving and handling (M&H) tasks should be carried out in accordance with the MHOR (2004) to ensure the safety of handlers, the load (deceased person) and others within the working environment.

The handling of the deceased in a hospital is carried out by ward staff, porters, mortuary technicians and pathologists. In some trusts the porters are employed from outside the trust (Cooper et al, 2013) with the potential for complications over training.

Those handling the deceased in the community have to consider not only the environment where the deceased is, but also funeral traditions across the country and the wishes of the funeral director to take into account various cultural traditions (Revie, 2000).

2. Management, organisation, supervision and support

In situ training is of particular relevance and importance as the job is so specialised (Drinkwater and Foster, 2010). Guidelines need to be written for all regular tasks, following a risk assessment and training needs analysis within mortuaries and funeral directors' premises. Risks occurring as a result of the work can then be reduced. Funeral directors should be trained to carry out an individual risk assessment in every situation/ premises where s/he will be required to remove a deceased person, to ensure the correct equipment for the job is to hand, plus adequate staffing levels to complete the task as safely as possible within the particular environment (Revie, 2000).

Ideally trolleys with single tray transfer systems and hoists should be used wherever possible within health and company premises to reduce MH to a minimum and reduce the risk of injury. This means the deceased is placed on a tray on arrival and slid into place on rollers into a tiered racking refrigerator system. The mortuary trolley will also have rollers and be height adjustable. To operate the system the technician wheels the trolley into position in front of the requisite rack, raises the trolley to the correct height and attaches the pull system of the trolley (if installed) to the tray which automatically pulls the tray out. The deceased can then be moved on the trolley to wherever the work is to be done, and returned afterwards.

In the community sudden deaths reported to the coroner will require the funeral director to remove the deceased from a range of settings, including nursing homes and private dwellings and therefore there will be less control over the system of work used. Company policy must ensure these situations are covered as well as possible during training. Churches and crematoriums can also present M&H problems when steps have to be negotiated whilst shouldering the coffin inside. In some situations a trolley may be used. However consideration needs to be given to balancing health and safety and the reduction of risk from manual handling, with the wishes of the family.

3. Staffing levels

Two or more members of staff are required for Last Offices (Higgins 2008).

Local risk assessments should identify the number of porters/ funeral directors required for safe transportation to the hospital/ company mortuary.

Within the mortuary, staffing levels will be reflected by service requirements. This may be dependent on equipment available e.g. a single tray transfer or an overhead tracking system. Out of regular work hours there may be only one mortuary technician on call at any one time, and this can lead to handling problems unless the mortuary has suitable equipment.

4. Staffing competencies (after Benner, as cited in Ruszala et al, 2010)

Novice – new mortuary technicians and porters; student nurses and new HCAs who may be involved in the ward environment. These individuals should have been through the observation process, following demonstration, training and being supervised. Young nurses (within the ward) and new members of staff may well be unfamiliar and apprehensive when handling the deceased, and this issue must be dealt with sympathetically.

Advanced beginner – will have past experience of dealing with and moving the deceased. May still require supervision.

Competent – ward staff, mortuary technicians and porters with some experience and who have had training.

Proficient – experienced ward staff, mortuary technicians and funeral directors, able to assess the competence of other staff.

Sometimes within the community, the older team member is deferred to even when s/he is not the most competent or experienced, and so may make a poor decision. Training is likely to improve this (Revie, 2000).

5. Environment

Within a hospital, enough space will be required in the ward environment for performing Last Offices. In the community the manual handling challenges will be influenced by the location in which the deceased is situated e.g. bedroom, potentially at the top of narrow/winding stairs, the loft, small toilet, behind a garden shed.

In a hospital the deceased would normally be delivered to the mortuary by the porters. Porters or mortuary technicians would normally place the deceased into the mortuary refrigerator - unless it is out of hours when the mortuary technician may be on call but not in the building. This is then the porter's job. The deceased can be accessed from the refrigerator for relative viewing, for performing a PM or for removal to the funeral directors.

A typical mortuary will consist of an office, a reception area, specialised mortuary refrigeration, PM room/s, and a relative's visiting area.

Ideally, refrigerators and cold storage will be accessible from two sides – the refrigeration area and also the PM room - to reduce the amount of movement (pushing/ pulling) required. There must be sufficient space in the refrigeration area for the requisite number of deceased persons, depending on throughput or demand, and to accommodate bariatric deceased persons.

Enough space will also be required in the mortuary to allow for manoeuvring a trolley or bed.

In some instances, post mortem tables are lipped and fixed, which may cause handling problems. Current best practice is to use a single handling system where the tray which the deceased person is on also becomes the post mortem table. Dependent on the manufacturer some will be adjustable, which is the ideal solution. These will better accommodate the differing heights of mortuary technicians.

If a bariatric deceased person remains on a bariatric bed in the mortuary it will be necessary to consider the potential impact on the bed electrics if it is placed in cold storage.

In either a hospital or community setting, slips, trips and falls may be caused by uneven, slippery floors, trailing cables, obstructions, poor lighting and poor housekeeping. All rooms should therefore have adequate level flooring, lighting, electrical fittings, surface finishes, water supply, drainage control, ventilation, work surfaces and communication equipment.

6. Communication and information systems regarding initial referral and entry to the system

Depending on the individual hospital, this will be via a phone call or email to the porters or mortuary personnel. Information regarding any special requirements should be stated at this time e.g. a bariatric trolley required or transfer on bed.

In the case of a bariatric deceased, the portering staff and mortuary technician must be informed immediately to allow time to locate any equipment required.

In the community it is often difficult to establish handling difficulties, such as weight of the deceased, in advance of the initial risk assessment as these would be unknown or it may be inappropriate to ask e.g. in the case of a relative.

7. Treatment planning

N/A.

8. Moving and handling tasks necessary to assess and transport the deceased person

Some, or all, of the following may be carried out:-

- Rolling whilst performing the Last Offices.
- Awkward movement and postures whilst taping orifices and removing equipment e.g. bed safety sides, catheter, drips and drains.
- Placing onto a clean sheet/ shroud if this is used. Where sheets are provided from an outside contractor, the use of disposable sheets may be a cost effective alternative (Cooper et al, 2013). It may be necessary to liaise with the supplier to ensure such sheets are wide enough to be used for Last Offices (Cooper et al, 2013).
- Placing within a body bag if this is used.
- Transfer from bed at home to vehicle and on to hospital or funeral directors' premises, often via stairs
- Lifting, carrying, moving the deceased up/ down steps
- Transfer by mechanical aid/ wheeling of the deceased between areas.
- Transfer by mechanical aid/ slide from bed, trolley or theatre table onto a mortuary trolley.
- Transfer by mechanical aid/ slide from the mortuary trolley into refrigerator/ cold storage.
- Transfer by mechanical aid/ slide from refrigerator/ cold storage to a mortuary table, and back.
- Transfer by mechanical aid/ slide from refrigerator/ cold storage to the viewing room and back.
- Transfer by mechanical aid/ slide from refrigerator/ cold storage to the funeral directors, via the funeral director's vehicle.
- PM procedures where organs may be removed and weighed.
- Following road traffic accidents, the deceased would normally be brought into the mortuary via a body bag.

Care should be taken when handling the deceased in order to avoid damage to the skin.

Attention must be paid to the loss of body fluids from the deceased, especially if infected. Any embalming would normally be carried out at the funeral directors.

9. Moving & handling assessment

A generic assessment of the work area and tasks needs to have been carried out, and the risks associated with all activities reduced to the lowest level reasonably practicable (MHOR, 2004). The amount of handling of the deceased and the number of times the deceased is removed from cold storage will increase the likelihood of injuries occurring, hence handling should be kept to a minimum and mechanised as much as possible.

Risk factors for mortuary workers/ funeral directors would include some of the following:-

- awkward or static postures

- maintaining a posture for prolonged periods e.g. whilst dissecting the deceased
- carrying the deceased downstairs
- carrying the deceased up/ down steps (e.g. at a church/ premises)
- forceful exertions e.g. when pushing/ pulling a body in/ out of storage shelves
- repetitive movements
- type of handling methods used e.g. lifting, carrying, sliding, pushing, pulling
- height of mortuary refrigeration racking
- height of PM table
- individual worker factors e.g. height, build, experience
- size, shape and weight of the deceased.

The amount of time spent handling the deceased will depend on the level of activity per day and may be very variable.

The extra requirements for the bariatric deceased must also be taken into account. It may be that a bariatric bed is required for transportation rather than the mortuary trolley. Bariatric deceased should not be placed either up high up or low down in the refrigeration area as that puts further strain on the mechanical equipment being used.

Work surfaces and trolleys, storage facility shelves and trolley/s may not be of equal height. The container, such as the concealment trolley may have sides and preclude a slide.

All equipment used for handling the deceased must be marked with the safe working load (SWL) and staff must ensure they work within these limits. There must be contingency plans for equipment failure.

Clinical issues must also be taken into account – infection risk (See G8 – prevention of healthcare associated infections whilst M&H), PMs, undressing or weighing the deceased, cleaning and decontamination of equipment and facilitating relative viewing.

10. Methods, techniques and approaches

Last Offices will be carried out following local organisational guidelines. These will ensure the deceased person is treated with respect, and the practice is carried out in accordance with the wishes of the deceased, if known, and those of the relatives (Higgins, D 2008). Nurses and care staff must apply universal infection control precautions (RCN 2009, 2012). In some instances this will also entail dressing the deceased.

In many hospitals and in the community the deceased is transferred laterally using slide sheets plus a large lateral sliding board. In certain circumstances, where it is necessary to put the deceased into a body bag, this can be undertaken by rolling the deceased, then using a lateral transfer method.

Transfers from the bed at home may be by stretcher. This enables the funeral directors to make a rigid load without significantly increasing the weight (Revie, 2000). Manoeuvring a deceased person downstairs and possibly round corners can be very difficult (Revie, 2000). If the deceased is heavy more personnel will be required, potentially resulting in restrictions in space on the staircase (Revie, 2000). Some equipment companies make a stretcher that is on wheels with height-adjustable legs, plus glides, for sliding a deceased downstairs where space allows. Once on the level the stretcher is raised to a safe pushing height and pushed into the funeral vehicle, whilst the front legs fold under the stretcher to enable smooth access.

With single tray transfer systems, the deceased can be moved from bed to tray/ rolled onto a tray which fits on the concealment trolley, and remain on the same tray when being transferred from concealment trolley to racking system in the refrigerator, or to the PM table or viewing room, thus reducing the number of MH moves required. The number of manual moves was reduced from eighteen to ten in one hospital (Cooper et al, 2013). Similar systems may be in use in funeral premises.

Moves in the PM rooms/ embalming room will usually be carried out by use of a single tray transfer or mobile hoist/ overhead tracking system. In order to facilitate sliding onto and off the post mortem table water can be sprayed onto the table.

Any removed organs, lifted out after dissection, should be placed onto an adjacent trolley for transporting to the scales, and elsewhere, if required.

11. Handling equipment

The products included in this protocol are shown to provide information on what is available in the market. Generic nomenclature has been used where possible. Where a specific product and manufacturer is included, this does not represent an endorsement by the London Group of NBE. Other manufacturers may make similar or better products. All products should be risk assessed for use within a mortuary/ funeral directors.

There are several manufacturers providing stacking and moving solutions, including bariatric, enabling a mortuary technician/ funeral director to move the deceased in and out of refrigerators/ cold storage, at all levels, such as;

- Dignity 60 mortuary stacker and body handling system for loads up to 380kg. This also has a weighing facility in its lowest position. The manufacturer is working on one that will be able to lift and move loads up to 496kg (Wilmat – www.wilmat.co.uk). This has powered four way travel, and guide rollers for trays, enabling the deceased to be slid onto this from concealment trolley or refrigerator and moved in any direction.
- Morquip Ltd Complete Body Handling System available for loads up to 220kg (www.morquip.co.uk). The system is designed around a body tray that is fully transferable enabling the body to remain on the same tray throughout all procedures, with transfer effected by means of an adjustable manual or battery powered scissor-lift trolley.

- Traction Stacking Trolley available for loads up to 413kg (www.leec.co.uk). These have battery powered steering and a hydraulic power assisted raise/ lower system with powered traction for use with refrigerator stacking systems with transferable body trays.

If any wheeled equipment (bed/ trolley) has no powered movement, a powered bed mover could be used. These have a variety of attachments for fixing to different makes of beds and trolleys. Examples would include;

- Electric bed mover suitable for bariatrics (www.mastermover.com/products/bed-mover)
- Gzunda Hospital Bed Mover (500kg capacity) (www.electrictuggers.com)
- The Lockwood Electric Mobility Evo Mover (www.lockelec.com.au)

Equipment such as the XCcube (www.patient-handling.com) converts a hospital bed or trolley of any size into a dignified way of transporting a deceased person to the mortuary. It consists of an adjustable cover that can be erected on top of the bed which can be laundered or decontaminated between each use. This reduces the need for transfer from bed to mortuary trolley on the ward.

The most relevant other handling equipment will be hoists capable of flatlifting, that cater for bariatric as well as regular weight bodies, such as;

- Libero heavy duty mobile hoist, capable of lifting up to 454kg (Benmor Medical – www.benmormedical.co.uk), which has a powered drive wheel.
- Overhead gantry systems such as the Likorall with a 400kg maximum load (www.liko.com)
- If blocks are required under the deceased, a flatlifter hoist can be used
- To prevent cross infection, or for hoisting into a coffin, use of single patient use disposable hoist slings/ sheets is advised.
- For hoisting out of a coffin narrow straps that can easily be passed under the body for connection to a flatlifter should be used.

Within the community, scoop stretcher/ first call stretcher with/without adjustable-height legs and glides is a useful means of removing the deceased from private house/ nursing home.

Slide sheets may also be used to enable a body bag to be slid under the deceased.

A sliding board may be used to slide the deceased sideways from one surface to another.

All equipment should be subject to a regular service and maintenance programme in accordance with PUWER (1998), reg 5.

12. Other equipment and furniture

Adjustable height PM tables, and stools should be available, as well as instrument trolleys of various heights, to reduce the risk of injury for those working with the deceased.

Adjustable height stackers/ trolleys should be compatible with the racking system within the refrigerators. Shelves above shoulder height or below knee level should be used with powered traction stackers.

A suitable concealment trolley compatible with the racking system and PM tables should be available.

Body bags may be used for removal and/ or storage. These are usually made of PVC but some are biodegradable yet still waterproof allowing for cremation or burial.

It is necessary to consider the width and clearance height of cold storage units for a deceased bariatric person. Often only part of the refrigerator set-up will be suitable.

Ramps/ lifts can be used to facilitate lifting/ carrying/ wheeling up small flights of steps (Revie, 2000).

13. Risk rating

To carry out a 'suitable and sufficient' assessment, each task should be evaluated as part of the assessment process, so that the level of risk is quantified. Such assessments should be used, wherever possible, in the design of a safe system of work, and in highlighting any residual risks.

Various systems exist, but it is suggested that the NHS risk management 5x5 matrix, with 0-25 scale, is used for an overall evaluation of risk (NPSA, 2008) (see CD1, appendix 9 in folder 5). It is in common use, simple to use with 5 levels of risk, determined by a calculation of the likelihood or probability of an adverse event occurring multiplied by the severity of consequences or impact should it occur.

Likelihood/Probability (0-5) x Severity of Consequences or Impact (0-5) = 0-25

The values below are based on this system. Calculations lead to the following possible scores or ratings: -

1 – 6 = Low; 8 – 12 = Medium; 15 – 16 = High; 20 = Very High; 25 = Extreme

These ratings can then be used to alert staff, to prioritise action and justify any necessary expenditure to make the situation safer, on the basis of reasonable practicability. Options can be evaluated by considering risks, costs, and actions planned or taken, to reduce the level of risk to the lowest level that is reasonably practicable, which can thus be demonstrated.

It must be remembered that a deceased person feels much heavier, and far more floppy than the average living body.

Risk rating can also be calculated, reference Smith (2005), appendix 1 and the practical chapters, and via REBA (Hignett and McAtamney, 2000).

14. Alerting the moving & handling team

Should this be required, this would follow the normal referral patterns in place within the organisation.

15. Referral to, and involvement of, other specialists

Other specialists most likely to be referred to would be those who specialise in the nursing of bariatric patients, the infection control team, and the estates and facilities department to check suitability of the floor or cold storage area to take the weight of a deceased bariatric person and the bed/ trolley.

16. Transport (internal & external)

In the hospital this will take place on a mortuary trolley or bariatric bed, which may, or may not, be motorised.

The deceased may be transferred from the mortuary in the funeral director's specialised vehicle.

In the community the funeral director's vehicle will be used.

All contractors should comply with the local safer handling policy.

17. Discharge and transfer planning

The funeral directors will transfer the deceased from the hospital/ home in liaison with the mortuary technician/ family.

18. References

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RCN (2012) *Wipe it Out: Essential practice for infection prevention and control; Guidance for nursing staff* RCN: London

Smith J (ed) (2005) *The guide to the Handling of People 5th ed* Teddington: BackCare Appendix 1

Useful web sites

Bariatric body bags and shrouds	1st call mobility	www.1stcallmobility.co.uk
Electric bed movers	Suitable for bariatrics	www.mastermover.com/products/bed-mover
	Gzunda Hospital Bed Mover (capacity 500kg)	www.electrictuggers.com
	Lockwood Electric Mobility Evo Mover	www.lockelec.com.au
Hoist – heavy duty mobile	Libero (capacity 454kg)	www.benmormedical.co.uk
Hoist – overhead gantry system	Likorall (capacity 400kg)	www.liko.com
Mortuary stackers and movers	Dignity 60 (capacity 380kg)	www.wilmat.co.uk
	Morquip Complete Body Handling System (capacity 220kg)	www.morquip.co.uk
	Traction Stacking Trolley (capacity 320kg)	www.leec.co.uk
Stretchers and trolleys	Ferno	www.ferno.co.uk
XCcube	Hospital Direct Ltd	www.patient-handling.com

Summary/ Key Messages

- **The intention of the entire strategy and standards document is to contribute to the improvement of: -**
  - The quality of care - 'patient experience' (dignity, privacy and choice)
    - clinical outcomes
  - Patient/ person safety
  - Staff health, safety and wellbeing
  - Organisational performance – cost effectiveness and reputation, etc.

The standard for G33 is:

Systems are in place to encourage the handling with dignity of the deceased person (including transport and storage) from their place of demise to eventual interment/ cremation

- **Skilful M&H is key**

- **Special points for G33 are: -**
  - **The deceased patient is handled with dignity and respect**
  - **Safe systems of work and SOPs are in place, informed by evidence-based best practice**
  - **Equipment is selected and environment designed according to ergonomics principles**
  - **All staff are trained to the level of competence required with suitable and sufficient local supervision**