

STANDARDS FOR MORTUARY SERVICES

Health Policies and Standards Department
Health Regulation Sector (2020)

INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (6) of 2018, to undertake several functions including, but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice
- Managing patient complaints and assuring patient and physician rights are upheld
- Managing health advertisement and marketing of healthcare products
- Governing the use of narcotics, controlled and semi-controlled medications
- Strengthening health tourism and assuring ongoing growth
- Assuring management of health informatics, e-health and promoting innovation

The Standards for Mortuary Services aims to fulfil the following overarching DHA Strategic Objectives and Program within the Dubai Health Strategy (2016–2021):

Objective 1: Position Dubai as a global medical destination by introducing a value-based, comprehensive, integrated and high-quality service delivery system

Objective 2: Direct resources to ensure happy, healthy and safe environment for Dubai population

Strategic Program 10: Excellence & Quality, which promotes excellence in healthcare service delivery in Dubai while enhancing patient happiness, experience, satisfaction and trust

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Subject Matter Experts. HRS would like to acknowledge and thank these professionals for their dedication toward improving quality and safety of healthcare services.

Health Regulation Sector

Dubai Health Authority

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EXECUTIVE SUMMARY

DHA is pleased to present the version one of the Standards for Mortuary Service, which represents a milestone towards promoting safety and improving quality standards in DHA licensed health facilities.

Every hospital providing mortuary services should comply with minimum quality standards stated in this document. The deceased and his/her bereaved family or other visitors must be at the heart of the mortuary service.

This document is aligned with the following documents:

1. Unified Hospital Regulation (2018)
2. Dubai Health Strategy 2016–2021.
3. DHA Health Facility Guidelines Part B: Health Facility Briefing & Design, Mortuary Unit
4. Dubai Clinical Services Capacity Plan 2015-2025
5. National Guidelines for Clinical Management and Treatment of COVID-19, Version 4.0
6. Al Hamd electronic system to issue birth and death certificates to residents of the Emirate of Dubai.
7. Performance Reporting & Monitoring System
8. Article 18 of the UAE Federal Law number 27/1981 concerning the Prevention of Communicable Diseases.
9. Federal Law No. (14) of 2014 concerning the control of communicable diseases
10. Cabinet Decision No. (33) of 2016 promulgating the bylaw of the control of communicable diseases

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11. Ministerial Decision no. (242) of 2020 concerning update of Communicable Diseases list
 12. Circular No. 07/2008 and Circular No 09-2008 requiring private sector Hospitals to report all deaths and still births online.

DEFINITIONS

Deceased: Is a patient/person who has recently died.

Healthcare professional: Is a healthcare personal working in healthcare facilities and required to be licensed as per the applicable laws in United Arab Emirates.

Mortality management: Shall mean to care of the family and the deceased after death.

Mortuary: Is a facility for the viewing and/or identification of a body and the temporary holding/storage of bodies.

Patient: Shall mean any individual who receives medical attention, care or treatment by any healthcare professional or admitted in a health facility.

Personal effects: Are privately owned items (such as clothing and jewellery) normally worn or carried on the person.

ABBREVIATIONS

CD	:	Compact Disk
DHA	:	Dubai Health Authority
DM	:	Dubai Municipality
DNF	:	Death Notification Form
DOA	:	Death on Arrival
HRS	:	Health Regulation Sector
ICD	:	Implantable Cardioverter Defibrillator
KPI	:	Key Performance Indicators
MOHAP	:	Ministry of Health and Prevention
MOU	:	Memorandum of Understanding
PPE	:	Personal Protection Equipment
UAE	:	United Arab Emirates

1. BACKGROUND

A mortuary is a facility for viewing, identification and temporary holding or storing bodies of deceased, stillborn and amputated body parts. People working in a mortuary have an important and challenging role to balance delivery of an effective and efficient service with stringent procedures as well as to demonstrate respect and sensitivity for bereaved families as well as meet the needs of the clinical staff of the hospital.

2. SCOPE

2.1. Mortuary services in DHA licensed General and Specialized Hospitals.

3. PURPOSE

3.1. To standardize mortuary services in General and Specialized Hospitals under Dubai Health Authority (DHA) jurisdiction.

3.2. To establish minimum requirements for DHA licensed health facilities and healthcare professionals to provide safe, secure, quality care, culturally relevant and sensitive mortuary services with applicable reporting to relevant authorities and ensure appropriate support, comfort, respect and sensitivity for bereaved families and carers.

3.3. To facilitate efficient release of the deceased, stillborn and amputated body parts to relatives, representatives or concerned authorities for final disposal.

3.4. To protect and prevent mortuary staff from potential exposure to blood, body fluids, and communicable diseases during transportation and handling of dead body and body parts throughout mortuary services.

4. APPLICABILITY

- 4.1. DHA licensed healthcare professionals and health facilities providing mortuary services.

5. STANDARD ONE: LICENSURE AND REGISTRATION REQUIREMENTS

- 5.1. All health facilities providing mortuary services shall adhere to the United Arab Emirates (UAE) Laws and Dubai Regulations.
- 5.2. The following DHA licensed health facilities could provide mortuary services:
 - 5.2.1. General Hospitals
 - 5.2.2. Specialty Hospitals.
- 5.3. Hospitals opting to add mortuary services shall inform Health Regulation Sector (HRS) and submit an application to HRS, to obtain permission to provide the required service.
- 5.4. The health facility should have relevant policies and procedure as follows, but not limited to:
 - 5.4.1. Preparing the body of the deceased in the ward, before transferring it to the mortuary
 - 5.4.2. Tagging the body of the deceased for proper identification
 - 5.4.3. Documentation of property and clothing
 - 5.4.4. Method of transportation to the mortuary
 - 5.4.5. Record of receiving the deceased in the mortuary

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- 5.4.6. Viewing of the deceased by patient's family and representatives
 - 5.4.7. Care and management of patient's family and representatives
 - 5.4.8. Releasing the deceased to the next of kin
 - 5.4.9. Burial of unclaimed bodies.
 - 5.4.10. Infection control measures and hazardous waste management
 - 5.4.11. Incident reporting.
 - 5.4.12. Privacy, safety and security of the deceased and his/her family
 - 5.4.13. Transportation of the deceased from the mortuary
 - 5.4.14. Emergency action plan.
 - 5.4.15. Handling amputated body parts
 - 5.4.16. Removal and appropriate disposal of devices and materials used, e.g. cannulas, dressings, sutures, among others.
 - 5.4.17. Communicated with the family of the deceased.
 - 5.4.18. Handling the bodies of the deceased where contamination is known or suspected.
 - 5.4.19. Storage of the body of the deceased.
 - 5.4.20. There is a Memorandum of Understanding (MOU) with another Hospital to transfer deceased patients where storage capacity is insufficient to accommodate a sudden surge in deaths.
 - a. Portable mortuary services may be used subject to DHA approval.

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- 5.5. The health facility shall provide documented evidence of collaboration with the following services, but not limited to:
- 5.5.1. Clinical laboratory services.
 - 5.5.2. Equipment maintenance services.
 - 5.5.3. Laundry services.
 - 5.5.4. Medical waste management as per Dubai Municipality (DM) requirements.
 - 5.5.5. Housekeeping services.
- 5.6. The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.
- 5.7. The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.
- 5.8. Materials and finishes should be selected to minimise maintenance and be compatible with their intended function.
- 5.9. Work surfaces should be made from impervious materials.
- 5.10. Special design consideration should be given to entrances, corners, partitions, counters and any other elements that may be subjected to heavy use.
- 5.11. Soft floor finishes may be selected for areas used by visitors and for staff offices.

6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

- 6.1. Hospitals providing mortuary services shall ensure that the service is available twenty-four (24) hours a day, seven (7) days a week, with access to authorized personnel identified by the hospital management.
- 6.2. The hospital mortuary should not be used for storage of a body associated with a criminal investigation.
- 6.3. The mortuary should be accessible through an exterior entrance and shall be located to avoid the need for transporting bodies through public areas to ensure appropriate screening from visibility.
- 6.4. The mortuary could be a walk-in cool room for individual trolleys or a bank of refrigerated cabinets stacked vertically and/or horizontally.
- 6.5. The size of the mortuary depends on the body holding capacity and the health facility's operational policy.
- 6.6. Hospitals with more than twenty-five (25) beds shall provide a Mortuary Unit within the hospital premises.
- 6.7. The ratio of mortuary body holding cabinets per hospital beds shall be 1:25 for bodies to be kept for up to forty-eight (48) hours.
- 6.8. The design, layout and functionality of the mortuary shall cater to the needs of the hospital staff and relatives of the deceased and provide a safe and private environment.
- 6.9. The functional zones of the mortuary may consist of the following, but not limited to:

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- 6.9.1. Entry/exit lobby.
 - 6.9.2. Body reception.
 - 6.9.3. Body holding area.
 - 6.9.4. Body washing area/body preparation area.¹
 - 6.9.5. Bereaved visitor's area and viewing area.
 - 6.9.6. Storage and support area.
 - 6.9.7. Staff area.
 - 6.10. Entry lobby/exit lobby
 - 6.10.1. The entry lobby should connect the hospital to the mortuary with an internal corridor and or elevator, for the body of the deceased to enter the mortuary with special consideration to connections to units such as the Intensive Care Unit, Coronary Care Unit and Emergency Unit.
 - 6.10.2. The exit lobby should provide access to body retrieval from the body holding area to the outside, where the body could be transported in a suitable vehicle.
 - 6.10.3. Both the entry and exit lobbies should be able to accommodate the following:
 - a. Transport Trolley.
 - b. Transport trolley parking.
 - c. Hand washing facility.
 - d. Workstation or office for body registration and removal record.

¹ Only in Public Hospitals

6.11. Body holding area

6.11.1. Separate body holding cabinets should be provided for patients in isolation and bariatric patients, if applicable.

6.11.2. There shall be adequate space in front of the refrigerated body holding cabinets to manoeuvre and withdraw trays.

6.11.3. The minimum space requirement per body is three (3) square meters. In hospitals handling bariatric bodies, the trays size and weight holding capacity should be accordingly.

6.11.4. Ensure that the body holding cabinets have provision for appropriate labelling to ensure identification of the deceased person.

6.11.5. The temperature in the body holding cabinets should be

a. Positive Temperature +2 to +6 °C.

b. Negative Temperature -15°C/-25°C (used in case of long term storage of bodies that have not yet been identified)

6.11.6. Temperature of the body holding cabinets should be monitored daily and documented. In case of temperature variation, the mortuary attendant shall contact biomedical engineers/department immediately for corrective action.

6.12. Body washing area (if available)

6.12.1. Should be located adjacent to the body holding area with a stainless steel table and an integral plumbing facility with an extendable hose in the centre of the room.

6.12.2. Should have a separate sink and hand washbasin.

6.12.3. Benches, waste bins and storage facilities in the body washing shall be of stainless steel material.

6.13. Waiting area and preparation/multipurpose room

6.13.1. Shall be pleasant spaces and be ergonomically designed to avoid any potential injury to staff, family members and maintenance personnel.

6.13.2. These areas are for family members/friends and hence shall have a discreet entry, directly from the outside, separate from the exit lobby without placing them at risks and contamination.

6.13.3. Unauthorised entry into the mortuary must be prevented for health and security reasons.

6.13.4. Visitors and undertakers should be able to access the mortuary after operating a bell or audio-intercom at the entrance.

6.13.5. Consideration should be given to the use of audio-visual intercoms, door alerts/alarms, video surveillance and remote locking of entrance doors.

6.13.6. Separate male and female waiting areas shall be provided, which could have direct visibility through an internal window into the viewing area.

6.13.7. The waiting area should have access to male and female washroom facilities.

6.14. Storage and support area

6.14.1. The mortuary should have sufficient storage area for the following:

- a. Consumables like plastic body bags and other consumables.

- b. Lockable storage for personal effects of the deceased
- c. Storage of waste
- d. Storage of linen (clean and used)
- e. Dedicated housekeeping room for cleaning equipment, materials and agents.

6.15. Staff areas

6.15.1. Changing facilities with lockers for holding personal clothing and other personal items as well as stocks of clean protective garments.

6.15.2. Separate male and female toilets

6.15.3. Office (if required)

6.15.4. Meeting rooms (optional)

6.16. There should be an appropriate vehicle to transport the bodies where the dignity of the deceased shall be considered.

6.17. Transportation of deceased patient infected with communicable disease shall be

conducted according to Article 18 of the UAE Federal Law number 27/1981

concerning the Prevention of Communicable Diseases and subsequent laws on the control of communicable disease (2014, and 2016).

Note: for further in-depth information on the facility design considerations and minimum space requirements, refer to the Dubai Health Facility Guidelines Part B:

Health Facility Briefing & Design, Mortuary Unit on the DHA website at [DHA - Health](#)

[Facility Guidelines](#)

7. STANDARD THREE: HEALTHCARE PROFESSIONAL REQUIREMENTS

- 7.1. All staff including the mortuary attendants and housekeeping staff in the mortuary shall practise standard precautions and safety guidelines.
- 7.2. Ensure occupational health services are provided to all staff.
- 7.3. The mortuary staff shall be trained in effectively conducting sensitive or difficult conversations and care of handling the deceased.
- 7.4. The mortuary staff shall be supported to develop their skills and trained according to their role and responsibilities.
- 7.5. They should also have an understanding of bereavement and range of mental and physical health risks involved.
- 7.6. A morgue attendant should perform relevant mortuary duties mentioned below but not limited to:
 - 7.6.1. Provide care and support in a sensitive and respectful manner
 - 7.6.2. Collect the body of the deceased, stillbirth and amputated body parts from wards and units after the attending physician completes and signs all relevant forms and documents.
 - 7.6.3. Transfer the body of the deceased to the mortuary.
 - 7.6.4. Register all important and relevant information is entered into the registration system of the mortuary.
 - 7.6.5. Place the body in the body holding cabinet and label it appropriately to ensure identification of the deceased person.

- 7.6.6. Monitor and ensure the temperature in the body holding cabinets is maintained as mentioned in the health facility requirements above.
- 7.6.7. Immediately report any fluctuation in temperature in the body holding cabinets to the biomedical engineer or the engineering department.
- 7.6.8. Ensure the mortuary is cleaned daily and document it.
- 7.6.9. In case of storage of an infectious body or body with a communicable disease, ensure cleaning and disinfecting equipment and the body holding cabinets thoroughly.
- 7.6.10. Ensure terminal cleaning of all body holding cabinets monthly and document it.
- 7.6.11. Release the body of the deceased, stillbirth, amputated limbs and other body parts to the authorized party according to the hospital policy.
- 7.6.12. Document the handover of the body of the deceased, stillbirth, amputated limbs and other body parts.

8. STANDARD FOUR: MANAGEMENT OF THE BODY OF THE DECEASED

- 8.1. The management of the hospital shall ensure that all activities following death are carried out within the legal framework of the UAE and local regulations as well as are aligned with the prevailing cultural norms and individual expectations.
- 8.2. All deaths in hospitals, death on arrival (DOA) and stillbirths must be reported to the Medical Complaints Section, HRS by an attending physician privileged by the Medical Director.

- 8.3. Death should be reported to DHA not more than seventy two (72) hours.
- 8.4. All deaths and their causes should be systematically recorded and documented.
- 8.5. All captured data should be submitted to HRS in a Compact Disc (CD) format.
- 8.6. Organ donation management should be in accordance to the Federal Law No. 15, 1993, transferring and transplantation of human organs.
- 8.7. The body of the deceased should be treated with respect, dignity while preserving its integrity and privacy.
- 8.8. The DHA, DNF and Ministry of Health and Prevention (MOHAP) DNF have to be submitted to Medical Complaints Section, HRS, along with the health records for quality assurance review. In case of delay in reporting, justification has to be provided to the Medical Complaints Section.
- 8.9. There should be a well-documented registration system for receiving, transferring and or releasing of the body of the deceased, which includes time and date, name and signature of person delivering and accepting the body.
- 8.10. All deceased, stillborn, amputated body parts received or transferred to mortuary must be appropriately pre-wrapped, and identified by means of a tag with the patient's name and registration number before handing over to mortuary staff.
- 8.11. The health facility can obtain death certificates electronically for all residents of the Emirate of Dubai using the Alhamd system.
- 8.12. Best practice in preparing and cleaning the body should be followed. All dead bodies shall be considered infectious, strict infection control measures shall be considered

during cleaning the body. Body should be cleaned and wrapped/placed in mortuary bag to minimize leakage or chance of cross infection during transportation and handling of the body of the deceased or body parts.

8.13. Ensure that body of the deceased is prepared as follows before transporting to the hospital mortuary:

8.13.1. All medical apparatus should be removed

8.13.2. Ensure that medical implants in the body of the deceased are managed as follows:

- a. Disarm implantable cardioverter-defibrillator (ICD) pacemakers according to manufacturer's instructions, and document the activity
- b. Dispose of implants according to manufacturer's instructions.

8.13.3. The body should be wrapped in linen and placed in a durable and impermeable body bag.

8.13.4. The identification tag must be visible outside the body bag.

8.13.5. The body must be transported to the mortuary respectfully in a trolley.

8.13.6. The following documentation must accompany the body in a sealed envelope:

- a. Hard copy of the DNF signed and stamped by the attending physician
- b. Hard copy of the summary of the medical report
- c. Form for transfer and receipt of the body
- d. Copy of all available identification documents.

8.13.7. Ensure that specimens from the body of the deceased are managed as follows:

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- a. Maintain a chain of custody to ensure legal continuity
 - b. Use of appropriate equipment to take all specimens
 - c. Follow good industry practice to ensure that the integrity of the sample is maintained
 - d. Label and store specimens following the labelling requirements applicable for the body of the deceased and storage according to specimen requirements
 - e. Follow good industry practice to transport specimens, maintaining their integrity
 - f. Ensure receipt and communication of any requested test results to the respective authorized entity (be it DHA, the police or other).
- 8.14. Sensitive information accessible to the mortuary staff should be treated with confidentiality.
- 8.15. The mortuary attendant should collect the body of the deceased, stillbirth and amputated parts after ensuring that the concerned physician completes the death certificate, required documents and forms.
- 8.16. The hospital shall place high priority on the care and management of family or close ones of the deceased.
- 8.17. The family members or close ones of the deceased, wishing to view the body should be received respectfully and their rights, responsibilities, confidentiality and privacy should be considered.

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- 8.18. The aesthetics and appearance of the body of the deceased should also be considered.
- 8.19. Ensure that the relevant mortuary policies and procedures are communicated with the family of the deceased.
- 8.20. Ensure processing the body of the deceased within established timeframes.
- 8.21. Complete records of the following shall be maintained:
- 8.21.1. Registration of bodies received in the mortuary and transported out of the mortuary.
- 8.21.2. All specimens and evidences taken from the deceased.
- 8.21.3. All specimens forwarded to other laboratories.
- 8.21.4. All relevant reports (e.g. laboratory results)
- 8.21.5. All movement of record or reports out of the mortuary services office.
- 8.22. Mortuary services must apply the following requirements for the identification of the body of the deceased and management of personal effects:
- 8.22.1. Attaching two identification tags immediately upon identification, where possible to the right wrist and left ankle with the following information fields completed:
- Name of the deceased
 - Ward of the facility, or the last site at which death occurred (such as ambulance, road, etc.)
 - Nationality of the deceased
 - Date of birth and/or age of the deceased

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- e. Date and time of death
 - f. Identification number issued by the facility mortuary.
- 8.22.2. Use uniform identification number for all documentation associated with a body, including on the death register.
- 8.22.3. Manage the personal effects of the deceased by removing, identification and labelling, recording and storage of all personal effects belonging to the deceased and documenting evidence of return of personal effects to family of the deceased (or handling by the police with the required records/documentation, where the case is identified as 'police case').
- 8.22.4. Have in place and follow safe procedures for the removal and appropriate disposal of devices and materials used, e.g. cannulas, dressings, sutures, among others;
- 8.22.5. Implement special precautions and procedures for handling the bodies of the deceased where contamination is known or suspected;
- 8.22.6. Have documented procedures for storage of the body of the deceased and ensure that these procedures are implemented and monitored.
- 8.23. Ensure that there is a policy for handling amputated body parts to assure proper management of the amputated body parts.
- 8.23.1. Visit the main morgue within the hospital to follow-up on the amputated body parts preparation and collection procedures.

- 8.23.2. Fill and sign “Receiving the amputated body parts” form at the hospital so that he/she vows to collect the amputated body part(s) within seven (7) days; otherwise, DHA is authorized to pursue burial procedure without incurring any liability.
- 8.23.3. Receive the Burial Permit to bury the amputated body parts in or the Cremation Permit to cremate the amputated body part after completing the required procedures.
- 8.23.4. Provide a No-Objection letter from the concerned police department if the case requires police investigations, stating that there is no objection from their side to collect the amputated body part for burying or cremating purposes.
- 8.23.5. The recipient should provide recognized identification document proving the identity of the concerned recipient (the relative of the patient or injured person) and a medical report from the treating physician mentioning the reasons for amputation.
- 8.24. The body of the deceased, stillbirth, amputated limbs and other body parts must be handed over to the next of kin, concerned relatives, authorities or representatives after all required documents are completed.
- 8.25. All infectious cases should be handed over to Dubai Municipality (DM) for final disposal with coordination from relatives.
- 8.26. Unclaimed bodies could be kept for a maximum of four (4) weeks before contacting the relevant embassy and police.

9. STANDARD FIVE: MANAGEMENT OF BODIES WITH INFECTIOUS OR COMMUNICABLE DISEASES

9.1. Bodies with infectious or communicable diseases (e.g. COVID 19, Ebola Virus Disease, etc.) may pose a risk when handled by untrained personnel. To ensure appropriate management of these bodies the mortuary staff should comply with the following:

9.1.1. The health facility should have a protocol for the management of bodies with infectious or communicable diseases.

9.1.2. All mortuary staff should be trained on standard precaution and infection control measures required to handle bodies with infectious or communicable diseases.

9.1.3. The requirements for preparing and packing the body for transfer from a patient room to mortuary are as follows:

a. The mortuary staff attending to the dead body shall follow standard precaution such as perform hand hygiene, ensure proper use of Personal Protective Equipment (PPE) like, water resistant apron, goggles, N95 mask, gloves.

b. The number of mortuary staff handling dead body with infectious or communicable diseases should be limited to limit the exposure.

c. All tubes, drains and catheters on the dead body shall be removed. Any puncture holes or wounds (resulting from removal of catheter, drains, tubes, or otherwise) should be contained with dressing.

- d. The movement and handling of the body should be kept to a minimum.
- e. There is no need to disinfect the body before transfer to the mortuary area.
- f. The body should be wrapped in a plastic sheet, a linen sheet and then placed in two leak-proof plastic body bag (Cadaver bags). Health workers handling the body at this point should use PPE (surgical mask, clean gloves and isolation gown).
- g. If the family of the deceased wishes to view the body at the time of removal from the isolation room or area, they may be allowed to do so with the application of standard precautions and should wash hands thoroughly with soap and water after the viewing.
- h. The family shall not touch, kiss or hug the body of the deceased.
- i. Adults > 60 years and immunosuppressed persons shall not be allowed in close proximity to the body.
- j. No special transport equipment or vehicle is required.
- k. The trolley carrying the body shall be disinfected with approved hospital disinfectants (e.g. 1% Hypochlorite solution, quarterly ammonium chloride etc.)
- l. The body of the deceased should be stored in cold chambers maintained at approximately 4°C.

m. The mortuary shall be kept clean. Environmental surfaces, instruments and transport trolleys should be properly disinfected with approved hospital disinfectants.

9.1.4. The requirements for preparing and transferring the body from mortuary to graveyard are as follows:

- a. The body of the deceased should be prepared for burial in mortuary department of the health facility and shall not be taken to the house.
- b. The body washing shall be done only at public washing places with open spaces, by trained and competent personnel, with appropriate equipment wearing appropriate PPE (gloves, mask, gown and face shield).
- c. A maximum of two (2) family members could be present at the washing service and they should be wearing full PPE with precautions.
- d. Anyone involved in the body washing process should thoroughly wash their hands with soap and water, when finished.
- e. The family of the deceased should be instructed to limit the number of people at the burial ground primarily to close family contacts, to avoid a large gathering.
- f. The belongings of the deceased person do not need to be burned or otherwise disposed. However, they should be handled with gloves and cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% (1000 ppm) bleach. Clothing and other fabric

belonging to the deceased should be machine washed with warm water at 60–90°C (140–194°F) and laundry detergent.

g. After removing the body, the mortuary fridge, door, handles and floor should be cleaned with approved disinfectant such as 1% Hypochlorite solution.

h. The vehicle, after the transfer of the body must be decontaminated.

10. STANDARD SIX: SAFETY MANAGEMENT

- 10.1. Have documented procedures for storage of the body of the deceased and ensure that these procedures are implemented and monitored.
- 10.2. Use durable and impermeable body bags for storage of the body of the deceased.
- 10.3. The mortuary must be cleaned at least once daily.
- 10.4. After release of bodies with confirmed or suspected infections or communicable diseases, the mortuary equipment and body trays must be thoroughly cleaned and disinfected with approved hospital disinfectants.
- 10.5. The body holding cabinets must be terminally cleaned and disinfected once a month.
- 10.6. Ensure all mortuary staff use appropriate personal protective equipment (PPE) when handling dead bodies or body parts.
- 10.7. Ensure all mortuary staff perform proper hand hygiene after handling dead bodies or body parts.

- 10.8. All equipment and instrumentation must be properly decontaminated, calibrated, routinely inspected for safety and functionality to minimizing potential hazards.
- 10.9. Mortuary equipment must be routinely maintained in accordance with manufacturer specifications.
- 10.10. All repairs and maintenance must be accurately documented.

11. STANDARD SEVEN: KEY PERFORMANCE INDICATORS (KPIs)

11.1. The following are the KPIs proposed for Mortuary Services.

Rate of 30-Day Mortality After Surgery	
DHA Pillar	Patient Safety
Indicator Name	Rate of 30-Day Mortality After Surgery
Measure Type	Outcome
Data Source	Claims or electronic health record (EHR)
Measure Description	Number of deaths occurring within thirty days after surgery during measurement period
Measure Denominator	All surgeries during measurement period
Measure Numerator	Denominator cases in which the patient dies within 30 days of surgery, including death during surgery
Measure Inclusion Criteria	Surgeries as indicated by CPT-4 procedure code during measurement period
Measure Exclusion Criteria	None
Source	TEC required measures http://apps.who.int/iris/bitstream/10665/252274/1/9789241511643-eng.pdf
Higher is Better	No
Risk Adjust This Measure	Yes

REFERENCES

1. Australian Government, Department of Health (2013). Requirements for the Facilities and Operation of Mortuaries. National Pathology Accreditation Advisory Council, 3, 1-28.
Available on:
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