

**NATIONAL PATHOLOGY ACCREDITATION ADVISORY COUNCIL**

**REQUIREMENTS FOR THE  
FACILITIES AND OPERATION OF  
MORTUARIES**

**(Third Edition 2013)**

**NPAAC Tier 4 Document**

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The National Pathology Accreditation Advisory Council (NPAAC) was established in 1979 to consider and make recommendations to the Australian, state and territory governments on matters related to the accreditation of pathology laboratories and the introduction and maintenance of uniform standards of practice in pathology laboratories throughout Australia. A function of NPAAC is to formulate Standards and initiate and promote education programs about pathology tests.

Publications produced by NPAAC are issued as accreditation material to provide guidance to laboratories and accrediting agencies about minimum Standards considered acceptable for good laboratory practice.

Failure to meet these minimum Standards may pose a risk to public health and patient safety.

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## Scope

The *Requirements for the Facilities and Operation of Mortuaries* is a Tier 4 NPAAC document and must be read in conjunction with the Tier 2 document *Requirements for Medical Pathology Services*. The latter is the overarching document broadly outlining standards for good medical pathology practice where the primary consideration is patient welfare, and where the needs and expectations of patients, Laboratory staff and referrers (both for pathology requests and inter-Laboratory referrals) are safely and satisfactorily met in a timely manner.

Whilst there must be adherence to all the Requirements in the Tier 2 document, reference to specific Standards in that document are provided for assistance under the headings in this document.

Only a mortuary in the setting of a hospital or forensic unit has been considered within the scope of this document. This excludes mortuaries in funeral homes and aged care facilities, for example. Extraordinary events such as major disasters were considered to be outside the scope of this document. Accordingly, temporary mortuary and disaster victim identification are not covered.

## Abbreviations

AHMAC	Australian Health Ministers' Advisory Council
AS	Australian Standard
HEPA	High-Efficiency Particulate Arresting
ISO	International Organization for Standardization
NPAAC	National Pathology Accreditation Advisory Council

## Definitions

Mortuary	means a facility, one or more rooms or a building, which is used for the storage of bodies, including a refrigerated body storage facility and may include, body viewing area, body preparation room and an autopsy suite.
Autopsy suite	means a facility, attached to a mortuary, which is used for the performance of investigations into the cause of death. It comprises an autopsy theatre, change room and observation area.
Autopsy theatre	means a room specifically designated for dissection of the body.
Autopsy	<p>means a post mortem medical examination that may involve full or partial dissection of the body, imaging of the body, external examination and review of the records and collection of appropriate Specimens.</p> <p>Autopsies can be classified as ‘Hospital’ or ‘Coronial’.</p> <p>A hospital autopsy, or non-coronial autopsy, is an examination performed with permission from the relatives/next-of-kin.</p> <p>A coronial autopsy, or forensic autopsy, is an examination performed under the law ordered by a Coroner.</p>
Body preparation room	means the part of a mortuary used for the receipt and dispatch of bodies and preparation of bodies for viewing.
Change room	means a separate room within the autopsy suite used to change into autopsy theatre apparel.
Level 1 Facility (L1)	means a mortuary without an autopsy suite. Examinations performed in this facility will be limited to external examination, and/or other investigations such as post mortem imaging and percutaneous needle sampling.
Level 2 Facility (L2)	<p>means a mortuary with an autopsy suite without the infrastructure or personnel expertise to perform high risk or specialised autopsies.</p> <p>Level 2 facilities will potentially refer some autopsies to a Level 3 facility.</p>
Level 3 Facility (L3)	means a mortuary with an autopsy suite and with the infrastructure and personnel expertise to perform high risk or specialised autopsies.
High risk autopsy	means autopsies known to or suspected to pose significant infectious, chemical, biological or radiation hazards.

Mortuary Procedures Manual	means document(s) that provide(s) policies and operating procedures for the mortuary. The documents and any manual may be in hard copy or electronic formats.
Observation area	means the part of the autopsy suite that allows people not performing the autopsy to view the examination, usually with some form of barrier or separation from the deceased and allowing a different level of protective clothing.
Requirements for Medical Pathology Services (RMPS)	<p>means the overarching document broadly outlining standards for good medical pathology practice where the primary consideration is patient welfare, and where the needs and expectations of patients, Laboratory staff and referrers (both for pathology requests and inter-Laboratory referrals) are safely and satisfactorily met in a timely manner.</p> <p>The standard headings are set out below –</p> <p>Standard 1 – Ethical Practice</p> <p>Standard 2 – Governance</p> <p>Standard 3 – Quality Management</p> <p>Standard 4 – Personnel</p> <p>Standard 5 – Facilities and Equipment</p> <p style="padding-left: 40px;">A – Premises</p> <p style="padding-left: 40px;">B – Equipment</p> <p>Standard 6 – Request-Test-Report Cycle</p> <p style="padding-left: 40px;">A – Pre-Analytical</p> <p style="padding-left: 40px;">B – Analytical</p> <p style="padding-left: 40px;">C – Post-Analytical</p> <p>Standard 7 – Quality Assurance</p>
Temporary mortuary	means a temporary mortuary facility set up where there are fatalities following an emergency, disaster or epidemic, or if burial or cremation is likely to be delayed.
Body viewing area	means that part of a mortuary that provides access for viewing of the deceased.

# Introduction

Mortuaries occupy a special place in the perceptions of the community. Facilities and their staff involved in mortuary services have a clear obligation to look after the deceased in accordance with community expectations. Failure to do so is not only unacceptable but will raise valid community concerns about what takes place in mortuaries. Adherence to the Standards and Commentaries set out in this document will inspire confidence in this essential component of the Australian health and justice systems. Many of the Standards and Commentaries relate to the design, construction and provision of services, e.g. water supply, storage and electricity, and it is strongly advised that they are implemented where new mortuaries are being designed as they represent best practice.

These Requirements are intended to serve as minimum Standards in the accreditation process and have been developed with reference to current and proposed Australian regulations and other standards from the International Organization for Standardization including:

AS ISO 15189 *Medical laboratories – Requirements for quality and competence*

These Requirements should be read within the national pathology accreditation framework including the current versions of the following NPAAC documents:

## Tier 2 Document

- *Requirements for Medical Pathology Services.*

## All Tier 3 Documents

In addition to these Standards, mortuaries also need to comply with all relevant jurisdictional legislation (including reporting requirements).

In each section of this document, points deemed important for practice are identified as either ‘Standards’ or ‘Commentaries’.

- A Standard is the minimum requirement for a procedure, method, staffing resource or facility that is required before a Laboratory can attain accreditation – Standards are printed in bold type and prefaced with an ‘S’ (e.g. **S2.2**). The use of the word ‘**must**’ in each Standard within this document indicates a mandatory requirement for pathology practice.
- A Commentary is provided to give clarification to the Standards as well as to provide examples and guidance on interpretation. Commentaries are prefaced with a ‘C’ (e.g. C1.2) and are placed where they add the most value. Commentaries may be normative or informative depending on both the content and the context of whether they are associated with a Standard or not. Note that when comments are expanding on a Standard or referring to other legislation, they assume the same status and importance as the Standards to which they are attached. Where a Commentary contains the word ‘**must**’ then that commentary is considered to be **normative**.

Please note that all NPAAC documents can be accessed at [www.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-publication.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-publication.htm)

While this document is for use in the accreditation process, comments from users would be appreciated and can be directed to:

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# **1. Professional and ethical conduct in the mortuary (L1, 2, 3)\***

**(Refer to Standard 1 in *Requirements for Medical Pathology Services*)**

**S1.1 The management of the facility must be familiar with the contents of the WHO Document ‘Ethical Practice in Laboratory Medicine and Forensic Pathology’, Annexure 5 of that document ‘Code of Conduct for Forensic Mortuary Personnel’<sup>1</sup> and Australian Health Ministers’ Advisory Council Subcommittee on Autopsy Practice ‘National Code of Ethical Autopsy Practice’.<sup>2</sup>**

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\* L1, 2, 3 refers to Level 1, 2 and 3 facilities (see Definitions)

## 2. Organisation and management

(Refer to Standard 2 and Standard 3 in *Requirements for Medical Pathology Services*)

### Administrative Practices (L1, 2, 3)

#### S2.1 The administrative structure must include a pathologist.

- C2.1 If the health unit administering the mortuary lacks a pathologist on its staff, formal arrangements **must** be in place for a pathologist experienced in mortuary practice to be retained in an advisory capacity.

### **3. Building design**

(Refer to Standard 5A in *Requirements for Medical Pathology Services*)

#### **Power and lighting (L1, 2, 3)**

**S3.1 Power supply outlets in autopsy suites and the body storage facility must be protected from wetting by having protective covers.**

C3.1 Shadow-free lighting should be provided for the autopsy table and dissection benches. (L2, 3)

#### **Air-conditioning, heating and ventilation (L2, 3)**

**S3.2 The ventilation system for the autopsy suite must minimise the spread of airborne pathogens ideally by being isolated from other ventilation systems.**

C3.2 Where ventilation systems are not isolated, exhausted air **must** be directed through HEPA filters.

#### **Flooring (L1, 2, 3)**

**S3.3 All areas must have non-slip flooring.**

**S3.4 Wet floor surfaces must be impervious, easy to clean, sealed with coving at the edges and have adequate drainage. Floors must have drains with appropriately filtered traps.**

#### **Security and access (L1, 2, 3)**

**S3.5 The mortuary must have a security system which prevents access by unauthorised persons.**

C3.5(i) In a facility where coronial autopsies are performed, verifiable security systems **must** be implemented to ensure access to authorised personnel.

#### **Observation Area (L2, 3)**

C3.5(ii) The mortuary design should enable procedures to be observed without placing the observers at risk and without contaminating the autopsy.

C3.5(iii) In cases where there is a high risk, the number of people present at the autopsy should be minimized.

## **Body storage (L1, 2, 3)**

**S3.6 A body storage facility must be maintained at a temperature between 2 to 6°C.**

C3.6(i) Bodies **must** only be held in a body storage facility for a period of time determined by jurisdictional legislation or the facility's policies.

C3.6(ii) If long-term storage is required, the body should be maintained at approximately -20°C.

**S3.7 The operating temperatures of all body storage and freezing facilities must be monitored.**

C3.7(i) The body storage facility should have adequate space for the accommodation of each body.

C3.7(ii) The facilities for body storage, transfer and dissection should be of sufficient size and strength to allow safe handling. This should entail provision for larger and heavier bodies.

## **Body viewing area**

**S3.8 The body viewing area must have separate public access which does not go through the autopsy suite. (L2, 3)**

C3.8(i) The body viewing area should be separate from the autopsy theatre to avoid the possibility of visitors seeing or hearing an autopsy in progress. (L2, 3)

C3.8(ii) A member of staff of the hospital or facility administering the mortuary should be available to provide assistance or advice. (L1, 2, 3)

C3.8(iii) The viewing facility should have a suitably located waiting area for relatives, fitted out in an appropriately dignified fashion, with access to washroom facilities. (L1, 2, 3)

## **Autopsy theatre (L2, 3)**

**S3.9 The main autopsy theatre must use only appropriate tables or trolleys.**

**S3.10 Facilities for weighing and measuring organs must be available within the autopsy theatre.**

**S3.11 Medical imaging undertaken in mortuaries must comply with applicable safety and privacy standards and legislation.**

C3.11(i) The provision of height-adjustable equipment should be encouraged.

C3.11(ii) Work bays should be of sufficient size to allow staff to work in uncrowded space.

- C3.11(iii) Instruments, containers and other items needed during the conduct of an autopsy should be accessible within each work bay.
- C3.11(iv) Facilities for photography are recommended.

### **Body reception and release (L1, 2, 3)**

#### **S3.12 A clerical area must be provided with a registry for recording details such as:**

- (a) **time and date of receiving and releasing the body**
- (b) **name and signature of person delivering and accepting the body upon release**
- (c) **details of deceased, including personal effects**
- (d) **Whether a Coroners case/ autopsy was performed.**

C3.12 Information about known or suspected risks such as radiation, infectious or hazardous chemicals **must** be communicated by lodging officers, person(s) requesting the autopsy and to collecting funeral directors in such a fashion as preserves legislated confidentiality requirements.

#### **S3.13 Bodies must only be released from the mortuary with the appropriate approval as stipulated in the Mortuary Procedures Manual or by the Coroner.**

C3.13(i) An authorised person from the facility **must** be present at the removal of the body to ensure the body is correctly identified and that all documentation is completed.

C3.13(ii) The Mortuary Procedures Manual should specify the categories of staff who are authorised to receive or dispatch bodies.

#### **S3.14 The mortuary must have a system that logs the movement of bodies to and from the mortuary.**

C3.14(i) All mortuaries should include a body preparation room which should be large enough to examine the body on a trolley and permit movement of the trolley.

C3.14(ii) Funeral directors should have their access to the mortuary shielded in such a manner as to prevent body transfer being seen by the public or hospital patients.

#### **S3.15 Bodies suspected of harbouring infectious diseases must be contained within a body bag of approved construction which is durable and impermeable to body fluids.**

C3.15 Body bags **must** be used in cases of infection, decomposition, trauma or suspicious deaths.

**S3.16 An indelible label which records the full name of the deceased and at least one other identifier must be fixed directly to the body and also to the body bag or shroud.**

C3.16 Procedures should ensure that both labels are identical.

### **Special autopsy suites for high-risk autopsies (L3)**

**S3.17 Cases designated high risk include those with a known or suspected infectious disease such as HIV, Hepatitis B and C, Tuberculosis, Creutzfeldt-Jakob Disease (CJD) and Meningococcal septicaemia. In circumstances where there is an increased possibility that an infectious disease may be present, such as in intravenous drug use or unsafe sexual practices, the autopsy must be regarded as high risk even if serological testing is negative. The Mortuary Procedures Manual must contain detailed instructions for the additional procedures to be implemented for each of these circumstances.**

C3.17 The presence of known or suspected high risk infections should be notified to the mortuary staff prior to commencement of the autopsy.

**S3.18 Autopsies presenting possible or known high risk hazards must only be performed in facilities by appropriately trained staff using autopsy facilities which minimise the possibility of transmission of infection from the body to staff involved in the procedure.**

## **4. Personnel facilities**

**(Refer to Standard 4 in Requirements for Medical Pathology Services)**

### **Change rooms (L2, 3)**

- S4.1 Change rooms with shower facilities must be available in the mortuary.**
- S4.2 Placement of boots and procedures for discarding or washing of clothing must be clearly designated.**
  - C4.2 Appropriate protective clothing must be available to Mortuary staff working in a Level 1 facility.**

### **Personal protective equipment**

- S4.3 Standard infection control procedures ('standard precautions') must apply to autopsies and handling of bodies which are not high-risk. The Mortuary Procedures Manual must specify arrangements for high-risk autopsies, which must include the protective equipment to be worn. (L1, 2, 3)**
- S4.4 Staff performing an autopsy and reconstruction must wear surgical theatre type clothing, impervious outer clothing and gloves. (L2, 3)**
- S4.5 Impermeable footwear having non-slip soles must be worn by all persons working in the theatre area. (L2, 3)**
- S4.6 Surgical or post-mortem gloves must be worn by all personnel involved in the autopsy procedure. Double gloving is required. Cut-proof gloves must be available. Staff must wear them at least on the non-dominant hand. (L2, 3)**
- S4.7 To protect against splashes, full face protection in the form of either a visor or combination of wrap around eye protection such as safety glasses and full surgical mask must be worn during autopsies and reconstruction. (L2, 3)**
- S4.8 Hoods and high filtration grade masks must be worn where there is an increased risk of aerosols. (L2, 3)**
  - C4.8 Sawing of bones would constitute such a risk.**
- S4.9 Respirators having appropriate filters must be available for use in suspected or known high-risk microbiological or chemical contamination. (L3)**

## **5. Dealing with the deceased**

(Refer to Standard 1 and Standard 6 in *Requirements for Medical Pathology Services*)

### **Respect for the deceased and their relatives (L1, 2, 3)**

**S5.1 The Mortuary Procedures Manual must provide guidelines for the ethical standards required when dealing with deceased persons, including the need for respect for the deceased and their relatives at all times and the need for recognition and respect for cultural and religious customs and practices.**

**Protocols must include reference to relevant Australian Health Ethics Committee (AHEC) and Australian Health Ministers Advisory Committee (AHMAC) guidelines concerning ethical behaviour and practices and to recommendations issued by the Royal College of Pathologists of Australasia and by jurisdictional authorities.**

C5.1 Mortuary staff **must** respect the dignity of the deceased person at all times. Deceased persons must not be left naked without covering on trolleys in the cold store or while being transported to the autopsy theatre.

### **Dealing with property and clothing (L1, 2, 3)**

**S5.2 The Mortuary Procedures Manual must specify procedures for the handling and documentation of property and clothing.**

C5.2 It is important to have documentation of property and clothing of the body at arrival, whilst at the mortuary and at separation from the mortuary.

### **Chain of custody (L1, 2, 3)**

**S5.3 All staff involved in forensic autopsies must be aware of the documented procedures essential for ensuring that the legal continuity of Specimens is maintained. The chain of custody must be documented and every Specimen, exhibit, and written report must be traceable to a particular staff member at all times.**

## 6. Responding to bereaved relatives (L1, 2, 3)

(Refer Standard 1 in *Requirements for Medical Pathology Services*)

### S6.1 Valid authorisation for an autopsy must be obtained in accordance with local legislation.

C6.1(i) In the case of non-coronial autopsies, the decision to request consent for autopsy is a clinical one and should be discussed among the clinicians. In some cases the relative may request an autopsy. The process for obtaining agreement from next of kin for an autopsy to take place in non-coronial setting and the forms documenting this agreement should be in accordance with the AHMAC National Code of Ethical Autopsy Practice.

It should be clearly documented where any limitations are placed on the autopsy to defined regions of the body and recording the wishes of the next of kin regarding the tissues and organs which may be retained for diagnosis, research or education.

C6.1(ii) In both coronial and hospital autopsies, bereaved families are entitled to full, timely, sensitive, open and honest communication regarding all aspects of the autopsy, including the need for retention of whole organs, tissue Specimens and body fluids for further examination and anticipated timeframes for release of body.

C6.1(iii) The facility in which the mortuary is located and those facilities which use the mortuary should have policies and procedures following death of a patient. This should include instructions on procedures for notification, instruction on how to proceed with suspected coroner's cases, dealing with the body and obtaining consent for autopsy.

A section of the Procedures Manual should cover care and transport of the body to the mortuary and communication of these procedures and the responsibilities to the relatives so they can proceed with the necessary arrangements.

C6.1(iv) The hospital or facility responsible for the management of the mortuary should ensure that appropriately skilled personnel are available to respond to inquiries from family members and provide assistance to bereaved families. Mortuary staff occupying technical roles alone should not have this responsibility.

### Viewing of the body

### S6.2 When viewings occur, appropriate personnel must accompany the bereaved families.

C6.2 Where adequate reconstruction is not possible or where there is an infection risk, the family should be advised.

## 7. The autopsy

(Refer Standard 6 in *Requirements for Medical Pathology Services*)

### Conduct of the autopsy (L1, 2, 3)

**S7.1 The autopsy is a medical and scientific investigation requiring a high level of knowledge and skill to gain the maximum useful information. Autopsies must only be performed by a pathologist or by a person qualified as a registered medical practitioner under the supervision of a pathologist.**

C7.1(i) Clinicians should provide pathologists with information that will **allow** correlation of the clinical and autopsy findings. The information should include written advice of any known hazards which might be presented by autopsy, e.g. infectious agents, radiation.

C7.1(ii) Where implantable devices such as defibrillators and pacemakers are identified, appropriate advice should be sought with respect to deactivation, removal and interrogation.

**S7.2 The performance of the autopsy must be in accordance with the AHMAC National Code of Ethical Autopsy Practice approved by the Australian Government Minister for Health.**

### Extent of the autopsy (L1, 2, 3)

**S7.3 The pathologist designated to undertake the autopsy or to supervise the performance of the hospital autopsy must be responsible for ensuring absolute compliance with any limitations on the extent of the autopsy specified by the family member giving consent.**

**S7.4 The extent of the coronial autopsy is defined by the coroner's direction for autopsy.**

### Reconstruction of the body (L2, 3)

**S7.5 Medical implants in the deceased that may endanger life or property when the body is disposed of must be removed according to manufacturer's guidelines or instructions.**

C7.5 To facilitate family viewing, the body should be reconstructed where possible.

## **Observing the autopsy (L2, 3)**

**S7.6 Observing coronial autopsies must comply with relevant legislation and should be at the discretion of the pathologist.**

C7.6(i) Observing the procedure during a hospital autopsy should be at the discretion of the pathologist.

C7.6(ii) Consideration should be given to cultural and religious circumstances.

## 8. Reports on autopsy findings (L1, 2, 3)

(Refer to Standard 6C in *Requirements for Medical Pathology Services*)

### S 8.1 Autopsy reports must be provided in a timely manner

- C 8.1(i) For hospital autopsies, the pathologist performing the autopsy or supervising the performance of the autopsy by another medical officer should issue a preliminary report on the autopsy findings no later than two working days after the autopsy and should provide a final or comprehensive report within six weeks after the autopsy.
- C 8.1(ii) If detailed examination of the brain is undertaken, a supplementary report on the brain should be issued when the investigations have been completed but this normally should occur within eight weeks after the autopsy. Supplementary reports on other specialised investigations (genetics, toxicology etc.) should be issued in a timely manner after receipt of those results.
- C8.1 (iii) The autopsy report should state, where appropriate, an opinion about the clinical pathological correlation of the finding, including mode and cause of death.
- C 8.1 (iv) Where a condition is reasonably suspected as having significant clinical implications for next of kin, appropriate referral should be recommended.
- C8.1 (v) Where the pathologist is of the opinion the interpretation of the autopsy findings and conclusions might be compromised by the limitations imposed by the coroner or the next of kin, these should be indicated in the report.

### S8.2 Copies of all reports on a hospital autopsy must be provided to the clinicians who had responsibility for the care of the deceased during the final admission and to the general practitioner who normally cared for the deceased.

- C8.2 Copies of the reports and/or a lay summary may be provided to the senior next of kin of the deceased on request. Such requests should be submitted through the clinician responsible for the care of the deceased or through the deceased's general practitioner. Relatives should be advised that it may be necessary to discuss the autopsy findings with an appropriate medical advisor. The pathologist who performed the autopsy may be asked on occasions to meet and discuss the findings with the clinicians or family

### S8.3 For a coronial autopsy, the pathologist's report must be provided to the Coroner in accordance with jurisdictional legislation. The coroner will determine which other parties are entitled to a copy of the report.

## **9. Organ and tissue retention and disposal**

(Refer to Standard 1 and Standard 3 in *Requirements for Medical Pathology Services*)

### **Disposal arrangements (L2, 3)**

**S9.1** Organs and tissues for disposal following an autopsy must be disposed of in accordance with the wishes of the next of kin or the patient's ante mortem wishes, and in compliance with the facility's policies and relevant jurisdictional legislation.

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## Further information

Other NPAAC documents are available from:

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