

# Covid-19 Excess Deaths Standard Operating Procedure

This document sets out the operating procedures within the Temporary Body Store. It provides guidance on managing the risks of infection from work activities which involve handling the deceased.



## Contents

### **Section 1-Introduction**

- 1.1 Purpose of Temporary Body Store
- 1.2 1.2 Covid-19 Key considerations
- 1.3 HTA Licence
- 1.4 Confidentiality

### **Section 2-Operational Management of the Temporary Body Store**

- 2.1 Operational Management of the Temporary Body Store
- 2.2 Maintenance procedures
- 2.3 Emergency procedures

### **Section 3-Staffing of the Temporary Body Store and Opening Hours**

- 3.1 Staffing of the Temporary Body Store and Opening Hours
- 3.2 Temporary Body Store Staffing
- 3.3 Staffing levels and skill mix
- 3.4 Roles & responsibilities of people undertaking roles
- 3.5 Absence due to sickness/ill health.
- 3.6 Workforce induction and training
- 3.7 Occupational Health Support

### **Section 4-Standard Infection Control Precautions & Risk Management**

- 4.1 Standard Infection Control Precautions
- 4.2 Risk of infection from the deceased
- 4.3 Standard infection control precautions (SICPs)
- 4.4 Safe management of the environment
- 4.5 Hand hygiene
- 4.6 Personal Protective Equipment (PPE)
- 4.7 Correct use of PPE
- 4.8 Staff uniforms/clothes

## **Section 5-Environmental cleaning and control within the Temporary**

- 5.1 Cleaning and disinfection
- 5.2 Spillages
- 5.3 Management of Clinical Waste

## **Section 6-Operation & maintenance of body trolleys, and equipment in the Temporary Body Store**

- 6.1 Operation and maintenance of body trolleys & Equipment in the Temporary Body Store

## **Section 7-Receiving and Releasing of the body**

- 7.1 Transportation of Bodies to the Temporary Body Store
- 7.2 Mortality Pathways
- 7.3 Role of Undertakers
- 7.4 Operation and maintenance of the private PTHB ambulance
- 7.5 Standard infection control precautions for funeral service staff and other staff during delivery or removal of the deceased to and from the Temporary Body Store
- 7.6 Accessing the Temporary Body Store
- 7.7 Management and Handling of the Deceased
- 7.8 Procedure for Handling of a body within the Temporary Body Store
- 7.9 Faith issues related to body storage
- 7.10 Receipt of the body of a person who has died into the Temporary Body Store
- 7.11 Procedure for the collection and delivery of the deceased
- 7.12 Management of Valuable Property

## **Section 8-Technical Requirements of Temporary Body Store**

- 8.1 Technical Requirements of body storage facility
- 8.2 Operation, temperature monitoring and maintenance of refrigerated storage in the mortuaries and body stores.
- 8.3 Maintenance of refrigerated storage at the Temporary Body Store

- 8.4 Reporting faults
- 8.5 Security of building
- 8.6 CCTV Surveillance of the Temporary Body Store
- 8.7 Recording of temperature of refrigeration units

## **Section 9-Incidents & Concerns, Queries from the Public, Record Keeping & Audit**

- 9.1 Incidents
- 9.2 Concerns/ Complaints
- 9.3 Press or General Public Queries
- 9.4 Record keeping
- 9.5 Audit

## Appendix A-Human Tissue Authority Licence

## 1.0 Introduction

The Covid-19 outbreak is now firmly established in the United Kingdom and is affecting every area of our society. Sadly, we in the UK and here in Powys are not immune to the virus with its rapid pace of spread.

Despite the unprecedented position that we find ourselves in it important to us that we continue to manage any deaths with dignity and respect. Indeed, ensuring dignity in death may be one of the most important factors in helping the bereaved through what will be a very difficult time.

This Standard Operating Procedure sets out the processes required for the safe operation of the Temporary Body Store. It provides guidance on managing the risks of infection from work activities which involve handling the deceased. It covers the safe handling, storage of bodies in the Temporary Body Store.

This document provides guidance and information on infection prevention and control procedures to inform and advise local excess death planning for Covid-19.

### 1.1 Purpose of Temporary Body Store

As part of our emergency planning with the Dyfed Powys Local Resilience Forum, Powys Teaching Health Board and Powys County Council are taking a joint approach to managing the increase in deaths that are forecast to arise in Powys as a result of the Covid-19 epidemic and ensuring that all deaths in Powys will continue to be managed with sensitivity, dignity and respect.

We are acutely aware that there is potentially insufficient capacity to hold these bodies particularly if the burial and cremation pathways become slower due to the effects of the outbreak. We are also aware that our neighbouring counties are going to be equally challenged to manage the increased number of fatalities and so we have concluded that we will have to be self-reliant within Powys to manage the situation.

Despite the unprecedented position that we find ourselves in, it important to us that we continue to manage any deaths with dignity and respect. Ensuring dignity in death may be one of the most important factors in helping the bereaved through what will be a very difficult time. Indeed, in the absence of Covid-19, on average some 20 people a week die in Powys and their deaths are no less important than any others.

At present, we anticipate that local undertakers will be able to take the lead in arranging for the appropriate handling of the deceased. However, should they become unable to manage this increase, all bodies (except those of children), will need to be taken to the temporary facility to await a time when they can be finally laid to rest. In the case of children, where the death is expected, the body should be taken to the undertaker of choice in the normal way. Where the child's death is unexpected, they will need to be taken to the nearest the hospital that accepts cases referred to HM Coroner. The Mortality pathways can be found at Section 7.1.

## 1.2 Covid-19 Key considerations

- Covid-19 is an acute respiratory illness caused by Covid-19 virus that predominantly affects the lungs.
- Based on current evidence, the Covid-19 virus is transmitted between people through droplets, fomites and close contact, with possible spread through faeces. It is not airborne. As this is a new virus, whose source and disease progression are not yet entirely clear, more precautions may be used until further information becomes available.
- Except in cases of haemorrhagic fevers (such as Ebola, Marburg) and cholera, dead bodies are generally not infectious. Only the lungs of patients with pandemic influenza, if handled improperly during an autopsy, can be infectious. Otherwise, cadavers do not transmit disease. It is a common myth that persons who have died of a communicable disease should be cremated, but this is not true. Cremation is a matter of cultural choice and available resources.
- To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from Covid-19.
- The safety and well-being of everyone who tends to bodies should be the first priority. Before attending to a body, people should ensure that the necessary hand hygiene and personal protective equipment (PPE) supplies are available and used.
- The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout.
- Hasty disposal of a dead body from Covid-19 should be avoided.
- Authorities should manage each situation on a case-by-case basis, balancing the rights of the family, the need to investigate the cause of death, and the risks of exposure to infection.

## 1.3 HTA Licence

It is anticipated that H.M. Coroners cases will not be stored within this Temporary Body Store and on that basis, no licence from the Human Tissue Authority (HTA) is required.

Capacity across Powys will be kept under ongoing review. Where the number of deaths increases and cannot be managed within existing undertaker capacity, it is possible that H.M. Coroner cases could start to arrive at the Temporary Body Store. If this happens, it is likely that an application to the HTA for a licence will need to be completed. The process for this can be found at **Appendix A**.

## 1.4 Confidentiality

### Staff of public bodies

Everyone working within the facility who records, handles, stores or otherwise comes across personal and patient information has a common law duty of confidence to individuals and their information and to his or her employer, which continues even after the death of an individual or after the cessation of employment or contract.

### Volunteers

For those volunteering to work in the facility and not employed by a public body, such as Powys County Council, Powys Teaching Health Board, Police, or Ministry of Defence then your adherence to this confidentiality statement is requested.

### All

In the course of carrying out your duties within this facility you may have access to personal or business sensitive data of the facility and other third parties. You are reminded to treat any activity you may take part in, observe, or any information you may be party to either through conversation, document or letter or on a computer screen, with the utmost confidentiality.

This statement explains our expectations with regard to confidentiality of information, your responsibilities, and the possible consequences of a breach of confidentiality and or breach of personal data.

### General Guidelines

- All persons must be aware of their responsibility for maintaining confidentiality when handling any information, documents, registers or records associated with this facility.
- If you have any doubts about the confidentiality of information, you must treat it as confidential unless advised otherwise by your supervisor/line manager. If your supervisor is not available, you should contact the Council's Data Protection Officer or a member of the Information Compliance team.
- Care must be taken to respect confidentiality at all times, and you must be aware of your surroundings when holding confidential discussions to avoid being overheard [i.e. public areas].
- You must only access personal or business sensitive data for the purposes for which you are explicitly authorised. On no occasion must you use this data, for your personal interest or advantage, or for any other purposes
- You must not reveal or disclose personal or business sensitive data to anyone other than those to whom you are authorised to do so.
- You must not reveal or disclose personal or business sensitive data to individuals, people making enquiries, or other agencies without the permission of your supervisor. (This includes not disclosing/discussing information with friends, relatives or on social media sites).

- You understand any enquires [e.g. Police] or requests to access personal or business sensitive data are to be immediately directed to your supervisor/line manager or a member of the Information Compliance Team
- You must not download any personal or business sensitive data onto personal devices such as USB sticks, phones, cameras etc. If authorised your use of BYOD must adhere to the Council's BYOD policy. Which will be provided to you upon authorisation.
- Although data protection legislation applies to the personal information of living individuals, records of the deceased should be afforded the same level of protection. Good records management practices should include:
  - only accessing the information necessary to perform your function within the facility,
  - making sure records are accessible and available when required,
  - ensuring records are kept accurate and up to date,
  - maintaining appropriate filing systems,
  - ensuring records are stored securely,
  - restricting access to information, and sharing only with individuals who have the relevant authority,
  - retaining records for the required duration.

All confidential records, including computerised material, documents and other papers, together with any copies or extracts thereof, made or acquired by you in the course of carrying out your duties shall remain to be the property of the facility.

You understand that where you have been given access to personal or business sensitive data, you are under a duty of confidence and would be liable under common law for any inappropriate breach of confidence, for example, inappropriate disclosure of information to third parties or inappropriate/excessive access to information.

### Breaches of Confidentiality

Any unauthorised access to, modification, or disclosure of information held is strictly forbidden and attempts to do so may be subject to organisational disciplinary procedures which could result in immediate dismissal.

Any information governance incidents should be reported to your supervisor and the Council's Data Protection Officer to be handled in line with the Council's information security breach and reporting policy.

### Further Guidance

Any concerns you have in respect of the above issues should be raised with your supervisor (or the person you are reporting to), the Council's Data Protection Officer or a member of the Information Compliance team on [information.compliance@powys.gov.uk](mailto:information.compliance@powys.gov.uk) or 01597 826400.

## DECLARATION to be signed by all staff working in the Temporary Body Store

I understand that any information about patients/clients which I may access and process via computer systems and hard copy records is highly confidential.

I undertake only to access such information that is necessary for me to perform the duties required, to keep that information secure, up to date and relevant, and not to divulge such information to anyone other than those authorised to receive it.

I understand that I have a legal duty of confidence and that any unauthorised disclosure of information by me is a breach of confidentiality and may be subject to disciplinary action/prosecution. I also understand that this legal duty of confidence remains with me after my employment comes to an end.

I confirm that I will comply with data protection laws and any other legal, statutory or contractual obligations applicable to my role.

I understand and accept that my use of the system may be monitored for the purpose of ensuring the security of the personal data held, and that the results of such monitoring may be used in any investigations.

Name (print)	
Job Title (if relevant)	
Team Name (if relevant)	
Employer (if relevant)	
Date	
Signature	

## Section 2

# Operational Management of the Temporary Body Store

## 2.1 Operational Management of the Temporary Body Store

The operational management of the Temporary Body Store is the responsibility of Powys County Council and will be managed by the Environmental Health team who will be supported by the Corporate Property team.

The responsible officers are provided below:

Adrian Humpage	Senior Planning Officer	Adrian.humpage@powys.gov.uk	01597 827774
Nia Hughes	Professional Lead – Environmental Health	nia.hughes@powys.gov.uk	01938 551299
Neil Clutton	Interim Property Lead	neil.clutton@powys.gov.uk	01597 826595 or 07798 660328

### 2.1.1 General

The operational managers for the facility are responsible for ensuring the building is maintained in line with statutory legislation to ensure the building always remains safe to use and fit for its given purpose.

### 2.1.2 Overview

The building is a fabricated factory unit recently repurposed to allow the temporary storage of the deceased whilst waiting for either cremation or burial.

### 2.1.3 Physical building

The building is a highly insulated structure comprising of sandwich panels incorporating polystyrene type insulation. The building is served throughout with both refrigeration and freezers units which can maintain operational temperatures required for the purpose of its given use ranging from +4°C to -18°C.

The nature of the construction of the building and the insulation panels are such that they present a significant hazard should the building suffer a fire incident. The fire evacuation procedures for this building reflect this risk. Mid & West Wales Fire & Rescue Service have been consulted.

### 2.1.4 Operational procedures

Training will be provided to those officers taking responsibility for specific workplace activities which include the operation of plant and/or specific building equipment. The Interim Property Lead is responsible for the safety of the building and the plant, and will undertake inspections in respect of emergency lighting, alarm testing, fire extinguisher checks and general safety audits.

### 2.1.5 Statutory Compliance procedures

PCC will ensure via its partner company HOWPS that all statutory testing will be undertaken in line with legislation and best practice.

## 2.2 Maintenance procedures

It is essential that plant maintenance and building defects are reported effectively to ensure the building always remains fit for purpose for its intended use and to ensure the safety of operational staff.

The following procedures should be undertaken to report faults:

- **Building defects** in relation to the fabric of the building and the electrical systems should be reported via the HOWPS helpdesk:

HOWPS Helpdesk: 0333 222 5913.

Email: [corporate@howps.co.uk](mailto:corporate@howps.co.uk)

Emergency or urgent requests should always be reported by telephone.

- **Refrigeration unit failures** should be reported directly to:

Powys Refrigeration Services

Dave Starkey

Mobile: 07711 180 313

EVE AND WEEKENDS: 01547 520 189

Email: [info@powysrefridgerationservices.co.uk](mailto:info@powysrefridgerationservices.co.uk)

- **Equipment** in relation to body handling should be reported to the PTHB via:  
PTHB Works Helpdesk: 01874 712 401

- **Hired equipment**

Hired in equipment such as lifting plant should only be used if appropriate training has been provided. Failures to plant should be reported to the HOWPS helpdesk.

Under no circumstances should plant be removed from site unless it has been cleaned and disinfected.

- **Scaffolding/shelving**

Scaffolding checks will be undertaken on a weekly basis by an approved contractor and certified as safe and recorded on a scaffold tag.

Any concern in respect of the scaffold and/or any accident that impacts the scaffold should be reported to the facility manager and a request made for the approved scaffold contractor to attend site to inspect. Inspection requests should be made via: Brecon Scaffolding: 07496 263980 and ask for Milo

- **General** building enquiries should be reported to the PCC Corporate Property team via:

Property Support: 01597 82 6773

Email: [property.services@powys.gov.uk](mailto:property.services@powys.gov.uk)

- **Cleaning**

The office and welfare facilities will be cleaned by the PCC Cleaning Service. The internal storage area is to be cleaned by operational staff only who have been provided with appropriate training.

## 2.3 Emergency procedures

### 2.3.1 Fire Evacuation

In the event of a fire it is imperative that all operational staff vacate the building as trained to do so. They should operate the emergency fire sounders and contact the emergency services immediately on **999**. The address for the facility is:

**Unit 1**

**Wyeside Enterprise park**

**Llanelwedd**

**Builth Wells**

**LD2 3UA**

The building poses specific risks and therefore it is imperative that staff do not fight fires and only use firefighting equipment to escape the facility or put out small fires only within the office unit.

Staff should report to their appointed assembly point as noted on the site Fire Plan.

### 2.3.2 Security

The building should always remain secured. During operational hours the facility manager and operational staff should ensure all doors remain secured. Access to the facility is restricted by means of an electronic access door system controlled by a fob access key. Access throughout the unit is monitored.

CCTV is in operation in the main areas of the unit and on the external elevations, all activities viewed are recorded. The data controller is PCC. A CCTV privacy statement is available on request. Any **'Subject Information Requests'** should be sent to the PCC Information Management Team for processing: [information.compliance@powys.gov.uk](mailto:information.compliance@powys.gov.uk)

A security guard will be provided outside of core operational hours including weekends. The security guard will take responsibility for maintaining a secure presence on site and will undertake protocols in line with the facility requirements. Security officers will not be allowed access into the 'body storage areas'.

Any incidents which hinder the operation of the facility such as a protest or incident involving the public should be reported to the police by dialling 999. The contact for the local Beat Patrol is provide below:

**PC Wayne Ballard 862 – 01267 222020**

### [2.3.3 First Aid](#)

In the event of an accident requiring first aid, operational staff or other building users should report to the facility manager or nominated first aider recorded on site for treatment.

### [2.3.4 Accidents requiring medical attention](#)

In the event of operational staff or other building users requiring medical attention other than first aid the emergency services should be contacted on **999**. The nearest emergency room is located at:

**Neville Hall Hospital**

**Brecon Rd,**

**Abergavenny**

**NP7 7EG**

## Section 3

### Staffing of the Temporary Body Store and Opening Hours

### 3.1 Staffing of the Temporary Body Store and Opening Hours

Service working times.

- Initially the temporary body storage unit will be open between 09:00 hrs-17:00 hrs Monday Friday. However, if there is increased demand this can be extended to a 24-hour operation. The Temporary Body Store must be staffed within these core hours.

#### General

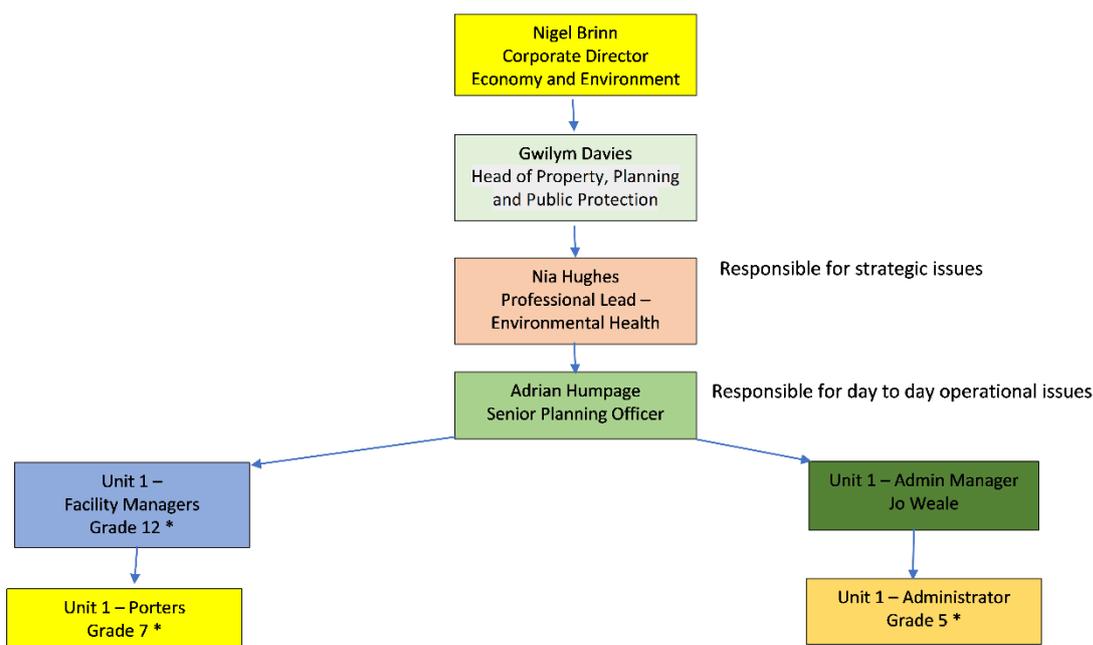
- Unauthorised individuals are not to enter the facility.
- Only trained staff provided by PCC will be allowed to work at this facility. A list of approved and trained persons will be provided and located on site.
- Training will include the use and disposal of appropriate PPE
- Any essential visitors (e.g. refrigeration service engineers, maintenance workers etc.) should be supervised by a member of the Temporary Body Store staff and where necessary given appropriate PPE to wear.
- All visitors should sign in the visitor’s book and sign to state that they have read the confidentiality statement.

Lone working is not permitted at any time on this site.

### 3.2 Temporary Body Store Staffing

#### Reporting structure

The reporting structure for Unit 1 is set out below.



\*This is the minimum that an employee will be paid in these roles, if they are already on a higher grade, their salary will be maintained at that grade.

The staff working on site should report to the Temporary Body Store facility manager in the first instance.

- All members of staff must adhere to the agreed service start/finish times, unless alternative arrangements have been agreed with the facility manager. Short notice (i.e. on the day) requests to commence work later than the agreed start date must be made to the facility manager. **This telephone call must be done in person and at least 1 hour prior to the expected start time.**
- Every member of staff must record their shift start and finish times on Trent.
- Individuals are responsible for informing the facility manager in the event of them being unavailable for work (merely informing another staff member is not acceptable). **This should be done by telephone call-reporting absence via text, messenger or email is not acceptable.**
- Requests for any planned absence must be approved by the individuals staff member's line manager beforehand. Requests for Special Leave must be made in accordance with PCC policy
- The facility manager will discuss leave arrangements with the rest of team. PCC staff arrange leave through their line manager and the Trent system.
- The Senior Planning Officer will be responsible for managing the daily staffing levels in the Temporary Body Store
- The Senior Planning Officer must agree all time worked in lieu and will keep a record of any in lieu time accrued/taken. This will be recorded on Trent.
- PCC's HR Department will conduct sickness management meetings/counselling sessions with all staff.

### 3.3 Staffing levels and skill mix

The needs of the service will always be paramount whenever a decision is made regarding acceptable staffing levels. Staffing levels have to be sufficient to maintain a high-quality service and an appropriate skill mix will also be required.

It is anticipated that during the core hours of operation the following staff will be on site:

- Facility Manager x 1
- Admin Officer x 2
- Body store assistants x 4

Responses out of core hours:

- Admin officer x 1
- Body Store Workers x 2

### 3.4 Roles & responsibilities of people undertaking roles

#### 3.4.1 Facility manager

The main purpose of the post is to provide strategic leadership to and management of staff within the Temporary Body Store Facility, to report on a daily and weekly basis by

maintaining accurate records, with a clear emphasis of continuous improvement, performance management and service.

They will be accountable for the body store assistants and the administrative officers

### **3.4.2 Body Store Assistants**

The main purposes of the post are:

To work within the temporary body store facility cold store to handle the deceased and transfer them to and from shelving within the facility.

To undertake additional movements within the facility as required on the instruction of the Facility Manager.

To treat the deceased with dignity and respect.

To carry out daily cleaning and cleaning of spillages using chemicals in accordance with COSHH regulations.

### **3.4.3 Administrative Officers**

The main purposes of the post are:

To welcome and record visitors to the temporary body store in the daily log.

Ensure the necessary visitor arrangements are undertaken.

To undertake administrative duties.

## **3.5 Absence due to sickness/ill health.**

- Staff should follow PCC policy when absent due to sickness.
- Anyone unable to attend work due to ill health, must telephone one of the management team, to inform him or her of the intention not to attend work.

## **3.6 Workforce induction and training**

This section explains and emphasises the importance of providing information, instruction and training to staff, contractors and visitors who need to know the safe working practices and procedures applicable to them while working in, or attending, the Temporary Body Store. It is also important to ensure that employees are competent to carry out activities that may expose them to infectious microorganisms.

Employers are required to identify particular staff needs, including any gaps in knowledge and/or experience and provide the necessary information, instruction and training. This information could be given in the form of verbal instructions or it may form part of written job instructions/the local code of practice or safe working practices.

As well as providing information and training for staff regularly involved in routine activities, others who may visit the workplace, such as undertakers, cleaners or maintenance staff should be provided with appropriate information and instruction on the hazards they may face and what to do about them. This is particularly important where managers are not responsible for the recruitment and supervision of such staff; for example, when work is contracted out.

The training requirements for staff working in the Temporary Body Store will be jointly identified and delivered by both PCC and PTHB.

This includes but is not limited to:

Training on manual handling of inanimate objects
Use of specialist equipment e.g. body hoists and trolleys.
Manual handling of bodies
Management of Spillage / Biohaz spills
Violence and aggression training
Confidentiality
Fire and building induction training
PPE, Hand washing etc

### 3.7 Occupational Health Support

The Powys County Council's Occupational Health Service is provided by Carefirst Health Services Ltd. and administered by Powys County Council. Occupational Health can be contacted by email at [occ.health@powys.gov.uk](mailto:occ.health@powys.gov.uk) or by telephone on 01597 827025.

Staff working at the Temporary Body Storage facility will also be signposted to the Council's counselling service (Carefirst Health Services Ltd). Their representative will contact staff members after they have worked at the facility for a week.



## Section 4

# Standard Infection Control Precautions & Risk Management

## 4.1 Standard Infection Control Precautions

### Respiratory and cough hygiene – ‘Catch it, bin it, kill it’

To minimise potential COVID-19 transmission all staff and visitors must adopt good respiratory hygiene measures through:

- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin.
- Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available for staff.
- Hands should be cleaned (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects.
- Hands should be kept away from the eyes, mouth and nose.

#### 4.1.1 Risk management in the Temporary Body Store

Risk management is everyone’s business and should be an integral part of everyday work. PCC and PTHB recognise that risk management is an integral part of good management practice and it is essential that it becomes part of the culture. PCC and PTHB are committed to ensuring that risk management forms an integral part of its business rather than a separate programme and that responsibility for risk management implementation is accepted at all levels.

#### 4.1.2 Risks and Hazards

As part of managing health and safety, any risks in the workplace must be controlled. This requires consideration of what might cause harm to people and a decision whether enough is doing enough to prevent that.

Risk assessment is about identifying, and taking sensible and proportionate measures to control, the risks in the workplace.

Anyone carrying out a risk assessment should be competent to do so. This includes having a comprehensive knowledge of workplace activities, the hazards involved and the ways in which they can harm people as well as the probability of a hazard occurring. They should also know the minimum standards of risk control required by law and how to achieve them.

Staff coming into contact with the deceased during body transfers should be fully informed of the risks and that safe working practices that are to be followed.

All relevant risk assessment references will be undertaken and stored are recorded in a Health and Safety folder held on site at the Temporary Body Store together with COSHH assessments, general, biological, chemical and manual handling hazards.

### 4.1.3 COSHH

The PTHB will provide COSHH assessments for all the substances, reagents and mixtures which have the potential to cause harm and are hazardous to health that are used in the store. The purpose of this procedure is to enable Powys County Council, as an organisation, to comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended).

It is important that every hazardous product that is used in the Temporary Body Store has a material safety data sheet (MSDS) from the manufacturer of the product. If there is any change to the MSDS an updated COSHH assessment must be undertaken.

## 4.2 Risk of infection from the deceased

World Health Organisation (WHO) guidance is that there is no current evidence of Covid-19 being transmitted from exposure to the bodies of persons who died from Covid-19.

WHO guidance indicates that personnel interacting with the bodies of Covid-19 patients should apply standard procedures including hand hygiene and the use of appropriate PPE.

### 4.2.1 Specific risks related to the handling bodies of deceased persons with suspected or confirmed Covid-19

The potential risk of transmission related to the handling of bodies of deceased persons with suspected or confirmed Covid-19 is considered low and can be related to:

- Direct contact with human remains or bodily fluids where the virus is present
- Direct contact with contaminated fomites; objects or materials which are likely to carry infection, such as clothes, utensils, and furniture

As viable Covid-19 may persist on surfaces for up to 7 days, there is the possibility that the virus also persists on deceased bodies. Therefore, unnecessary contact with bodies should not take place by those not wearing personal protective equipment (PPE). Those in direct contact with deceased cases of Covid-19 (both suspected or confirmed) should be protected from exposure to infected bodily fluids, contaminated objects, or other contaminated environmental surfaces through wearing of appropriate PPE.

### 4.3 Standard infection control precautions (SICPs)

Standard infection control precautions (SICPs) were developed to manage the risks of infection from patients in healthcare settings, but they are also applicable as a means of controlling the risks of infection from the deceased.

SICPs are the basic infection prevention and control measures that should always be used whether infection is known to be present or not, to ensure the safety of staff and visitors.

SICPs are a combination of organisational arrangements, safe working practices, use of PPE, and the application of appropriate behaviours. Their application should take account of the task being performed, the level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

SICPs can be categorised into nine areas which are applicable to work with the deceased:

- Safe management of the environment;
- Location for handling the deceased and assessment for infection risk;
- PPE;
- Hand washing;
- Safe management of equipment;
- Safe management of blood and body fluid spillages;
- Occupational safety: prevention and exposure management (including sharps);
- Safe management of linen

## 4.4 Safe management of the environment

Equipment for management of dead bodies in the context of Covid-19

Equipment	Details
Hand hygiene  Soap and water should be the first action ahead of alcohol-based hand rub	<ul style="list-style-type: none"> <li>▪ Alcohol-based hand rub</li> <li>▪ Running water</li> <li>▪ Soap</li> <li>▪ Disposable towel for hand drying (paper or tissue)</li> </ul>
Personal protective equipment	<ul style="list-style-type: none"> <li>▪ See section 4.6</li> </ul>
Waste management and environmental cleaning	<ul style="list-style-type: none"> <li>▪ Disposal bag for bio-hazardous waste</li> <li>▪ Soap and water, or detergent</li> <li>▪ Actichlor dosed at 1000ppm</li> </ul>

Additional equipment should be ordered using the following template.



Body%20Store%20P  
PE%20and%20Clean

The template should be completed by the Body Store Facility Manager and sent weekly to [PTHBCOVID19@wales.nhs.uk](mailto:PTHBCOVID19@wales.nhs.uk) and [duncan.crawley@wales.NHS.uk](mailto:duncan.crawley@wales.NHS.uk) and c.c. to [emily.groves@wales.nhs.uk](mailto:emily.groves@wales.nhs.uk) to avoid a single point of failure. The request can be made twice weekly necessary because of demand.

To minimise the inadvertent spread of contamination by people or equipment in the body store it is necessary to ensure that areas are separate. The table below provides examples:

General Areas	Transition zones	Body Storage zones
Reception and offices	Custody area	Main body store
Canteen	Washing Facilities	Body store 2
	Storage areas for reusable protective clothing	Body store 3
	Outdoor compound area	Blast chiller 1
		Blast chiller 2
		Bariatric bays
		Portacabin
		Trailer units x2

#### 4.4.1 General space and body holding areas

General, transition and body storage areas are clearly separated within the Temporary Body Store.

Warning notices relating to risk of infection are displayed at the points of access to and exit from the different areas.

A staff room is set aside where staff can take breaks and prepare and eat food and drink. Staff are not allowed to take breaks in body storage areas.

### 4.5 Hand hygiene

Washing hands is an important practice in reducing the transmission of infectious microorganisms. Clean hands with soap and warm water after any contact with bodies, body fluids or body bags.

To help with hand washing, remove all hand and wrist jewellery. Fingernails should be clean and short, and artificial nails or nail products should not be worn. Cover all cuts or abrasions with a waterproof dressing.

Skin care is an important consideration and should involve hands being dried thoroughly after hand washing with disposable paper towels, followed by an emollient hand cream during work and when off duty.

Hand hygiene is essential to reduce the transmission of infection in health and other care settings and is a critical element of standard infection control precautions (SICPs).

Hand hygiene must be performed immediately before and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling. All staff and visitors should decontaminate their hands with alcohol based hand rub (ABHR) when entering and leaving areas where care for –suspected and confirmed COVID-19 patients is being delivered.

Before performing hand hygiene:

- Expose forearms (bare below the elbows);
- Remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene);
- Ensure finger nails are clean, short and that artificial nails or nail products are not worn;
- Cover all cuts or abrasions with a waterproof dressing.

#### 4.5.1 Technique for hand washing and rubbing

Hand hygiene includes the use of ABHR for routine hand hygiene and hand washing with soap and water, including thorough drying, if hands are visibly soiled or dirty.

The technique for hand washing must be carried out thoroughly and for a time period sufficient to inactivate the virus (20 seconds).

# Best Practice: How to Hand Wash



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Steps 3-8 should take at least 15 seconds.

<p><b>1</b></p> <p>Wet hands with water.</p>	<p><b>2</b></p> <p>Apply enough soap to cover all hand surfaces.</p>	<p><b>3</b></p> <p>Rub hands palm to palm.</p>
<p><b>4</b></p> <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p><b>5</b></p> <p>Palm to palm with fingers interlaced.</p>	<p><b>6</b></p> <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p><b>7</b></p> <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p><b>8</b></p> <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p><b>9</b></p> <p>Rinse hands with water.</p>
<p><b>10</b></p> <p>Dry thoroughly with towel.</p>	<p><b>11</b></p> <p>Use elbow to turn off tap.</p>	<p><b>12</b></p> <p>Steps 3-8 should take at least 15 seconds. ...and your hands are safe*.</p>

\*Any skin complaints should be referred to local occupational health or GP.

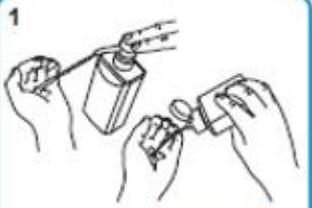
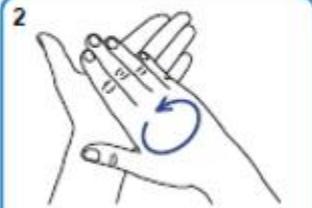
# Best Practice: How to Hand Rub



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Duration of the process: 20-30 seconds.

<p>1</p>  <p>Apply a palmful of the product in a cupped hand and cover all surfaces.</p>	<p>2</p>  <p>Rub hands palm to palm.</p>	<p>3</p>  <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>
<p>4</p>  <p>Palm to palm with fingers interlaced.</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked.</p>	<p>6</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>
<p>7</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>8</p>  <p>...once dry, your hands are safe.</p>	

## 4.6 Personal Protective Equipment (PPE)

World Health Organisation (WHO) guidance is that there is no current evidence of Covid-19 being transmitted from exposure to the bodies of persons who died from Covid-19.

The following PPE will be provided for staff working in the body store within the Temporary Body Store.

PPE	Required	
Disposable gloves	Yes	<p>Disposable gloves must be worn when exposure to a body, blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination.</p> <p>Gloves must be changed immediately following the care episode or the task undertaken.</p>
Tyvek suits	Yes	<p>Tyvek suits must be worn to protect staff uniform or clothes from contamination when providing dealing with a body or during environmental and equipment decontamination.</p> <p>Tyvek suits must be changed at the end of each shift or in the event of a spillage.</p>
Fluid-resistant (Type IIR) surgical mask (FRSM)	Yes	<p>A disposable fluid-resistant face mask (FRSM) is worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from infectious droplets.</p>
Disposable eye protection	Yes	<p>Disposable, single-use, eye/face protection is recommended</p> <p>Eye/face protection can be achieved by the use of any one of the following:</p> <ul style="list-style-type: none"> <li>▪ surgical mask with integrated visor;</li> <li>▪ full face shield/visor;</li> <li>▪ polycarbonate safety spectacles or equivalent;</li> </ul> <p><b>Regular corrective spectacles are not considered adequate eye protection.</b></p>

Bodies being delivered to the Temporary Body Store will have a cloth or mask placed over the mouth of the deceased, be wrapped in heavy duty non zipped plastic sheet and placed in a body bag.

Additional supplies of PPE should be ordered using the following template.



Body%20Store%20P  
PE%20and%20Clean

The template should be completed by the Body Store Facility Manager and sent weekly to [PTHBCOVID19@wales.nhs.uk](mailto:PTHBCOVID19@wales.nhs.uk) and [duncan.crawley@wales.NHS.uk](mailto:duncan.crawley@wales.NHS.uk) and cc to [emily.groves@wales.nhs.uk](mailto:emily.groves@wales.nhs.uk) to avoid a single point of failure. The request can be made twice weekly necessary because of demand.

## 4.7 Correct use of PPE

Care should be taken to ensure that PPE is donned and doffed correctly to avoid inadvertent contamination

All used PPE must be disposed of as category B clinical waste and any reusable items (for example eye protection or powered respirator hoods) must be cleaned according to manufacturer instructions

All staff should be trained in the proper use of all PPE that they may be required to wear.

In addition:

- Staff who have had and recovered from Covid-19 should continue to follow infection control precautions, including the PPE recommended in this document.

All PPE should be:

- Compliant with the relevant BS/EN standards (European technical standards as adopted in the UK);
- Located close to the point of use;
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- Single-use only;
- Changed following completion of a procedure or task;

and

- Disposed of after use into the orange bag waste.



## Frequently Asked Questions on wearing Personal Protective Equipment (PPE)

### What is PPE?

Personal Protective Equipment is what we use at work to protect ourselves (all health care workers) and our patients from coronavirus. The amount of PPE you need will depend upon where you work.

### Why do we have a new guide on PPE?

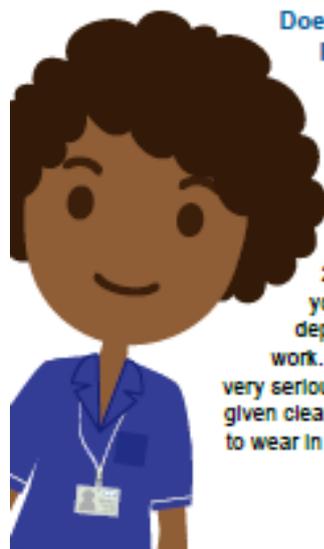
We are learning more about coronavirus every day. The new guide has been produced by experts from many different areas and takes into account this new knowledge.

### Does the WHO (World Health Organisation) support his guide?

The WHO has confirmed that the UK's guidance is consistent with the highest levels of protection in the world.

### Does all face-to-face patient contact put me at risk of catching coronavirus and should I wear PPE all the time?

Looking after patients means that we often have to get closer than 2 metres. What PPE you need to wear will depend upon where you work. We take your safety very seriously and you will be given clear instructions on what to wear in each area.



### What is an aerosol generating procedure (AGP)?

An AGP results in tiny droplets of fluid that become suspended in the air and may contain coronavirus which could then be breathed in. If you are working in an area where AGPs are performed, you will be given the right PPE to protect yourself and training to make sure you use it correctly.

### If I am on a COVID-19 ward but am not in direct contact with patients, do I need to wear PPE?

Yes, if you are on a COVID-19 ward more than 2 metres from a patient then you should wear a face mask and assess the need for eye protection.

If you are within 2 metres of a patient on a COVID-19 ward, you should use disposable gloves, a disposable apron and fluid-resistant surgical mask, with eye protection. If an AGP is to be performed you will need more protection and these procedures will not be performed until all staff in the area are safe. You will need to wear gloves, gown, an FFP3 mask (or FFP2) and eye protection.

### Can the virus land and stay on my hair? Do I need to wear a cap to cover my hair as well as recommended PPE?

The virus does not land and stay on hair for any length of time. Surgical hats or other headwear is not required for clinical staff apart from areas where they are normally worn such as operating theatres.

**What should I do with my shoes?**

You should wear the right shoes for the area where you work and your trust will have a dress code you should follow.

**Should I shower when I get home?**

There is no requirement to routinely shower after you finish work. However, do ensure you follow recommended hand hygiene measures at work, when you are out and about, and when you are at home.

**Should I remove my uniform or workwear before going home?**

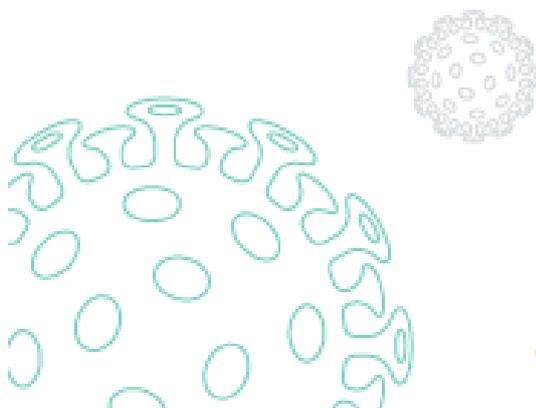
It is best practice to change into your uniform when you arrive at work and out of it before you leave. You shouldn't wear your uniform when travelling. If you wear your own clothes, then you should change when you get home.

This does not apply to community health workers who are required to travel between patients in the same uniform.

Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric. A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses.

**Should clinicians wear scrubs in all clinical areas with patient contact?**

There is no requirement to wear scrubs, but you will be given local guidance on this. Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff.

**Should staff assisting with AGPs wear PPE as well as staff carrying out the AGP?**

Yes. AGPs should only be performed when all staff in the area are safe and wearing the correct PPE.

**In an emergency do I need to put on PPE if it costs valuable time?**

If you are working in an area where emergency care is given, your department will ensure that you are wearing the right PPE. Sudden procedures, such as chest compressions for cardiac arrest can be started without PPE. However, if an emergency AGP is needed, this will be delayed until staff in the area are safely protected in the appropriate PPE.

**What is the difference between standard surgical mask and FFP2/3?**

A standard surgical mask will protect you and your patient from virus that may be present in spittle. You will be clearly told where and when you should wear this mask and also when patients should wear one.

A FFP mask has a filter that removes particles and must be used in certain areas where there is a risk of particles in the air carrying coronavirus usually where an AGP is taking place. The areas and times when these masks are needed will be made clear by your trust.

You should make sure your FFP mask fits properly. If you have any doubts, ask!

**Can you re-use PPE?**

You should change gloves and aprons between each patient and wash your hands. However, you can wear gowns, respirators and eye protection for an entire session (eg ward round or GP session), depending on the area where you work. This will be made clear to you by your organisation.

**Some of the PPE I have is out of date, is it safe?**

Yes, these have a much longer shelf-life than the date marked and all PPE has passed stringent tests. Any supply that is not up to standard is destroyed.



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## COVID-19 Safe ways of working

# A visual guide to safe PPE

**General contact with confirmed or possible COVID-19 cases**

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

**Aerosol Generating Procedures or High Risk Areas**

- Eye protection eye shield, goggles or visor
- Filtering facepiece respirator
- Long sleeved fluid repellent gown
- Gloves

Clean your hands before and after patient contact and after removing some or all of your PPE

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Clean all the equipment that you are using according to local policies

---

Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)

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Take off your PPE safely

---

Take breaks and hydrate yourself regularly

**For more information on infection prevention and control of COVID-19 please visit:**

[www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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Public Health  
England

# Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANts-Jdi2s>

## Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



\*For the PPE guide for AGPs please see:

[www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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# Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: <https://youtu.be/eANIs-Jdi2s>

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

**1** Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.  
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



**2** Clean hands.



**3** Apron.  
Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



**4** Remove eye protection if worn.  
Use both hands to handle the straps by pulling away from face and discard.



**5** Clean hands.



**6** Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. **DO NOT** reuse once removed.

**7** Clean hands with soap and water.



\*For the doffing guide to PPE for AGPs see:

[www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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## 4.8 Staff uniforms/clothes

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances.

Staff will be provided with uniforms and changing areas are provided for staff to change into uniforms on arrival at work.

When changing at work, uniforms should be transported home in a disposable plastic bag. This bag should be disposed of into the household waste stream.

Uniforms should be laundered:

- Separately from other household linen;
- In a load not more than half the machine capacity;
- At the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

It is best practice to change into and out of uniforms at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk.

## Section 5

Environmental cleaning and control within the  
Temporary Body Store

## 5.1 Cleaning and disinfection

Cleaning and disinfection are part of applying SICPs. They are particularly important where you need to control the risk of exposure to infectious microorganisms in the workplace, including work surfaces, tables, benches and floors, equipment and PPE. Staff should also clean all floor drains and gullies when in use. Regular cleaning using detergent and warm water is usually adequate for facility surfaces. It will render areas physically cleaner; it will remove organic matter and some of the microorganisms that are associated with soiling. Effective removal of organic matter is important before any disinfection can take place, as organic matter can neutralise the action of the disinfectant.

The manner in which the cleaning and disinfection is undertaken is important (e.g. using wetted physical cleaning methods for cleaning large areas to avoid creating infectious aerosols). Disinfection procedures should specify which types of disinfectant should be used where, and for what purpose. This is because different disinfectants may be effective for some surfaces but not for others, or they may be effective only against certain groups of microorganisms. For healthcare settings, the procedures should be compatible with the hospital trust's policy. The Association of Healthcare Cleaning Professionals' (AHCP) *Revised healthcare cleaning manual*<sup>23</sup> provides guidance on cleaning techniques and best practice. Although it is aimed at healthcare settings, similar principles will apply in funeral premises. In all cases, the procedures should state the in-use dilution and contact time needed for the disinfectant to be effective. This information is typically provided by the disinfectant manufacturer. It may be appropriate to use more than one type of disinfectant depending on the types of microorganism anticipated.

Staff should also have suitable instruction and training on cleaning and use of these disinfectants. Staff should make sure that adequate supplies of disinfectants at in-use concentrations are available throughout the facility for both standard procedures and emergency clean-up. Most disinfectants are hazardous and should always be stored and handled in accordance with the supplier's instructions and COSHH; for example:

- make sure that the disinfectant does not cause any health problems for employees (e.g. exposure to gaseous emissions from repeated use of chlorinated disinfectants can cause breathing problems for some);
- make sure that any chemicals used for cleaning are compatible with each other and/or with other chemicals that might be in use

**The procedures set out below are the cleaning arrangements for the Temporary body storage unit.**

### **Cleaning and disinfection of environment and equipment in the body storage area:**

- Prep a Yellow bucket of Actichlor dosed at 1000ppm and cloths before cleaning any equipment once all prepped
- Staff are to wash their hands thoroughly and apply in order a disposable **coverall, surgical mask, face shield and Disposable gloves**. (Masks and eye protection may need to be used if any risk of splashing may occur)
- Clean the Pat-slide on both sides and place in the designated storage area

- Clean and disinfect all surfaces of the unit fridge trolley paying attention to handles and touch points.
- Clean and disinfect all external surfaces of the holding unit where the deceased patient was deposited including the tray.
- Dispose of any waste produced as clinical waste
- Discard PPE as clinical waste in order **Disposable gloves, face shield, surgical mask and coverall**
- Perform Hand hygiene

#### End of shift Cleaning and disinfection:

- Staff are to wash their hands thoroughly and apply in order a disposable **coverall, surgical mask, face shield and Disposable gloves**. (Masks and eye protection may need to be used if any risk of splashing may occur)
- Prep a Yellow bucket/mop bucket of Actichlor dosed at 1000ppm and disposable mop heads
- Mop the entire floor space in the custody area **only** and dispose of the mop head as clinical waste.
- Empty mop bucket solution at nearest disposal point
- The floor of the body storage area, storage area 2, storage area 3 and blast freezers should be dry swept with a sweeping brush, unless there is any sign of contamination in which case follow body fluid spills procedure.
- Sweepings from the floors should also be treated as clinical waste
- Discard PPE as clinical waste in order **Disposable gloves, face shield, surgical mask and coverall**
- Perform Hand hygiene

Empty the clinical waste bins removing the bag, securing it via swan neck/bag tie and dispose in external clinical waste bins

#### Body Fluid spills:

- Staff are to wash their hands thoroughly and apply in order, a disposable **coverall, surgical mask, face shield and Disposable gloves**. (Masks and eye protection may need to be used if any risk of splashing may occur)
- Prep a Yellow bucket/mop bucket of Actichlor dosed at 10000ppm (1L Water 10 Tablets) and cloths/Mops
- Remove any gross contamination including urine, vomit and faeces with a paper towel before applying Actichlor Plus
- Apply the Actichlor solution using a mop or cloth and leave to air dry.
- Dispose of any waste produced as clinical waste
- Discard PPE as clinical waste in order **Disposable gloves, face shield, surgical mask and coverall**
- Perform Hand hygiene

## 5.2 Spillages

As well as carrying out routine cleaning, arrangements should be in place to deal with spillages, e.g. of blood and other body fluids. Spillages need to be dealt with promptly and in line with the safe working practices.

Depending on the size and nature of any spillage, an assessment should determine which is appropriate: direct disinfection or detergent cleaning followed by disinfection.

When assessing how to decontaminate potentially infectious material, you should take into account the volume and spread of organic matter. Many disinfectants can also be less effective because they are incompatible with some detergents and other chemicals.

## 5.3 Management of Clinical Waste

All waste generated on the body store is required to be segregated for disposal correctly. Good hand hygiene is essential whilst handling waste and standard infection control precautions apply (SICPs).

<p><b>Infectious Clinical waste</b></p> <p>Orange Bag</p>		<ul style="list-style-type: none"> <li>▪ All waste generated inside the infected areas or has come into contact with the deceased including PPE should be classed as infectious clinical waste.</li> <li>▪ This waste must be segregated into orange waste bags for alternative heat treatment.</li> <li>▪ The orange bags may then be placed in the large bulk bins in readiness for collection by the clinical waste contractor.</li> <li>▪ The large bulk bins must be kept locked shut when not in use and secured by chain to a solid structure to eliminate being moved illegally.</li> <li>▪ <b>This waste stream is categorised as category B waste.</b></li> </ul>
<p><b>Offensive Clinical waste</b></p> <p>Tiger Stripe (Yellow/black stripe)</p>		<ul style="list-style-type: none"> <li>▪ This waste stream is non-infectious waste such as sanitary products, nappies etc. and must be segregated into the yellow and black “tiger stripe” bags.</li> <li>▪ The yellow and black “tiger stripe” bags may then be placed in the large bulk bins in readiness for collection by the clinical waste contractor.</li> </ul>

		<ul style="list-style-type: none"> <li>▪ If possible store these in a different bulk bin to the orange bags to assist with collection by the contractor.</li> <li>▪ The large bulk bins must be kept locked shut when not in use and secured by chain to a solid structure to eliminate being moved illegally.</li> <li>▪ <b>This waste stream is categorised as category B waste.</b></li> <li>▪ <b>This waste will be removed from site by the PTHB</b></li> </ul>
<p><b>General Domestic Waste</b></p> <p>Black Bag</p>		<ul style="list-style-type: none"> <li>▪ This waste stream is for non-clinical general waste that cannot be recycled.</li> <li>▪ The black bags should be placed in the large bulk bins in readiness for collection by the contractor (PCC).</li> <li>▪ If recycling is made available general waste items should be segregated where possible into recycling containers.</li> <li>▪ This waste will removed from site by PCC</li> </ul>

Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment, unless the waste has other properties that would require it to be incinerated.

Large volumes of waste may be generated by frequent use of PPE and cleaning materials i.e. disposable cloths/mop heads. This waste should be treated as infectious waste and placed in an orange infectious waste bag. This orange bag waste must be treated as Category B waste and therefore place in the designated Clinical Waste Bulk Bin for collection by the contractor.



## Section 6

Operation & maintenance of body trolleys,  
and equipment in the Temporary Body Store

## 6.1 Operation and maintenance of body trolleys & Equipment in the Temporary Body Store

### 6.1.1 Principle of the Procedure

The purpose of this document is to ensure that all trolleys and equipment is used in a safe manner by fully trained and competent staff.

All trolleys must be maintained to a high standard at all times to ensure that they work safely without risk to staff or the deceased.

Throughout the transfer the body must be handled and treated with respect and dignity.

A minimum of two people should always accompany the body, except where moving and handling require more people to transfer a body using slide sheets or on sites where the trolley must be transported around tight corners or up ramps.

## Section 7

### Receiving and Releasing of the body

## 7.1 Transportation of Bodies to the Temporary Body Store

Despite the unprecedented position that we find ourselves in it is important to us that we continue to manage any deaths with dignity and respect. Ensuring dignity in death may be one of the most important factors in helping the bereaved through what will be a very difficult time. Indeed, in the absence of Covid-19, some 20 people a week die in Powys and their deaths are no less important than any others.

As part of our emergency planning with the Dyfed Powys Local Resilience Forum, Powys Teaching Health Board and Powys County Council are taking a joint approach to managing the increase in deaths that are forecast to arise in Powys as a result of the Covid-19 epidemic and ensuring that all deaths in Powys will continue to be managed with sensitivity, dignity and respect.

At present, we anticipate that local undertakers will be able to take the lead in arranging for the appropriate handling of the deceased. However, should they become unable to manage this increase, all bodies (except those of children), will need to be taken to the temporary facility to await a time when they can be finally laid to rest. In the case of children, where the death is expected, the body should be taken to the undertaker of choice in the normal way. Where the child's death is unexpected, they will need to be taken to the nearest hospital that accepts cases referred to HM Coroner.

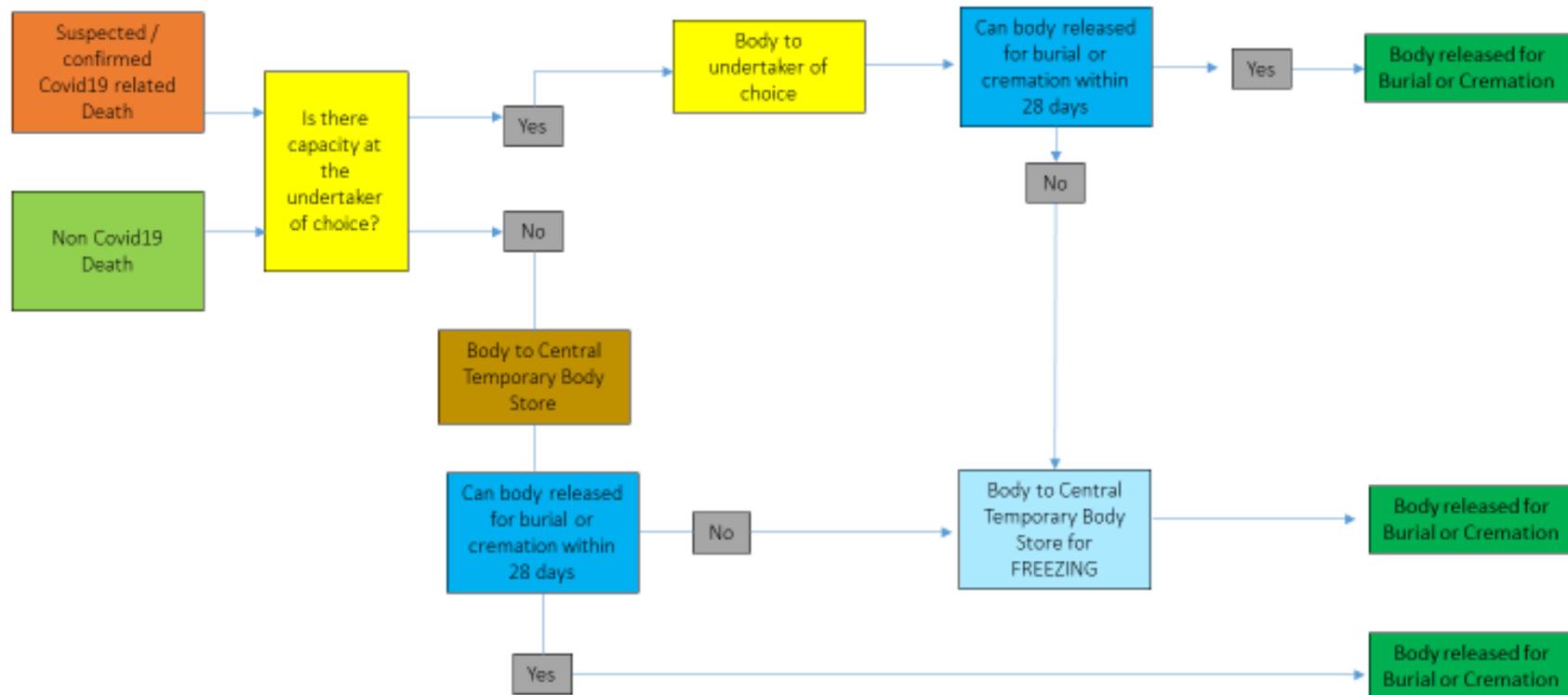
In addition, deaths managed in the usual way by local undertakers where there is a delay in the body being released for burial or cremation, may need to be moved to the Temporary Body Store. This is because bodies to be stored for 30 days or more need to be kept at -15 degrees Celsius or cooler.

Critical to making this happen will be how we transport the deceased to this site. The undertakers who work in Powys are all highly experienced, thoughtful caring people who are acknowledged for bringing dignity to the dead and comfort to the bereaved. We have agreed to work with them to bring the bodies to the central facility. The collection of bodies by undertakers in the usual way will provide some comfort to family and friends.

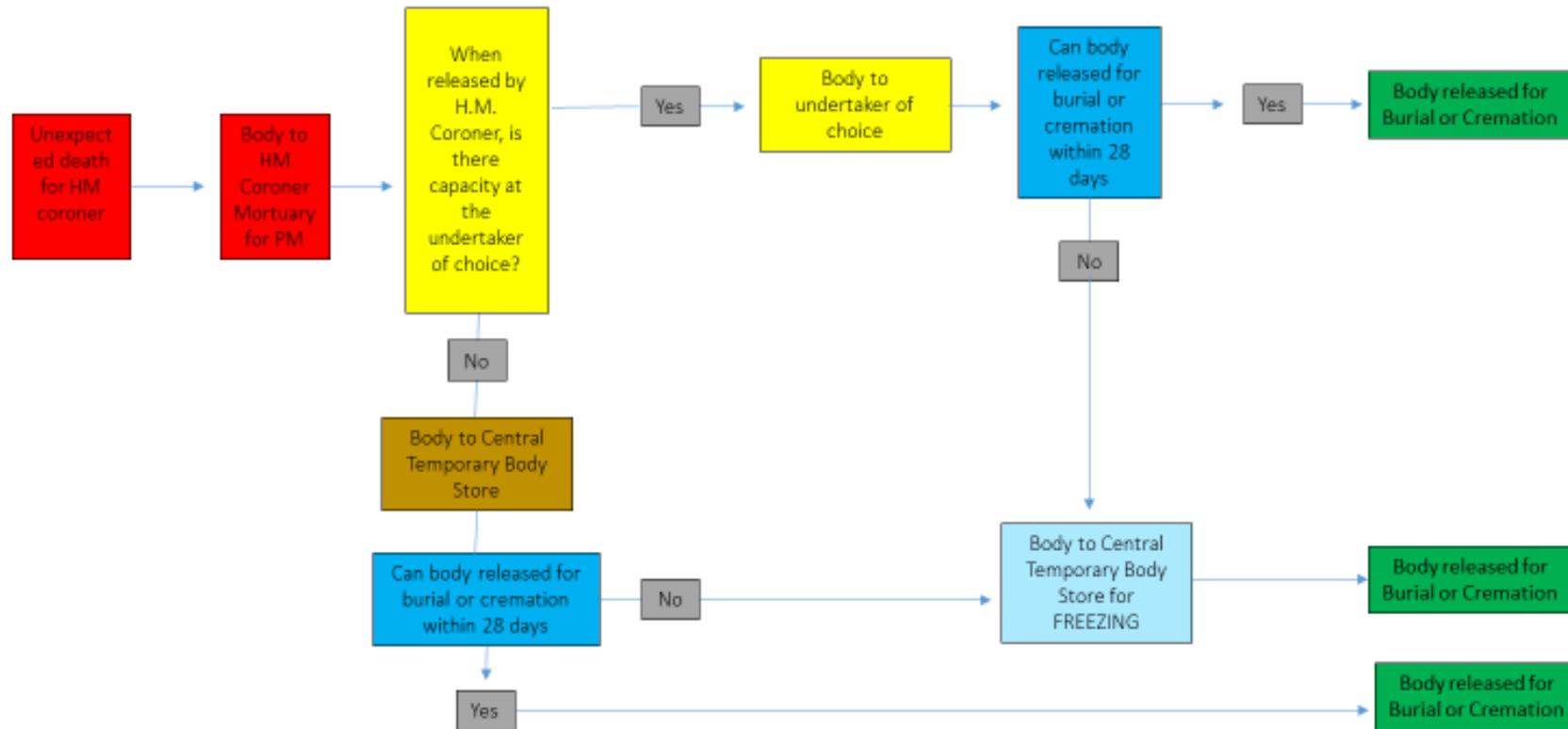
The mortality pathways are set out below:

## 7.2 Mortality Pathways

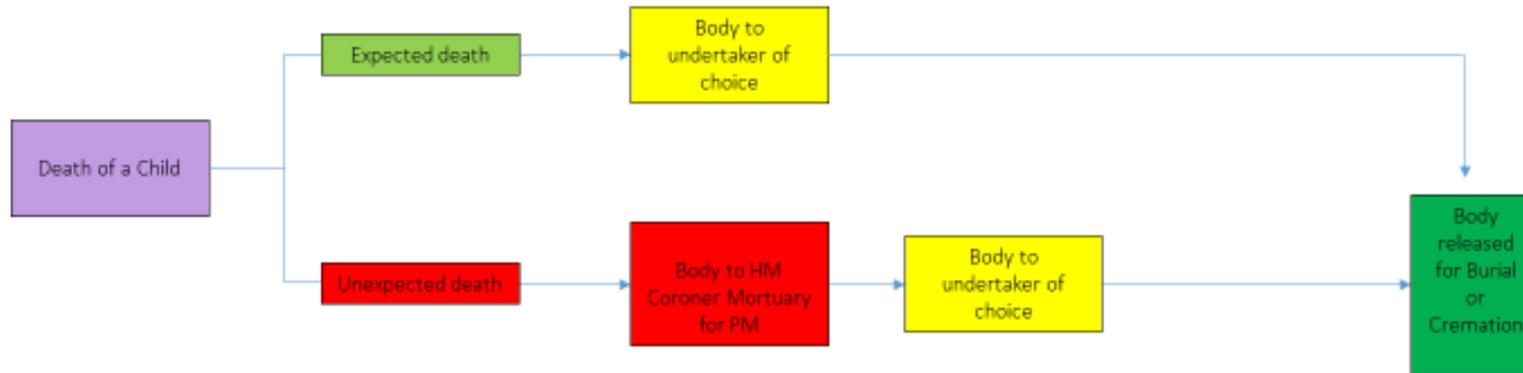
### Adult death (Non H.M. Coroner Cases)



## H.M. Coroner Unexpected Deaths



## Child Deaths



### 7.3 The Role of Local Undertakers

We recognise that funeral directors are highly experienced, thoughtful caring people who are acknowledged for bringing dignity to the dead and comfort to the bereaved and we will continue to work with them to ensure the facility operates well.

At present, we anticipate that they will be able to take the lead in arranging for the appropriate handling of the deceased. However, should they become unable to manage this increase in their area, all adult bodies will need to be taken to the temporary facility to await a time when they can be finally laid to rest.

It is proposed that Funeral Directors only use the temporary unit as an overflow. This would allow funeral directors to manage deceased in the usual way, taking appropriate precaution for those suspected to be COVID 19 related cases and only take the deceased to the facility, once capacity at the funeral director's own premises has been reached. This would also ensure that unit is not over-burdened when there is potential capacity available at the facilities of local funeral directors.

In the case of children, where the death is expected, the body should be taken to the undertaker of choice in the normal way. Where the child's death is unexpected, they will need to be taken to the nearest the hospital that accepts cases referred to HM Coroner.

If capacity at the funeral director's own premises has been reached, a decision would need to be made by the funeral director in relation to which body in their premises is most appropriate to be moved to Unit 1. For example, if the funeral directors have a body in their care with a confirmed funeral date for two weeks' time, it would be more appropriate to move that body, than the most recently deceased. This would allow for routine procedures such as removal of pace maker and sharps to be undertaken locally and to allow time to establish the nature of the death and whether a coroner would need be involved, in which case the body of the deceased would need to go to Shrewsbury or other appointed Hospital for a post mortem to be undertaken. It should be noted that it is not anticipated that there will be in increase in demand for post-mortems as COVID 19 cases will not require a post-mortem.

There are several steps involved in the care of the deceased. This includes the capacity of funeral director services, cremation, and burial facilities, alongside the continuing impact of social distancing. These services are being affected by COVID19, which will lead to some delays.

We are working with Welsh Government to seek to ensure that services can continue to be delivered safely with minimal delay. They may be instances where bodies are held by local undertakers and there is a delay of more than 28 days before a burial or cremation takes place. At this point the body must be moved to the temporary body store where it can be held at temperatures below -15 degrees Celsius.

## 7.4 Operation and maintenance of the private PTHB ambulance

We recognise that funeral directors are highly experienced, thoughtful caring people who are acknowledged for bringing dignity to the dead and comfort to the bereaved and we will continue to work with them to ensure the facility operates well. It is proposed that Funeral Directors only use the temporary unit as an overflow. This would allow funeral directors to manage deceased in the usual way, taking appropriate precaution for those suspected to be COVID 19 related cases and only take the deceased to the facility, once capacity at the funeral director's own premises has been reached. This would also ensure that unit is not overburdened when there is potential capacity available at the facilities of local funeral directors.

It will also be important during this time for funeral directors to work closely together wherever possible in order to share staffing and resources as required and to rationalise journeys to the temporary store; for example, one funeral director making the journey with an additional body from another funeral director or collecting a body from Facility on behalf of another funeral director on their return.

The process of transporting bodies to and from the body store should be kept as close to business as usual as possible reducing any differences in how the bodies are managed. The use of the temporary body store and the ability of undertakers to transport bodies must be kept under continuous review.

Where due to capacity or capability, undertakers are unable to transport bodies to the Temporary Body Store in a timely way, PTHB have commissioned two private ambulance which will be dedicated to the Temporary Body Store service. These vehicles have been modified to transport the deceased in a safe and dignified manner. They will always be operated safely and maintained by fully trained and competent Health Board staff.

This service is expected to operate as a contingency and

Where undertakers are unable to transport bodies to the Temporary Body Store in a timely way two private ambulances have been commissioned and will be dedicated to the Temporary Body Store service. These vehicles have been modified to transport the deceased in a safe and dignified manner. They will always be operated safely and maintained by fully trained and competent Health Board staff.

- The PTHB private ambulances, 2 in number, are kept at Bronllys Hospital
- The vehicles are insured on PTHB's insurance policy
- The vehicles registration numbers are:
  - KN69UOW
  - KN69UXX

When transporting the deceased (e.g. from a Temporary Body Store to the funeral premises or from the collection point to a Temporary Body Store) with a known infection risk, or where there is significant leakage of body fluids, a body bag will minimise the potential for exposure of workers and contamination of the vehicle.

A safe system of work will be required to take account of the other elements of the duties of the PTHB private ambulance driver's duties e.g. handling and lifting the deceased, PPE requirements, disinfecting the vehicles etc.

## 7.5 Standard infection control precautions for funeral service staff and other staff during delivery or removal of the deceased to and from the Temporary Body Store

The highest standards of behaviour are expected of people who work in any capacity in the care of the deceased. This is for occupational health reasons and also to ensure the dignity of the dead and to show respect for the bereaved. To that end:

- Never eat, chew, drink or do anything else that will bring your hands into contact with your mouth, eyes or nose.
- Make sure that any cuts or abrasions, particularly on your hands, are covered by a waterproof dressing. If there is any doubt about the effectiveness of the cover, obtain medical advice.
- Make sure single-use protective gloves and aprons are readily available and employees are trained as to when to wear and remove them.
- Make sure freshly prepared disinfectant solution, swabs and cloths are available and used.

## 7.6 Accessing the Temporary Body Store

### 7.6.1 Principle Concerning Access to the Temporary Body Store

Powys County Council has a responsibility for the health and safety of visitors to the Temporary Body Store. Visitors may be staff from within the Powys County Council or from outside for example Powys Teaching Health Board, undertakers, police or approved maintenance contractors with a legitimate reason to visit.

### 7.6.2 Process

All visitors will be identified on arrival.

A list of verified visitors is to be developed and held on site.

The Temporary Body Store is considered a secure area and only permitted visitors may gain entry.

Hand-washing facilities are provided in all areas. Good personal hygiene includes:

- Changing from outdoor clothing when in the Temporary Body Store.
- No smoking, drinking, eating, applying cosmetics in any work or rest area in the Temporary Body Store
- Always washing hands before leaving the designated dirty areas
- Avoiding actions that bring the hands (gloved or otherwise) into contact with the face, eyes, nose and mouth.
- Always wearing the correct protective clothing
- Removing protective clothing after use and not wearing it outside the Temporary Body Store.
- Protecting any skin abrasions or cuts with waterproof dressings.
- Visitors with active dermatitis will not be permitted in the Temporary Body Store due to the risk of infection.

Full showering facilities are available for personal hygiene.

All visitors will have to sign into the facility and give reason for the visit. The Temporary Body Store staff member will also sign the log to record that the visitor has been given permission to enter the facility. The Temporary Body Store staff member will also record the time that the visitor leaves the facility.

All visitors will adhere to the Standard Operating Procedures and professional guidance relevant to their presence in the Temporary Body Store including UKAS standards and HTA standards.

The facility manager is responsible for making decisions regarding visitors to the Temporary Body Store.

## 7.7 Management and Handling of the Deceased

All deceased patients brought into the Temporary Body Store are to be treated with dignity and respect. Safe handling of deceased should be done in accordance with Health and safety regulations and manual handling recommendations. Extra care should be taken when handling bariatric bodies.

World Health Organisation (WHO) guidance is that there is no current evidence of Covid-19 being transmitted from exposure to the bodies of persons who died from Covid-19. On the basis of this significant guidance, the bodies are not therefore contagious.

### 7.7.1 Handling of a body by Temporary Body Store staff

The Temporary Body Store staff are responsible for the safe handling of all bodies in the Temporary Body Store. They are to be trained to meet the needs of the deceased including maintaining dignity, respect and confidentiality. To this end all bodies delivered to the Temporary Body store shall have a cloth or mask placed over the mouth and placed into a body

bag. It is recommended that a heavy duty non zipped plastic sheet body bag liner is used to cover the body prior to being place in the body bag.

The Temporary Body Store staff will assess each case and treat appropriately to ensure:

- Bodies are correctly bagged with any risk of infection clearly visible.
- Bodies of unusual shape given adequate space and handled with care.
- All bodies are properly covered and secure.
- Bodies in a state of decomposition are handled with appropriate care to minimise the risk of contamination. Such bodies may need to be placed in a freezer in order to maintain their remaining integrity.

All bodies delivered to the Temporary Body store shall have a cloth or mask placed over the mouth and placed into a body bag. It is recommended that a heavy duty non zipped plastic sheet body bag liner is used to cover the body prior to being place in the body bag

A minimum of two trained Temporary Body Store staff will be present when handling a body. The Facility manager will make a dynamic risk assessment on their ability to handle the body safely and will always seek assistance if needed. All procedures are to be carried out by trained and competent staff.

From arrival to release the Temporary Body Store staff member will handle the deceased and meet their every need. This might include:

- Moving or transporting the deceased.
- Release of the deceased.

## 7.8 Procedure for Handling of a body within the Temporary Body Store

### 7.8.1 Principle

It is essential that a body is handled correctly within the Temporary Body Store for occupational reasons to prevent injury to staff and to maintain the dignity of the departed. Identification and traceability of the deceased is vital when carrying out any handling procedures within the Temporary Body Store.

To minimise the risk of an incident within the Temporary Body Store, bodies should only be moved when absolutely essential. In general, this should be at admissions and discharge.

### 7.8.2 Process

The Facility Manager will establish that the deceased can safely be moved / removed and that the number of staff present is suitable for the task.

**To place the body in the storage area:**

- The body is removed from the vehicle by the undertaker via a stretcher

- The body is transferred from the stretcher to the mortuary trolley.
- The mortuary trolley is moved into the refrigerated body store.
- The brakes on the mechanical handling device are applied
- The device containing the deceased is raised to the height of the compartment where the deceased will be stored
- The body is manually moved from the trolley to the compartment
- The number of the compartment where the body is stored is logged in the mortuary register and Assettrac.

A minimum of two Temporary Body Store Staff at least are required to carry out this procedure. Each case is assessed, and correct manual handling applied. In the event that a Bariatric case needs to be moved, a separate process is to be followed.

### 7.8.3 Handling a bariatric body

Special care should be taken when handling bariatric bodies. Temporary Body Store staff should feel confident that the procedure can be completed safely. A minimum of two people must be present when carrying out this task.

The standard procedure should be followed when a PAT slide may be used as an aid.

The deceased is rolled and the slide placed as far under the body as is possible. The patient is rolled back on to the slide. When the Temporary Body Store staff member leading the move is content that the body is stable on the PAT slide, the body is moved. The handles on the PAT slide allow easy grip and better pull.

After the slide is completed, the body is rolled to enable the slide is removed.

Should a hoist be available, this will be the prime means for moving all bodies including bariatric cases.

## 7.9 Faith issues related to body storage

Advice is provided here on issues specific to the particular faiths when bodies are stored at the Temporary Body Store

Religious & Cultural Issues

### 7.9.1 Hindus

Where possible, the body should be placed with the head facing north and the feet south.

If practicable, an area will be identified in the unit where the racking is aligned North/South. If possible, Hindu bodies will be kept together in the same area.

### 7.9.2 Judaism

Where possible, the body should be placed with the feet towards the doorway.

If practicable, an area will be identified in the unit where bodies can be aligned with feet facing towards the door. Jewish bodies should be stored in this area. If possible, it should not be left unattended.

### 7.9.3 Muslim

The storage of a Muslim body before burial does not have any specific guidelines beyond the care, dignity, and respect afforded to any dead body.

## 7.10 Receipt of the body of a person who has died into the Temporary Body Store

The purpose of this section is to define the protocol for the safe admittance, acceptance and administration of deaths into the Temporary Body Store

### 7.9.1 General Considerations

Issue		Control Measure
2.1 General	Mis-identification	Use of unique identifier and mortuary register Temporary Body Store body staff to check identification prior to processing the body
	Accidental damage to bodies	The deceased transported in suitable, vehicles and are delivered to the Temporary Body wrapped in a heavy duty non zipped plastic sheet body bag liner and body bag.

		Deceased are placed into refrigerated storage as soon as they are admitted to the Temporary Body Store as per this SOPs  Temporary Body Store Staff on standby at all times should any difficulties arise out of hours.
<b>2.2. Biological</b>	Risk of infection	Appropriate PPE relevant to risk of the individual case
<b>2.3 Chemical</b>	Disinfectant Wipes	Follow manufacture instructions and use appropriately
<b>2.4 Manual Handling</b>	Risk of injury	Standard manual handling techniques employed as per core competence. Specialist training and equipment provided for the manual handling of bodies.
<b>2.5 Environmental</b>	Waste disposal	Used body bags and soiled materials are disposed of into clinical waste.

## 7.11 Procedure for the collection and delivery of the deceased

The deceased is verified as dead and collected from the place of death by the Funeral Director.

### Where death occurs in a Community Hospital

- If the body is collected from the hospital, a wrist ID band which contains the name, date of birth and NHS number should already be attached to the wrist of the patient.
- The body is placed in a body bag and moved to the hospital mortuary or a separate holding area in readiness for collection.
- The funeral director arrives at the community hospital and takes charge of the body.
- The information contained on the wristlet will be checked by the undertaker against the information known about the deceased.
- A second wristlet to be secured to the body bag replicating the details on the body. The information on the ID bracelet must be attached to the outside of the body bag in such a way that it cannot come adrift.
- The Funeral Director signs for the deceased.

The body is taken to the Chapel of Rest or the \*Temporary Body Storage.

The body is checked into the Chapel of Rest in accordance with company policy and process.

\*Where the body is to be taken to the temporary body store, the Funeral Director gives notice to the body store manager that they are bringing a body to the store.

- The Funeral Director will seal the body bag using a tamperproof seal which contains a unique identification number.
- A Body Condition form should also be completed by the undertaker and taken with the body to the Temporary Storage Facility. This would provide a consistent record of whether pacemakers etc have already been removed and will also detail any jewellery remaining etc.

#### At the temporary body holding facility:

- The personal detail on the body are checked by the receiving staff.
- The staff will check the integrity of the body bag seal and record its unique number which will be transferred to the mortuary register and Assettrac.
- The personal details of the body are entered into the mortuary register and on Assettrac. These details must be exact copies of the detail that was recorded in the body bag.
- The undertaker will input company details, name, address etc, then sign the mortuary register as the depositor of the body.
- The body is moved into the temporary facility. Its location (rack and row) are recorded and entered into Assettrac. A copy of the details of the body is left attached to the body.

#### Where the person has passed away and family are present at the time of collection

- All information is taken from the family member about the deceased and entered into a first call form, this is checked and signed by the family, this also gives the undertaker permission to remove the body.
- Identification wristlets are then written out with name, date of birth, date of death and address from where the deceased passed away and attached to the deceased, one on the wrist and one on the leg.
- The body is placed in a body bag
- The information contained on the wristlet will be checked by the undertaker against the information known about the deceased.
- A second wristlet to be secured to the body bag replicating the details on the body. The information on the ID bracelet must be attached to the outside of the body bag in such a way that it cannot come adrift.

The body is taken to the Chapel of Rest or the \*Temporary Body Storage.

The body is checked into the Chapel of Rest in accordance with company policy and process.

\*Where the body is to be taken to the temporary body store, the Funeral Director gives notice to the body store facility that they are bringing a body to the store.

- The Funeral Director will seal the body bag using a tamperproof seal which contains a unique identification number.

- A Body Condition form should also be completed by the undertaker and taken with the body to the Temporary Storage Facility. This would provide a consistent record of whether pacemakers etc have already been removed and will also detail any jewellery remaining etc.

#### At the temporary body holding facility:

- The personal detail on the body are checked by the receiving staff.
- The staff will check the integrity of the body bag seal and record its unique number which will be transferred to the mortuary register and Assettrac.
- The personal details of the body are entered into the mortuary register and on Assettrac. These details must be exact copies of the detail that was recorded in the body bag.
- The undertaker will input company details, name, address etc, then sign the mortuary register as the depositor of the body.
- The body is moved into the temporary facility. Its location (rack and row) are recorded and entered into the mortuary register and Assettrac. A copy of the details of the body is left attached to the body.

#### Where the person has passed away and family are not known

- This would be the same process as if family were present, but instead taking information from the person in charge at the scene of death e.g. Police, Paramedic, or from a nursing home this would come from the member of staff in charge. This information to be entered on the first call form.
- Identification wristlets are then written out with name, date of birth, date of death and address from where the deceased passed away and attached to the deceased, one on the wrist and one on the leg.
- The body is placed in a body bag
- The information contained on the wristlet will be checked by the undertaker against the information known about the deceased.
- A second wristlet to be secured to the body bag replicating the details on the body. The information on the ID bracelet must be attached to the outside of the body bag in such a way that it cannot come adrift.

The body is taken to the Chapel of Rest or the Coroner's Mortuary (as instructed)

The body is checked into the Chapel of Rest in accordance with company policy and process.

\*Where the body is to be taken to the temporary body store, the Funeral Director gives notice to the body store manager that they are bringing a body to the store.

- The Funeral Director will seal the body bag using a tamperproof seal which contains a unique identification number.
- A Body Condition form should also be completed by the undertaker and taken with the body to the Temporary Storage Facility. This would provide a consistent record of

whether pacemakers etc have already been removed and will also detail any jewellery remaining etc.

#### At the temporary body holding facility:

- The personal detail on the body are checked by the receiving staff.
- The staff will check the integrity of the body bag seal and record its unique number which will be transferred to the mortuary register and Assettrac.
- The personal details of the body are entered into the mortuary register and on Assettrac. These details must be exact copies of the detail that was recorded in the body bag.
- The undertaker will input company details, name, address etc, then sign the mortuary register as the depositor of the body.
- The body is moved into the temporary facility. Its location (rack and row) are recorded and entered into Assettrac. A copy of the details of the body is left attached to the body.

### Collection of the body for burial or cremation

The body is moved from the temporary holding facility when final arrangements have been made concerning burial or cremation.

Bodies will not be released from the temporary body store out of hours.

#### When the body is removed from the Temporary Body Store:

- The Funeral Director gives notice to the body store manager that they have made final arrangements for a body.
- They provide the personal details of the body to be collected as recorded throughout the process.
- Bodies are only released from the temporary body store when accompanied with a certificate of burial or cremation (Green Form) or the coroner's order to bury or cremation 6 form (CR6). These are to be scanned in and filed accordingly to ensure a comprehensive record is kept at the temporary facility. A copy of these forms will be accepted.
- The staff at the temporary facility identify the body from the mortuary register and Assettrac.
- They retrieve the body from the correct rack and row and check that the detail attached to the body matches the information from the paper and electronic record.
- The body is brought out for the Funeral Director who also checks the details and confirms that any seal is intact and that the unique identifier matches the mortuary register.
- The reference number for the green form is recorded in the mortuary register and Assettrac.
- The Funeral Director signs out the body from the temporary facility and the discharge is recorded in the Mortuary Register and Assettrac.
- It is the responsibility of the Funeral Director to make the final identification check of the body.

## 7.12 Management of Valuable Property

It is policy that property and valuables are not brought to the Temporary Body Store.

## Section 8

# Technical Requirements of Temporary Body Store

## 8.1 Technical Requirements of body storage facility

### Capacity

The unit has capacity for approximately 631 persons dependent on the configuration of the unit and need for the storage of bariatric bodies.

Main storage unit (chilled only)	325
Side rooms (chilled/frozen)	136
Trailer units (2 x 40) (chilled/frozen)	80
Portakabin	90
Total	631

22 spaces have been identified for Bariatric storage

### Maintenance of refrigeration

Maintenance of the refrigeration systems will be provided by the PCC approved contractor. Weekly inspections will be undertaken to check the systems are working correctly in line with the prescribed guidance on body storage

The site is equipped with a 500kVA back-up generator with capacity to maintain all internal and external electrical requirements.

## 8.2 Operation, temperature monitoring and maintenance of refrigerated storage in the mortuaries and body stores.

A system is in operation on site which allows the facilities manager or nominated person to view the temperatures within the unit's storage areas.

The systems are monitored remotely, and warning emails are sent in the event of a fault. These are notified to the building owner and the nominated engineer.

See operational guidance for reporting faults and/or failures of the systems.

All refrigerators and freezers are labelled with a number starting from 1. The capacity within each body storage fridge may vary depending on the size of the bodies placed in it.

Bodies in the Temporary Body Store facility will be stored at the following temperatures:

Normal storage of bodies < 30 days	2 to 4 degrees Celsius
Storage of bodies > 30 days	-15 to -20 degrees Celsius

## 8.3 Maintenance of the Temporary Body Store

### 8.3.1 General Considerations

HAZARDS maintenance		CONTROL MEASURES
2.1 General	Equipment down time / disruption to service.	Preventative maintenance schedules in place where possible.  Faults are recorded immediately and chased up until repaired.
2.2. Biological	Risk of infection	SOP in place to ensure the safety of visitors performing repairs and maintenance; for premises, individuals and equipment.
2.3 Chemical	NA	
2.4 Manual Handling	Risk of injury	Standard manual handling techniques employed. Mandatory manual handling training core competency for all staff.
2.5 Environmental	Dependent on maintenance	Only trained engineers are permitted to perform maintenance who will have full responsibility for environmental impact of their work.

HAZARDS equipment		CONTROL MEASURES
2.1 General	Equipment down time /disruption to service	Preventative maintenance schedules are in place to reduce the incidence of unexpected breakdown.
2.2. Biological	Risk of infection	Trolleys and biers are kept clean at all times. If a spillage or bodily fluids occurs, th equipment must be taken out of service and advice sought.
2.3 Chemical	Use of disinfectants as per SOP MBH	Appropriate PPE must be worn when using disinfectants
2.4 Manual Handling	Risk of injury to staff Risk of accidental damage to deceased	Operational instructions must be followed. Standard manual handling techniques employed as per mandatory core competence when operating trolleys and biers. Appropriate equipment must be used when moving trays with bodies on them
2.5 Environmental	N/A	N/A

It is essential that the Temporary Body Store Facility is well maintained to a high standard and in a clean condition at all times to ensure a safe, efficient environment and minimise service disruption.

All faults must be reported in the first instance to the nominated contractor '**Powys Refrigeration Services**' via the direct call numbers provided within the operational section of this document requesting immediate attention. If they are unable to resolve the fault, then it must be escalated to the Interim Property Lead and the Temporary Body Store facility manager informed.

Refrigerators and freezers which are not working must be clearly labelled as 'OUT OF ORDER – DO NOT USE' until they are repaired and verified as fit for service.

In the event of breakdown or planned service maintenance visit, the unit must be washed and decontaminated.

All units must be verified as fit for service following service or repair by the contractor in the form of a report. These must be passed onto the Temporary Body Store facility manager at the soonest opportunity.

All staff and visitors working in the Temporary Body Store must ensure that they follow the correct procedures and guidelines and use the correct personal protective equipment (PPE) to carry out any maintenance required. All visiting maintenance staff must ensure they have authorisation to enter these areas to carry out the necessary work and will be supervised by a member of staff at all times.

## 8.4 Reporting faults

Faulty equipment is immediately removed from service and clearly labelled as such to ensure it will not be used until a repair is carried out.

Service engineer details are held by the Facility Managers and provided within the operational management section of the SOP.

Urgent faults during 0900hrs to 1700hrs must be reported immediately by a member of staff as indicated within the operational management section of the SOP.

Urgent faults outside 0900hrs to 1700hrs must be reported as indicated within the operational management section of the SOP.

Staff should inform the Temporary Body Store facility manager of any issues with premises or equipment.

## 8.5 Security of building

The Temporary Body Store facility manager is the designated person responsible for security, including information security within the Temporary Body Store.

Temporary Body Store staff must ensure they are familiar with this Site Security policy and the associated documents / risk assessments to mitigate security risks as far as possible.

The safety and security of staff, the dignity of the deceased and the protection of physical assets is paramount to the continued effective delivery of services within the Temporary Body Store.

All staff and visitors must comply with the Site Security information set out in this SOP at all times.

A private security company will patrol out of hours.

### 8.5.1 Procedures for local security arrangements specific to the Temporary Body Store

Staff must be familiar with all security policies, procedures and equipment relating to the Temporary Body Store.

Staff must comply with all SOPs and policies whilst working in the Temporary Body Store.

Staff must wear their ID badges at all times and report any missing / stolen / badges to managers as soon as detected.

All access points to the Temporary Body Store are either restricted to authorised personnel only by security mag – locks operated by the users ID badge or they are opened / locked with a physical key. The system records all access entries and failed attempts into restricted areas. Individuals can be identified when they use the system.

Staff in possession of physical keys to the premises must ensure they can account for them at all times. Keys must not be lent or borrowed and any missing / lost / stolen keys must be reported as soon as detected. A list of keys and who has them is held at the facility and will be audited periodically by the Temporary Body Store facility manager.

The Temporary Body Store facility manager must ensure that ID badges and keys are retrieved from staff who have terminated employment with the department and inform IT of the staff to cancel access and permissions to electronic information as appropriate.

Staff are advised not to bring valuables into work with them and to keep personal property stored at the premises to a minimum. Lockable storage is available to staff at each site within the secure premises.

Authorised staff who access the facility must ensure that all access doors not in use are kept locked either by a physical key or by magnetic lock facility. Staff must ensure that doors locked via the mag lock system are fully closed and locked.

The main entrance Temporary Body Store are fitted with video surveillance facilities which must be used by staff prior to permitting entry to visitors.

Staff must ensure that all visitors and contractors are supervised whilst on the Temporary Body Store premises

Visitors must sign into the visitor's book and be issued with a 'visitors badge' whilst on site.

Computer screens and display of sensitive information must not be viewable to any visitors without authorisation and all computer equipment must be held in a secure area within the premises.

In the event of dealing with unauthorised visitors or intruders to the facility, staff must alert the facilities manager as soon as possible and report the incident to the police by dialling 999.

All security related incidents must be reported promptly to the facility manager and recorded.

## **8.6 CCTV Surveillance of the Temporary Body Store**

There is CCTV equipment at the entrance to the Temporary Body Store. The purpose of the CCTV is to act as a deterrent against criminal activity and antisocial behaviour, to detect such issues and to assist in the apprehension of any perpetrators.

CCTV is not used to monitor workforce but may be used if they are possibly involved in any criminal activity.

Powys County Council has undertaken a privacy impact assessment associated with the implementation of the new CCTV system prior to commission.

Privacy impact assessment associated with the implementation of each new CCTV system prior to commission

Conversations are not recorded

Recordings are retained by security for a maximum of 30 days for general areas

Appropriate signage is placed in both Temporary Body Store premises to indicate the use of CCTV.

## **8.7 Recording of temperature of refrigeration units**

All refrigeration/freezer units are electronically monitored and recorded. Access to the monitoring system is always available to view within the reception area of the facility.

The system monitoring provides alarm/fault notifications to nominated engineers via a system of email alerts. These engineers are approved to visit site and to undertake remedial works to repair faults.

## Section 9

Incidents & Concerns

Queries from the Public

Record Keeping & Audit

## 9.1 Incidents

### 9.1.1 General Considerations

HAZARDS		CONTROL MEASURES
2.1 General	Incidents not reported leading to trends not noticed and no lessons learnt	Incidents discussed at quality, health and safety meetings.

An incident is an unplanned occurrence whether or not it results in an adverse outcome or loss.

It is essential that all incidents, near misses and hazards are reported so that appropriate action can be taken to improve the working environment and patient experience and to improve services where appropriate.

There is a legal obligation to report, investigate and keep a record of:

- Incidents causing injury,
- Dangerous occurrences
- Occupational disease or ill health.

The prompt and accurate reporting of all hazards and incidents is essential, so that we may identify areas where patients, staff and visitors are exposed to risk and plan for their prevention or reduction.

Powys Teaching Health Board and Powys County Council's policies aim to provide a structure for the reporting, investigation and management of adverse incidents, near misses and hazards that occur within each organisation. This will ensure that all adverse incidents, near misses and hazards are dealt with appropriately, effectively and within a supportive framework. To promote a culture in which incidents are investigated appropriately and to make certain that lessons can be learnt from adverse incidents and near misses to ensure the continued improvement of staff safety and patient well-being.

An open and fair culture is supported by PTHB and PCC as it is recognised that a systems approach to safety is crucial in order to learn.

Incidents will be investigated for the purpose of learning and staff are required to engage as active participants of this.

### 9.1.2 Procedure to be followed:

All incidents shall be reported to PCC Health and Safety via the following link:

<https://forms.office.com/Pages/ResponsePage.aspx?id=4Z4dwLAOVEeZrgOuinMrUCE6LXKwjTRArESFZckzWYNUMU1ZRik1MFBXWFNTR1pLM0JFOEhDVVNWVy4u>

Details of the incident should also be sent to the PTHB via the e mail address [Amanda.Edwards9@wales.nhs.uk](mailto:Amanda.Edwards9@wales.nhs.uk)

### 9.1.3 Information Security Incidents

Information security incidents should be reported to in line with PCC information security incident reporting policy.

In the first instance of any breach the facilities manager should contact the Information Compliance Manager via:

[information.compliance@powys.gov.uk](mailto:information.compliance@powys.gov.uk)

## 9.2 Concerns/ Complaints

Any complaints should be sent to [complaints@powys.gov.uk](mailto:complaints@powys.gov.uk) and a copy sent to the PTHB via e mail to [Amanda.Edwards9@wales.nhs.uk](mailto:Amanda.Edwards9@wales.nhs.uk)

## 9.3 Press or General Public Queries

Where queries are received from members of the public or from the press, staff are to seek support through their normal organisational press enquiries route:

Refer press enquiries to both our media teams at:

[media.enquiries@powys.gov.uk](mailto:media.enquiries@powys.gov.uk) (PCC) and

[Powys.engagement@wales.nhs.uk](mailto:Powys.engagement@wales.nhs.uk) (PTHB)

If the member of staff needs specific advice and support, they can contact the communications team on 01597 826377.

PCC and PTHB media teams will then liaise with each other on any response

## 9.4 Record keeping

The storage and disposal of process and quality records received and generated by the Temporary Body Store is of critical importance in supporting any enquiries that may be made after the Temporary Body Store facility has been closed. In addition, the care of the deceased is of critical importance to the bereaved in moving through the grieving process. In order to demonstrate that the deceased have been managed in accordance with regulations and best practice, there is a requirement to retain records as set out below.

## Record Retention Times

Record type	Retention period
SOPs	SOPs – minimum of 30 years
Quality management documentation	Indefinite (electronic)
Worksheets	Minimum of 3 months
Temperature monitoring charts	Minimum of 8 years (2 UKAS cycles)
Accreditation/ inspection documents	Minimum of 10 years
Equipment & instrument maintenance / event logs/service inspections	Lifetime of instrument (minimum of 10 years)

## 9.5 Audit

### 9.5.1 Daily and weekly audit of bodies held in the Temporary Body Store

#### Principle underpinning the Procedure

It is a requirement that daily checks are carried out by the Facility Manager as a safeguard to ensure that all bodies are accounted for and located correctly so that all information is aligned with the information entered into Assettrac and the hard copy Temporary Body Store mortuary register. In addition, the daily check shall ensure that all appropriate temperatures in each room are being maintained. This process is an additional safeguard, following administration of bodies into the Temporary Body Store. Daily checks on the content and condition of each occupied tray must be performed and recorded by staff in the Temporary Body Store on the daily report.

#### Temporary Body Store Procedure

Print out the daily report list from Assettrac.

Using this list, cross reference this information against the hard copy Temporary Body Store mortuary register. Transcription of information must be checked and any errors found at this stage recorded on the audit record and a non-conformity raised.

Next, cross reference the Assettrac daily report against the correct bay in the store or freezer (as appropriate). Transcription of information must be checked and any errors found at this stage recorded on the audit record and a non-conformity raised.

The deceased in the store then needs to be checked by the duty staff member, checking the unique Assettrac barcode number against the report.

The Facility Manager will also ensure that the dignity of the deceased is satisfactory. If there are any discrepancies or any non-conformances a non-conformity must be recorded.

The PTHB must also be informed by e mail to [Amanda.Edwards9@wales.nhs.uk](mailto:Amanda.Edwards9@wales.nhs.uk). If a HTA licence is in place, the DI/PD must be notified of a potential HTARI. Staff in the Temporary Body Store should rectify any dignity issues immediately.

Should the daily check of the deceased indicate any deterioration in body condition (e.g. smell), this should be logged and arrangements made by the Facility Manager to address the issue immediately by the temporary body store team.

Once completed, the Facility Manager will check the daily audit, sign and place into a file.

The Responsible Officers will be informed of, and as appropriate act on any issues that arise and feedback any actions required to the Temporary Body Store team.

In the event that the electronic Assetrac system is unavailable to produce the printed daily report, as a fall back the information entered into the hard copy Temporary Body Store mortuary register can be used to perform the daily body record.

The daily Temporary Body Store checklist must be updated with the Facility Manager's initials.

At the end of each week, a weekly report will be generated in Assetrac and printed out, checked against the daily reports for that week and placed on the file. This will form the baseline for the following week's daily report.

The daily and weekly audit report records, together with the Temporary Body Store mortuary register will be held on file for the necessary length of time required for such records.

## Appendix A

### Human Tissue Authority Licence

#### HTA Reportable Incident Process

Notification of a Human Tissue Authority Reportable Incident (HTARI) must be submitted to the Human Tissue Authority (HTA) **within five working days** of the incident occurring or being discovered.

Establishments must not wait until any internal review or investigation is complete before notifying the HTA of a HTARI. This requirement is made in line with Standard Condition 4 (Annex B) of the HTA licence:

*“The HTA shall be provided, within fourteen days of a request in writing being made (or within such other period as the HTA may determine), with such information as is specified in the written request or in Directions, to enable it to undertake its regulatory functions and duties and to enable it to exercise its powers under the Act.”*

The licensed establishment’s Designated Individual (DI) must ensure HTARIs are reported to the HTA via the [web Portal](#).

Only DIs and Persons Designated (PDs) are able to submit notifications using the web Portal. Once a report has been submitted, the DI or PD will be able to download a PDF copy of the information to view, save and print it as desired. The DI can view all HTARIs submitted since 1 April 2013 on their web Portal account.

The DI must ensure a follow-up report is submitted to the HTA via the web Portal within two months of making the initial notification. In addition, such incidents should be reported via DATIX in the usual way as per Incident reporting procedure.

#### Responsibilities

The named persons designated are required to inform the DI of any reportable incidents as soon as they occur. The DI is responsible for reporting the incident to HTA within 5 days of the incident being discovered. This may be delegated to a PD.

Designated Individual	Awaits
Persons Designated	Awaits
Persons Designated	Awaits
Persons Designated	Awaits

## Which Incidents are HTARIs

The table below sets out incidents which must be notified to the HTA. When reporting an incident, please select all classifications which may apply. The Regulation Manager assigned to the case will then select the most appropriate classification when the incident has been reviewed.

The following incidents are HTA reportable incidents and **must** be reported to the designated individual or persons designated as soon as they occur or are discovered: 07793 046394.

HTARI classification	Further information
Accidental damage to a body	Incidents reported under this category should now also include any damage to the body that has the potential to cause distress to the family or that means the deceased cannot be viewed, which may have been caused by post mortem-related activities, such as any damage caused during evisceration carried out by an inexperienced or trainee Anatomical Pathology Technologist or Pathologist
Any incident not listed here that could result in adverse publicity that may lead to damage in public confidence	For example, a family has made a serious complaint against the Temporary Body Store , which may generate media interest.
Incident leading to the temporary unplanned closure of the Temporary Body Store resulting in an inability to deliver services	Such as a flood, fire, staffing issues (e.g. due to a pandemic).
Major equipment failure	Such as fridge or freezer malfunction which has had, or could have, a significant impact on service delivery.
Release of the wrong body	This includes all bodies
Removal of tissue from a body without authorisation or consent	
Serious security breach	Such as unauthorised access to the Temporary Body Store or interference with a body.
Viewing of the wrong body	Although the body may not be subject to a post mortem examination, this may be a potential indicator of wider systems problems and therefore warrants review by the HTA.

\*\* For the purpose of this SOP the term ‘family’ is used to identify those who can give ‘appropriate consent’ under the HT Act. This is broadly the deceased person’s nominated representative or that of a person in a qualifying relationship to them immediately before they died.

## Submitting a HTARI

The Human Tissue Authority Portal will allow authorised users to securely submit HTARI notifications. Only DIs and PDs are able to report HTARI notifications. DIs are able to view all notifications which have been made by their establishment since 1 April 2013 within their web Portal accounts. The web Portal can be accessed at the following web address: <https://portal.hta.gov.uk/>. A username and password is required and there is a self-service registration process.

Follow the instructions for notification of HTARIs:

- Provide as much detail as possible when writing a description of the incident, but do not include any person identifiable information, such as names of patients or staff or photographs of people.
- Provide as much detail as possible on any preliminary information and/or findings which may have contributed to the incident. Describe all actions that were taken immediately in response to the incident to address the situation and to mitigate the risk of reoccurrence while you are awaiting the conclusion of the internal incident reporting or investigation process. Include the DATIX reference number where relevant.
- Check to ensure all information required has been included before submitting the notification, then click 'submit'. The next page may take a moment to populate so wait until the successful submission message appear which confirms that the form has been received before logging out or navigating to another page.
- Take note of the reference number given on this page, which will be a series of letters and numbers, such as 'CAS-23289-BR8P'. This reference number should be quoted in all communication about the incident.
- Once the notification is submitted, a PDF copy can be downloaded to save and print as desired. Submitted HTARI notifications can be viewed by clicking on the 'HTA Reportable Incident' tab under the Self-Service menu.

## Next Steps

A Regulation Manager will be assigned to review the incident and will contact the DI and notifier (if the DI did not submit the notification) for further details once the information provided on the notification form has been reviewed.

In the DI's absence, the Regulation Manager will also contact the Licence Holder or named contact for the Corporate Licence Holder.

## Submitting a Follow Up Report

The DI must ensure a follow up report is submitted to the HTA **within two months** of reporting the incident.

Follow up reports must be submitted via the HTA web Portal, by clicking into the 'HTA Reportable Incident' tab under the Self Service menu and then selecting the relevant report under 'Previous HTA Reportable Incident Submissions'.

Up to three documents may be submitted via the web Portal but these must be submitted at the same time. If further documents require submitting at a later date, they must be sent by email to HTARI@hta.gov.uk, referring to the HTARI reference number provided when the notification was initially acknowledged.

The follow up report should be the internal investigation report on completion of the establishment's internal investigation of the incident. The HTA will expect the final report to contain:

- Root causes identified (what went wrong)
- Contributory factors for each root cause identified (why did it go wrong)
- Corrective actions taken in response to the incident, including persons responsible and deadlines/timeframes for completion
- Preventative actions taken, or which will be taken, to ensure the incident does not happen again, including persons responsible and deadlines/timeframes for completion
- Where appropriate, actions taken with families/loved ones

Further guidance will be provided by the Regulation Manager assigned to the incident.

The report will be reviewed by the Regulation Manager, who will contact the DI should the HTA require any further information to assess the incident.

The HTA will monitor Corrective and Preventative Action (CAPA) plans where actions have been identified but not yet implemented.

The HTA may also provide advice on further steps establishments can or should take to further mitigate the risk of reoccurrence.