Emergency mortuary licence application

This application form is for emergency mortuary facilities. HTA licences for emergency mortuaries are for a fixed term of 12 months. You can apply to the HTA to add or remove licensed activities on the licence, or revoke the licence, at any point.

Emergency planning teams should complete as much of the application form as possible in advance of the requirement for a licence.

Please refer to the HTA’s website for:

* [Guidance on licensing of emergency mortuary facilities and completing this application form](https://www.hta.gov.uk/policies/emergency-mortuaries)
* [The role and responsibilities of Designated Individuals and Licence Holders under the Human Tissue Act 2004](http://www.hta.gov.uk/useful-information-dis-and-named-contacts-0)

In the event of an emergency, contact the HTA to apply for a   
licence on: 020 7269 1900

The team will tell you who to send the application to

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| Section 1 – Establishment Information (hub site) | | |
| **Premises name** | |  |
| **Premises address (include postcode)** | |  |
| **Parent organisation (if applicable)** | |  |
| **Activities to be licensed** | | Section 16(2)(b) - The making of a post-mortem examination  Section 16(2)(c) – The removal from the body of a deceased person of relevant material of which the body consists or which it contains for use of a Scheduled Purpose other than transplantation (where removal is not in the course of a post-mortem examination)  Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose |
| **Details of:**   * Activities that will take place at the licensed premises; * Coroner(s) and police force(s) involved (where applicable); * Local Resilience Forum the facility is linked to (where applicable); * Type of structure and equipment to be used; * Who is providing the structure and facilities, for example are they owned by the Corporate Licence Holder or supplied under contract by a third party; * An estimate of how long the facility will be required; and, * How the facility relates to, or interacts with, other establishments, for example links with other establishments for specialist examination. | |  |
| **Persons Designated (PDs) for hub** **site**  Provide details of PDs for the licence. PD(s) should be different to the DI and LH/CLHc.  *(Copy and paste additional rows for more PDs, as needed)* | | |
| **Name**  **Job title**  **Email address**  **Telephone number** |  | |

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| Section 2 – Satellite sites | |
| **Does the establishment have any satellite sites?**  Yes  *Complete this section for each satellite site   (Copy and paste section as needed)*  No  *Do not complete section 2 of this form* | |
| **Satellite site premises name** |  |
| **Satellite site address (include postcode)** |  |

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| **Short synopsis of how the facility will be used – see section 1 for the details to include here.** |  |

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| **Explain how the satellite site links to the governance of the hub site** |  |

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| **Relevant further information** | |  |
| **Persons Designated (PDs) for satellite** **site**  *(Copy and paste additional rows for more PDs, as needed)* | | |
| **Name**  **Job title**  **Email address**  **Telephone number** |  | |

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| **Name of person who completed this form  *(must be DI or LH)*:** | **Date:** DD/MM/YYYY |

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| ****Section 3 – Application to be Designated Individual (DI)****  To be completed by proposed DI | | | | | |
| **Title, Forename(s), Surname** | | |  | | |
| **Other names previously known by** | | |  | | |
| **Correspondence address (include postcode)** | | |  | | |
| **Email address** | | |  | | |
| **Telephone number(s)** | | |  | | |
| **Job title** | | |  | | |
| **Have you ever applied to be a DI for another establishment?**  ***If yes, name and application reference:*** | | | Yes  No | | |
| **Educational and/or professional qualifications:** | | |  | | |
| **Membership of relevant professional bodies and registration numbers where applicable:** | | |  | | |
| **Other relevant experience, including managerial experience and training:** | | |  | | |
| **Lines of responsibility between the DI and any persons working under the licence:** | | |  | | |
| **Involvement in ensuring that staff who will work under the licence are appropriately qualified and trained in techniques relevant to their work and that they are continuously updating their skills:** | | |  | | |
| **Involvement in governance and quality management activities at the establishment, including any meetings with staff:** | | |  | | |
| **Explain why you think you are suitable for the role of DI:** | | |  | | |
| Declaration by proposed Designated Individual Any person making an application and submitting a compliance report should be aware that under paragraph 7(2)(a) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it is satisfied that any information given for the purposes of the application for a licence was in any material respect false and misleading.  I understand the terms and conditions under which a licence will be granted under the Human Tissue Act 2004, particularly my duties under Section 18 of the HT Act and confirm: | | | | | |
| 1. **I will follow the guidance set out in the Codes of Practice produced by the Human Tissue Authority and as amended from time to time.** | | | | Yes  No | |
| 1. **The licensed activities will be carried out under my supervision.** | | | | Yes  No | |
| 1. **I accept I am responsible for securing that the other persons to whom the licences apply are suitable persons to participate in the carrying out of the licensed activities.** | | | | Yes  No | |
| 1. **I accept that I am responsible for securing that suitable practises are used by the persons under my supervision in the course of carrying out the licensed activities.** | | | | Yes  No | |
| 1. **I accept I am responsible for compliance with the conditions of any licences granted.** | | | | Yes  No | |
| 1. **The information provided is true and accurate to the best of my knowledge.** | | | | Yes  No | |
| 1. **I consent to be the Designated Individual for the licence(s).** | | | | Yes  No | |
| **Name:** | | | | **Date:** DD/MM/YYYY | |
| Section 4 (Complete section 4i or 4ii) | | | | | |
| 4i – Application to be Individual Licence Holder (LH)  This section is to be completed when an individual person is applying to be the LH. | | | | | |
| **Title, Forename(s), Surname** | | |  | | |
| **Other names previously known by** | | |  | | |
| **Correspondence address (include postcode)** | | |  | | |
| **Email address** | | |  | | |
| **Telephone number(s)** | | |  | | |
| **Job title** | | |  | | |
| **Educational and/or professional qualifications** | | |  | | |
| **Membership of relevant professional bodies and registration numbers where applicable** | | |  | | |
| **Other relevant experience, including managerial experience and training** | | |  | | |
| **Explain why you think you are suitable for the role of the Licence Holder** | | |  | | |
| Declaration by proposed Licence Holder Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it:  (a) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence, and  (b) is satisfied that there has been a material change of circumstances since the licence was granted.  I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 and confirm: | | | | | |
| 1. The information provided is true and accurate. | | | | Yes  No | |
| 1. The Designated Individual has consented to this application. | | | | Yes  No | |
| **Name:** | | | | **Date:** DD/MM/YYYY | |
| 4ii – Application to be Corporate Licence Holder (CLH)  This section is to be completed when a corporate body is applying to be the LH, with a contact acting on behalf of the corporate body (CLHc). | | | | | |
| *Details of person applying to be the CLHc on behalf of the Corporate Licence Holder:* | | | | | |
| **Title, Forename(s), Surname** | | |  | | |
| **Other names you have been known as** | | |  | | |
| **Correspondence address (include postcode)** | | |  | | |
| **Email address** | | |  | | |
| **Telephone number(s)** | | |  | | |
| **Job title** | | |  | | |
| **Full name of corporate body to be the Corporate Licence Holder** | | |  | | |
| **Trading name or business name, if different from company name** | | |  | | |
| **Type of corporate body and relevant details** | | | NHS organisation  Local Authority  Other – *please describe:* | | |
| Name and registered office of parent company, if applicable | | |  | | |
| If the body has been known by another name in the past five years, provide details | | |  | | |
| Explain why the corporate body is suitable for the role of the Corporate Licence Holder | | |  | | |
| Declaration by proposed Corporate Licence Holder Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it:  (a) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence, and  (b) is satisfied there has been a material change of circumstances since the licence was granted.  I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 and confirm: | | | | | |
| a) The information provided is true and accurate. | | | | Yes  No | |
| b) The Designated Individual has consented to this application. | | | | Yes  No | |
| c) I have been authorised to make this application on behalf of the applicant corporate body. | | | | Yes  No | |
| **Name of proposed CLHc:** | | | | **Date:** DD/MM/YYYY | |
| Section 5 – Summary and compliance self-assessment | | | | | |
| *The licensing standards are detailed below, as they apply to emergency mortuaries undertaking each licensed activity. Licensing standards that are not applicable to emergency mortuaries are not included on this form.*   |  |  | | --- | --- | | PM | The **making of a PM examination** | | S | The **storage** of the body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose | | R | The **removal** from the body of a deceased person (otherwise than in the course of an anatomical examination or a PM examination) of relevant material of which the body consists or which it contains, for use for a scheduled purpose. | | | | | | |
| Consent  Consent standards apply to removal activity, unless under coronial or police authority.  Removal and use of samples will be under coronial or police authority – *the consent section does not apply, proceed to Governance and Quality systems standards.* | | | | | |
| C1 Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in the HTA’s Codes of Practice | | | | | |
| Provide details of:   * Consent SOP and policy document reference numbers; * Information that will be provided to the family of the deceased; * Options that will be given to the family to withdraw consent * Options that will be given to the family for future use of the samples; * How you will ensure that the appropriate person is giving consent; and, * How consent will be documented. | | | | | |
| **PM R** | a) | There is a documented policy which governs consent for post-mortem examination and the retention of tissue and which reflects the requirements of the HT Act and the HTA’s Codes of Practice. | | | N/A  Not met  Met |
| **PM R** | b) | There is a documented standard operating procedure (SOP) detailing the consent process. | | | N/A  Not met  Met |
| **PM R** | c) | There is written information for those giving consent, which reflects the requirements of the HT Act and the HTA’s Codes of Practice. | | | N/A  Not met  Met |
| **PM R** | d) | Information contains clear guidance on options for how tissue may be handled after the post-mortem examination (for example, repatriated with the body, returned to the family for burial/cremation, disposed of or stored for future use), and what steps will be taken if no decision is made by the relatives. | | | N/A  Not met  Met |
| **PM R** | e) | Where consent is sought for tissue to be retained for future use, information is provided about the potential uses to ensure that informed consent is obtained. | | | N/A  Not met  Met |
| **PM R** | f) | The deceased’s family are given an opportunity to change their minds and it is made clear who should be contacted in this event and the timeframe in which they are able to change their minds. | | | N/A  Not met  Met |
| **PM R** | g) | The establishment uses an agreed and ratified consent form to document that consent was given and the information provided. | | | N/A  Not met  Met |
| C2 Staff involved in seeking consent receive training and support in the essential requirements of taking consent | | | | | |
| Provide details of:   * Who will seek consent; and, * How they will be trained and assessed as competent to seek consent, and how this will be recorded. | | | | | |
| **PM R** | a) | There is training for those responsible for seeking consent for post-mortem examination and tissue retention, which addresses the requirements of the HT Act and the HTA’s Codes of Practice. | | | N/A  Not met  Met |
| **PM R** | b) | Records demonstrate up-to-date staff training. | | | N/A  Not met  Met |
| **PM R** | c) | If untrained staff are involved in seeking consent, they are always accompanied by a trained individual. | | | N/A  Not met  Met |
| **PM R** | d) | Competency is assessed and maintained. | | | N/A  Not met  Met |

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| Governance and quality systems | | | | | |
| GQ1 All aspects of the establishments work are governed by documented policies and procedures | | | | | |
| Provide details of:   * Document reference numbers for each of the procedures listed in GQ1(a); * How staff will be made aware of, and acknowledge the SOPs and policies; and, * Governance meetings that will be held with staff working under the licence (frequency and topics to be covered). | | | | | |
| **PM**  **S**  **R** | a) | Documented policies and SOPs cover all mortuary/laboratory procedures relevant to the licensed activity, take account of relevant Health and Safety legislation and guidance and, where applicable, reflect guidance from RCPath.  These include:   1. post-mortem examination, including the responsibilities of Anatomical Pathology Technologists (APTs) and Pathologists and the management of cases where there is increased risk; 2. practices relating to the storage of bodies, including long term storage and when bodies should be moved into frozen storage; 3. practices relating to evisceration and reconstruction of bodies; 4. systems of traceability of bodies and tissue samples; 5. record keeping; 6. receipt and release of bodies, which reflect out of hours arrangements; 7. lone working in the mortuary; 8. viewing of bodies, including those in long-term storage, by family members and others such as the police; 9. transfer of bodies internally, for example, for MRI scanning; 10. transfer of bodies and tissue (including blocks and slides) off site or to other establishments; 11. movement of multiple bodies from the mortuary to other premises, for example, in the event that capacity is reached; 12. disposal of tissue (including blocks and slides), which ensures disposal in line with the wishes of the deceased person’s family; 13. access to the mortuary by non-mortuary staff, contractors and visitors; 14. contingency storage arrangements. | | Not met  Met | |
|  |
| **PM** | b) | | Procedures on evisceration ensure that this is not undertaken by an APT unless the body has first been examined by the pathologist who has instructed the APT to proceed. | | N/A  Not met  Met |
| **S** | c) | | Procedures on body storage prevent practices that disregard the dignity of the deceased. | | N/A  Not met  Met |
| **PM**  **S**  **R** | d) | | Policies and SOPs are reviewed regularly by someone other than the author, ratified and version controlled. Only the latest versions are available for use. | | Not met  Met |
| **PM**  **S**  **R** | e) | | There is a system for recording that staff have read and understood the latest versions of these documents. | | Not met  Met |
| **PM**  **S**  **R** | f) | | Deviations from documented SOPs are recorded and monitored via scheduled audit activity. | | Not met  Met |
| **PM**  **S**  **R** | g) | | All areas where activities are carried out under an HTA licence are incorporated within the establishment’s governance framework. | | Not met  Met |
| **PM**  **S**  **R** | h) | | Matters relating to HTA-licensed activities are discussed at regular governance meetings involving establishment staff. | | Not met  Met |
| GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and demonstrate competence in key tasks | | | | | |
| Provide details of:   * How people involved undertaking the activities listed in GQ1(a) will be trained and assessed as competent in the procedures – including visiting and existing staff; * Induction and training programme for new staff. | | | | | |
| **PM**  **S**  **R** | a) | | All staff who are involved in mortuary duties are appropriately trained/qualified or supervised. | | Not met  Met |
| **PM**  **S**  **R** | b) | | There are clear reporting lines and accountability. | | Not met  Met |
| **PM**  **S**  **R** | c) | | Staff are assessed as competent for the tasks they perform. | | Not met  Met |
| **PM**  **S**  **R** | f) | | There is a documented induction and training programme for new mortuary staff. | | Not met  Met |
| **PM**  **S**  **R** | g) | | Visiting / external staff are appropriately trained and receive an induction which includes the establishment’s policies and procedures. | | Not met  Met |
| GQ4 There is a systematic and planned approach to the management of records | | | | | |
| Provide details of:   * How records relating to licensed activities will be stored and maintained; * Whether there is an SOP covering management of records (include document reference number, where applicable); and, * Systems to ensure data protection, confidentiality and public disclosure. | | | | | |
| **PM**  **S**  **R** | a) | | There is a system for managing records which includes which records must be maintained, how they are backed up, where records are kept, how long each type of record is retained and who has access to each type of record. | | Not met  Met |
| **PM**  **S**  **R** | b) | | There are documented SOPs for record management which include how errors in written records should be corrected. | | Not met  Met |
| **PM**  **S**  **R** | c) | | Systems ensure data protection, confidentiality and public disclosure (whistleblowing). | | Not met  Met |
| GQ5 There are systems to ensure that all untoward incidents are investigated promptly | | | | | |
| Provide details of:   * How staff will be made aware of requirements to report incidents and near-miss incidents to the HTA and the timeframe to do this; and * Document reference number for the procedure for identifying, reporting and managing incidents. | | | | | |
| **PM**  **S**  **R** | a) | | Staff know how to identify and report incidents, including those that must be reported to the HTA. | | Not met  Met |
| **PM**  **S**  **R** | b) | | The incident reporting system clearly outlines responsibilities for reporting, investigating and follow up for incidents. | | Not met  Met |
| **PM**  **S**  **R** | c) | | The incident reporting system ensures that follow up actions are identified (i.e. corrective and preventative actions) and completed. | | Not met  Met |
| **PM**  **S**  **R** | d) | | Information about incidents is shared with all staff to avoid repeat errors. | | Not met  Met |
| **PM**  **S**  **R** | e) | | The establishment adopts a policy of candour when dealing with serious incidents. | | Not met  Met |
| GQ6 Risk assessments of the establishment’s practices and processes are completed regularly, recorded and monitored | | | | | |
| Describe what risk assessments are in place and what risks they cover (include document reference numbers, where applicable). | | | | | |
| **PM**  **S**  **R** | a) | | All procedures related to the licensed activities (as outlined in standard GQ1) are risk assessed on a regular basis. | | Not met  Met |
| **PM**  **S**  **R** | b) | | Risk assessments include how to mitigate the identified risks. This includes actions that need to be taken, who is responsible for each action, deadlines for completing  actions and confirmation that actions have been completed. | | Not met  Met |
| **PM**  **S**  **R** | c) | | Significant risks, for example to the establishment’s ability to deliver post-mortem services, are incorporated into the Trust’s organisational risk register. | | Not met  Met |
| Traceability | | | | | |
| T1 A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail | | | | | |
| Provide details of:   * Document reference numbers for SOPs for: admission, viewing, post-mortem examination and release of bodies from the mortuary; * How bodies will be labelled and what identifiers of the deceased will be on labels; * System for flagging up same or similar names of the deceased; and, * Records that will be used to track each body from admission to release from the mortuary (e.g. mortuary register, electronic database). | | | | | |
| **PM**  **S**  **R** | a) | | Bodies are tagged/labelled upon arrival at the mortuary. | | Not met  Met |
| **PM**  **S**  **R** | b) | | There is a system to track each body from admission to the mortuary to release for burial or cremation (for example mortuary register, patient file, transport records). | | Not met  Met |
| **PM**  **S**  **R** | c) | | Three identifiers are used to identify bodies and tissue, (for example post mortem number, name, date of birth/death), including at least one unique identifier. | | Not met  Met |
| **PM**  **S**  **R** | d) | | There is system for flagging up same or similar names of the deceased. | | Not met  Met |
| **PM**  **S**  **R** | e) | | Identity checks take place each time a body is moved whether inside the mortuary or from the mortuary to other premises. | | Not met  Met |
| **PM**  **R** | g) | | Organs or tissue taken during post-mortem examination are fully traceable, including blocks and slides (including police holdings). The traceability system ensures that the following details are recorded: | | N/A  Not met  Met |
|  |  | | 1. material sent for analysis on or off-site, including confirmation of arrival 2. receipt upon return to the laboratory or mortuary 3. the number of blocks and slides made 4. repatriation with the body 5. return for burial or cremation 6. disposal or retention for future use. | |
| **S** | h) | | There are documented procedures for transportation of bodies and tissue anywhere outside the mortuary, (such as to the lab or another establishment), including record keeping requirements. | | N/A  Not met  Met |
| Premises, facilities and equipment | | | | | |
| PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue. | | | | | |
| Provide details of:   * Details of security measures to restrict access and overlooking to this area; * How the facility is cleaned, by who and how this is recorded; and; * Details of demarcation of clean, dirty and transitional areas of the facilities. | | | | | |
| **PM**  **S**  **R** | a) | | The premises are clean and well maintained. | | Not met  Met |
| **PM**  **S**  **R** | b) | | There is demarcation of clean, dirty and transitional areas of the mortuary, which is observed by staff and visitors. | | Not met  Met |
| **PM**  **S**  **R** | c) | | There are documented cleaning and decontamination procedures and a schedule of cleaning. | | Not met  Met |
| **PM**  **S**  **R** | d) | | The premises are secure (for example there is controlled access to the body storage area(s) and PM room and the use of CCTV to monitor access). | | Not met  Met |
| **PM**  **S**  **R** | e) | | Security arrangements protect against unauthorised access and ensure oversight of visitors and contractors who have a legitimate right of access. | | Not met  Met |
| PFE2 There are appropriate facilities for the storage of bodies and human tissue | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Storage capacity:** | |  |  |  | | --- | --- | --- | | Fridge spaces |  |  | | Freezer spaces |  |  | | | **Normal temperature ranges of storage units:** | |  |  |  | | --- | --- | --- | |  | Lower (°C) | Upper (°C) | | Fridges |  |  | | Freezers |  |  | | | **Temperature monitored:**  ***(Select all that apply)*** | Manually  Local Alarm  External alarm | | **Temperature alarm trigger points:** | |  |  |  |  | | --- | --- | --- | --- | |  | Lower (°C) | Upper (°C) | Time delay for alarm | | Fridges |  |  |  | | Freezer |  |  |  | | | **Frequency of alarm tests:** |  | | | | | | |
| **S** | a) | | Storage arrangements ensure the dignity of the deceased. | | N/A  Not met  Met |
| **S**  **R** | b) | | There is sufficient capacity for storage of bodies, organs and tissue samples, which takes into account predicated peaks of activity. | | N/A  Not met  Met |
| **S** | c) | | Storage for long-term storage of bodies and bariatric bodies is sufficient to meet needs. | | N/A  Not met  Met |
| **S** | d) | | Fridge and freezer units are in good working condition and well maintained. | | N/A  Not met  Met |
| **S** | e) | | Fridge and freezer units are alarmed and the alarms are tested regularly to ensure that they trigger when temperatures go out of upper or lower set range. | | N/A  Not met  Met |
| **S** | f) | | Temperatures of fridges and freezers are monitored on a regular basis. | | N/A  Not met  Met |
| **S** | g) | | Bodies are shrouded or in body bags whilst in storage. | | N/A  Not met  Met |
| **S** | h) | | There is separate storage for infants and babies. If not, special measures are taken for the bodies of infants and babies. | | N/A  Not met  Met |
| **PM S** | i) | | There are documented contingency plans in place should there be a power failure or insufficient numbers of refrigerated storage spaces during peak periods. | | N/A  Not met  Met |
| PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored | | | | | |
| Provide details of:   * How equipment is maintained and records that will be kept of this; * Equipment available for management of bariatric bodies; and, * Personal protective equipment that will be worn by staff when undertaking removal of samples from the body. | | | | | |
| **PM**  **S**  **R** | a) | | Items of equipment in the mortuary are in a good condition and appropriate for use:   1. fridges / freezers 2. hydraulic trolleys 3. post mortem tables 4. hoists 5. saws (manual and/or oscillating) | | Not met  Met |
| **PM**  **S**  **R** | b) | | Equipment is appropriate for the management of bariatric bodies. | | Not met  Met |
| **PM** | c) | | The ventilation system provides the necessary ten air changes per hour and is checked and maintained at least annually. | | N/A  Not met  Met |
| **PM**  **S**  **R** | d) | | Staff have access to necessary PPE. | | Not met  Met |
| **PM** | e) | | Where chemicals are used for preservation of tissue samples, there is adequate ventilation. | | N/A  Not met  Met |
| **PM**  **S**  **R** | f) | | Key items of equipment, including fridges/freezers, trolleys and post mortem tables (if downdraught) are subject to regular maintenance and records are kept. | | Not met  Met |