Past evidence examples

Level 3 APT Diploma

Objective evidence types

- How to layout your work

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North Tees and Hartlepool
NHS Foundation Trust

Evidence: e.g. Work based / Q&A / Witness statement / Presentation / Reflective log

Name	Darren Makin
Department	Mortuary North Tees
Evidence number:	Unit 4.10 – Evidence 1
Evidence Title	Departmental competency training for use of Contronics

Contronics is a centralised temperature monitoring system that all staff in the department are required to use. The evidence below shows the training plan used in our department. All our competences are split into two parts: the training plan (1) for all new staff and then the competency assessment (2) to test staff on their skills or knowledge.

1. **Training plan:**

1. Evidence has been framed with a title, name and evidence number.

2. Evidence has a brief introduction putting it into context - this will make it easier of assessors to interpret

3. Evidence includes objective elements such as: Screenshots, photographs, copies of documents and forms etc..

4. Evidence has been annotated to personalise it - this also demonstrates ownership of your work.

Explain every part of the objective element you have included.

The screen shot above shows **objective evidence** but you could also then briefly describe the above points to demonstrate your understanding (**knowledge**):

- **Name of document:** this should be unique and let everyone know the
- **Version number:** A version number is a unique number assigned to a specific release of a document – when the document is updated or new information added the next version number would be used.
- **Additional information:** This lets the trainer know that some time is required after training for the staff member to become familiar with their newly trained skills before they are to be tested.
- **Feedback areas:** UKAS and other regulatory bodies now require staff being trained to have an opportunity to comment on their training, likewise trainers should give regular feedback to staff on how there training is progressing.
- **How staff were trained:** The different methods used in the training process e.g. Observation, PowerPoint, discussions, Q&A, trainer demonstration, group sessions, workshops and practical's, workbooks, video, online / e-learning etc.
- **Points to train staff:** This should include all the main pints that need to be covered in the training plan and can included daily maintenance, use of equipment, documentation to complete and fault finding
- **Staff member details:** Required for all training documentation and should include dates in the plan so we know when training started and how long it took
- **Task being trained:** This should be at the top of any training plan and clearly lets everyone know what they are being trained in

5. Evidence includes a knowledge element explaining things in more detail (how and why the evidence it is applied in your working practice).

This part should also be personalised and include the following types of sentences:

I . . .
When I . . .
I have . . .
I was able . . .
I used this . . .
I can . . .

- How to layout your work

Witness Signature: (if applicable)	Date:
Trainee Signature:	Date:
Training Officer/Mentor Signature:	Date:

6. Evidence must be signed by the candidate and then countersigned by the work based mentor.

- Electronic signatures are actable.
- Unsigned and / or undated work will not be included as an evidence submission piece.
- Click on the link below to create your electronic signature:
- https://www.signwell.com/online-signature/

- Unit 3.6 example: Prep and operation of a mortuary

Evidence type: Work Based

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.6 – Evidence G
Evidence Title	Tutela Monitoring System

The Mortuary at [redacted] where I work has 9 fridges in total that are monitored by the Tutela Monitoring System. This system has probes in each of the fridges (sometimes more than one to a fridge depending on the size) which are linked to a remote system. Parameters are set for the fridges for the optimum temperatures which means if they go below or above this range then an alarm is triggered. This alarm is sent to the Tutela team who call through to the mortuary to notify us. If this is out of hours, they phone through the team members' mobile numbers and whoever is on call is expected to action anything that needs to happen.

During my on call, I have often had to check temperatures if I have received a call when I am on call out of hours, this involves checking the issue on the website. A screen shot of what you can see when you log in is below.

As you can see, we are presented with a list of the different probes in our mortuary and live temperatures for each of these. From this page we are able to view graphs of the temperatures as they change and also make updates or notifications to any incidents that have occurred.

Recently there was a power outage out of working hours to the mortuary that meant the temperatures of the fridge increased to the point of alarm. I was able to call to the site staff to ensure that the power had been reinstated and then watch on the graphs online that the temperatures returned to the safe working range. Part of doing this involves completing the report about the incident online and stating why the incident occurred and what has been done to resolve it. When I have completed this part of the report, a supervisor must log in and complete the report saying that it has been rectified correctly.

Trainee Signature:		**Date:**
Mentor Signature:		**Date:**

• Unit 3.6 example: Prep and operation of a mortuary

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Evidence type: COSHH Store Room

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.6 – Evidence J
Evidence Title	Mortuary COSHH Store Room

There is a range of cleaning products that we use in the mortuary for different purposes. It is important that we all understand what these are used for and how to use them therefore we can refer to the COSHH Assessment sheets which have been produced for each one. Below you can see the front cover of the COSHH Assessment for the Springtime cleaning fluid that we use in the post-mortem room and in the fridge room.

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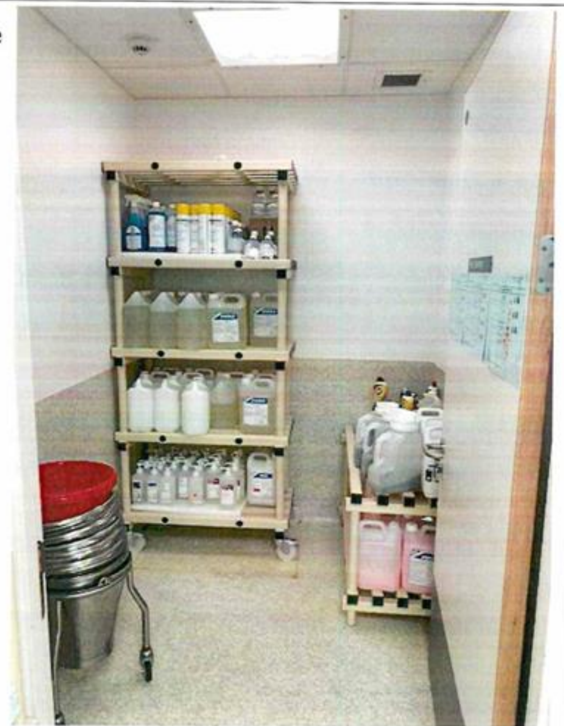
Further information regarding the use of these chemicals can be found in the SOPs (Standard Operating Procedures) for cleaning the mortuary, however contained in the COSHH document is information regarding how/where they are used/ stored and also the hazards posed through using them. A lot of this information is also found on the manufacturer's labels on the containers, and a summary is on the door, as shown on the first page. For example, the COSHH sheet advises that we do not store bleaches and alkaline cleaners (such as our drain cleaner) vertically together as combined they can cause a toxic gas.

It is important that the staff are aware of the hazards posed and the risk of these being encountered via documents like this so that they can work safely and minimize any harm that could be caused.



It is also very important that these chemicals are stored correctly. The storage needs to be separate and ensured that none of the chemicals can react with each other. This needs to be secure and lockable, as you can see we have a room which is locked with a key and only open when access is required to authorised people.

These different chemicals are used throughout the day, and in different areas of the mortuary. In the Post Mortem Room we use a large number of these, but we also use them in the mop solution (for example) in the Fridge Room. I am able to use the information on the labels and in the COSHH information sheets to mix these to the correct solution strengths for the purpose required. These required strengths ensure that the solution cleans appropriately and removes any organic matter from the areas being cleaned e.g. floors or sinks. This will prevent any infections or areas becoming dirty and affecting the people who work in the mortuary.

Trainee Signature:		Date:	
Mentor Signature:		Date:	

- Unit 3.7 example: Prep post mortem examinations

Evidence type: Work Based Photograph

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.7 – Evidence H
Evidence Title	Wristbands used in the Mortuary

Below is a photograph of the range of wristbands used and an explanation on the next page.

1. This is the hospital issued wristband which all patients have. We ask that patients come to the mortuary with more than one corresponding wristband. If there are no wristbands or they do not match then we ask for someone who cared for them (a nurse on the ward, for example) to come to the mortuary and identify them.
2. These wristbands are used by the Funeral Directors on admission of patients to our mortuary. We also use these for patients when they have a confirmed identity to add their post mortem information including Coroner's Reference Number, date of post mortem and the post mortem number that we assign from the mortuary.
3. The purple IMPLANT DEVICE wristband denotes that a patient has some form of implant device, such as a pacemaker. These are looked for when a patient is booked in, but also can be other devices which we are notified about from elsewhere such as the bereavement team.
4. The orange SAME OR SIMILAR NAME wristband denotes that a patient has a similar name (or even same name) as another patient in our care. This is automatically flagged on our database system and we also put a similar orange magnet on the door of the fridge next to their name. This will apply where surnames are exactly the same or similar (for example BROWN and BROWNE).
5. Before a post mortem takes place, we run through the identity process with two APT staff members and the pathologist conducting the post mortem examination. Once this process is complete, the paperwork and the computer system signed, then this pink ID HAS BEEN CHECKED BY SENIOR MEMBER OF STAFF wristband is placed upon the patient to notify staff.
6. The green TISSUE RETAINED wristband is used on patients after post mortem or where samples are taken. It is to remind the staff members that this has occurred and that there may be a need to reunite the taken tissues or samples before release. It is a trigger to staff to check that the patient is clear to go on this basis before releasing. We would make sure that we have these to hand when we prepare for post mortems in case one is required.

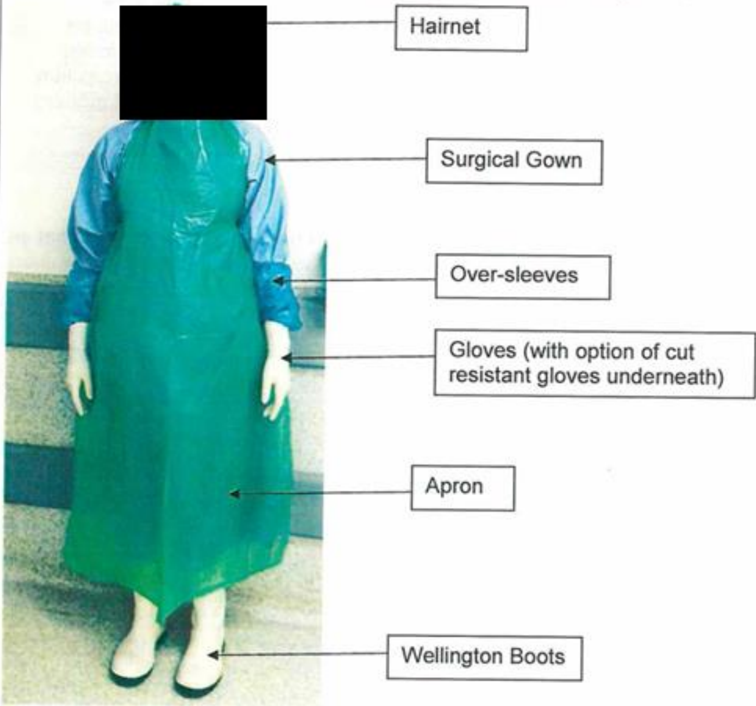
Trainee Signature:		**Date:**	
Mentor Signature:		**Date:**	

- Unit 3.7 example: Prep post mortem examinations

Evidence type: Work Based - Photographic

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.7 – Evidence J
Evidence Title	PPE (Personal Protective Equipment) in the Mortuary

Below is a photo of me wearing the standard PPE that we use in the mortuary for when conducting a post mortem. All other forms of PPE that we use are different forms of this, such as when we book people in we use gloves and sometimes an apron.



Hairnet

Surgical Gown

Over-sleeves

Gloves (with option of cut resistant gloves underneath)

Apron

Wellington Boots

This PPE is available at various different places throughout the mortuary where they are most likely to be needed. For example, at every doorway/entrance to the mortuary there is a handwash station which has gloves in all sizes available. All processes that have procedures written for them, for example booking in patients or post mortems, have guidelines on what PPE to wear. For the post mortem room there is a transition area which has a full supply of all the types of PPE that would be required. A photograph of this area is below.

As outlined in the Risk Assessment document and Standard Operating Procedure (SOP) for post mortems, the PPE provided is to mitigate the risk of certain hazards. These hazards range and are outlined in the Risk Assessment Document in Evidence G.

If there are any risks of infection from a patient at post mortem, depending on the type of infection different PPE can be used. For example, for an airborne infection such as Tuberculosis a face mask can be worn to prevent the airborne bacteria from entering your lungs. Face masks can be found in the transition area and should be worn on entering the post mortem room if such a hazard is present.

The stock levels of PPE are something that are closely monitored each week to ensure that we have enough and will not run out. It is essential that PPE is always available to staff members and also anyone visiting the mortuary hence all sizes should be available too.

Trainee Signature:		**Date:**	
Mentor Signature:		**Date:**	

Unit 3.8 example: Assist post mortem examinations

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Evidence type: Work Based Documents

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.8 – Evidence H
Evidence Title	External Examination Sheets

Prior to any post-mortem examination we complete an External Assessment of the deceased and make notes. These notes can be completed on either of the forms shown below, when we work with a pathologist we find out which form they would prefer for their notes and either fill this out for them or assist them on filling it out. I think it is very important to know and understand these from the way in which they are written to the technical language and terms used.

As you can see, both forms cover the same information but in different ways with the second one being more diagrammatic than the former. Both are headed with the general information for the patient including name, date of examination and the post-mortem number assigned to them. It is very important all document relating to the patient have this information included so it is clear who it is referring to.

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POST-MORTEM DETAILS

NAME: SEX: AGE: PM No: DATE:
PATHOLOGIST: TIME: CORONER'S OFFICER:

EXTERNAL APPEARANCE HEIGHT: 178cm WEIGHT: 93 KG.

WELL BUILT MIDDLE AGED MALE CAUCASIAN. JAUNDICED. ABRASIONS (L) SHOULDER (L) OUTER ELBOW. CUT ON MIDDLE (L) 1st KNUCKLE. EYES CONGESTED, NATURAL DENTITION, 6x1cm SCAR UPPER (R) THIGH, FEW SCRAPES ON (L) SHIN & OUTER (R) KNEE. SKIN SLIPPAGE ALL OVER.

Both forms will also contain a general description of the patient explaining their build, ethnicity, age and sex. Build can be described as anything from cachectic (meaning severely undernourished due to disease) to well nourished or obese. At this point we would also make note of anything discolouration which could, for example, be possibly jaundice or colour changes due to decomposition.

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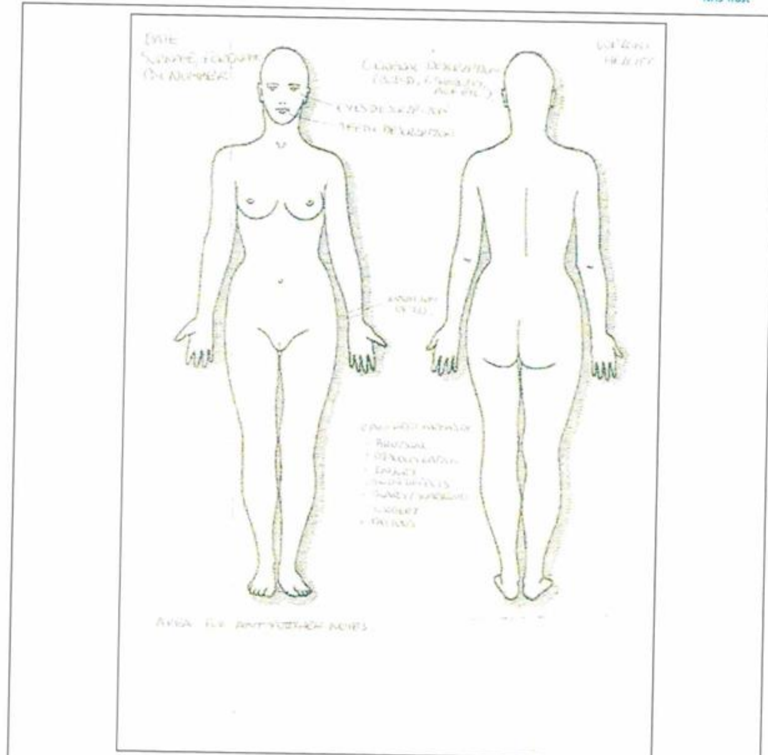
The further descriptions are normally at locations of the body which can be listed on the form above or noted on the form below in the locations on the diagram (note: there is also a male version of this form available). I will go through some of the different points that can be made below, while this list is extensive it is not exhaustive because everyone is different and there could be a wide range of points to note.

- Any medical interventions – for example this could include any cannulas or IV lines, catheters, airway interventions or tracheotomy tubes. It is important to note these before they are removed and we ask that any patient coming from the ward has these left in if possible and not distressing to the family. If a patient has a cardiac device such as a pacemaker or ICD (Implantable Cardioverter-Defibrillator) this is also noted, checked to ensure it is deactivated if applicable and this will be removed at post-mortem.
- Any fresh injuries or bruising – these are all noted for location and measured for size. They can range from bruises, scratches, abrasions, cuts, lacerations, burns and many other types of injury.
- Any recent surgery – usually these are clear by staples or stitches in the skin. These are measured and any medical notes regarding the surgery will be requested by the pathologist for review.
- Scars – each patient is examined closely for any scars which may indicate old surgery (for example – appendectomy) or a previous injury. These can be linear or scarred areas which are measured and noted for location.
- Skin defects – any obvious conditions such as eczema or dermatitis are noted and areas described. Blistering, ulceration and other skin conditions can be described. Skin slippage which occurs as part of decomposition can also be noted.
- Tattoos and piercings – all tattoos and piercings are noted and measured or drawn if the diagram below. These are important to note for identification purposes.
- Other – as mentioned above, there is a huge list of different aspects which could be noted so I cannot possibly cover them all but some others that come to mind are when a patient has oedema, a build up of fluid in the skin, and this can be noted as an area (for example in the legs) or be the whole body.

On each of these sheets there are areas for any extra notes, some patients have very straightforward external assessments and others can go on for pages. In cases where there has been a traumatic injury, for example, a lengthy description of the different aspects of the injury is required which can be long. In some cases it may be better to use the diagram to explain injuries such as this when a written description could be too lengthy. It all very much depends on the patient and should be considered on a case by case basis.



The diagram version of the form as described above, I have annotated this to show where different points of information may be written. This can be drawn on or written on or both, to show the different items listed above in the bullet points.

Trainee Signature:		Date:	
Mentor Signature:		Date:	

• Unit 3.8 example: Assist post mortem examinations

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Evidence type: Work Based Documents

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.8 – Evidence I
Evidence Title	Organ Retention

When tissue is retrieved at Post Mortem, there is a set procedure that needs to take place to ensure that we fulfill all the requirements of our HTA (Human Tissue Authority) License. This means that no tissue is taken unnecessarily, without the knowledge of the NOK (Next of Kin) and that there is a decision about what is to happen to that tissue. In regards to what is to happen, we need to know why it is being retained (if it is), what scheduled purpose this is for or what part of law it is being held under, or if it is to be reunited with the deceased once the investigation is complete.

In order to ensure that we do this properly, we also need to keep thorough records of what we have done with the tissue samples and all of the associated paperwork which is completed. In order to do this we store all of the information of samples on our EDEN computer database for each individual. Below is an example of a screen print which outlines the tissue samples taken for an individual in our care.

Transferred To
Destination
APT
Courier Barcode

Histology

Select	Description	Comments	Samples	Cassettes	How Many	Date Transfer	Transferred To	Destination	APT	Courier Barcode	HTA "Options"	Reunited By	Reunited Date	Delete
	Lung	LEFT	2		0									
	Lung	RIGHT	3		0									
	Liver		1		0									
	Spleen		1		0									
	Kidney Left		1		0									
	Kidney Right		1		0									
	Other	UTERUS	1		0									
	Other	THYMUS	1		0									
	Other	LYMPH NODES	1		0									
					0									

This facility allows us to accurately record what happens to each sample, keep track of where it is at any one time and keep any important information regarding it.

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The below is an example of such a document that we would keep. This is a form produced by the HTA which is filled out by the family to inform us of the decision around what is to happen to certain tissues. This is kept to accurately record and also ensure that we complete the requested actions.

SENIOR CORONER

Whole organs were retained;

Whole Heart
Whole Brain

When these samples are no longer required for the Coroner's function, I understand that I have several choices regarding them and I indicate below my chosen method.

(please circle around the number which indicates your wishes and sign and dated the form)

1) I wish for the tissue samples(s) or organ(s) currently held for investigation to be disposed of by lawful means authorised by the coroner.

2) I wish for the tissue sample(s) or organ(s) to be reunited with the body **before** burial or cremation, even if this means delaying the funeral.

3) I wish for the tissue sample(s) or organ(s) to be returned to me or to the funeral director to be disposed of by lawful means.

4) I wish for the tissue sample(s) or organ(s) to be retained for the purpose of education, training or research. I understand that the samples may be disposed of at a later date without further notification to me.

5) There is a claim or pending claims in respect of the death. Having consulted my solicitor I wish the tissue sample(s) or organ(s) to be returned to me/my solicitor for use in the litigation. When the samples are no longer required by me they will be disposed of by lawful means.

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The last part of this that I would like to discuss is the below form that we complete on a weekly basis which records any of the samples that we have in our care. This ensures that we have an awareness of any of the samples we have and we make a note each time why it is still with us and what the following action is. This ensures a control that we do not have any items which we should not have and that we are not keeping hold of anything we shouldn't be.

MORTUARY WEEKLY RETAINED TISSUE/ORGANS AUDIT

On a Friday every week, carry out a physical check of the following locations. Each specimen identified must be listed below with D Number and for each specimen follow the steps to ensure there is clear authority for the holding, that the processing of the specimen is booked, or imminent and that for any specimen being lawfully retained, the reason for retention and retention period is clearly documented and followed up at appropriate intervals based on that information.

LOCATIONS: **(F)** Fridge Spaces 1-68, **(PF)** Perinatal Fridge, **(PFSD)** Perinatal Fridge Specimen Drawer, **(N)** Nutwell 1-24, **(DF)** Deep Freeze Spaces 1-12, **(DFSD)** Deep Freeze Specimen Drawer, **(SPS)** Specimen Preparation Shelf

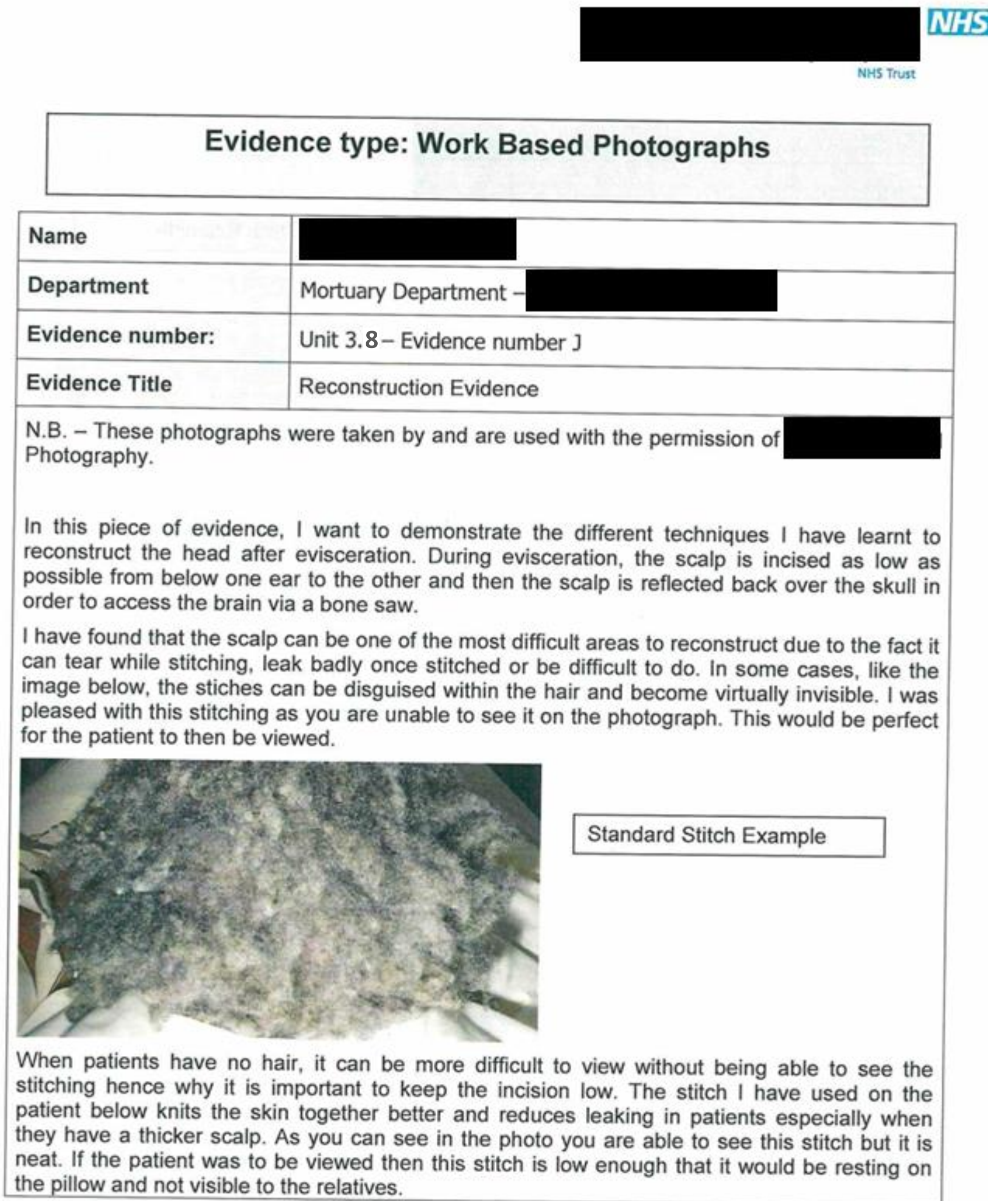
DATE	SPECIMEN LOCATION	SPECIMEN NAME AND (D #)	RETAINED UNDER AUTHORITY OF?	REASON FOR ONGOING STORAGE \ RETENTION IN MORTUARY	ACTIONS TO PROGRESS
APT					

OUTCOMES:

Revision: 2 Page 1 of 1

Trainee Signature:		**Date:**	
Mentor Signature:		**Date:**	

- Unit 3.8 example: Assist post mortem examinations



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Evidence type: Work Based Photographs

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.8 – Evidence number J
Evidence Title	Reconstruction Evidence

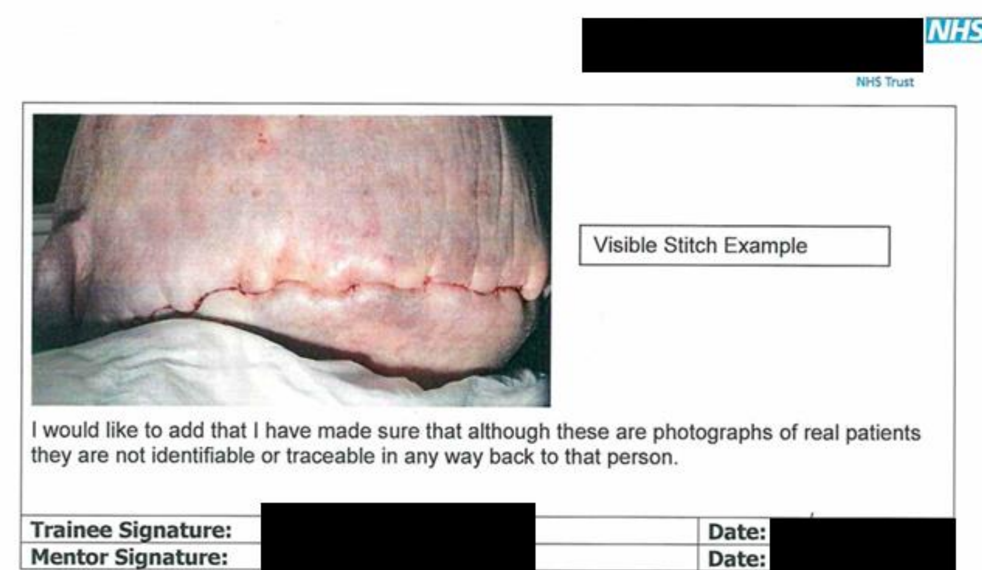
N.B. – These photographs were taken by and are used with the permission of Photography.

In this piece of evidence, I want to demonstrate the different techniques I have learnt to reconstruct the head after evisceration. During evisceration, the scalp is incised as low as possible from below one ear to the other and then the scalp is reflected back over the skull in order to access the brain via a bone saw.

I have found that the scalp can be one of the most difficult areas to reconstruct due to the fact it can tear while stitching, leak badly once stitched or be difficult to do. In some cases, like the image below, the stiches can be disguised within the hair and become virtually invisible. I was pleased with this stitching as you are unable to see it on the photograph. This would be perfect for the patient to then be viewed.

Standard Stitch Example

When patients have no hair, it can be more difficult to view without being able to see the stitching hence why it is important to keep the incision low. The stitch I have used on the patient below knits the skin together better and reduces leaking in patients especially when they have a thicker scalp. As you can see in the photo you are able to see this stitch but it is neat. If the patient was to be viewed then this stitch is low enough that it would be resting on the pillow and not visible to the relatives.



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Visible Stitch Example

I would like to add that I have made sure that although these are photographs of real patients they are not identifiable or traceable in any way back to that person.

Trainee Signature:		**Date:**	
Mentor Signature:		**Date:**	

Avoid the use of patient photographs within your portfolio – this type of PM specific practice would be best demonstrated during the external assessor observational visit.

If photographs are use then explicit permission must be sought from the mortuary management.

- Unit 3.9 example: Viewing of the deceased

Evidence type: Objective Evidence

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.9 – Evidence G
Evidence Title	Photographs of Viewing Room

At our hospital we recently had a refurbishment of our mortuary viewing facility which involved modernising the rooms and the equipment in there. We wanted the room to feel less clinical and be welcoming to the families we have visit. We also wanted it to be a nice environment for people at a very difficult time.

A theme was chosen alongside a colour scheme to fit in with our Trust End of Life logo which is an orange gerbera. The furniture is modern but has a cosy feel which we all think improves the room vastly. Here I have included some photographs of the room.

The room is now called 'The Sunset Suite' after a hospital wide vote took place. The themes are oranges, browns and sunset colours with wall murals and pictures to reflect this.

There are full facilities for the family including a toilet and water machine. We want families to be able to feel like they are welcome.

Some information is available for patients as well as a phone for them to make any phone calls they might need to. The notecards are for families to leave messages with their relative.

This area is where we can sit with families and have any conversations that we need to have. This room is perfect to follow the SOP for viewings and allows us to provide the best service to families.

Trainee Signature:		Date:	
Mentor Signature:		Date:	

- Unit 3.9 example: Viewing of the deceased

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Evidence type: Risk Assessment Front Sheet

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.9 – Evidence J
Evidence Title	Mortuary Risk Assessment Viewing Procedure

Below you can see the front page of the Viewing Procedure Risk Assessment for the Mortuary Service. This document covers the different aspects of the mortuary viewing procedure which could pose a hazard, the risk of that hazard occurring and how these risks are managed.

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MORTUARY RISK ASSESSMENT VIEWING PROCEDURE

Date:
Location: Mortuary

Q Pulse Ref: Pathology 3348 Revision:1
Task/ Premises/ Situation/ Shortfall: Viewing Procedure

Approved by:

Work activity/materials/ clinical procedure. (Risk Type)	Hazard (Description of risk)	Persons at Risk	RISK		Risk Rating	Description of Current Control Measures	Effectiveness of controls	Residual Risk (If Red or Orange complete an action plan)
			Likelihood	Impact				
Transfer of deceased to viewing area and back	Manual Handling Injury	APT	Unlikely	Moderate	Low	PPE. Manual handling training. Supervision. Correct use of body hoist and manual handling aids.	Adequate	Low
	Biohazard	APT	Unlikely	High	Moderate	PPE Training and supervision. SOP's.	Adequate	Low
Contact with relatives	Verbal Physical Abuse	APT	Unlikely	High	Moderate	Any staff feel threatened should request security escort if out-of hours or security assistance at any time as deemed necessary. All staff have received Conflict Resolution Training	Adequate	Low

Q Pulse record: Pathology1179 Revision: 3 Page 1 of 2
Approved

I would like to discuss some of the aspects covered:

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- The risk of presenting the incorrect deceased person is highlighted (page 2 not shown) and mitigated by the SOP (Standard Operating Procedure) which outlines the need to check the ID of the deceased and also take the correct identifiers from the relatives.
- There is a hazard highlighted of a possible manual handling injury from moving the deceased. This is also connected to the risk of coming into contact with any form of biohazards. Both of these are covered by using/wearing the appropriate PPE (Personal Protective Equipment) and through reading the SOP/Training.
- The last aspect considered that I would like to mention is the hazard of coming into contact with abusive relatives, whether that be by physical or verbal abuse. This is something that I have witnessed on a handful of occasions however, as the risk assessment outlines, all staff have Conflict Resolution Training and know how to contact security should the need arise.

Trainee Signature:		Date:	
Mentor Signature:		Date:	

- Unit 3.9 example: Viewing of the deceased

Evidence type: Objective Evidence

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.9 – Evidence I
Evidence Title	Visitors Book Entries

We wanted to try to think of a way of capturing some feedback from families but in an appropriate manner in line with the fact they are coming to see a deceased relative. It was not suitable to leave questionnaires or feedback forms for families to fill out, but it was agreed that a visitors book for comments would be ideal to try to collect feedback as part of the FFT (Friends & Family Test).

The screenshot below shows a page from this book with feedback from some of the families (names excluded). We wanted to ensure that families felt that the room was suitable for their needs and that they were getting what they needed from the visit. It is hugely important that families feel that they can ask questions if they need to and are able to be advised on aspects such as the procedures that need to happen after death and also any support they might need.

Date	Name & Address	Comments
29.10.19		Thank you so much for caring for my mother. The room she was in [illegible], and welcoming environment
31.10.19		What a lovely room. Thank you to the staff for [illegible] and showing compassion
04.11.19		[illegible]
[illegible]		Thank you for making the [illegible] Kind staff. Nice Room.
[illegible]		Thank you for all your help
19/11/19		Thank you So Kind

The comments in the book are a great reflection of how helpful we can be to families who take the time to thank us for the help we have given.

I have on occasion offered advice and support to families if they have any questions around the length of stay available to the deceased (ultimately as long as they need and there is no limit), or around what will happen with the bereavement/registrar at the hospital. A lot of people do not know where to start arrangements after someone close to them has died and I feel it is important that they are able to ask the mortuary staff for any advice. I often hear too 'This may be a stupid question…' because I think a lot of people feel that they should know what to do but I never shame anyone for asking anything about the process.

Trainee Signature:		**Date:**	
Mentor Signature:		**Date:**	

• Unit 3.10 example: Team working in the mortuary

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Evidence type: Work Based – Team Huddle Form

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.10 – Evidence G
Evidence Title	Team Huddle Form

When I first worked at the mortuary, we found that communication between team members was difficult especially with team members working cross site or at different times. We found that the main issues were that there was not a way of recording the monitoring process of longer term patients, and also team members were not aware of other activities taking place. To try and combat this, our manager devised a Mortuary Huddle Form to use.

Every day at the mortuary, we aim to complete a daily huddle in order to keep on top of certain tasks but also ensure that we have a way to communicate with each other so nothing is missed. To aid this, we have a form that we use to construct the conversation and highlights the most important things we need to discuss. This includes looking at any name risks (cases of similar or same names), any long term patients that we are monitoring, and a record of the post-mortem activity for the day or what is going on at our The form can be filled out by any team member so we tend to take this in turns, depending on who is present (this is also recorded on the form). Once the form is completed, it is stored as a hard copy in a folder in the office which is accessible for everyone. It is also scanned by our manager and added to the monthly quality report as a record of our activity throughout the month along with the forms from the other days.

On the next two pages I will show you the form itself, and highlight some of the main features. The form consists of two pages and boxes requesting information. The second side is mainly for any notes or tasks that need to be completed. The example shown here is from and was filled out by me. I tend to fill out the front of the form and then use the back for keeping on top of tasks for that day, noting down what needs to be done and when it needs to be completed by. I also note who is expected to complete it so people can see at a quick glance what their tasks are for the day.

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Full record of Date, Time and who was present for the Huddle.

The Four BIG Risks
- Any name risks including any similar names or same names (first names and surnames)
- Long term risks monitoring anyone who has been in the mortuary for more than 14 days
- Organs or specimens we still have waiting to be collected
- Any infections risks – categories listed and team made aware

Post mortem activity noted for the day
- Cases for the day including time and which pathologist
- Any causes for concern or special instructions
- Highlights any outstanding post mortems to be completed

A note about our sister mortuary regarding how many spaces and any causes for concern. At this point we had fridge problems which had just been resolved but monitored.

We send our perinatal or child cases to other hospitals so we keep a note of those here to ensure we know what is happening.

A check at the bottom of the page to ensure we have checked the fridge temperatures, alarms, completed the capacity report and are aware of any collection for samples. The number noted is a works job number for having the fridge examined.

MORTUARY

MORTUARY HUDDLE

DATE: THURSDAY TIME: PRESENT: A/L

RISK DISCUSSION – The Four BIG Risks

NAME RISKS
QH - None
KGH - None

LONG TERM RISKS
Check condition of 14 days today:
Follow up condition of any flagged up previously:
Any approaching 30 days for deep freeze:
Any ID to check for -20 stored patients
Follow up any in deep freeze that have no update for 2/52

ORGANS / SPECIMEN RISKS
- HISTOLOGY - TAKEN TODAY

INFECTION RISK N/A

POST MORTEM ACTIVITY

TODAY - ITS / GNS / LC
Number of Cases: 4 TIME: 9am

After external examination and identification are there any causes for concern? If YES – detail here:
None

Special Instruction:

Special Instruction:

PENDING POST MORTEM ACTIVITY

5 CASES OUTSTANDING

MORTUARY

25 SPACES, FRIDGES WORKING NORMALLY

PERINATAL / CHILDREN

Babies at Out: N/A Outstanding Receipts?
Babies to Return: N/A Babies to Go: N/A
Child Death Review Name: DOD: ADDRESS: Contact: ext 3391

AIDE MEMOIRE

Fridge Temperatures: complete? ✓ Issues? E-HIGH Check Fridge Alarm:
Capacity Report: BY 10AM? DOM? Toxicology: COLLECTED Histology: AS ABOVE

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MORTUARY HUDDLE

DATE: TIME: PRESENT:

ACTION

	TASK	RESPONSIBLE
✓	O/S PM45 IN BOX TO BE UPDATED	GN
	QPULSE - FRIDGE ALERTS / SPLITS	CR
REMINDER	GET HEAD AND ENSURE THEY HAVE TAGS	ALL
	BOOK IN BABIES	MNG + ALL
NOTIFICATION	CLOTHES - LEFT BEHIND AND NEED TO BE COLLECTED BY FUNERAL ADDRESS	GN (CALLED)
REMINDER	ID SHEETS NEED TO HAVE PM + CIRCA #S	ALL
	TO BE FROZEN TOMORROW	
	GO THROUGH BOOK FOR MISSING INFO	CR

The back page, as mentioned before, is a space to plan actions or tasks for the day. Here I have used this to list some reminders of tasks for everyone, as well as individual tasks for certain staff members. I leave them to tick them off once completed. This way we can each clearly see the objectives for the team as a whole and individual members for the day and see any timescales of when they need to be completed.
I think the hope here is that if any team member is not able to complete their tasks within the timeframe set, then they will have an opportunity to express any concerns at the time or later on in the day. This would be a good way of monitoring tasks and being able to take the correct actions if a task is unlikely to be completed in the original timeframe set.

SHARED / FEEDBACK/ COMPLIMENTS / CRITIC / UPDATES

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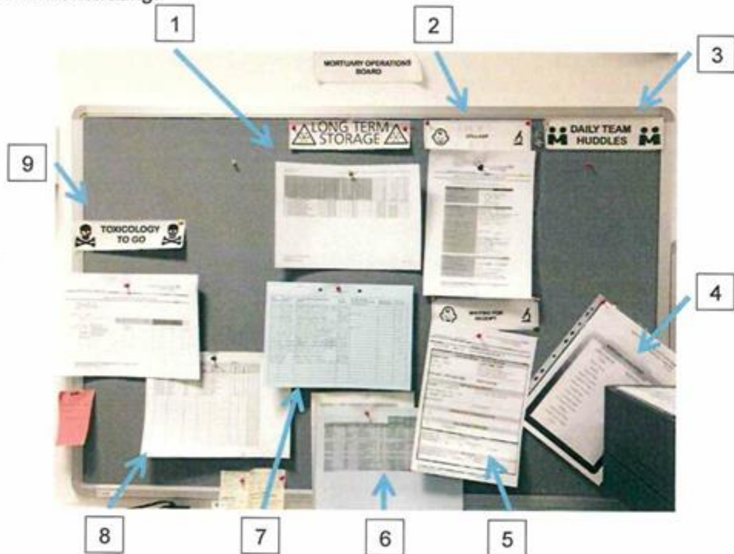
Trainee Signature: **Date:**
Mentor Signature: **Date:**

- Unit 3.10 example: Team working in the mortuary

Evidence type: Work Based – Mortuary Operations Noticeboard

Name	
Department	Mortuary Department –
Evidence number:	Unit 3.10 – Evidence J
Evidence Title	Mortuary Operations Noticeboard

In our mortuary office we have a full size noticeboard on the wall which we use to track certain aspects of the mortuary and where we all know we will be able to find certain information. As part of this evidence I will explain the board using the below photograph and show what each element is demonstrating.



1. Here we have a list of all the people we currently have in long term storage in our freezer. This is so we can answer any queries quickly but also means we can keep an eye on anyone who may be with us for a long time and query this with the relevant people.
2. This is where we keep the copies of the transfer forms of the NVF(Non-Viable Fetus)/POC(Product of Conception)s that have been sent to The Mortuary for post mortem. We check this regularly to ensure that all of these come back to us accordingly.
3. This section is where we keep blank copies or important information for the team huddle forms. This could be currently empty because we have just had a huddle. All the past huddle forms and information is held electronically in a location we all have access to.
4. Here are copies of our linen order form that we use to get extra linen. This is filled out by our Mortuary Assistant or another member of the team and passed to the linen team when we need supplies.
5. This is where we keep the copies of the NVF/POC/Placenta transfer form before we have had acknowledgement from The Mortuary team that they have received them. These have all been sent but are awaiting receipt which they will send to us by email. Once we receive the receipt we attach this to the copy of the form and it moves to section 2.
6. This list is similar to section 1 but this is those in long term storage elsewhere but in our care, for example we have storage that we rent from a local Funeral Director.
7. The blue sheet here is where we log any jobs we have booked with the works department for our area so we can monitor what has been completed and if anyone has already raised something.
8. The list here is a printout which is replaced daily of the people in storage at our sister hospital The team member there updates a spreadsheet which is then here for reference should we have any queries at
9. The Toxicology To Go section has copies of the transfer sheets for toxicology samples waiting to be picked up. These are collected once a week, and once a week they also phone to ask if we have any samples that need collecting. A quick glance to this section of the board can tell us if there are any samples.

Trainee Signature:		Date:	
Mentor Signature:		Date:	

Remember!

- Assessors would expect the learning outcomes for each unit to be covered by 10 pieces of evidence (making up 50 pieces of evidence total in the completed portfolio).
- Ensure all evidence pieces for each unit are signposted in the Candidate Assessment Summary Form (CAS form) for each unit:

Candidate Number - xxxxxxxx

RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Candidate Assessment Summary Form

Level 3 Diploma in Anatomical Pathology Technology

Unit APT3.6 Preparation and operation of a mortuary

Learning Outcome/Assessment Criteria	Evidence for Achievement[1]	Assessor Decision[2]
Be able to carry out cleaning and disinfection of surfaces and equipment		
Prepare cleaning and disinfectant solutions	**3.6.1 - Reflective Learning Statement - Cleaning** **3.6.4 – Work Based Evidence - Cleaning** **3.6.9 – Witness Statement – Cleaning & Decontamination**	
Follow standard operating procedure in the cleaning and disinfection of surfaces	**3.6.1 – Reflective Learning Statement – Cleaning** **3.6.9 – Witness Statement – Cleaning & Decontamination**	
Use appropriate techniques to disinfect or sterilise equipment	**3.6.1 – Reflective Learning Statement – Cleaning** **3.6.9 – Witness Statement – Cleaning & Decontamination**	
Ensure disinfected and sterilised equipment is protected from contamination until required	**3.6.1 – Reflective Learning Statement – Cleaning** **3.6.9 – Witness Statement – Cleaning & Decontamination**	

1. Use this column to signpost the relevant evidence in the portfolio.
2. The assessor should tick this box if he/she believes the assessment criterion / learning outcome has been met.

Do not leave any lines on the CAS form blank!

Remember!

- The 10 chosen evidence pieces for each unit must, collectively, cover all learning outcomes contained on the CAS form - a single evidence piece may cover more than one learning outcome.
- A piece of evidence used in one unit, cannot then be used again for another separate unit, thus the portfolio **must contain x 50 unique evidence pieces**.