

TECHNICAL

During my career, I have gained extensive experience in all aspects of mortuary work, the main part being in the post mortem room carrying out coroners' post mortems and forensic autopsies. Since qualifying I have had a long career as a locum Anatomical Pathology Technologist and worked in hospital and public mortuaries around the UK and Scotland covering Bands 5-8a either lone working or helping to manage small mortuaries and have worked closely with Health and Safety and HTA.

The role of an APT is the duty of care of the deceased. All deceased entering the mortuary must be kept clean, have identification in the form of a wrist band with name, age and address or hospital number. All details are entered into the mortuary register and a special note is taken regarding property and jewellery. Deceased persons are brought to the mortuary either by hospital porters or funeral directors on behalf of the coroner's office.

Post Mortems: . I have extensive experience in post mortem procedures. My experience includes the following types of post mortems

- **Coronial** - Sudden deaths. suicides or no death certificate can be issued.
- **Forensic investigations** - Suspicious deaths or third party involvement.
- **Hospital Post Mortems** - this type of post mortem is when death certificate has been issued but further investigation by request of the consultant is required.
- **Voluntary / Independent** - These are requested usually by the family as they have issues with treatment of the deceased in hospital or at other nursing centres.
- **High Risk** - I have experience of level 3 pathogens, e.g. CJD and HIV. and have also worked where there is a high risk suite. Special care is taken in the PM room. Staff involved are a Pathologist, an APT to carry out evisceration and collection of samples and a circulator to stay clean and assist in labelling and the writing down of weights and measures.
Post mortems involving level 4 pathogens, e.g. haemorrhagic fevers, need to be carried out at high risk centres with isolation units and breathing apparatus.
- **Paediatrics** - These can vary depending on circumstances. If death was expected, then a normal post mortem occurs and the pathologist will request a lot of sampling. In forensic cases the circumstances surrounding the death will be investigated along with the parents, again there may be a lot of sampling and a skeletal x ray ordered. The reconstruction of and preparation of viewings or contract burials. The range include Products of Conception (POC), Non-Viable fetuses (NVF), Spontaneous Vaginal Delivery (SVD) and termination of pregnancies (TOP).
- **Limited Post Mortems** - I have carried out limited post mortems mainly on mesothelioma cases where examination is mainly of the thoracic area (thoracic pluck method) - taking samples for fibre counting and sending away for analysis. Limited PMs I have found are dependent on the mortuary and the pathologists involved. Some will use this term when the brain is not required.

Specialist techniques performed:

1. Removal of the Pituitary gland after brain removal.
2. Vertebral sectioning for bone marrow examination.
3. Removal of the spinal cord and the spinal cord and brain continuous.
Anterior and posterior techniques used
4. The slicing of 3 mm segments of necks of femurs for lab testing.
5. The exposure and removal of the inner ear
6. Testing for pneumothorax
7. Facial reconstruction after trauma.
8. The taking of fingerprints for and with Crime Scene Investigators.

Other areas of specialist work include assistance with photography at forensic autopsies and the arranging and escorting of the deceased for X-ray or MRI scans.

CLINICAL

Before any post mortem can take place there is a requirement to complete documentation.

Items may include

- **Medical notes** - Information Governance.
- **Post Mortem request form**
- **Body chart**
- **Post Mortem report**
- **Histology request**
- **Toxicology request**
- **Police report form**
- **Deceased from abroad documentation**
- **Identification Statements**
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NOTE, All procedures are carried out with appropriate Personal Protective Equipment (PPE) and staff are vaccinated appropriately. If a needle stick injury occurs then prophylaxis will be required and the incident must be reported. Also all relevant procedures are performed according to Standard Operating Procedures and Human Tissue Authority guidelines and in compliance with the Health and Safety at Work Act, COSHH regulations and RIDDOR are requirements.

A full external examination is first carried out, making note of scars, tattoos, previous medical operations and overall condition of the body. These are reported to the Pathologist.

There are a various categories of evisceration, including thoracic pluck, en bloc, en masse, two block, three block and in-situ. I have performed all of them. Samples taken from the deceased must not be contaminated with other bodily fluids. All samples require collection into a clean vessel; examples include stomach contents, urine, cerebrospinal fluid (CSF) and vitreous humour from the eyes. All vessels are to be labelled clearly and stored in a cool place until despatch. There are various containers for samples, specified on a list available in all mortuaries. All samples I have taken are according to Standard Operating Procedures and in conjunction with the Human Tissue Authority.

During examination it is best to have different coloured buckets for the organs of each case. This will stop possible mixing up of the organs with other cases. Also any findings such as ascites and pleural effusion are reported to the pathologist.

After examination, the deceased is emptied of fluids and orifices are plugged with absorbent material to prevent any further leaking. The organs (including the brain) are placed in a bag which is placed back into the body, then the main incision is neatly stitched and tied with twine. The head is also stitched - careful stitching is required here as it will be on show if the deceased is for a viewing by its family. The deceased is then washed, dried and returned to its allotted refrigerated

unit. All lines and tubes from medical treatment are to be removed and wounds are stitched or glued and covered with micro-pore tape.

COMMUNICATION SKILLS

It is important to communicate at all levels with sympathy and empathy with families of the deceased. Chapel viewings are common so staff must behave with respect and dignity at all times. The mortuary staff have a duty care of the deceased and this should be reflected when dealing with bereaved families, who are going through the stages of grief and are looking for guidance. They should be informed of procedures but omitting any detail that is likely to upset them. Staff must not give out information of deceased persons or post mortem findings over the telephone or even face to face. Appropriate communication is required with:

- Police
- Doctors
- Clergy
- Consultant Pathologists
- Coroner's Office
- Nursing staff.
- GP's
- Funeral Directors.

Managing and planning work activity

I have had to manage and plan work activity. It is very important to apportion and delegate tasks. This must only be done if the people you are delegating work to are able and experienced enough to perform the tasks to the required standard. It is necessary to be flexible in working hours so as to accommodate the work load. Other requirements are to be familiar with disaster and mass fatalities procedures; to learn the hierarchy of incident commanders and where to set up temporary mortuaries; to attend training workshops and conferences to keep up to date with procedures (being a member of appropriate professional associations keeps you informed and up to date); and ensuring staff are up to date with training and inoculations .

Teaching and training

During my career, I have helped to train numerous Trainee APT's at certificate level, Junior doctors, student nurses and police officers in post mortem techniques and anatomy. I have held workshops in hospital wards regarding last offices and what to do when death occurs.

RESEARCH AND DEVELOPMENT

I study relevant research articles especially

I have been involved in [details of development projects and initiatives]