**Chapter C5 – Handling of Dead Body and Mortuary Service**

1. There is mortuary service in the hospital: Choose an item.

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| If yes, location of mortuary:      |
| If no, please specify the management of dead bodies in hospital without mortuary:      |

1. **Person-in-charge of Mortuary Service**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |

1. **List of Mortuary Refrigerators**

*(Please use separate table for each location)*

|  | **No. of body trays**  | **Max no. of dead bodies stored** |
| --- | --- | --- |
| Example: chamber 1 | 9 | 8(1 body tray used for storage of human tissue) |
|       |       |       |
|       |       |       |
| **Total** |       |       |

1. **Policies and procedures**

|  |  |
| --- | --- |
| 1. There are written policies and procedures for:
 |  |
| 1. proper identification of a deceased patient or foetus
 | Choose an item. |
| 1. safe transfer of a deceased patient or foetus from the ward or other area in the hospital to the mortuary or temporary storage site and handover of the dead body or foetus to the deceased’s family and undertaker
 | Choose an item. |
| 1. The mortuary and plant are regularly inspected and maintained.

Please specify the frequency:       | Choose an item. |
| 1. The temperature of the cold chamber(s) is monitored and recorded at regular intervals
 | Choose an item. |
| 1. Staff are provided appropriate personal protective equipment and received appropriate training on safe handling of dead body
 | Choose an item. |
| 1. Please elaborate contingency arrangement in case the cold chambers are full / nearly full:

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