

Many documents from a range of other like jurisdictions serve to fill the gap since the guidelines to promote safe working conditions in New Zealand Mortuaries were issued.

MANAGING HEALTH AND SAFETY RISKS IN NEW ZEALAND MORTUARIES

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Considering Safe Mortuary Practice in New Zealand 2017

Separation of Roles

- (1) *Performance of autopsy*
- (2) *Dealing with the bereaved public*

- The recent withdrawal of NZ Police from direct involvement in the coronial apparatus in the mortuary services creates a particular hazard for mortuary technicians.
- If there is not separation of the role of interaction with the public, from the performance of autopsy - then significant psychological risks come from attempting to be both a relatively dispassionate/disinterested technical specialist, and also a front-of-house operative for managing and dealing with the emotions and expectations of the bereaved members of the public who are coping with their grief and loss of family members, who are under coronial investigation or require autopsy for other reasons.
- There is physical risk from being placed in the front-line of managing very fraught emotions and/or anger in displays of grief from not just individuals but groups of relatives who may not wish to be together.

Suturing risks

- Is current mortuary practice with regard to the remediation of the deceased post-autopsy in line with the requirements for the restorative practices of the embalmer for any viewing and lying in repose?
- Particularly in regard to needle-stick injuries that occur while stitching.
 - Does the repair to the deceased post- autopsy need to occur in the mortuary?
 - Again are restorative techniques best put in the domain of the funeral director?
 - Are there other/new techniques/tools that can avoid the need to suture? Eg the hole punch technique.
 - Is there benchmarking of equipment? Eg puncture proof gloves.

Radiological autopsy

Optimisation of use and radiation risk minimisation

- The digital non-invasive autopsy by CT imaging should be maximally used for the types of death amenable to this technique. A teaching and training program for the mortuary professionals involved in the service should be properly funded and developed with sub-specialty recognition for those involved in the delivery of the service.
- Operator Dose measurement for the radiation exposure from scatter radiation received by the mortuary operator and other mortuary staff is a requirement allied to best practice in the design of the radiological autopsy area.

Manual / Patient Handling

Ergonomic Hazards

- Musculoskeletal disorders caused by lifting and/ or positioning the deceased or heavy loads and manoeuvring of trolleys
- adjustable equipment or motorised handling aids such as hoists or trolleys specially to manage the increasing size of patients requiring autopsy.
- Pain in the back, neck or arms.
- Poor posture due to inappropriate bench height, poor lighting, insufficient or badly designed work areas.
- Use of computers.
- Static, awkward or sustained postures
- RSI injuries from specialist tools

Stress

- Risk of Psychological disorder.
- Other health effects.
- Provision of regular and sustained psychological support as part of mortuary operational plan

Infection risks from biological agents

- Appropriately designed mortuary facilities and building accommodation
- Body reception protocols
- Safe working practices in the mortuary and post-mortem room
- Pre-screening for all autopsies vs High risk factor autopsies
- Clearly defined process around the need for and capability to perform autopsy for the most hazardous biological agents e.g. viral haemorrhagic fevers
- Categorisation of Biological hazards
 - Hazard Group one
 - A biological agent unlikely to cause disease
 - Hazard Group two
 - A biological agent that can cause human disease and may be a hazard to employees: it is unlikely to spread to the community and there is usually effective prophylaxis or effective treatment available
 - Hazard Group three
 - A biological agent that can cause severe human disease and presents a serious hazard to employees: it may present a risk of spreading to the community but there is generally effective prophylaxis or treatment available.
 - Hazard Group four
 - A biological agent that causes severe human disease and is a serious hazard to employees: it is likely to spread to the community and there usually is no effective prophylaxis or treatment.

Risks from bodies that have had treatment with radioactive substances Or have other chemical /toxic agent exposure

- Body storage
- Personnel contamination hazards
- Cleaning the facility

Risks from implantable devices such as defibrillators and pacemakers

- Safe deactivation, removal and disposal