Emergency Post Mortem sector licence – Licence renewal application

This form is to apply to renew an HTA licence for an emergency mortuary facility.

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.

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/guidance-professionals/licences-roles-and-fees/licensing/applying-our-licences/emergency-mortuary)
* [The role and responsibilities of Designated Individuals and Licence Holders under the Human Tissue Act 2004](https://www.hta.gov.uk/guidance-professionals/licences-roles-and-fees/licensing/licensing-under-ht-act/designated)

# Section 1 – Licence information

## Have there been any significant changes in service provision or HTA licensing arrangements since the licence was granted?

For example, this may include changes relating to staffing, premises, facilities, equipment, HTA licence management, service legal agreements with other establishments.

 Yes [ ]

 No [ ]

If you answered yes, please describe the changes.

Click or tap here to enter text.

## When were bodies first admitted into your facility?

Click or tap to enter a date.

## How many bodies have been admitted into your facility since the licence was granted?

Click or tap here to enter text.

## What is the average number of days between receipt and release of a body at your facility?

Click or tap here to enter text.

## Do viewings of the deceased take place at your facility?

 Yes [ ]

 No [ ]

## Are samples taken from the deceased at your facility for use for a scheduled purpose?

This includes swab samples from the deceased for COVID-19 testing.

 Yes [ ]

 No [ ]

If you answered yes, please detail what samples are taken and for what purposes.

Click or tap here to enter text.

## Are samples from the deceased stored at your facility for use for scheduled purpose?

For example, this includes samples stored for research, determining the cause of death, and public health monitoring.

 Yes [ ]

 No [ ]

If you answered yes, please detail what samples are stored and for what purposes.

Click or tap here to enter text.

# Section 3 – Governance

## Do procedures on body storage prevent practices that disregard the dignity of the deceased?

 Yes [ ]

 No [ ]

 If you answered no, please provide details.

Click or tap here to enter text.

*Please refer to* [*guidance on emergency Post Mortem sector licences*](https://www.hta.gov.uk/guidance-professionals/licences-roles-and-fees/licensing/applying-our-licences/emergency-mortuary) *for information on storage practices.*

## Do documented policies and SOPs cover all mortuary procedures relevant to the activity?

Please refer to [GQ1](https://content.hta.gov.uk/sites/default/files/2021-06/HTA%20Emergency%20mortuary%20licence%20application%20guide.pdf) for guidance.

 Yes [ ]

 No [ ]

## Are policies and SOPs reviewed regularly by someone other than the author, ratified and version controlled – with only the latest versions in use?

 Yes [ ]

 No [ ]

## How are people working at your facility made aware of policies and procedures and how is this recorded?

Click or tap here to enter text.

## How many staff currently work at your facility (in full time equivalent)?

Click or tap here to enter text.

## Is the number of staff working at your facility sufficient for the level of activity?

 Yes [ ]

 No [ ]

 Most of the time [ ]

If you answered no or most of the time, please provide details.

Click or tap here to enter text.

##  Are staff trained and assessed as competent for the tasks they perform?

 Yes [ ]

 No [ ]

## Are visiting and external staff appropriately trained and receive an induction which includes the facility’s policies and procedures?

 Yes [ ]

 No [ ]

## Do staff know how to identify and report incidents, including those that must be reported to the HTA?

 Yes [ ]

 No [ ]

## Have the Designated Individual and Persons Designated registered for HTA Portal accounts to be able to report HTA Reportable Incidents?

 Yes [ ]

 No [ ]

## Have there been any incidents or near-miss incidents at your facility in the past 12 months?

 Yes [ ]

 No [ ]

If you answered yes, please provide a brief summary of each incident or near-miss incident, or if you have already reported this to the HTA, please provide the case reference number.

Click or tap here to enter text.

*Please refer to* [*guidance on HTA Reportable Incidents*](https://www.hta.gov.uk/guidance-professionals/regulated-sectors/post-mortem/post-mortem-hta-reportable-incidents-htaris)*, for information about incident reporting requirements.*

## Are all procedures related to licensed activities (as outlined in [GQ1](https://content.hta.gov.uk/sites/default/files/2021-06/HTA%20Emergency%20mortuary%20licence%20application%20guide.pdf)) risk assessed on a regular basis?

 Yes [ ]

 No [ ]

# Section 4 – Traceability

## Are bodies are labelled with a minimum of three identifiers of the deceased?

Please note that first name and last name are considered to be one identifier.

 Yes [ ]

 No [ ]

## Do identity checks take place using a minimum of three identifiers of the deceased each time a body is moved inside the mortuary or from your facility to other premises?

 Yes [ ]

 No [ ]

## Is there a system for flagging up same or similar names of the deceased?

 Yes [ ]

 No [ ]

# Section 4 – Premises, facilities and equipment

## How many body storage spaces are at your facility?

Enter 0, if not applicable.

Standard size:

Fridge Click or tap here to enter text.

Freezer Click or tap here to enter text.

Fridge converts to freezer Click or tap here to enter text.

Bariatric size:

Fridge Click or tap here to enter text.

Freezer Click or tap here to enter text.

Fridge converts to freezer Click or tap here to enter text.

Other, for example a cool room Click or tap here to enter text.

## Is storage space sufficient to meet requirements?

Standard size:

Fridge Choose an item.

Freezer Choose an item.

Bariatric size:

Fridge Choose an item.

Freezer Choose an item.

## How are storage temperatures monitored?

Please select all that apply.

Temperature monitored and logged manually [ ]

Temperature monitored and logged remotely [ ]

Local temperature alarm [ ]

External temperature alarm [ ]

## If you have temperature alarms, are these tested?

Yes [ ]

No [ ]

Not applicable (there are no alarms) [ ]

## What are the normal storage temperature ranges at your facility?

Fridges:

Minimum normal temperature: Click or tap here to enter text.

Maximum normal temperature: Click or tap here to enter text.

Freezers:

Minimum normal temperature: Click or tap here to enter text.

Maximum normal temperature: Click or tap here to enter text.

## What are the storage temperature trigger points at your facility (for alarms or action)?

Fridges:

Minimum trigger temperature: Click or tap here to enter text.

Maximum trigger temperature: Click or tap here to enter text.

Freezers:

Minimum trigger temperature: Click or tap here to enter text.

Maximum trigger temperature: Click or tap here to enter text.

## Are all items of equipment and fridge and freezer units in good working condition and maintained?

 Yes [ ]

 No [ ]

If you answered no, please provide details.

Click or tap here to enter text.

## Are the premises secure (for example there is controlled access to the body storage area(s) and use of CCTV / security staff to monitor access?

 Yes [ ]

 No [ ]

If you answered no, please provide details.

Click or tap here to enter text.

## Do staff have access to the necessary personal protective equipment?

 Yes [ ]

 No [ ]

# Section 5 – Additional information

## Do you have any concerns about any aspect of activity conducted under your licence?

 Yes [ ]

 No [ ]

If you answered yes, please provide details.

Click or tap here to enter text.

## Please provide any additional information you think is relevant or that you would like to discuss with the HTA team.

Click or tap here to enter text.

# Section 6 – Declaration by 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.**
2. **The licensed activities will be carried out under my supervision.**
3. **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.**
4. **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.**
5. **I accept I am responsible for compliance with the conditions of any licences granted.**
6. **The information provided is true and accurate to the best of my knowledge.**
7. **I consent to be the Designated Individual for the licence(s).**

**Name: Click or tap here to enter text.**

**Date: Click or tap to enter a date.**

# Section 7 – Declaration by 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:

1. 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
2. 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:**

1. **The information provided is true and accurate.**
2. **The Designated Individual has consented to this application.**
3. **I have been authorised to make this application on behalf of the applicant corporate body.**

**Name: Click or tap here to enter text.**

**Date: Click or tap to enter a date.**