MORTUARY QUESTIONAIRE

Place a X for each question

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| NHS ENGLAND |  |
| NHS WALES |  |
| NHS SCOTLAND |  |

\*\*\*\*\*\*QUESTIONAIRE IS CONFIDENTIAL AND FOR RESEARCH PERPOSES ONLY\*\*\*\*\*\*\*

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| --- | --- | --- | --- |
| QUESTIONS | YES | NO | UNKNOWN |
| MANUAL HANDLING |   |
| 1. DO YOU HAVE A MANUAL HANDING POLICY?
 |  |  |  |
|  |  |  |  |
| 1. AS PART OF YOUR MANUAL HANDLING TRAINING DOES IT INCLUDE THE FOLLOWING:
2. Inanimate Objects?
 |  |  |  |
| 1. Patient andlingHHandling?
 |  |  |  |
| 1. Bariatric Manual Handling?
 |  |  |  |
|  |  |  |  |
| 1. HAVE YOURSELF OR A COLLEGUE SUFFERED A SKELETAL MUSCLE DISORDER DUE TO MANUAL HANDLING PROCEDURES?
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|  |  |  |  |
| 1. IF THE ANSWER TO THE ABOVE QUESTION WAS **YES**. WAS IT REPORTED?
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|  |  |  |  |
| 1. DOES YOUR MORTUARY HAVE BARIATRIC STORAGE?
 |  |  |  |
|  |  |  |  |
| 1. IS YOUR MORTUARY EQUIPPED WITH;

 (a**)**Bariatrictrollies? |  |  |  |
| (b)Bariatric Post Mortem Tables? |  |  |  |
|  (c)Bariatric Hoist? |  |  |  |
| (d)Ceiling tracking system that can accommodate bariatric cadavers? |  |  |  |
|  |  |  |  |
| 1. IS THERE CLEAR COMMUNICATION BETWEEN MORTUARY STAFF AND WARD STAFF ON THE SIZE AND BODY SHAPE OF THE DESEASED?
 |  |  |  |
| INFECTION CONTROL |  |
| 1. DO YOU HAVE A CONTINUAL LEANING PROGRAM?
 |  |  |  |
|  |  |  |  |
| 1. APART FROM YOUR INTIAL TRAINING AS A PTA DO YOU HAVE REFRESHER TRAINING ON
2. COSHH?
 |  |  |  |
| 1. Hazardous micro-organism?
 |  |  |  |
|  |  |  |  |
| 1. DO YOU HAVE A CLEAR UNDERSTANDING OF HAZARD?
2. Group 2?
 |  |  |  |
| 1. Group 3?
 |  |  |  |
| 1. Group 4?
 |  |  |  |
|  |  |  |  |
| 1. DO YOU CARRY OUT POST- MORTEMS ON KNOWN HIGH RISK CADAVERS
 |  |  |  |
|  |  |  |  |
| 1. DO YOU HAVE A CONTAINMENT LEVEL 3 POST MORTEM ROOM
 |  |  |  |
|  |  |  |  |
| 1. IS A RISK ASSESSMENT CARRIED OUT BEFORE;
2. Routine post mortem?
 |  |  |  |
| 1. High risk post mortem?
 |  |  |  |
| 1. Post mortem carried out on bariatric patients?
 |  |  |  |
|  |  |  |  |
| 1. IS THERE CLEAR COMMUNICATION BETWEEN THE MORTUARY AND WARD STAFF REGUARDING INFECTION CONTROL?
 |  |  |  |
|  |  |  |  |
| 1. TO YOUR KNOWLEDGE WHO IS IN-CHARGE OF YOUR IMMUNISTION STATUS
2. Manager?
 |  |  |  |
| 1. Yourself?
 |  |  |  |
| 1. Occupational health?
 |  |  |  |
| 1. All of the above?
 |  |  |  |
|  |  |  |  |
| 1. HAVE YOURSELF OR A COLLEUGUE EVER SUFFERED FROM A SHARPS INJURY?
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|  |  |  |  |
| 1. IF THE ANSWER WAS **YES** TO THE ABOVE QUESTION, WAS IT REPORTED?
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|  |  |  |  |
| 1. IS THERE ACTIVE HEALTH SURVAILENCE CARRIED OUT ON MORTUARY STAFF WHICH INCLUDES
2. Skin surveillance?
 |  |  |  |
| 1. Immunisation?
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***THANK YOU***