

PRACTICAL AUTOPSY STANDARDS FOR ANATOMICAL PATHOLOGY TECHNOLOGISTS



INTRODUCTION

These standards should be read in conjunction with the Standards for Coroner's pathologists in Post-Mortem Examinations of Deaths that Appear not to be Suspicious (Royal College of Pathologists, 2014), Code B of the HTA Codes of Practice (Human Tissue Authority, 2023) and the associated Standards and Guidance (Human Tissue Authority, 2022), and Managing Infection Risks when Handling the Deceased (Health and Safety Executive, 2018).

Invasive procedures such as evisceration, retrieval of blood or tissue samples and reconstruction, should only be undertaken by Anatomical Pathology Technologists (APTs) qualified to at least RSPH Certificate or Level 3 Diploma level, or by Trainee APTs/Apprentices formally employed on a substantive Trainee APT or Apprenticeship contract (please note, volunteer or honorary contracts do not provide a sufficient level of rigour).

These standards have been designed to be easily incorporated into mortuaries' standard operating procedures, to ensure consistency of practice.

PRE-AUTOPSY

1. APTs must assess any risks to themselves and others that the deceased may present prior to preparing the body for autopsy.
2. The identity of the deceased must be confirmed against the autopsy authorisation/ consent form, using three identifiers as per HTA standards, before any invasive procedures are undertaken. This confirmation should be made in conjunction with the pathologist, so that both parties are satisfied that the authorisation for autopsy relates to this specific deceased and that the authorisation covers the extent of the planned examination.
3. Evisceration must not take place until the pathologist has confirmed the identity of the deceased and has completed an external examination, as specified in the relevant RCPATH guidelines.
4. The eviscerating APT must be able to identify, from external examination of the deceased, gross pathological or morphological features that may be related to the cause of death, or that may impact upon the evisceration. This can be important in identifying any risks the deceased may pose or can give an early indication that the evisceration approach may need to be modified to accommodate the specific features of the case.
5. The name of the pathologist and APT(s) eviscerating and reconstructing must be recorded for later reference.
6. The APT must prepare all required equipment, consumables, sample containers and labels before the start of the autopsy.

AUTOPSY

1. Any marks, injuries or signs of medical intervention must be clearly and accurately described using correct medical terminology.
2. The eviscerating APT must be competent in multiple types of evisceration, as demanded by the features of the case or pathologist preference. Any method used must be safe and effective.

3. Unless indicated by history or external examination, the main incision must be as cosmetically discrete as possible (i.e. the extent of the incision must be limited to that strictly necessary to carry out an effective evisceration). The incision may subsequently be extended, if necessary due to a later finding, but only when specifically requested by the pathologist or to accommodate specific and distinct pathology – ease of evisceration is not a valid reason.
4. The eviscerating APT must be competent in the procedure for testing for pneumothorax, if indicated.
5. The eviscerating APT must be competent in identifying the presence of TB, and what actions should be taken if discovered or suspected during the autopsy.
6. The sternum and/or ribs must be removed without damaging underlying structures or leaving sharp and/or splintered edges, and with sufficient regard to subsequent reconstruction.
7. The carotid arteries must be removed complete with bifurcation, unless a local agreement to preserve them exists.
8. The bowel must be removed by dissecting along the mesentery, as close to the bowel as possible, so as to aid further examination if required. The eviscerating APT must tie off of the bowel before dissection, in order to keep the field of evisceration clean and reduce cross-contamination.
9. The scalp and skull must be dissected with care to avoid damaging the brain, and with sufficient regard to subsequent reconstruction; for example by leaving enough temporalis muscle to be sutured or cutting a notch whilst opening the skull.
10. APTs must maintain a reasonable standard of cleanliness during the examination; for example, by rinsing the deceased's body regularly to maintain dignity and avoiding spilling excessive fluid onto the floor.
11. APTs must demonstrate safe handling of sharps and other instruments; for example, by being aware of where potentially dangerous tools and equipment are at all times and reducing the risk of injuring others with excessive movement of sharps during dissection and reconstruction.

12. APTs must demonstrate general safe practice; for example by not rushing and not impeding others.
13. Before reconstruction is undertaken, excess blood and other body fluids must be removed from the body cavity, as far as practicable, and the body cavities must be packed.
14. Packing must be of an appropriate material; for example absorbent paper or cotton wool.
15. Packing must maintain the natural shape of the body. The material used must be comparable in size to the structures removed – not too little, not too much.
16. All returned tissue must be contained within a viscera bag, not a clinical or domestic waste sack.
17. APTs must be able to explain that suturing may not be the most appropriate technique (i.e. other methods, such as glue, may be indicated).
18. A suitable needle and cord must be used to suture, depending on the location, type of incision and/or injury being repaired (i.e. in order to keep the suture line as fine and discrete as possible).
19. Sutures must be small, neat and as close together as possible, depending on the condition of the skin being repaired.
20. The suture line should not leak fluid once finished. If there is a risk of leakage, it must be sealed with an absorbent or spray dressing.
21. Any sites of potential leakage (e.g. IV line sites, incisions, injuries, etc.) must be dealt with according to the risk (e.g. how oedematous is the person? Is the defect on the anterior or posterior surface?).
22. The deceased's body must be washed with a suitable cleaning fluid (ideally shower gel) and a non-abrasive sponge.
23. The deceased's hair must be washed with a suitable cleaning fluid (ideally shampoo), towel dried and brushed so that it lies neatly.

24. A clean sheet / pouch / body bag and shroud must be used for each case.

POST AUTOPSY

1. APTs must follow the manufacturer's instructions and COSHH regulations when preparing cleaning, disinfectant and sterilising solutions.
2. APTs must follow the manufacturer's instructions and COSHH regulations when cleaning and disinfecting surfaces.
3. APTs must use appropriate techniques to disinfect or sterilise equipment.
4. APTs must ensure disinfected and sterilised equipment is protected from contamination until next required

REFERENCES

Royal College of Pathologists (2014) Standards for Coroner's pathologists in Post-Mortem Examinations of Deaths that Appear not to be Suspicious [online]. Available from: <https://www.rcpath.org/static/1b02cfb9-000a-4b2f-b6b80256b719a5ee/Standards-for-Coroners-pathologists-in-post-mortem-examinations-of-deaths-that-appear-not-to-be-suspicious.pdf> [Accessed 30 April 2024].

Human Tissue Authority (2022) Code B: Post-Mortem Examination [online]. Available from: <https://content.hta.gov.uk/sites/default/files/2024-04/Code%20B%20-%20Post-mortem%20examination.pdf> [Accessed 30 April 2024].

Human Tissue Authority (2023) Post-Mortem Examination Licensing Standards and Guidance [online]. Available from: <https://content.hta.gov.uk/sites/default/files/2024-04/Post-mortem%20examination%20standards%20and%20guidance.pdf> [Accessed 30 April 2024].

Health and Safety Executive (2018) Managing Infection Risks when Handling the Deceased: Guidance for the Mortuary, Post-mortem Room and Funeral Premises, and During Exhumation [online]. Available from: <https://www.hse.gov.uk/pubns/priced/hsg283.pdf> [Accessed 30 April 2024].

QUALITY MANAGEMENT

Version: 1.0

Author: John Pitchers, AAPT Chair

Approved by: AAPT Council

Consultation with Membership: 26th August 2024 - 28th September 2024.

Date Issued: October 2024

Review Date: October 2026