**The overriding policy is that no invasive preparatory work should be undertaken on the body until the MCCD is issued.**

1. Suspicious deaths should go straight to the mortuary designated by the PF for further investigations.
2. In the circumstances where the funeral director uplifts the deceased in the community, a decision will be awaited from the GP about whether an MCCD will be issued or the death is being reported to the PF. This may take a few days or longer.
3. Deaths in hospital, the deceased will be stored in a hospital mortuary and will not go to the funeral directors until the MCCD is provided or the deceased is transferred to a COPFS designated mortuary.
4. There should be as little interference with the body as possible so that the body is delivered to the pathologist in an unaltered state for post mortem examination if the GP is unable to provide an MCCD and the PF agrees to take over the case i.e. no invasive procedures should be carried out (***see list in the table in the Appendix below*** e.g. setting the features with internal sutures etc.). However basic hygiene procedures can be carried out to maintain the dignity of the deceased person and reduce the risk of further deterioration (***see list in the table in the Appendix below*** e.g. cleaning vomit, faeces etc. from the body)”. Basic hygiene processes are important not only to maintain the dignity of the individual, but also to prevent further deterioration/decomposition of the body which may affect the post mortem examination by the loss of evidence, if and when the post mortem examination is undertaken. It is important to consider this guidance when a request is made for the body to be viewed without any physical contact until the post mortem examination has taken place by e.g. the next of kin, as some preparation of the body may be required at that time.
5. Identification of the deceased at the mortuary should not normally be required as it should have been made at the locus of death.
6. The deceased should also be stored in a refrigerated area. In the rare occasion that his is not available, funeral directors may store the body in a cool room for no more than 48 hours. If the deceased needs to remain in the funeral director’s premises for longer, then they need to contact the relevant SFIU department via e-mail - [SFIUNorth@copfs.gov.uk](mailto:SFIUNorth@copfs.gov.uk) , [\_SFIUEast@copfs.gov.uk](mailto:_SFIUEast@copfs.gov.uk) or \_[SFIUWest@copfs.gov.uk](mailto:SFIUWest@copfs.gov.uk) to inform them of the impact on decomposition due to the lack of refrigeration.

**Appendix**

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| **Allowed** | **Not Allowed** |
| **Body**   * Wash the body with soap and water. * Minimum cleaning e.g. obvious soiling from vomit, faeces etc. * Application of cream to the face to prevent excess drying. | **Nails**   * Clean nails with a nailbrush and filed. |
| **Dignity of deceased**   * At all times during preparation, modesty cloths should be used. * An absorbent pad to be placed under the deceased. * Deceased to be either wrapped/ covered using a sheet, or placed in a body bag dependent upon circumstances. * Deceased should be placed in a dignified manner, on their back facing up. | **Mouth**   * Using forceps, clean the deceased’s mouth with disinfectant and cotton wool. * Pack the throat and nasal cavity with cotton wool. * Suture the mouth closed using a septal suture or mandible suture. * If deceased does not have any teeth, fit a mouth former in the mouth. |
| **Eyes**   * Apply massage cream to eyelids. | **Eyes**   * Disinfect the eyes. * Insert an eye cap under each eyelid and close eyes. |
| **Hair**   * Minimum cleaning with water e.g. obvious soiling from vomit, faeces etc. | **Hair**   * Clean the deceased’s hair with either dry shampoo or by washing with shampoo as required. * Blow dry and style with comb or brush. |
| **Undressing the body**   * In particular where clothing is extensively soiled for dignity purposes; please refer to regional guidance. | **Abdomen**   * Abdominal incision to release gas. |
|  | **Rigor mortis**   * Remove rigor mortis by manipulating the deceased’s hands and limbs (done within their natural range and moving limbs with purpose); please refer to regional guidance. |