

India's Minimum Standards for Mortuaries

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Why in News?

Recently, India introduced its first national minimum standards for mortuary and post-mortem infrastructure.

National Standards for Mortuary & Post-Mortem Facilities

- **Finalised by** - National Council for Clinical Establishments under the Directorate General of Health Services (DGHS).
- **Implementation by** - States and Union Territories.
- **Aim** - To bring **uniformity in mortuary facilities**, which were earlier largely governed by state police manuals and medico-legal rules.
- **Frameworks** - It applies to **public and private hospitals** in States/UTs that have adopted the **Clinical Establishments Act**.
- Basement morgues and locations near hospital waste/refuse areas are prohibited.

 KEY FEATURES 		
FEATURE	REQUIREMENT	
	Cold storage	Maintain 4°C–8°C temperature
	Minimum capacity	Storage for at least 4 bodies
	Body segregation	MLC and non-MLC bodies must be stored separately
	Body identification	Each body gets a unique serial number , linked to its storage cabin
	Location	Mortuary must be on the ground floor
	Basement ban	No morgues in basements
	Waste-area ban	Cannot be near hospital refuse/dumping areas
	Entry points	Dedicated and segregated entrances for movement of bodies
	Site requirements	Adequate lighting, ventilation and isolation
	Hospital location	Preferably at one end or slightly away from the main hospital building
	Staffing	Linked to the annual number of autopsies
	Up to 100 autopsies/year	2 doctors, 2 post-mortem technicians, 2 assistants + support staff
	Additional workload	For every additional 100 autopsies: 1 doctor + 1 technician + 1 assistant
	Photographer	Official photographer listed as desirable

- **Significance**
- **Standardisation** - It establishes uniform technical standards across mortuary facilities.
- **Traceability** - Implementation of unique numbering systems minimises the risk of errors in body identification.
- **Forensic quality** - It enhances the infrastructure supporting **medico-legal investigations and autopsy procedures**.
- **Public dignity** - It facilitates safer and more dignified management of deceased

individuals.

- **Better infrastructure planning** – It aligns staffing levels and facility resources with the actual volume of autopsy cases.

Reference

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