

# **CARE OF THE DECEASED PATIENT WITHIN INFECTION CONTROL ICPR011**

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1.0	01/03/2016		01/03/2018	Changed from policy to procedure
2.0	01/03/18	29/06/2018	01/07/2020	Review of procedure no changes
2.1	30/03/2020	31/03/2020	31/12/2020	Decision made by the Chief Nurse and Chief Executive to extend review date to December 2020 due to Covid-19.
2.2	09/02/2021	09/02/2021	31/03/2021	TPB agreed to extend review date to March 2021.
3.0	02/08/2021	01/09/2021	02/08/2024	Review and update

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## Introduction

The aim of this procedure is to advise staff on the principles of safe practice to prevent the spread of infection from a deceased service user, whilst ensuring that they are treated at all times in a respectful manner, paying heed to their religious beliefs.

Northamptonshire Healthcare Foundation Trust has no mortuary, however if a patient/service user with a high risk infection dies while an in-patient, it is expected that the body will be made ready for the undertakers and if necessary placed in a body bag before removal.

**Please note:** - this procedure deals only with the care of the deceased patient in relation to Infection Prevention and Control, for other procedural guidelines regarding death of a patient/service user, you should refer to CLPr010- Death of a service user procedure - [http://thestaffroom.nhft.nhs.uk/documents?media\\_item=1799&media\\_type=10#file-viewer](http://thestaffroom.nhft.nhs.uk/documents?media_item=1799&media_type=10#file-viewer)

Throughout this procedure wherever the term patient occurs, it incorporates residents/clients and service users.

It is important to ensure that staff or relatives who may have to care for a recently deceased patient's body are protected from risk of infections due to exposure to blood or body fluids.

At all times utmost attention to dignity and respect for the patient's body and confidentiality must be maintained. Only those who may be at risk from contact with the body should be informed and the exact infection does not in most cases always have to be divulged to everyone. If relatives are not aware of the presence of the infection, explanation of the additional labeling and infection control precautions necessary must be handled with sensitivity.

## Hygienic preparation of service users

Hygienic preparation (also known as last offices) means cleaning and tidying the body to present a suitable appearance for viewing. If a body bag is indicated, this is done before putting the body into the bag or if not, removing from the body bag by undertaker to perform hygienic preparation unless advised otherwise.

The deceased will pose no greater threat of an infection risk than when they were alive. It is assumed that prior to the service user's death, staff will have practiced standard infection and control precautions (as set out in the Standard Precaution policy ICP002 - [http://thestaffroom.nhft.nhs.uk/documents?media\\_item=1417&media\\_type=10#file-viewer](http://thestaffroom.nhft.nhs.uk/documents?media_item=1417&media_type=10#file-viewer)) when handling the service users blood/body fluids. All procedures undertaken for the hygienic preparation of the deceased are based on the same reasons for carrying out standard infection control precautions when providing health or social care. Viewing of the deceased body by relatives and others is acceptable, except when the service user has been diagnosed with a Viral Haemorrhagic Fever, e.g. Ebola, Lassa Fever (see appendix 1). They

will need to be advised if there is a risk of infection if they touch or kiss the deceased, as well as being advised of any controls they need to take after contact, e.g., washing their hands.

## **Management of the deceased patient**

The deceased should be treated with due respect and dignity appropriate to their religious and cultural background. Last offices can vary according to religious and cultural beliefs, these may need to be compromised by the need of specific measures if an infectious disease was associated with death, or co-existed at the time of death.

## **Additional requirements for service users with infectious disease (particularly blood-borne infection)**

- Adhering to standard infection prevention and control precautions, perform hygienic preparations (last offices) unless contraindicated in Appendix 1. Disposable apron and gloves should be worn throughout the procedure, eye and face protection should also be worn if there is a risk of splashing.
- Hygienic preparation of bodies involves washing the face and hands, closing the eyes and mouth, tidying the hair and possibly shaving the face. Gross leakage of blood and body fluids from the body orifices should be prevented by packing with cotton wool.
- All wounds should also be covered.
- Do not remove any drains, catheters, PEG tubes and intravenous lines to avoid leakage.
- The inappropriate use of body (cadaver) bags is discouraged as decomposition is hastened. They should only be used when there is excessive or significant leakage (of bodily fluids that fail to cease) or the deceased service user had been diagnosed with a certain infection (see appendix 1 for the relevant infections).
- Where there is a known or suspected infectious disease then a notification form should be completed and sent with the deceased to inform all those involved with handling of the deceased. An example of this can be found by following the link in appendix 2.
- Shaving of the deceased service user should be with their own or a disposable razor.
- The service user's personal effects, such as clothing, should be returned to the relatives with instructions that they should be washed separately at the highest temperature recommended by the manufacturer. Hospital clothing should be treated as infected laundry.
- In a health or social care setting all linen should be treated as infected.

- All waste should be disposed of as infectious waste as per the Waste Management procedure HSCp001-  
[http://thestaffroom.nhft.nhs.uk/documents?media\\_item=835&media\\_type=10#file-viewer](http://thestaffroom.nhft.nhs.uk/documents?media_item=835&media_type=10#file-viewer).
- Patient belongings and other personal effects may hold very little risk of transmitting infection and, as such, require no disinfection process unless visibly contaminated. They should be bagged up for relatives to take away.
- The service user's room should be cleaned by Hotel Services as per cleaning and disinfection procedure before it is used for other service users.
- Staff should dispose of apron and gloves as infectious waste on completion and wash their hands thoroughly with liquid soap and warm water or an alcohol-based hand rub.

## Funeral directors and mortuary staff

Mortuary staff and funeral directors should be informed at point of notification of any infection hazards prior to the transfer of a body.

Information on body bags, viewing of the body, hygienic preparation and embalming can be found in Health and Safety Executive (2005): *Controlling the Risks of Infection at Work from Human Remains – A Guide for those in the Funeral Profession, including Embalmers and those involved in Exhumation*.

## Use of Body Bags

Body bags must only be used for cases according to Appendix 1.

On rare occasions a body bag may be needed regardless of infection status if there is a risk of heavy leaking of body fluids where it cannot be contained by dressings, ie large exudation of pressure sores/gangrenous limbs.

NB: The presence of other organisms, such as MRSA and Clostridium difficile infection or colonisation, do not require routine use of body bags. Follow the guidance as set out in the table in Appendix 1. Body bags should not be used inappropriately as this may cause unnecessary upset to grieving relatives. There should be a balance between what is required for safety, sensitivity and dignity of the bereaved.

Body bags may also be known as Cadaver bags, they are heavy-duty plastic bags. In most cases, the undertaker should be able to supply a body bag if necessary, alongside any infection risk labels. Other sources of body bags are through the local mortuary.

## 'High Risk' cases, labelling and use of cadaver (body) bags

The senior nurse on duty should be consulted and the Standard Precaution Policy (ICP002) [http://thestaffroom.nhft.nhs.uk/documents?media\\_item=1417&media\\_type=10#file-viewer](http://thestaffroom.nhft.nhs.uk/documents?media_item=1417&media_type=10#file-viewer) adhered to for all patients with notifiable and non-notifiable diseases.

Indiscriminate use of body bags may cause unnecessary anxiety for the bereaved family and friends and also amongst staff including portering staff. However, all cases known or suspected to be infected with any of the conditions listed below should be labelled 'High Risk' or 'Danger of Infection' and should be placed in a sealed body bag before transporting the body, in order to minimise the risk of spread of infection

**Table 1** below provides guidance on individual, notifiable infections, and **Table 2**, the non-notifiable infections in the UK which require this precaution.

**Table 1** - Guidelines for handling cadavers with **notifiable** infections in England and Wales

Infection	Is a sealed body bag required?	Can the body be viewed
Anthrax	Yes	No
Cholera	Yes	Yes
COVID-19 (SARS-CoV2)	No	Yes
Diphtheria	Yes	Yes
Dysentery	Yes	Yes
Food poisoning	Yes	Yes
Hepatitis A	Yes	Yes
Hepatitis B, C and non-A non-B	Yes	Yes
Invasive group A streptococcus	Yes	Yes
Meningococcal septicaemia (with or without meningitis)	Yes	Yes
Paratyphoid fever	Yes	Yes
Plague	Yes	No
Rabies	Yes	No
Relapsing fever	Yes	Yes
Scarlet fever	Yes	Yes
Smallpox	Yes	No
Tuberculosis	Yes	Yes
Typhoid fever	Yes	Yes
Typhus	Yes	No
Viral haemorrhagic fever	Yes – see 2.4.1	No
Yellow fever	Yes	No

**Table 2** - Guidelines for handling cadavers with infections that are **not** notifiable in England and Wales

Infection	Is a body bag required?	Can the body be viewed
HIV/AIDS	Yes	Yes
Haemorrhagic fever with renal syndrome	No	Yes
Transmissible spongiform encephalopathy (e.g. Creutzfeldt-Jakob disease)	Yes	Yes

Definitions –

- Body bag: Placing the body in a sealed leak proof cadaver (body) bag.
- Viewed: Allowing the bereaved to see, touch and spend time with the deceased before disposal.
- Notifiable: The Health Protection Team/CCDC should be informed of the case by the medical team.

Sealed body bags should be used when there is actual or potential leakage of body fluids.

## Death of an infectious patient

The funeral director should be informed of the infectious status of the patient by the healthcare professionals who certifies the death or by the member of staff who is responsible for handing over the body to the funeral director. All staff should ensure that the notification form for notifiable diseases has been completed (Appendix 2). A copy of this form needs to be attached to the outside covering of the body; a copy will need to be kept in the deceased patient’s medical notes.

## Management of the deceased patient with suspected or confirmed COVID-19

The exact duration that SARS-CoV2 (COVID-19) can remain infectious in body fluids and tissues in a deceased body is unknown. Therefore, those handling bodies should be aware that there is likely to be a continuing risk of infection from bodily fluids and tissues. To reduce the risk of transmission from a deceased patient suspected or known to have had a recent diagnosis for COVID-19, Standard Infection Control Precautions (SICP’s) and Transmission Based Precautions (TBP’s) should be used. Residual infection from the patient and their surroundings may arise depending on several factors:

- Droplet generation emanating from the deceased during their care.
- Post-mortem examination or implant removal involving the use of power tools, creating a risk for aerosol generation.
- Direct contact with contaminated materials such as bedding, clothing and other items in a patient’s direct environment.

If you need to provide care for the deceased patient, this should be kept to a minimum and correct PPE should be used. (Appendix 3)

- PPE should be worn as per latest guidance from Public Health England (Appendix 3)
- placing a barrier, such as a fluid resistant surgical face mask (if in inpatients) or a cloth (if in the community setting), over the mouth of the deceased when moving them may prevent the release of droplets from the respiratory tract
- body bags are not essential although it is recognised that if they are used routinely, as part of usual safe ways of working, to prevent leakage that may affect the immediate environment and to help maintain dignity, including during repeated movement.
- body bags are recommended where capacity in the usual management processes for the deceased is exceeded and management and/or transport of the deceased is being undertaken by individuals who may not be familiar with safe ways of working and appropriate use of PPE
- cloth wrappings (shrouds or wraps) and coffins may be used to manage the risk of contact transmission but are not a replacement for body bags in situations where they are recommended
- wipe down the external surface of the body bag/coffin with a universal detergent and disinfectant wipe. If using a disinfectant detergent solution, follow manufacturer's instructions for dilution, combination, application and contact times for all detergents and disinfectants

### **Preparations and final disposition:**

Viewing, hygienic preparations such as washing and post-mortem investigations are permitted when overseen or undertaken by those trained in handling bodies of the deceased.

Embalming can take place when necessary, with appropriate consideration of procedures which may generate aerosols.

For those for whom care of the deceased is part of their faith, rituals such as viewing, keeping watch and hygienic preparations such as washing are an important part of the mourning process. Where such practices involve close contact with the deceased, those handling the deceased should be aware that in cases where COVID-19 infection has been identified or is suspected, there is likely to be a continuing risk of infection from body fluids and tissues.

We strongly advise that any rituals or practices that bring people into close contact with the deceased with suspected or confirmed COVID-19 should be undertaken using appropriate PPE ([Appendix 3](#)), under supervision of somebody trained in its use.

Following latest guidance from Public Health England, given the increased risk of severe COVID-19 illness in clinically vulnerable people or clinically extremely vulnerable people, it is strongly advised that they have no contact at all with the deceased. They should not participate in any activities such as washing, preparing or dressing the deceased, regardless of whether or not they are wearing PPE.

## **EQUALITY CONSIDERATIONS**

The author has considered the needs of the protected characteristics in relation to the operation of this policy and protocol to align with the outcomes with IP&C Assurance Framework. We have identified that ensuring that communication reaches all vulnerable groups. The service has been designed to ensure communication relevant to any outbreaks or other healthcare associated infections reaches all sections of the community. This includes taking into consideration communication barriers relating to language or specific needs to reach the whole population. IP&C work closely with multi agency groups and community partners where appropriate we will undertake engagement and outreach activity. We targeted action to relevant groups follow public health England's communication framework. Some groups are particularly vulnerable in relation to their protected characteristics, e.g. age, ethnic minority communities and disability and where we identify that, the expectation is that staff will meet the needs appropriately.

## **REFERENCES AND BIBLIOGRAPHY**

Department of Health (2008) The Health and Social care Act 2008. Code of Practice for the prevention and control of infections and related guidance. Viewed 6<sup>th</sup> July 2021. [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Advisory Committee of Dangerous Pathogens (ACDP) Advises on all aspects of hazards and risks to workers and others from exposure to pathogens

Communicable Disease Report (1995) Infection hazards of human cadavers – Viewed abstract 6<sup>th</sup> July 2021. [The infection hazards of human cadavers - PubMed \(nih.gov\)](http://pubmed.ncbi.nlm.nih.gov/)

Control of Substances Hazardous to Health (COSHH) (2002) Regulations. Viewed 6<sup>th</sup> July 2021. [Control of Substances Hazardous to Health \(COSHH\) - COSHH \(hse.gov.uk\)](http://www.hse.gov.uk/)

Health and Safety Executive (2005) Controlling the Risks of Infection at Work from Human Remains – A Guide for those in the Funeral Profession, including Embalmers and those involved in Exhumation. Accessed 27<sup>th</sup> April 2015. <http://www.hse.gov.uk/pubns/web01.pdf>

NHS Employers (2013) Health and Safety Essential Guide, Occupational Health: Handling Infected Cadavers. Viewed 6<sup>th</sup> July 2021. [Microsoft Word - web blue book - chapter 28 FORMATTED 2.doc \(nhsemployers.org\)](#)

Health and Safety Executive (2018) Managing infection risks when handling the deceased. Viewed 6<sup>th</sup> July 2021. [Managing infection risks when handling the deceased \(hse.gov.uk\)](#)

Public Health England (2010) Notifiable diseases and causative organisms: How to report. (Updated 9<sup>th</sup> June 2021) Viewed 21<sup>st</sup> June 2021. [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](#)

Public Health England (2021) Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19). Public Health England. Viewed 6<sup>th</sup> July 2021. [Guidance for care of the deceased with suspected or confirmed coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](#)

## APPENDIX 1 - controlling the risks of infection at work from human remains – key infections

<b>1. Intestinal infections:</b> Transmitted by hand-to-mouth contact with faecal material or faecally contaminated objects.					
Infection	Causative Agent	Is a body bag needed?	Can the body be viewed?	Can hygienic preparation be carried? (see footnote)	Can embalming be carried out?
<b>**Dysentery (bacillae)</b>	Bacterium - Shigella dysenteriae	Advised	Yes	Yes	Yes
<b>**Hepatitis</b>	Hepatitis A virus	No	Yes	Yes	Yes
<b>** Typhoid paratyphoid fever</b>	Bacterium Salmonella thypi /paratyphi	Advised	Yes	Yes	Yes
<b>2. Blood-borne infections:</b> Transmitted by contact with blood (and other body fluids which may be contaminated with blood) via a skin-penetrating injury or via broken skin. Through splashes of blood (and other body fluids which may be contaminated with blood) to eyes nose and mouth.					
<b>HIV</b>	Human immunodeficiency virus	Yes	Yes	Yes	No
<b>**Hepatitis B and C</b>	Hepatitis B and C viruses	Yes	Yes	Yes	No
<b>3 Respiratory infections:</b> Transmitted by breathing in infectious respiratory discharges.					
<b>**Tuberculosis</b>	Bacterium Mycobacterium tuberculosis	Advised	Yes	Yes	Yes
<b>**Meningococcal meningitis</b>	Bacterium Neisseria meningitides	No	Yes	Yes	Yes
<b>**Non meningococcal meningitis</b>	Various bacteria including Haemophilus Influenza and also viruses	No	Yes	Yes	Yes
<b>Diphtheria</b>	Bacterium - Corynebacterium diphtheriae	Advised	Yes	Yes	Yes
<b>COVID-19 (SARS-CoV2)</b>	Severe acute respiratory syndrome coronavirus 2	No	Yes *	Yes *	Yes (Only when necessary)

4 <b>Contact:</b> Transmitted by direct skin contact or contact with contaminated objects.					
Infection	Causative Agent	Is a body bag needed?	Can the body be viewed?	Can hygienic preparation be carried? (see footnote)	Can embalming be carried out?
<b>Invasive Streptococcal Infection</b>	Bacterium - Streptococcus pyogenes (Group A)	Yes	Yes	Yes	No
<b>MRSA</b>	Bacterium - Methicillin resistant staphylococcus aureus	No	Yes	Yes	Yes
5 <b>Other infections (neurological)</b>					
<b>**Viral Haemorrhagic fevers (transmitted by contact with blood)</b>	Various viruses eg: Lassa fever virus, Ebola virus	Yes	No	No	No
<b>Transmissible spongiform encephalopathies (transmitted by puncture wounds, 'sharps' injuries or contamination of broken skin by splashing of the mucous membranes)</b>	Various prions eg: Creutzfeldt Jacob disease/variant CJD	Yes	Yes	Yes	No

\*Any close contact within two metres, including for any hygienic preparation for religious/ritual reasons, must be undertaken using appropriate PPE.

## APPENDIX 2 - NOTIFIABLE DISEASES NOTIFICATION FORM

The link below can be used to notify the local health protection team about any patients with a notifiable disease.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/533776/RegisteredMedicalPractitionerForm.docx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533776/RegisteredMedicalPractitionerForm.docx)

Copy of the latest version of the form should always be used, this and an up to date list of all notifiable diseases can be found- [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

**Example** of notifiable diseases report form that should be sent with the deceased:

Registered medical practitioner notification form template

<i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority</i>	
Registered Medical Practitioner reporting the disease	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Disease, infection or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Index case details	
First name	
Surname	

Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence if not home address	
Post code	
Contact number	
Occupation (if relevant)	
Work/education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (destinations & dates)	

**APPENDIX 3- PPE Requirements for care of the deceased with possible or known COVID-19.**

Activity	Disposable Gloves	Disposable plastic apron	Disposable gown	Fluid-resistant surgical mask (FRSM)	Eye protection **
Death Verification	Yes	Yes	No	Yes	Risk Assess
Moving the deceased	Yes	Yes	No	Yes	Risk Assess
Washing the deceased	Yes	Yes	No	Yes	Risk Assess
Preparing for transportation, ie; shrouding, placing in a body bag/coffin*	Yes	Yes	No	Yes	Risk Assess
Transporting the deceased in a body bag /coffin/cloth wrapping	No	No	No	Yes	No

\*The outside of the body bag/coffin should be wiped down with a combined detergent disinfectant universal wipe. If using a disinfectant detergent solution, follow manufacturer’s instructions for dilution, combination, application and contact times for all detergents and disinfectants.

\*\*Eye and face protection is recommended only if there is an anticipated/likely risk of contamination with splashes or droplets of blood or body fluids.