Northamptonshire Healthcare
NHS Foundation Trust

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	01/03/2016		01/03/2018	Changed from policy to procedure
2	01/03/18	29/06/2018	01/07/2020	Review of procedure no changes

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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 in relation to infection prevention and control, for other procedural guidelines regarding death of a patient/service user, you should refer to CLPr010.

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 precautions 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 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 2). 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 2. 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 leakage or the deceased service user had been diagnosed with a certain infection (see appendix 1 for the relevant infections).
- Shaving of the deceased service user should be with their own or a disposable razor.
- Labels attached to the service user's body should bear a 'DANGER OF INFECTION' sticker.
- 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 your local policy.
- Other personal effects, such as books, etc., hold very little risk of transmitting infection and, as such, require no disinfection process unless visibly contaminated.

- The service user's room should be cleaned and disinfected 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 followed by an application of alcohol handrub.

Funeral directors and mortuary staff

Inform mortuary staff and funeral directors of 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*.

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

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. The senior nurse on duty should be consulted and the infection control policy adhered to for all notifiable and non-notifiable diseases.

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
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 **ALWAYS** be used when there is actual or potential leakage of body fluids

Use of body bags

Also known as Cadaver bags, they are heavy-duty plastic bags. Each inpatient unit should keep the body bag in a central location (one on the Berrywood Hospital, Welland Centre and Forest Centre.

Please indicate where your bag is kept and make sure staff are aware.

Name of Ward: .....
Body Bag kept: .....

In the Community beds and Learning Disability Respite homes, the undertaker should supply a body bag if necessary. Body bags must only be used for cases according to Appendix 2.

However 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: Presence of MRSA and Clostridium difficile infection or colonisation do not require routine use of body bags. 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.

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 has been completed (Appendix 3). 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.

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 (2010) *The Health and Social Act 2008. Code of Practice for the prevention and control of infections and related guidance*

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) *5R61-68 Infection hazards of human cadavers*
Control of Substances Hazardous to Health (COSHH) (2002) *Regulations*

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* http://www.hse.gov.uk/pubns/web01.pdf [accessed 27 April 20 15]

NHS Employers (2013) Health and Safety Essential Guide, Occupational Health: Handling Infected Cadavers

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

1. Intestinal infections: 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?**
****Dysentery (bacillaey)**	Bacterium - Shigella dysenteriae	Advised	Yes	Yes	Yes
****Hepatitis**	Hepatitis A virus	No	Yes	Yes	Yes
**** Typhoid paratyphoid fever**	Bacterium Salmonella thypi /paratyphi	Advised	Yes	Yes	Yes
2. Blood-borne infections: 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.					
HIV	Human immunodeficiency virus	Yes	Yes	Yes	No
****Hepatitis B and C**	Hepatitis B and C viruses	Yes	Yes	Yes	No
3 **Respiratory infections:** Transmitted by breathing in infectious respiratory discharges.					
****Tuberculosis**	Bacterium Mycobacterium tuberculosis	Advised	Yes	Yes	Yes
****Meningococcal meningitis**	Bacterium Neisseria meningitides	No	Yes	Yes	Yes
****Non meningococcal meningitis**	Various bacteria including Haemophilus Influenza and also viruses	No	Yes	Yes	Yes
Diphtheria	Bacterium - Corynebacterium diphtheriae	Advised	Yes	Yes	Yes

4 **Contact:** 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?**
Invasive Streptococcal Infection	Bacterium - Streptococcus pyogenes (Group A)	Yes	Yes	Yes	No
MRSA	Bacterium - Methicillin resistant staphylococcus aureus	No	Yes	Yes	Yes
5 **Other infections** (neurological)					
****Viral Haemorrhagic fevers (transmitted by contact with blood)**	Various viruses eg: Lassa fever virus, Ebola virus	Yes	No	No	No
Transmissible spongiform encephalopathies (transmitted by puncture wounds, 'sharps' injuries or contamination of broken skin by splashing of the mucous membranes)	Various prions eg: Creutzfeld Jacob disease/variant CJD	Yes	Yes	Yes	No

APPENDIX 2 - NOTIFIABLE DISEASES NOTIFICATION FORM

Notifiable Diseases Notification Form
Notification of Infectious Diseases or Food Poisoning Confidential Certificate

Patient Details

Surname		Forenames	
Date of Birth	Male ☐	Female ☐	
Home Address			
Postcode			
Telephone No			
Occupation			
Food handler Yes ☐ No ☐	**Healthcare Worker** Yes ☐ No ☐	**Carer** Yes ☐ No ☐	
Place of work/school/nursery:			
Is Patient in hospital? Yes ☐ No ☐	Hospital/ward		
Was disease contracted in hospital? Yes ☐ No ☐	Place from which patient admitted to hospital:		

Details of illness			
Disease			
Date of onset			
Has the patient been vaccinated against this disease? Yes ☐ No ☐		Date vaccinated	
Was disease contracted abroad? Yes ☐ No ☐		If yes, name of place and country	

Additional information for certain diseases		
Food poisoning/ suspected food poisoning	Faecal sample requested?	Yes ☐ No ☐
	Suspected source?	
Meningitis	Causal organism if known:	
Malaria	Parasite type if known:	
	Prophylaxis taken	Yes ☐ No ☐
Tuberculosis	Site of disease	
	Specimen sent?	Yes ☐ No ☐
	Sputum smear positive	Yes ☐ No ☐

I certify and declare that in my opinion the person named above is suffering from the disease stated	**Other information**
Signed	
Date	
Doctor's name, address, telephone/bleep No	

Please fax/return to:-
The Consultant in Communicable Disease Control
Public Health England East Midlands
Seaton House, City Link, London Road, Nottingham, NG2 4LA
Phone no 0344 225 4524 Option 1