Infection control policy for the care of the cadaver

Document Control Sheet

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Revision History

Revision Date	Summary of changes	Author(s)	Version Number
2011	Format changes		3
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2019	References	IPCT	5

Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
	JICC	July 2011	3
	IPACC	May 2013	4
	IPACC	March 2015	5
	IPACC	May 2017	6
	IPACC	February 2019	7

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- **All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)**
- **Service developments**
- **Estates and facilities developments**

Name of Policy / Procedure / Service	**Infection control policy for the care of the cadaver**
Manager Leading the Assessment	**Teresa Lewis**
Date of Assessment	**16/05/2013**

STAGE ONE – INITIAL ASSESSMENT

Q1. Is this a new or existing policy / procedure / service?

☐ New

√ Existing

Q2. Who is the policy / procedure / service aimed at?

☐ Patients

√ Staff

☐ Visitors

Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?

☐ Yes

√ No

If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.

CONTENTS PAGE

1. Introduction

Last offices is the term used to describe the care given to the deceased patient which is focused on fulfilling religious and cultural beliefs as well as health, safety and legal requirements. There are approximately 600,000 deaths per year in the United Kingdom and about two-thirds occur in hospital, of that less than one percent are associated with a known or suspected infection. This policy sets out the procedures for staff to follow for the management of non infectious and infectious deceased clients.
On the 6th April 2010 changes were made to the Public Health Law; this legislation adopts an all hazards approach.
The regulations specify the diseases that should be notified that is different from the previous list. It also requires notification of other infections or of contamination by chemicals or radiation which doctors believe present, or could present, a significant risk to human health. There are several additional notifiable infections: legionnaire's disease, invasive group A streptococcal infection, haemoliytic uraemic syndrome, botulism, SARS, brucellosis and infectious bloody diarrhoea.
For the list of notifiable diseases please refer to Appendix 1.

2. Purpose and scope

The purpose of this policy is to ensure prompt recognition of those patients who pose a risk of infection. This document applies to all staff either employed or contracted within in-patient areas in East Coast Community Healthcare CIC. New staff must receive local induction on the contents of this policy and its implementation.

3. Policy Statement

This policy will be implemented to ensure adherence to safe practice.

4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice.

5. Policy monitoring

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy and that the risk assessment process is completed.

6. Review

This policy will be reviewed by the Infection Prevention and Control Team.

7. 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 practices may be compromised by the need of specific measures if an infectious disease was associated with death, or co-existed at the time of death. Any problems should be discussed with the Consultant in Communicable Disease Control (0344 2253546) who may wish to consult the appropriate priest or religious authority.

Most bodies are not infectious; however through the natural process of decomposition the body may become a source of potential infection whether previously infected or not; therefore sensible precautions should be taken routinely. The indiscriminate use of cadaver bags may cause needless anxiety for the bereaved family.

Not all cases of infection will have been identified before death and for this reason; it is strongly recommended that standard precautions are adhered to in all cases. Each patient must have a risk assessment performed to ascertain any potential hazards. All staff who come in contact with any potential infectious hazard must have occupational health clearance.

- Disposable gloves and aprons must be worn when washing and preparing the body.
- Washing the body with soap and water is adequate.
- Dressings, drainage tubes etc. can be removed unless death has occurred within 24 hours of an operation or was unexpected - in which case a post mortem may be likely so they must be left in situ. If left in situ a note must be made on the undertaker's letter.
- Clean occlusive dressings must be applied to any wounds.
- Profusely leaking orifices may be packed with gauze or cotton wool.
- A copy of Appendix 4 must be attached to the outer covering of every body.

8. Additional measures for a known infected patient

The body of a patient who has been suffering from an infectious disease may remain infectious to those who handle it.
Cadaver bags are available from either the undertaker or from the stores department.
The funeral staff must be informed of the potential infectious risk.

9. Specific Infections (See Appendix 1)

Very High Risk- Group A:

- Body bag must be used
- Viewing and touching prohibited*
- No embalming
- Hygienic preparation banned

Applies to:

- Anthrax
- Lassa, Ebola, Marburg and other viral haemorrhagic fevers
- Yellow fever
- Plague
- Rabies
- SARS* -the 'WHO' guidance currently states that family may view the body if they wear personal protective equipment
- Septicaemia due to invasive Group A streptococcal infection, if patient has **not** had 24 hours of appropriate antibiotic therapy
- Smallpox

With the exception of Group A streptococcal septicaemia, the above infections are rare in the UK and, if they were to occur, the case would almost certainly die in hospital.

High risk- Group B

- The bereaved should be warned of the potential infection risk. If they wish to carry out ritual washing or preparation of the body this should be done under supervision with advice about the use of standard precautions.
- A body bag must be used for Typhus, CJD and other transmissible spongiform encephalopathies (TSE's) and considered for others if there is leakage of body fluids
- Embalming should not be done

Applies to:

- CJD and other transmissible spongiform encephalopathies (TSE's)
- Typhus

And for the following diseases only if there is seepage of body fluids:

- Hepatitis B
- Hepatitis C
- Other blood-borne Hepatitis' e.g. Hepatitis D
- HIV/AIDS

Hepatitis B – Group B

Hepatitis B is a blood-borne virus and is extremely infectious if it gains entry into the body through skin penetration such as a needle stick injury. If there is leakage of body fluids, bodies suspected of being infected should be handled with great care, all staff must wear the required personal protective equipment. The bereaved should be warned of the potential risk of infection and advised on precautions that should be taken if they wish to touch the body.
If they wish to carry out any ritual washing, they should be supervised and advised on the use of standard precautions. Any staff who have not been vaccinated or have not gained immunity to hepatitis B should seek occupational health advice.

Hepatitis C, D and G – Group B

Hepatitis C, D and G are transmitted by the same routes as hepatitis B. No vaccine is yet available. Full precautions should be taken as for hepatitis B. Hepatitis D does not occur without hepatitis B.

HIV/AIDS –Group B

Standard precautions should be adequate to prevent transmission of HIV/AIDS. Other infectious organisms may also be present and co-infection with tuberculosis and cryptosporidiosis must be considered.

Body bag is advised only if there is leakage of body fluids

Medium risk- Group C

- Hygienic preparation of the body is permitted
- Viewing and touching is allowed
- Embalming may be carried out
- Standard precautions still need to be taken

Applies to:

- Cholera
- Diphtheria
- Dysentery(amoebic or bacillary)
- Meningococcal disease (untreated)
- Typhoid and Paratyphoid fever
- Relapsing fever
- Scarlet fever
- Tuberculosis
- Brucellosis
- Salmonellosis

Tuberculosis- Group C

In patients with respiratory tuberculosis it is recommended that the face of the cadaver be covered with a disposable facemask when being handled to prevent any aerosol formation as air is expelled from the lungs.

Gastrointestinal Infections- Group C

Leakage of faeces from bodies is common and all who handle them should use standard precautions. Careful cleaning up of all leakages and scrupulous hand washing is important. These infections include the dysenteries, salmonellosis and cryptosporidiosis.

Low risk-Group D

- Body bag not required
- Hygienic preparation of the body is permitted
- Body can be handled- viewing and touching is allowed
- Embalming may be carried out
- As the presence of infectious agents is not suspected, notably hepatitis B and C, HIV/AIDS and tuberculosis, it is still important that the precautions specified in the Control of Substances Hazardous to Health should be followed for handling all bodies, but especially standard infection control procedures such as the use of appropriate protective clothing and the washing of hands is required.

Septicaemia - Group D (unless *untreated* Meningococcal or Group A Streptococcal)

Only the septicaemias caused by meningococcal or Group A streptococcal pose a risk, (unless they have been treated with appropriate antibiotic therapy) and these should be handled with care. The blood and other body fluids are infectious and can infect those who handle the body or clean up contaminated surfaces, even through apparently trivial injuries or other breaks in the skin surfaces. Any accidents or tears in gloves must be reported immediately to a senior member of staff. If necessary a consultant microbiologist should be consulted.

MRSA – Group D

This infection is not a problem, but can cause concern amongst funeral directors. Standard precautions are all that is required.

Body bags should be used if there are large quantities of body fluids present.

A ‘Notification of Death’ label and a ‘Danger of Infection’ label should be attached discreetly to the outside of the bag. Neither label should state the diagnosis; this is confidential information and an individual’s right to confidentiality continues after death. Relatives may be unaware of the true nature of the infection but nevertheless must be advised of any precautions they should take. If relatives wish to carry out ritual preparation of the body, it should be done under supervision, ensuring that standard precautions are observed. It is the responsibility of the certifying clinician to ensure the funeral directors have sufficient information about the level of risk of infection and the level/type of precautions required.

Once the body is sealed in the body bag; protective clothing is no longer required.

Relatives and friends who wish to view the body should do so as soon after the death as possible. The bag can be opened by a member of staff wearing disposable gloves and apron,

but the relatives should be told there is some risk of infection and in some cases the bag should not be opened e.g. if the patient suffered from Anthrax, Plague, Rabies and Viral Haemorrhagic Fever.

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11. Author

Infection Prevention and Control Team

Appendix 1

Infections Notifiable in England and Wales

Infection	*Degree of risk	Body Bag	Bereaved permitted to touch & spend time with body	Embalming	Hygiene Precautions (cleaning & tidying)
Acute Encephalitis	D	No	∫	∫	∫
Acute Poliomyelitis	C	No*	∫	∫	∫
Anthrax	A	Yes	No	No	No
Cholera	C	No**	∫	∫ with special care	∫
Diphtheria	C	No*	∫	∫	∫
Dysentery (Amoebic or Bacillary)	C	No**	∫	∫	∫
Food Poisoning (or suspected)	C	No**	∫	∫	∫
Lassa Fever	A	Yes	No	No	No
Leprosy	D	No	∫	∫	∫
Leptospirosis	C	No	∫	∫	∫
Malaria	C	No	∫	∫ with special care	∫
Measles	D	No	∫	∫	∫
Meningitis (non-meningococcal)	D	No	∫	∫	∫
Meningococcal Disease	C	No*	∫	∫	∫
Mumps	D	No	∫	∫	∫
Ophthalmia Neonatorum	D	No	∫	∫	∫
Paratyphoid Fever	C	No**	∫	∫	∫
Plague	A	Yes	No	No	No
Rabies	A	Yes	No	No	No
Relapsing Fever	C	No*	∫	∫	∫
Rubella	D	No	∫	∫	∫
Scarlet Fever	C	No*	∫	∫	∫
Smallpox	A	Yes	No	No	No
Tetanus	D	No	∫	∫	∫
Tuberculosis	C	No*	∫	∫	∫
Typhoid Fever	C	No**	∫	∫	∫

Infection	*Degree of risk	Body Bag	Bereaved permitted to touch & spend time with body	Embalming	Hygiene Precautions (cleaning & tidying)
Typhus	B	Yes	No	No	No
Viral Haemorrhagic Fever	A	Yes	No	No	No
Viral Hepatitis A	C	No*	∫	∫	∫
Viral Hepatitis B, C & Non A, non B Hepatitis	B	No**	∫	Not advised	Yes***
Whooping Cough	D	No	∫	∫	∫
Yellow Fever	A	Yes	No	No	No

No* The degree of risk (A, B, C & D) are absolute and, in most cases, are not specified in law. The advice given in a specific case may be varied if the Clinician-in-Charge/Hospital Infection Control Doctor or Consultant in Health Protection has deemed it appropriate after assessing the risks.

No** Means no unless there is leakage of body fluids.

Yes*** Means yes unless there is leakage of body fluids. Standard precautions are always required and supervision of relatives.

Some Infections NOT Notifiable in England and Wales

Infection	*Degree of risk	Body Bag	Bereaved permitted to touch & spend time with body	Embalming	Hygiene Precautions (cleaning & tidying)
Brucellosis	C	No*	∫	∫	∫
Chicken pox/shingles	D	No	∫	∫	∫
Cryptosporidiosis	D	No**	∫	∫	∫
Dermatophytosis	D	No	∫	∫	∫
HIV/AIDS	B	No**	∫	Not advised	Yes**
Influenza	D	No	∫	∫	∫
Legionellosis	D	No	∫	∫	∫
Lyme Disease	D	No	∫	∫	∫
MRSA	D	No	∫	∫	∫
ORF	D	No	∫	∫	∫
Pneumonia/ Bronchitis	D	No	∫	∫	∫
Psittacosis	D	No	∫	∫	∫

Infection	*Degree of risk	Body Bag	Bereaved permitted to touch & spend time with body	Embalming	Hygiene Precautions (cleaning & tidying)
Q Fever	D	No	✓	✓	✓
Salmonellosis	C	No**	✓	✓	✓
Invasive Group A Streptococcal Infection	A	Yes	No	No	No
SARS	A	Yes	No-but Current WHO guidance states that relatives may view the body if they wear appropriate PPE	No	No
Transmissible Spongiform Encephalopathies (E.g.: Creutzfeldt-Jakob Disease)	B	Yes	✓	No	✓

No* The degree of risk (A, B, C & D) are absolute and, in most cases, are not specified in law. The advice given in a specific case may be varied if the Clinician-in-Charge/Hospital Infection Control Doctor or Consultant in Health Protection has decided it appropriate after assessing the risks.

No** Means no unless there is leakage of body fluids.

Yes*** Means yes unless there is leakage of body fluids. Standard precautions are always required and supervision of relatives.

Other conditions requiring body bag and with restriction of contact (except touching face) but should not be removed from bag, include:

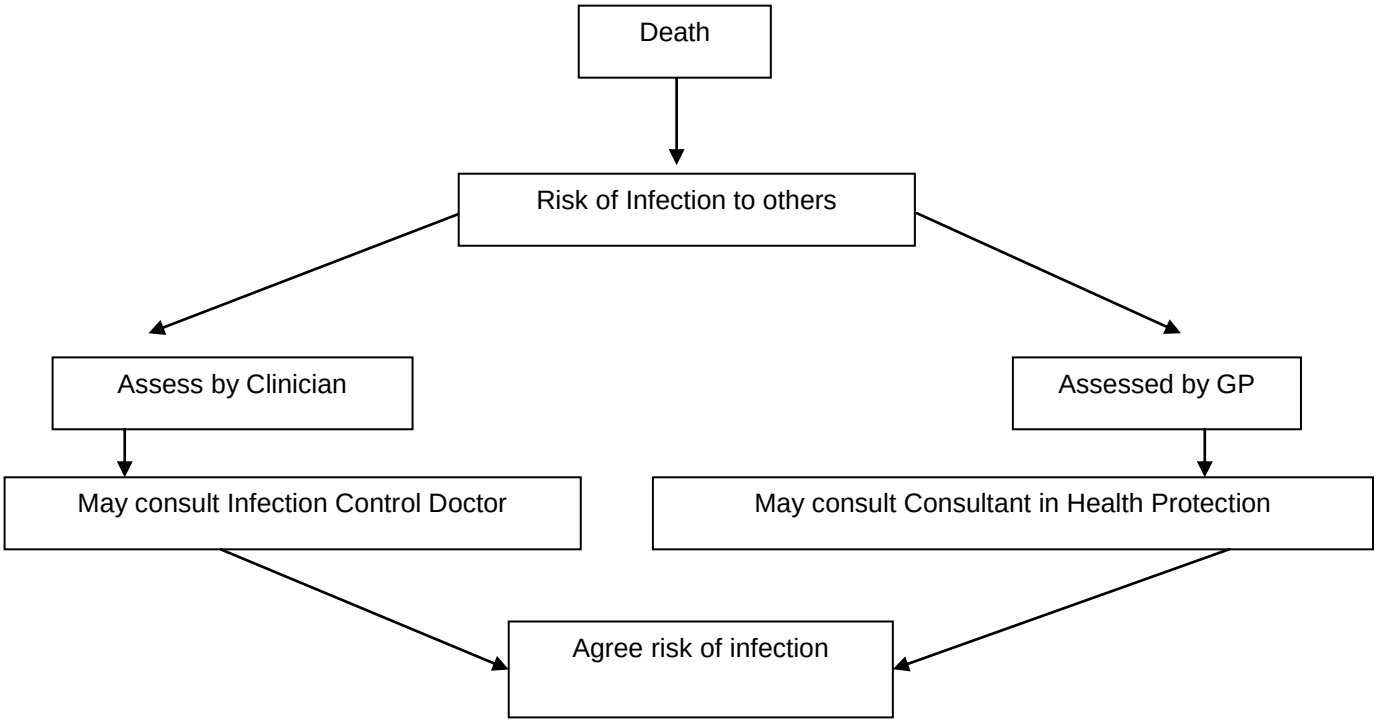
- Death in Dialysis Unit
- Known intravenous drug user
- Severe secondary infection
- Gangrenous limbs and infected amputation sites
- Large pressure sores
- Leakage and discharge of body fluids likely
- Post-mortem
- Incipient decomposition

Appendix 2

Action to be taken when a death occurs and a risk of infection is known or suspected

In hospital/community

At home/community



	A Very High	B High	C Medium	D Low
Body Bag to be used	Yes	Yes*	Advised	No
Body may be removed from bag	No	No	Yes	-
Embalming permitted	No	Not advised	Yes	Yes
Viewing body by bereaved	Face only	Yes**	Yes	Yes
Touching body by bereaved	No	Yes**	Yes	Yes

Information to be passed on:

- Patient died with a known or suspected infection (not the diagnosis)
- Advice on precautions required
- Where they can get further information if required

Infection control notification sheet to accompany body

Mortuary staff and Funeral Directors

Yes* For HIV/AIDS, Hepatitis B & C and other blood borne hepatitis – this is only necessary if there is a leakage of body fluids.

Yes** Yes, except if the cause of death is Typhus or if there is leakage of fluids posing an infectious disease risk.

NB: More detailed information, in confidence, about the risk of infection may be necessary for nursing and mortuary staff.

To accompany all patients **Appendix 4**

Infection notification sheet

Please place in an envelope marked for the attention of the undertaker to accompany the deceased

Name of deceased: Address DOB	
GP & Surgery	
Date and time of death	
Hospital & ward	

The deceased's remains are a potential source of infection:

YES / NO / UNKNOWN (see note 1 below)

If **YES** (see note 2 below) the remains present a potential infectious hazard of transmission by: (ring as appropriate)

Inoculation Aerosol Ingestion

Instructions for handling remains (if YES, tick as appropriate):

Can relatives view the body	
Body bagging required	
Embalming presents high risk	

Have any drains been left in situ **YES* / NO**

Details*_____

_____

_____

_____

Signed:_____

Print name:_____

NOTES

Note 1: Not all patients display typical symptoms, therefore some infections may not have identified at the time of death.

Note 2: In accordance with Health and Safety Law and the information provided in Health Services Advisory Committee Guidance.

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