



## Community Infection Prevention and Control Guidance for Health and Social Care

# Last Offices

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## LAST OFFICES

### 1. Introduction

The aim of this guidance 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.

### 2. Hygienic preparation of service users

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 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.

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

- 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.
- Gross leakage of blood and body fluids from the body orifices should be prevented by packing with cotton wool.
- 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.

#### 4. 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*.

#### 5. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

## 6. References

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*

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

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]

## 7. Appendices

Appendix 1: Controlling the risks of infection at work from human remains – key infections

Key Infections

Infection	Causative agent	Is a body bag needed?	Can the body be viewed?	Can hygienic preparation be carried out?	Can embalming be carried out?
<b>Intestinal infections:</b>		Transmitted by hand-to-mouth contact with faecal material or faecally contaminated objects			
Dysentery (bacillary)	Bacterium - <i>Shigella dysenteriae</i>	Advised	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	No	Yes	Yes	Yes
Typhoid/paratyphoid fever	Bacterium – <i>Salmonella typhi/paratyphi</i>	Advised	Yes	Yes	Yes
<b>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			
HIV	Human immunodeficiency virus	Yes	Yes	Yes	No
Hepatitis B and C	Hepatitis B and C viruses	Yes	Yes	Yes	No
<b>Respiratory infections:</b>		Transmitted by breathing in infectious respiratory discharges			
Tuberculosis	Bacterium – <i>Mycobacterium tuberculosis</i>	Advised	Yes	Yes	Yes
Meningococcal meningitis (with or without septicemia)	Bacterium – <i>Neisseria meningitidis</i>	No	Yes	Yes	Yes
Non-meningococcal meningitis	Various bacteria including <i>haemophilus influenza</i> and also viruses	No	Yes	Yes	Yes
Diphtheria	Bacterium – <i>Corynebacterium diphtheriae</i>	Advised	Yes	Yes	Yes
<b>Contact:</b>		Transmitted by direct skin contact or contact with contaminated objects			
Invasive Streptococcal infection	Bacterium – <i>Streptococcus pyogenes</i> (Group A)	Yes	Yes	No	No
MRSA	Bacterium – meticillin resistant <i>Staphylococcus aureus</i>	No	Yes	Yes	Yes
<b>Other infections</b>					
Viral haemorrhagic fevers (transmitted by contact with blood)	Various viruses, e.g., 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, e.g., Creutzfeldt Jacob disease/ variant CJD	Yes	Yes	Yes	No

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*