Infection. Prevention. Control.
You're in safe hands

Cumbria County Council

CARE OF THE DECEASED

Community Infection Prevention and Control Policy for Care Home settings

Care of the deceased

Version 3.00
August 2020

CH 04

CARE OF THE DECEASED

This guidance document has been adopted as a policy document by:

Organisation:	Cumbria County Council
Signed:	
Name:	Pam Duke
Job Title:	Assistant Director Provider Services
Directorate:	People
Date Adopted:	11 August 2020
Review Date:	10 August 2022

For further information and advice regarding infection prevention and control please contact:

Fiona McCredie
Head of Health Protection
Public Health
People Directorate
Cumbria County Council
Penrith Community Fire Station
Carleton Avenue
Penrith
Cumbria CA10 2FA

Tel: 01768 812539
Mob: 07900 668648
Email:
Fiona.McCredie@cumbria.gov.uk

Debbie McKenna
Health Protection Specialist
Public Health
People Directorate
Cumbria County Council
Cumbria House
107-117 Botchergate
Carlisle
Cumbria CA1 1RZ

Mob: 07769 301904
Email:
Deborah.McKenna@cumbria.gov.uk

Your local Public Health England Team:

Public Health England North West	Tel: 0344 225 0562 Option 2

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

CARE OF THE DECEASED

Contents Page

1. Introduction 4
2. Deaths requiring coroner involvement 4
3. Viewing of the deceased 5
4. Personal care of the deceased 5
5. Additional requirements for residents with infectious disease 5
6. Funeral directors 7
7. Infection Prevention and Control resources, education and training 7
8. References 7
9. Appendices 8

Appendix 1: Application of transmission-based precautions to key infections in the deceased 9

CARE OF THE DECEASED

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 resident, whilst ensuring that they are treated at all times in a respectful manner, paying heed to their religious beliefs.

In nursing homes, a registered nurse has the responsibility for personal care after death, although this may be delegated to an appropriately trained care assistant.

In care homes without a registered nurse, it is the registered manager's responsibility to ensure carers are appropriately trained and have the relevant competence for personal care after death.

2. Deaths requiring coroner involvement

If the death is being referred to the coroner and:

- There is a complaint about the resident's care; or
- Circumstances surrounding the death give rise to suspicion, then:
  - Any intravenous cannulae and lines must be left in situ
  - Any intravenous infusions should be clamped, but not disconnected from the cannulae
  - Any catheter, bag and contents should be left in situ
  - Do not wash the body or perform mouth care

When the death has suspicious circumstances, for legal reasons, the family should not be allowed to spend time with the deceased resident until after the coroner's involvement.

If the death is being referred to the coroner to investigate the cause of death, but there are no suspicious circumstances:

- Any intravenous cannulae and lines must be left in situ
- Any infusions and medicines that were being administered via pumps prior to death can be removed, disposed of as per local policy and recorded in the resident's records
- Spigot any catheters, disposing of contents of drainage bags as per local policy
- Endotracheal (ET) tubes must be left in situ

3. Viewing of the deceased

Viewing of the deceased body by relatives and others is acceptable, except:

- When the death has suspicious circumstances
- In the unlikely event that the resident has been diagnosed with a viral haemorrhagic fever, e.g. Ebola, Lassa fever (see Appendix 1)

If the resident has been suspected or confirmed to have COVID-19, viewing will be permitted when overseen by those trained in handling bodies of the deceased (refer to latest national guidance on COVID-19).

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. cleaning their hands.

4. Personal care of the deceased

To preserve the deceased's appearance, condition and dignity, personal care should be carried out within 2-4 hours after death.

The deceased will pose no greater threat of an infection risk than when they were alive.

It is assumed that when the resident was alive, before providing an episode of care, all staff will have risk assessed the task and applied the appropriate standard infection control precautions, e.g. hand hygiene, personal protective equipment (PPE), safe management of waste. The same principle should apply after the resident's death.

Some family members may wish to perform or assist with the personal care for religious, cultural or as an acknowledgement of individual wishes. In such cases, staff should ensure the family member is aware of the infection prevention and control issues, along with the precautions needed.

5. Additional requirements for residents with infectious disease

- For blood-borne infection refer to the 'Blood-borne viruses Policy for Care Home settings'.
- Disposable gloves and apron should be worn throughout the procedure, eye and face protection should also be worn if there is a risk of splashing to the eyes, nose or mouth.

- Contain leakages from the oral cavity or tracheostomy sites by suctioning and positioning.
- Cover leaking wounds or unhealed surgical incisions with a clean, absorbent dressing and secure with an occlusive (air and watertight) dressing.
- Cover stomas with a clean bag, pad around wounds and seal with an occlusive dressing.
- Avoid waterproof, strongly adhesive tape, as this can be difficult to remove at the funeral directors and can leave a permanent mark. If the body is leaking profusely, address the problem with the funeral director.
- The inappropriate use of body (cadaver) bags is discouraged as decomposition is hastened. They should only be used when there is, or likely to be, leakage of body fluids, or the deceased resident had been diagnosed with a certain infection (see Appendix 1 for the relevant infections).
- The deceased should not be shaved if still warm, as it can cause bruising to the skin. It may be necessary to discuss this sensitively with the family, the shave can be undertaken later by the funeral director.
- Labels attached to the resident's body should bear a 'DANGER OF INFECTION' sticker.
- The personal effects belonging to the resident, 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. If any clothing is soiled, there should be a sensitive discussion with the family giving them the option of the items being disposed of by the home.
- 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 resident's room should be cleaned and disinfected before it is used for other residents.
- All disposable PPE should be disposed of as infectious waste.
- Staff should remove and dispose of gloves, clean hands, remove and dispose of apron, clean hands. Remove and dispose of facial protection, if used, clean hands, and disinfect reusable facial protection if used. Wash hands thoroughly with liquid soap and warm running water, followed by an application of alcohol handrub.

6. Funeral directors

Funeral directors must be informed of the resident's infection status prior to the transfer of a body.

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

Health and Safety Executive (2018) *Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation*

NHS (2020) *Bereavement advice and support during coronavirus* www.nhs.uk

NHS National End of Life Care Programme in partnership with the National Nurse Consultant Group (Palliative Care) (2011, updated 2017) *Guidance for staff responsible for care after death (last offices)*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

9. Appendices

Appendix 1: Application of transmission-based precautions to key infections in the deceased

Appendix 1: Application of transmission-based precautions to key infections in the deceased

The causative agents for the key infections listed below have been arranged according to the most likely route of transmission, taking account of the activity when handling the deceased, e.g. through post-mortem and embalming.

Infection	Causative agent	Hazard group	Is a body bag needed?	Can the body be viewed?	Can post-mortem be carried out?	Can hygienic treatment be carried out?	Can embalming be carried out?
Airborne Small particles that can remain airborne with potential for transmission by inhalation							
Tuberculosis	Mycobacterium tuberculosis	3	Yes	Yes[2]	Yes[3]	Yes	Yes[3]
Middle East respiratory syndrome (MERS)	MERS coronavirus	3	Yes	Yes	Yes[3]	Yes	Yes[3]
Severe acute respiratory syndromes (SARS)	e.g. SARS coronavirus	3	Yes	Yes	Yes[3]	Yes	Yes[3]
Droplet Large particles that do not remain airborne for very long and do not travel far from source with potential for transmission via mucocutaneous routes (i.e. mouth, nose or eyes)							
Meningococcal septicaemia (meningitis)	Neisseria meningitidis	2	No	Yes	Yes[5]	Yes	Yes[5]
Flu (animal origin)	e.g. H5 and H7 influenza viruses	3	No	Yes	Yes[5]	Yes	Yes[5]
Diphtheria	*Corynebacterium diphtheriae*	2	No	Yes	Yes	Yes	Yes
Contact Either direct via hands of employees, or indirect via equipment and other contaminated articles where transmission is primarily via an ingestion route							
Invasive streptococcal infection	*Streptococcus pyogenes* (Group A)	2	Yes	Yes	Yes[5]	No	No
Dysentery (shigellosis)	*Shigella dysenteriae* (type 1)	3	No[6]	Yes	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	2	No[6]	Yes	Yes	Yes	Yes
Hepatitis E	Hepatitis E virus	3	No[6]	Yes	Yes	Yes	Yes
Enteric fever (typhoid/ paratyphoid)	*Salmonella typhi/ paratyphi*	3		Yes	Yes	Yes	Yes
Brucellosis	*Brucella melitensis*	3	No	Yes	Yes[4]	Yes	Yes[4]
Haemolytic uraemic syndrome	Verocytotoxin/ shiga toxin-producing *E.coli* (e.g. O157: H7)	3	No[6]	Yes	Yes[4]	Yes	Yes[4]
Contact Either direct or indirect contact with blood/other blood containing body fluids via a skin-penetrating injury or via broken skin and through splashes of blood/other blood containing body fluids to eyes, nose and mouth							
Acquired immune deficiency syndrome (AIDS)-related illness	Human immunodeficiency virus	3	No	Yes	Yes[7]	Yes	Yes[7]
Anthrax *Bacillus anthracis*	*Bacillus anthracis*	3	Yes	No	Yes[8]	No	No
Hepatitis B, D and C	Hepatitis B, D and C viruses	3	No	Yes	Yes[7]	Yes	Yes[7]
Rabies	Lyssaviruses	3	No	Yes	No	No	No
Viral haemorrhagic fevers	Specifically Lassa fever, Ebola, Marburg, Crimean-Congo haemorrhagic fever viruses	4	Yes[9]	No	No	No	No
Contact Either direct or indirect contact with body fluids (e.g. brain and other neurological tissue) via a skin-penetrating injury or via broken skin							
Transmissible spongiform encephalopathies (e.g. CJD)	Various prions	3	Yes	Yes	Yes[10]	Yes	No

Key:
Red Minimise procedures or handling of the deceased
Yellow TBPs are necessary when carrying out procedures or handling the deceased
The highlighted areas indicate an increased level of risk associated with the infection to workers (with areas in red posing increased risk) and therefore require additional control measures when handling the deceased

Notes:

1 It is advised that a body bag is used for the deceased in all cases where there is, or is likely to be, leakage of body fluids
2 With appropriate measures to deal with potential release of aerosols (e.g. place cloth or mask over mouth when moving the deceased)
3 With appropriate measures to deal with aerosol-generating procedures
4 With measures to minimise environmental contamination (because of low infectious dose; i.e. the amount of pathogen or number of bacteria required to cause an infection is low)
5 With appropriate measures to prevent exposure of mucosal surfaces (e.g. a physical barrier to protect eyes, mouth and nose, such as a facemask or visor)
6 Although illness may have increased likelihood of leakage of body fluids
7 With appropriate robust measures for the use of sharps (e.g. minimise use or use safer sharps devices)
8 Before undertaking a procedure, the rationale for a post-mortem should be carefully considered where anthrax infection is suspected, particularly where examination may increase the potential for aerosol generation
9 With double body bag
10 With appropriate measures to minimise percutaneous injury and contamination of work area, and to help with decontamination (e.g. high-level sharps control or dedicated equipment)

Health and Safety Executive (2018) Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation