

**Considerations for the control of infection
following patient death.**

Policy No 11

The time surrounding the death of any patient is distressing for both relatives and staff. It is important that guidelines are followed so that distress is not exacerbated.

This policy will apply in the majority of situations, however some areas within the Trust will have specific arrangements which have been agreed with the Infection Control Team. A copy of these arrangements should be kept in the infection control manual on the wards/department concerned.

Scope of policy

This policy applies to:

- All staff employed at LTHT who have direct patient contact.

Key Points

- Universal Infection Control Precautions should be used for all patients.
- Body bags are used for high risk cases only.
- Inform mortuary staff if there is a known high risk of infection.

1. Do infections continue to pose a hazard after death?

- Bacteria, viruses etc do not die when the patient does, therefore precautions taken when the patient was alive should be continued following death, i.e. Universal Infection Control Precautions for all patients and any precautions in place for known or suspected infections (ref. LTHT Universal Infection Control Precautions Policy). General guidance on the carrying out of last offices can be found in The Royal Marsden Manual, Chapter 23, (see reference list at end).

2. What is done to minimise the risk?

The risk of body fluid leakage is minimised

- All orifices must be packed where leakage is anticipated or evident.
- All wounds, intravenous sites or breaks in the skin must be sealed with an occlusive dressing.
- If a body is expected to leak blood and/or body fluids beyond the capacity of the packing, the body must be placed in a body (cadaver) bag.

Body bags are used in high risk cases:

- Known or suspected blood borne viruses, i.e. **HIV & AIDS Hepatitis B or C**;
- Known or suspected **open pulmonary Tuberculosis**;
- Known or suspected **TSEs**;
- **Those expected to leak blood or body fluids beyond the capacity of the packing (see above).**
- Patients with known nosocomial infections such as MRSA or *Clostridium difficile* infection **do not** require body bag precautions. If you are any doubt whether a case requires placing in a body bag, contact the Infection Control Team.

'Danger of Infection' Labels are used to identify high risk cases

- In high risk cases (defined above) the body itself must have a yellow 'Danger of Infection' label attached to it.
- Mortuary cards attached to the body and body bag must have yellow 'Danger of Infection' labels attached to them (do not write details of the infection on these cards in order to maintain confidentiality).
- Between 0830 and 1700 hours alert the mortuary staff that the body has left the ward. Outside these hours the portering staff should place a yellow "danger of

infection” sticker on the door of the refrigerated store unit in which the body has been placed.

It is important that **mortuary** staff are informed that there is a risk of infection, while keeping the diagnosis confidential. All enquiries by mortuary staff about any potential risk should be directed to the patient’s medical staff. However it must be made clear what type of precautions are required.

3. Controlling the risk of exposure in non-employees

Religious and cultural considerations

- There are considerable variations according to religion and culture regarding practices for death and dying. If there is a need for involvement of non -Trust staff those persons will need to be informed of any risks of infection and advised of control measures that should be used.

Viewing by relatives

- Viewing of the body by friends and relatives should take place on the ward prior to putting the body into a cadaver bag, even if this necessitates keeping the body on the ward longer than normal. Once the body has left the ward, viewing may be more distressing for relatives due to the effects of the body bag on the body, and more difficult to arrange if the funeral director adheres strictly to infectious diseases regulations.
- When relatives wish to view the body they will need to be advised of any risk of infection risk if they touch or kiss the deceased.
- Relatives must be informed of any precautions they need to take following contact, e.g. hand hygiene.

References and Further Reading

Department of Health (1998): Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses. Recommendations of the Considerations for the Control of Infection Following Patient Death Pages 1-4 last revised September 2006

Expert Advisory Group on AIDS and the Advisory Group on Hepatitis. HMSO, London.

HMSO (2003) Safe Working and the Prevention of Infection in the Mortuary and Post Mortem Room. Health Services Advisory Committee.

The Royal Marsden NHS Trust (1996): Manual of Clinical Nursing Procedures. Blackwell Science, Oxon. 4th Edition.

Consultation

Infection Control Steering Group

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