Infection Prevention and Control Team (IPCT)

SECTION 19

CARE AFTER DEATH (LAST OFFICES)
INFECTION CONTROL GUIDELINES

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Title of Policy: Care after death (last offices) Infection control guidelines

Policy Reference: Issue No 4, January 2012

Scope: Organisation wide

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Expire Date: October 2014

Author: Sharon Leitch, Infection Control Nurse

Policy application / Target Audience Throughout NHS Ayrshire and Arran

RESPONSIBILITIES FOR IMPLEMENTATION

Organisation: Senior Management Team and Chief Executive

Directorate: Directors

Corporate: Senior Managers

Departmental: Heads of wards or departments

Local: All relevant staff

Policy Statement: Last offices will be performed in a manner that minimises the risk of transmission of infection to others. They will ensure that all relevant risk information is given on a strictly need to know basis to all those who will subsequently handle the body.

Last reviewed: January 2012

Agreed by: Prevention and Control of Infection Policy Review Group

Approved by: Professor Robert G Masterton

Executive Medical Director

Date: 13 January 2012
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1.0 INTRODUCTION

Healthcare professionals have a key responsibility in care after death. The aim of this guideline is to ensure that care after death is delivered in a safe environment, protecting all those involved in the process.

2.0 ASSESSMENT OF INFECTION RISK

There are four main sources of infection:

- Aerosols of infectious material
- Contact with blood and body fluids (e.g. saliva, pleural fluids)
- Direct contact (e.g. skin to skin)
- Waste products (faeces and urine)

A patient’s infection risk may not always be known. Therefore, standard infection control precautions must be adopted by all staff when there is a risk of coming into contact with one or all of the main sources of infection (see manual Section 1 Standard Infection Control Precautions). In addition, please refer to Appendix 1 for summary of key infections.

2.1 Spillages of blood

Any spillage of body fluid must be disinfected in line with Section 3, Appendix 2 Spillages of Blood and/or Body Fluids Decontamination Procedures (see manual page).

3.0 DEATHS REPORTED TO THE PROCURATOR FISCAL

"any death occurring as a result directly or indirectly of an infection acquired while under medical or dental care while on NHS premises, including hospitals, GP’s surgeries, health centres and dental surgeries must be reported to the procurator fiscal."

Where the death of a patient is referred to the Procurator Fiscal and there are no suspicious circumstances, endotracheal (ET) tubes, intravenous cannulae and lines should be left in situ and catheters spigotted. Infusions and medicines being administered prior to death via pumps can be taken down and disposed of according to the waste management policy and recorded and documented in nursing and medical notes.

Please note: In the instance of complaints or suspicious circumstances, do not wash the body. Leave any intravenous infusions clamped and also any catheters insitu with bag and contents.
4.0 HYGIENIC PREPARATION (LAST OFFICES)

- Please refer to Appendix 1 prior to hygienic preparation activity and also clinical guideline 132.

NHS Ayrshire and Arran (NHSAA) and its employees have a legal duty under the Health and Safety at Work Act to protect both staff and members of the public from acquiring an infection. Therefore, staff should assess the infection risks and the appropriate use of personal protective equipment (PPE) (see manual page Section 1 Standard Infection Control Precautions). Some family members/carers may wish to assist with hygienic preparation. This may be of a religious or cultural requirement. Family members/carers should be advised and observed on the use of PPE during hygienic preparation.

Points to note:

- Contain leakages from the oral cavity with suctioning and positioning
- All exuding wounds or unhealed surgical incisions should be covered with an absorbent dressing and secured with an occlusive dressing
- Leave stitches and clips intact
- Clamp drains and remove the bottles
- Cover stomas with a clean bag
- Pants and pads can be used to absorb leakage from the vagina, urethra or rectum

Provided no leakage is expected and there is no notifiable disease present, the body can be wrapped in a sheet and taped lightly.

Where there is significant leakage or a notifiable disease is known or suspected (see manual page Section 2 Appendix A Communicable Diseases), place the deceased into a body bag (see Appendix 1). Each inpatient site has a small supply of body bags available. Staff should be aware of where these are located (see Appendix 2). These stocks can be replenished by contacting the Mortuary at Crosshouse Hospital on ext 27438. In some instances the body may require a “danger of infection” label to be placed on the body (see Appendix 1).

Clearly identify the deceased person with an identification band including Community Health Index (CHI) number.

Complete Mortuary/Undertaker Infection Control Notification Sheet (see Appendix 3) and refer to point 7.0 of this document.
5.0 VIEWING OF THE BODY RELATIVES

When relatives and others wish to view the body, they will have to be advised of any infection risks if they touch or kiss the deceased. Advise also on the importance of hand hygiene (see manual page Section 1 Standard Infection Control Precautions). Refer to point “8.0 Confidentiality” of this document.

6.0 TRANSFER OF THE BODY

Transfer of the body to the undertakers or the mortuary must be carried out in a manner that minimises the risk of contact with body fluids. If the body is properly wrapped and there is no leakage of body fluids then there is no requirement for protective clothing. Hands must be washed with liquid soap and water after handling the body (see manual page Section 1 Standard Infection Control Precautions).

7.0 MORTUARY/UNDERTAKER INFECTION CONTROL NOTIFICATION SHEET

Prior to transfer to the mortuary or undertaker, the Mortuary/Undertaker Infection Control Notification Sheet (see Appendix 3) must be completed for all patients, regardless of the infection status. A supply of Infection Control Last Offices Notification Sheets must be kept in all wards. These can be obtained from Area Supplies quoting STA 4141PS. The top copy should be retained in the patient’s notes and the remaining 2 copies placed in a sealed envelope marked for the attention of the mortuary or undertaker, whichever is relevant. It should also be marked confidential. The envelope should accompany the body when it is transferred from the ward.

8.0 CONFIDENTIALITY

Patient confidentiality must be maintained at all times, including after death. Information concerning the patient’s infection status must only be given to others on a need to know basis. In certain circumstances relatives may be unaware of the patient’s infection status e.g. bloodborne virus infection. Where the patient did not wish relatives to know such information in life then this must be respected in death. Care and sensitivity is required when explaining the reason for any additional precautions required such as the use of body bags.
9.0 RELIGIOUS BELIEFS

Many religions require very specific Last Offices to be performed, very often by the relatives or their religious advisors. The above precautions should be discussed with the relatives or their religious advisors in a careful and sensitive manner in cases where there may be conflict between infection control requirements and the religious requirements (please see clinical guideline 132).

10.0 BIBLIOGRAPHY


## Appendix 1 Key Infections

<table>
<thead>
<tr>
<th>Infection</th>
<th>Causative agent</th>
<th>Is a body bag and “danger of infection” label required</th>
<th>Can the body be viewed?</th>
<th>Can hygienic preparation be carried out?</th>
<th>Can embalming be carried out?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingestion - Intestinal infections: Transmitted by hand-to-mouth contact with faecal material or faecally contaminated objects.</td>
<td></td>
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</tr>
<tr>
<td>Dysentery (bacillary)</td>
<td>Bacterium – <em>Shigella dysenteriae</em></td>
<td>Body bag Advised</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Hepatitis A virus</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Typhoid/paratyphoid fever</td>
<td>Bacterium – <em>Salmonella typhi/paratyphi</em></td>
<td>Body bag Advised</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Escherichia coli O157</td>
<td>Bacterium – <em>Escherichia coli</em></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Profuse diarrhoea/gross faecal soiling</td>
<td></td>
<td>Body bag Advised</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inoculation - 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.</td>
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</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis B and C</td>
<td>Hepatitis B and C viruses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Aerosol - Respiratory infections: Transmitted by breathing in infectious respiratory discharges.</td>
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<tr>
<td>Tuberculosis (see manual page section 22)</td>
<td>Bacterium – <em>Mycobacterium tuberculosis</em></td>
<td>Advised</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Meningococcal meningitis (with or without septicaemia) (see manual page section 14)</td>
<td>Bacterium – <em>Neisseria meningitidis</em></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-meningococcal meningitis</td>
<td>Various bacteria including <em>Haemophilus influenza</em> and also viruses</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Infection</td>
<td>Causative agent</td>
<td>Is a body bag and “danger of infection” label required</td>
<td>Can the body be viewed?</td>
<td>Can hygienic preparation be carried out</td>
<td>Can embalming be carried out?</td>
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</tr>
<tr>
<td>Diphtheria</td>
<td>Bacterium – <em>Corynebacterium diphtheriae</em></td>
<td>Body bag Advised</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Contact:</strong></td>
<td>Transmitted by direct skin contact or contact with contaminated objects.</td>
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</tr>
<tr>
<td>Invasive streptococcal infection</td>
<td>Bacterium – <em>Streptococcus pyogenes</em> (Group A)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MRSA (see manual page section 26)</td>
<td>Bacterium – meticillin resistant <em>Staphylococcus aureus</em></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fever of unknown origin/Jaundice from abroad</td>
<td>Seek advice from Microbiology or Consultant in Public Health Medicine</td>
<td></td>
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<tr>
<td><strong>Other infections - Inoculation</strong></td>
<td></td>
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<tr>
<td>Viral haemorrhagic fevers (transmitted by contact with blood) (see manual page section 20)</td>
<td>Various viruses, e.g. Lassa fever virus, Ebola virus</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Transmissible spongiform encephalopathies (transmitted by puncture wounds, ‘sharps’ injuries or contamination of broken skin, by splashing of the mucous membranes) (see manual page section 21)</td>
<td>Various prions, e.g. Creutzfeld Jacob disease/variant CJD</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
APPENDIX 2 LOCATION OF BODY BAGS

Body bags are located in each in-patient setting in the following areas:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ailsa Hospital</td>
<td>Service Co-ordinators Office</td>
</tr>
<tr>
<td>Arran War Memorial Hospital</td>
<td>Last Offices Box</td>
</tr>
<tr>
<td>Arrol Park Resource Centre</td>
<td>Houses 1-3</td>
</tr>
<tr>
<td>University Hospital Ayr</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>Ayrshire Central Hospital (General)</td>
<td>Porters Station</td>
</tr>
<tr>
<td>Biggart Hospital</td>
<td>Porters Station</td>
</tr>
<tr>
<td>University Hospital Crosshouse</td>
<td>Ward 2D</td>
</tr>
<tr>
<td>Girvan Hospital</td>
<td>Mortuary</td>
</tr>
<tr>
<td>East Ayrshire Community Hospital</td>
<td>Burnock Ward</td>
</tr>
<tr>
<td>Kirklandside Hospital</td>
<td>Rowallan Ward</td>
</tr>
<tr>
<td>Lady Margaret Hospital</td>
<td>Mortuary</td>
</tr>
</tbody>
</table>

Please contact the mortuary at Crosshouse Hospital to replace used stock.
Name of Deceased

Address

Date of Birth (Age)

Date & Time of Death

Religion

Source Hospital & Ward

Consultant

The deceased's remains present an increased risk of infection to those handling the body in the mortuary or undertakers (please tick as appropriate): [NO] [YES] [UNKNOWN]

Please note: Not all infected patients display typical symptoms. Some infections (including blood borne viral infections) may not have been identified at the time of death.

If yes, the remains present an infectious hazard of transmission by (please tick as appropriate):

- Inoculation (blood borne virus)
- Aerosol
- Ingestion
- Contact

If yes, instruction for handling the remains (please tick as appropriate):

- Body bagging is necessary
- Viewing is not recommended
- Embalming presents high risk

Name / Designation of Doctor Attending Immediately Before Death:

Name / Designation of Doctor Certifying Death:

Jewellery Items

<table>
<thead>
<tr>
<th>Left on Patient (Please List)</th>
<th>Removed from Patient (Please List)</th>
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<tr>
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</tr>
</tbody>
</table>

Signed

Designation

Print Name

Please retain top (original) copy in medical casenotes. Two copies should be placed in a sealed brown envelope marked for attention of ‘Mortuary’ or ‘Undertaker’ (whichever is appropriate). Then place inside poly pocket to protect. The envelope MUST be marked CONFIDENTIAL.