Somerset NHS Foundation Trust

Care After Death

Policy

This document can only be considered current when viewed via the Trust intranet. If this document is printed or saved to another location, you are advised to check that the version you use remains current and valid, with reference to the review due date

Document Author	*Helen Gilliland, Bereavement Officer*		
Lead Owner	*Daniel Meron, Chief Medical Officer*		
This Version	Version 3	**Status**	Draft
Replaces	All previous versions		
Approval Date	24/09/2020	**Where**	End of Life Steering Group
Ratification Date	15/10/2020	**Where**	Policy Review Group
Date of issue	15/10/2020 (Minor Amendments 22.03.2023)	**Review date**	15/10/2023
Applies to	All staff dealing with deceased patients within the Acute Trust Musgrove Park Hospital Site	**Exclusions**	Deaths which occur within the Community setting

CONTENTS

1.0 INTRODUCTION

The aim of this policy is to provide guidance to healthcare workers involved in the care and handling of a person following their death. This includes guidance regarding how to care for a deceased person and how potentially infected bodies should be managed after death to minimise infection risk.

Care at the end of life extends beyond death to provide care for the deceased person and support to their family and carers, treating every one with sensitivity, dignity and respect. This includes performing last offices, preparing the deceased for transfer to the mortuary, maintaining the safety of everyone who has contact with the deceased and returning the personal possessions of the deceased to their relatives. This policy also gives an overview of what information should be given to families following a person's death.

After death, the human body does not generally create a serious health hazard and in most cases standard infection control procedures will suffice to reduce any possible risk. However, not all infected patients display typical symptoms; therefore some infections may not have been identified at the time of death. In addition some high-risk infections continue to be a risk to staff having contact with the deceased and extra precautions are required. There is also a need to inform personnel who may be at risk, whilst maintaining the dignity and confidentiality of the deceased person. For specific guidance on Care After Death of a suspected or confirmed Covid-19 positive patient please see **Appendix B**.

This policy applies to all deceased patients in the Acute Trust – those who die as inpatients and those who come into Musgrove Park Hospital deceased. For further information on Care after Death in the Community Setting please refer to the guidance section of the Palliate care page on the Trust Community Services Intranet site.

2.0 DEFINITIONS

2.1 **Body Bag –** Plastic zip-closing bag designed to be used to transport and store a deceased person where there is a risk from certain infections or leakage of body fluids

2.2 **Embalming –** injecting chemical preservatives into a body to slow the process of decay. Cosmetic work may be included

2.3 **Hazard Group 1 Pathogen –** a pathogen unlikely to cause human disease

2.4 **Hazard Group 2 Pathogen** – a pathogen that can cause human disease, may be a hazard to employees, is unlikely to spread to community and for which there is effective prophylaxis or treatment

2.5 **Hazard Group 3 Pathogen** – a pathogen that can cause severe human disease and may be a serious hazard to staff, may spread to community and there is effective prophylaxis or treatment

2.6 **Hazard Group 4 Pathogen** – causes severe human disease and is a serious hazard to staff, it is likely to spread to community and there is no effective prophylaxis or treatment

2.7 **Hygienic Preparation –** cleaning and tidying the deceased person to present a suitable appearance for viewing (an alternative to embalming)

2.8 **Personal Care After Death –** physical preparation of the deceased person before removal to the hospital mortuary

2.9 **SNICU** Somerset Neonatal Intensive Care Unit

2.10 **Standard Precautions** – a series of actions and specific precautions developed to minimise the risk of contamination or cross-infection

2.11 **Verification of death –** the opinion or determination that, based on physical assessment, life has ceased.

2.12 **Viewing -** Allowing the bereaved to see, touch and spend time with the deceased person

2.13 **Shroud** – similar to a hospital gown but is plain white and full length with ruffled collar.

3.0 ROLES and RESPONSIBILITIES

3.1 **Infection Prevention and Control Team** are responsible for advising and supporting staff in the infection control management of a deceased person.

3.2 **Lead Bereavement Officer** is responsible for ensuring training on Care After Death is provided to Nurses and HCAs as part of Trust Induction and training programs.

3.3 **Mortuary Staff** are responsible for informing Funeral Directors of any precautions required, beyond standard precautions.

3.4 **The Registered Nurse** caring for the patient is responsible for the completion of the Mortuary Admission Form.

3.5 **Ward / Department Managers** are responsible for ensuring that all staff handling a deceased person are aware of the actions in this policy.

3.6 **Ward Staff** involved in the care of a deceased person are responsible for ensuring the actions of this policy are followed.

3.7 **His Majesty's Coroner (HMC)** is an independent judicial officer of the Crown who has a statutory duty to investigate the circumstances of certain categories of death for the protection of the public.

4.0 PROCESS DESCRIPTION

4.1 Verification of Death

Death must be verified by the doctor responsible for the patient's care whenever possible. However, when this is not possible, or out of hours, the doctor covering the ward / department where the patient has died must document in the patient's notes the time they verified the death and the process followed. In cases where death was expected and the patient has a 'Do not attempt CPR' decision documented on a Somerset Treatment Escalation Plan (STEP), Clinical Site Team (CST) or a senior Registered Nurse who has been trained and deemed competent to verify an expected death, can do so as outlined in the 'Verification of Expected Death of an Adult by Registered Nurses' policy. If the verification of death takes a prolonged period, it can cause distress for families and also to other patients if it has occurred in a communal area. Guidance provided by Hospice UK advises that in an Acute Hospital, verification of death should be performed with **1 hour** following the death and within **4 hours** in other settings.

4.2 Sudden unexplained death in children, (SUDIC)

For guidance on sudden unexplained death in children, please see the 'Joint Agency Response to all unexpected deaths in childhood' policy on the Trust Intranet. The SUDIC box is held in the Emergency Department (ED) and the box contents are to be checked monthly by ED staff and contents replaced as necessary.

4.3 Mortuary Admission Form (MAF)

- Since the deceased person's medical notes do not accompany them to the Mortuary, the MAF is the main communication tool between the ward and the Mortuary team. This form ensures the Mortuary staff have the full patient details and are made aware of any valuables or mementos with the patient, what precautions must be used whilst dealing with the patient and any continuing infection risks. The form must be completed prior to transfer of the patient to the mortuary and should be given to Multi-function team (MFT) staff. If the patient is being transferred from the ED, a copy of the ED notes should be given to MFT in a sealed envelope to be left in the Mortuary for Bereavement Staff.
- The Registered Nurse caring for the patient is responsible for the completion of the MAF.
- For adults and children, use the MAF which is available for download on the Bereavement Services page on the Trust intranet.
- For babies, use the Baby Mortuary Admission Form located in Maternity Unit / SNICU.

4.4 Religious / Faith / Personal Considerations

- Some people may wish to assist with personal care after death and should be facilitated to do so by ward staff if at all possible, unless the death is suspicious, in which case the Coroner's permission will need to be obtained.
- If there are particular faith needs, you can consult www.openingthespiritualgate.net/all-faiths/ where it gives an overview of certain religious/faith needs following death. This website is also available as an 'app' called 'Religious Needs', which can be downloaded onto a smart device and used as a quick reference guide. Occasionally families who follow a particular religion/faith may have additional needs to those documented, however they will normally make these known to ward staff if required. The Trust Spiritual Care Team can also help advice on Care After Death in a particular religious/faith group if needed.

4.5 Infection Control Requirements

- The risks of infection from a deceased person are usually prevented by the use of standard precautions. However, for some high-risk infections there are restrictions around the normal practices of personal care after death and there are additional risks that Mortuary staff must be made aware of.
- If family members wish to assist with personal care after death they will not normally need to take any specific infection control precautions unless the deceased had a known or suspected infection. In this case they should follow the same precautions as staff.

- For babies it will be extremely rare that a high-risk infection is involved, therefore family members involved in personal care after death do not need to routinely wear any personal protective equipment unless individually advised by ward staff.
- Infections are grouped in terms of risk:
  - Hazard Group 1 & 2 pathogens (Low risk)
  - Hazard Group 3 pathogens (High risk)
  - Hazard Group 4 pathogens (Very High risk)
- For Hazard Group 1 & 2 pathogens standard precautions are all that are required after death.
- For Hazard Group 3 & 4 pathogens there may be restrictions on the personal care that can be given to the deceased and extra precautions may need to be taken by Mortuary staff.
- In this Trust, post-mortems can be carried out deceased patients with Hazard Group 1 & 2 infections as well as Hazard Group 3 blood borne infections. However, Post-mortems on deceased patients with either Hazard Group 3 airborne infections or Hazard Group 4 infections are not undertaken in this Trust and the deceased will be transferred to a Mortuary with Level 3 Containment facilities.
- If the deceased patient has a known or suspected infection the table in **Appendix A** should be used to:
  - Check the deceased patient can be washed and viewed
  - Identify if the deceased patient is known to have suffered from an infection listed as Hazard Group 3 or 4 pathogen
  - Identify if the deceased patient has an infection that requires more than standard precautions
  - Identify if a body bag is required for an infection risk
- If the patient has died from suspected or confirmed Covid-19, please see **Appendix B**
- The MAF should be completed and record all of the above information

4.6 Personal Care After Death

- Once verification of death has occurred the patient can be washed and prepared. If the death is suspicious, personal care should **not** be performed. The Police should be contacted via 101 and they will advise on what care can be given to the deceased.
- For children, the guidance in the 'Joint Agency Response to all unexpected deaths in childhood' policy must be adhered to.

- For babies in Maternity and SNICU, the local protocol held within those areas should be followed.
- For adults:
    - Personal care after death **must** to be carried out within 2-4 hours of the person dying to preserve their appearance, condition and dignity. The body's core temperature will take time to lower and therefore transfer to the mortuary and refrigeration within 4 hours is optimal.
    - When carrying out personal care standard precautions should be applied. Any extra personal protective equipment that was required while the patient was alive should still be used when providing personal care after death.
    - Lay the deceased person supine with their arms by their sides and their legs straight leaving one pillow under their head.
    - Close their eyelids, ideally this should be done as soon as possible as the smaller muscles in the face develop rigor mortis very quickly. If the eyes will not remain closed, gently pull down the eyelid and place damp cotton wool on top (this will need to be removed before viewing and / or transfer to the Mortuary).
    - Try to gently close the mouth. You can support the jaw by placing a rolled-up towel underneath (this must be removed before viewing and / or transfer to the Mortuary). Straighten limbs with arms by the deceased person's sides.
    - Wash the deceased person (unless they have recently been washed), clean nails, nostrils, ears, mouth and tidy their hair. It may be important to family or carers to assist with personal care and we should try to facilitate this wherever possible if appropriate.
    - **Do not** shave the deceased as, following death, shaving can cause bruising and marking to the skin which may not show up for a number of days. Funeral Directors will normally carry this out once the deceased is in their care.
    - Clean teeth / dentures and place them in the mouth if possible. If not, place in a labelled denture pot which **must** accompany the deceased person to the mortuary. This must be documented on the MAF. Replace other prostheses whenever possible. If unable to do so, these also need to be labelled clearly and accompany the deceased person to the Mortuary.

4.6 Tubes, Cannula and Leakage

- All tubes, venous cannulae etc. below the head should always be left in situ. Clamp any drains and remove drainage bottles, catheter bags etc and spigot where appropriate.
- All endo-tracheal (ET) tubes are to be left in, unless inserted as part of cardiopulmonary resuscitation or removed as part of a planned withdrawal of treatment.
- Neck lines can be covered with gauze swabs and taped so they are less visible if family wish to view on the ward.
- Contain leakages from the oral cavity or tracheostomy sites by suctioning and positioning. Suction and spigot nasogastric tubes.
- Wounds – leave stitches and clips intact. Cover any wounds likely to continue to leak using waterproof occlusive dressings.
- Cover stomas with a clean bag. Young children should have a nappy on. Older children or adults may need to wear incontinence protection if this was their usual practice.
- For leaking oedematous limbs, a plastic backed incontinence pad can be lightly secured around affected limbs.

4.7 Identification (ID) and Wrapping

- For babies and children, local protocols on wrapping and confirming ID of the deceased prior to transfer to the mortuary should be followed.
- Always clothe a deceased patient before transfer to the Mortuary. Either a shroud, hospital gown or personal clothing can be used.
- Ensure deceased person has a legible ID band on **both** wrists.
- The deceased person should be wrapped in a sheet. One of the hands displaying the wristband should be left outside the sheet allowing MFT staff to check the patients ID. Whilst awaiting MFT attendance, leave 1 pillow under deceased person's head. Once ID has been checked with MFT staff, the hand exposed should remain out of the sheet wrapping completely. **Do not** wrap the sheet too tightly, particularly around the face.
- Body bags are not routinely required, however they should be used if there is likely to be leakage or in event of a specific infection (see **Appendices A & B** for the infections that require a body bag). Body bags should be available on each ward and should be of the correct size. The deceased should be clothed, wrapped in a sheet as normal and then placed inside the body bag. The bag should be zipped from feet to head.

4.8 Mementos

- Permission from family must be obtained before taking mementos from an adult or child (e.g. a lock of hair, foot or hand prints). If there are any special requests of this nature, provide assistance with this as appropriate.
- Any mementos which are to stay with a deceased adult or child must be documented on the MAF.

4.9 Transportation from Wards to the Mortuary

- Wards contact MFT directly to arrange transport to the Mortuary.
- Dignity and privacy must be maintained when the deceased is collected by MFT. It is the responsibility of the ward / department to prepare the area prior to MFT collecting the deceased. This may simply involve the closure of doors or curtains however, depending on the location of the deceased and the layout of the ward, extra preparation may be required. If the deceased is in a side room, some can be too small to allow for the safe transfer into the concealment trolley. The deceased may need to be taken out of the room and transfer undertaken in the ward corridor. Ward / department staff may need to draw all patient bed-side curtains, use mobile screens and temporarily limit entry to the ward to visitors. This will allow MFT and ward / department staff to transfer the deceased safely and in a dignified manner without distressing other patients or visitors to the ward / department.
- Protective clothing is not regularly required by staff during transportation if proper containment is adhered to. However, this depends on the infection risk and whether the staff transporting are comfortable without it, if not, gloves an apron can be worn. If body fluid leakage or improper containment is noted at the time of collection, removal should be halted until the ward nursing staff have rectified the situation.
- Hands must be washed before returning to subsequent duties.
- For a baby / child it usually preferable for a member of the nursing team to accompany the baby / child with MFT to the Mortuary. For transfer of Paediatric patients, a concealment trolley, infant transport bag or Moses basket can be used depending on the age of the deceased. If a Moses basket is used it **must not** be carried to the Mortuary, instead it must be placed within the concealment trolley for transfer. A Moses basket and infant transport bag are held in the Mortuary which MFT can access when required.
- On occasions the family do not wish the deceased person (including babies and children) to be held in the Mortuary. The removal of the deceased from hospital grounds must take place within the Mortuary environment. Releasing a body quickly will only be possible if there is no need for HMC involvement and the Medical Certificate of Cause of Death and cremation form (if needed), can be completed first.

Ward / department staff must contact either the Bereavement & Medical Examiner Office (in hours) or CST (out of hours) for further support with this process.

4.10 Body Storage

- A body cold store must have a capacity appropriate for the Mortuary workload, and be maintained at a temperature of about 4°C.
- In the event of a need for increased Mortuary capacity this will be dealt with via the Mortuary Contingency Plan.

4.11 Viewing

- For specific guidance on viewing in the Mortuary please refer to the Trust Policy on 'Viewing of Deceased Persons in the Mortuary'. The Mortuary viewing room is **not** a Chapel of Rest and is therefore not ideal for viewing. Where possible, ward staff should encourage viewing to take place on the ward or at the Funeral Director's Chapel of Rest. Viewing in the mortuary is **not** guaranteed and **should not** be offered to families without discussion with the Bereavement & Medical Examiner Office during normal working hours or via CST Out of Hours.
- If there is, or likely to be, HMC involvement with the deceased, we are unable to facilitate a viewing.
- If viewing involves physical contact with the deceased person the relative or visitor should be encouraged to wash their hands thoroughly before and afterwards.
- Viewing may not be possible in the case of certain high risk infections once the body has been placed and sealed in a body bag **Appendices A & B**.
- If viewing is to take place on the ward, the bed should be made with clean linen.
- Parents may wish to have the baby / child in the room for several hours and other members of the family may wish to view. Ensure the room is appropriate and a cold mat or cold cot can be made available. Please contact the Mortuary team if this would be required.

4.13 Deceased Patients' Property

- The personal effects of the deceased person are to be listed in the ward property book. All property should be returned to family directly or, if they have not been present, the property should be taken to the Bereavement & Medical Examiner Office as soon as possible, along with the medical notes.
- For guidance on how to handle property belonging to suspected or confirmed Covid-19 positive patients, please see **Appendix B.** Personal effects should be packed with thought and care for the person who is going to unpack them.

- Soiled items of clothing should be packed separately in water-soluble property bags (available on the wards) and receiving relatives advised. Any equipment, such as walking frames, wheelchairs etc., should be cleaned as per the Trust 'Decontamination of equipment and medical devices' policy. Soiled equipment must not be returned to relatives until appropriately cleaned.
- Do not pack perishable items such as fruit.
- **All property** must be labelled clearly with the deceased person's name and hospital number. Please **do not** apply the green 'Deceased' stickers to bags, these are for Medical Records only.
- Money over the value of £25 **must** be checked and documented and passed to General Office by the ward. General Office will arrange for its return to a nominated person.
- **All** jewellery and valuables should be clearly documented in both the patient's notes and the ward property book. Relatives should be asked if they would like any jewellery to be removed. If family members request it to be removed, it should be given to them in the presence of another member of staff or placed in a secure envelope/bag and stored in a secure area until it can be brought to the Bereavement & Medical Examiner Office along with the medical notes and any other property left on the ward. Any jewellery left in situ, must be logged on the MAF by the nurse responsible for the care of the patient. The patient notes and the ward property book should be updated accordingly.
- **All** medications should be returned to the hospital pharmacy.

4.14 Post-Mortem Procedures

- Infection control in the Mortuary, as elsewhere, is based on standard precautions, i.e. the prevention of contamination of workers, irrespective of knowledge of the deceased person's infection status.
- Standard operating procedures in the Mortuary should include documented risk assessments and control measures for infection risks.
- The main potential sources of infection to be considered when handling a deceased person are:
    - Blood and other body fluids
    - Waste products such as faeces and urine
    - Aerosols of infectious materials might be released when opening the body bag
    - Direct contact with the skin and through abrasions, wounds and sores

- Inoculation injury from a sharp object

- **Appendix A & B** gives guidance regarding enhanced precautions required in the case of certain infections.
- Where a deceased person is not properly identified e.g. police cases, they should be treated as high-risk cases, unless additional information becomes available.

4.15 Handover to Funeral Director

- Funeral Directors or family members collecting the deceased from the Mortuary must be informed if the body of the deceased person is a known or suspected infection hazard. They are informed by way of a Notification of Infection form, which is completed and signed by the doctor responsible for the certification of death. The Bereavement & Medical Examiner Office will ensure that this is available and completed accurately.

4.16 Bereavement Information for families

- All wards should have a supply of Bereavement Information Packs. These are written by and supplied by the Bereavement Office and contain practical advice and information on what happens next for families following a bereavement. All bereaved families should be given a pack before they leave the ward. If family has not been present ward staff should give them the telephone number for the Bereavement Office and advise them when to call as below. The Bereavement Office can send all of the information to family by email, or by post if necessary.
- Wards & Emergency Department – please advise families to call the Bereavement & Medical Examiner Office **after 10am the next working day.**
- ITU – please advise families to call the Bereavement & Medical Examiner Office **after 12pm the next working day.**
- The Bereavement & Medical Examiner Officers will be able to advise families on what is happening with regards the paperwork, when it is likely to be ready and any further arrangements to be made. Please note the issuing of a Medical Certificate of Cause of Death can be a complex legal process and information about it should **only** be given to family by the doctor responsible for the patients care or the Bereavement & Medical Examiner Office Staff.

4.17 Linked Policies

- Policy for Decontamination of Hospital Equipment and Medical Devices (Excluding Flexible Endoscopes)
- Notification to HM Coroner, Medical Certification of Causes of Death, Certification for Still Birth & Cremation

- Joint Agency Response to all unexpected deaths in childhood
- Standard Infection Control Precautions
- Viewing Deceased Persons in the Mortuary
- Verification of expected death of adult patients by Registered Nurses and Allied Health Professionals

5.0 TRAINING/COMPETENCE REQUIREMENTS

- Care After Death training, which gives an overview of the key points in this policy, is provided by the Lead Bereavement Officer as a part of various teaching programmes within the Acute Trust. This includes courses such as; Prepare to Care for HCAs within Somerset NHS Foundation Trust, Ambassadors for Palliative Care and End of Life, New Nurse Induction Programme for newly qualified nurses commencing employment at Musgrove Park Hospital.

6.0 MONITORING

Element of policy for monitoring	Section	Monitoring method - Information source (e.g. audit)/ Measure / performance standard	Item Lead	Monitoring frequency / reporting frequency and route	Arrangements for responding to shortcomings and tracking delivery of planned actions
Mortuary Admission Form adequately completed	**4.3**	Audit by the Mortuary team of all deceased patients who have been transferred to the Mortuary from a ward within Musgrove Park Hospital over a period of 2 weeks, using the Audit Tool in Appendix C	Mortuary Manager	Auditing should take place at least annually, or if there has been a trigger whereby monitoring should take place more	Audit report will be shared with the IP&C team and also addressed via the Directorate Governance Framework. Report will also be fed back to the End of Life Steering Group for information
Patient identified correctly	**4.8**				
Leakage controlled appropriately	**4.7**				
Patient appropriately dressed	**4.8**				
Valuables & jewellery managed and	**4.13**				

documented appropriately if left with the body				regularly, such as new outbreak of infection.	
Infection control requirements recorded on the Mortuary Admission Form	**4.5**				

7.0 REFERENCES

7.1 *Biological Agents: Managing the Risks in Laboratories and Healthcare Premises - Advisory Committee on Dangerous Pathogens* Health and Safety Executive 2005

7.2 *Care After Death – Guidance for staff responsible for care after death* Hospice UK (2015)

7.3 *Control of Substances Hazardous to Health Regulations (COSHH)* 2002 Approved Code of Practice and Guidance Sixth Edition (published 2013)

7.4 *Guidance for care of the deceased with suspected or confirmed coronavirus (Covid-19)* Public Health England (2020)

7.5 *Management of Deceased Individuals Harbouring Infectious Diseases* Health Protection Surveillance Centre (2013)

7.6 *Managing infection risks when handling the deceased* Health and Safety Executive (2018)

7.7 *The Health Act* Department of Health (2006)

8.0 APPENDIX A

Infection Risks after Death

Low Risk (Hazard Group 1 & 2 Pathogens)					
Infection	**Body Bag Required**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection precautions**
Acute encephalitis	No	Yes	Yes	Yes	Standard Precautions
Carbapenemase-Producing Enterobacteriaceae **(CPE)**	No	Yes	Yes	Yes	Standard Precautions
Campylobacter	No	Yes	Yes	Yes	Standard Precautions
Chickenpox / shingles	No	Yes	Yes	Yes	Standard Precautions
Clostridium Difficile (Cdiff)	No	Yes	Yes	Yes	Standard Precaution
Cryptosporidiosis	No	Yes	Yes	Yes	Standard Precautions
Dermatophytosis	No	Yes	Yes	Yes	Standard Precautions
Hepatitis A & E	No	Yes	Yes	Yes	Standard Precautions
Influenza	No	Yes	Yes	Yes	Standard Precautions
Legionellosis	No	Yes	yes	Yes	Standard Precautions
Leprosy	No	Yes	Yes	Yes	Standard Precautions
Lyme disease	No	Yes	Yes	Yes	Standard Precautions
Measles	No	Yes	Yes	Yes	Standard Precautions
MRGNO / VRE	No	Yes	Yes	Yes	Standard Precautions
MRSA	No	Yes	Yes	Yes	Standard Precautions
Meningitis (except meningococcal)	No	Yes	Yes	Yes	Standard Precautions
Mumps	No	Yes	Yes	Yes	Standard Precautions
Norovirus	No	Yes	Yes	Yes	Standard Precautions
Ophthalmia neonatorum	No	Yes	Yes	Yes	Standard Precautions
Orf	No	Yes	Yes	Yes	Standard Precautions

Low Risk (Hazard Group 1 & 2 Pathogens)					
Infection	**Body Bag Required**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection precautions**
Psittacosis	No	Yes	Yes	Yes	Standard Precautions
Rubella	No	Yes	Yes	Yes	Standard Precautions
Tetanus	No	Yes	Yes	Yes	Standard Precautions
Whooping cough	No	Yes	Yes	Yes	Standard Precautions

High Risk (Hazard Group 3 Pathogens)					
Infection	**Body Bag**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection Precautions in Mortuary**
Salmonella	Adv	Yes	Yes	Yes	Standard Precautions
E. coli 0157	Adv	Yes	Yes	Yes	Standard Precautions
HIV/AIDS	Adv	Yes	Yes	No	Inoculation
Acute poliomyelitis	No	Yes	Yes	Yes	Standard Precautions
Diphtheria	Adv	Yes	Yes	Yes	Standard Precautions
Dysentery	Adv	Yes	Yes	Yes	Standard Precautions
Leptospirosis (Weil's disease)	No	Yes	Yes	Yes	Standard Precautions
Malaria	No	Yes	Yes	Yes	Inoculation
Meningococcal septicaemia (with or without meningitis)	Adv	Yes	Yes	Yes	Inoculation
Paratyphoid fever	Adv	Yes	Yes	Yes	Standard Precautions
Q fever	No	Yes	Yes	Yes	Standard Precautions
Cholera	No	Yes	Yes	Yes	Standard Precautions
Scarlet fever	Yes	Yes	Yes	Yes	Standard Precautions
Tuberculosis	Adv	Yes	Yes	Yes	Aerosol / Airborne

High Risk (Hazard Group 3 Pathogens)					
Infection	**Body Bag**	**Viewing**	**Hygienic Preparation**	**Embalming**	**Infection Precautions in Mortuary**
Typhoid/paratyphoid fever	Adv	Yes	Yes	Yes	Standard Precautions
Typhus	Adv	Yes	Yes	No	Standard Precautions
Hepatitis B, C and non-A non-B	Yes	Yes	Yes	No	Inoculation
Invasive group A streptococcal infection	Yes	Yes	Yes	No	Inoculation
Very High Risk (Hazard Group 4 Pathogens)					
Infection	**Body bag**	**Viewing**	**Hygienic preparation**	**Embalming**	**Infection Precautions in Mortuary**
Anthrax	Adv	No	No	No	Do not open body bag until further information received
Lassa fever	Yes	No	No	No	Do not open body bag until further information received
Plague	Yes	No	No	No	Do not open body bag until further information received
Rabies	Yes	No	No	No	Do not open body bag until further information received
Smallpox	Yes	No	No	No	Do not open body bag until further information received
Transmissible spongiform encephalopathies	Yes	Yes	Yes	No	Standard Precautions
Viral haemorrhagic fever	Yes	No	No	No	Do not open body bag until further information received
Yellow fever	Yes	No	No	No	Do not open body bag until further information received
Brucellosis	Yes	No	No	No	Aerosol / airborne

9.0 APPENDIX B

Guidance on Care After Death for Covid-19 Patients (Suspected & Confirmed)

Following the death of a patient with confirmed or suspected Covid-19, Care After Death should be performed as per the main body of this policy. However, the following is added guidance on the care of these patients and their property, following their death.

Mementos

Please ask the family if they would like a lock of hair from the person who has died. Take a small lock of hair from near the back of the head and place inside a small organza bag, then put the bag inside one of the small ziplock bags and seal. Clean the outside of the bag with Clinell wipes and label the bag clearly with a patient addressograph. Ensure this is kept with the patients notes so it can be brought to the Bereavement Office.

Jewellery

Please ask family if they would like you to remove any jewellery the patient may be wearing. Please remove any items of jewellery, clean with Clinell wipes and place into a ziplock bag. Clean the outside of the bag with Clinell wipes and label the bag clearly with a patient addressograph. Ensure all items are documented in the ward property book and stored in a safe place until they can be brought to the Bereavement Office with the notes. NB. If you have any difficulty removing rings please contact the Mortuary on ext 2299 in hours, out of hours document in the notes and Mortuary admission form that the rings need to be removed.

Patient Property

Please ask the family what they would like you to do with the property. If they ask you to dispose of anything, do so in clinical waste and document in the notes. For any property that is to be kept, please see the following Infection Control advice. Any clothing should be placed into a water-soluble bag and put inside a clean patient property bag. Any other property such as mobile phones, toiletries, etc, please clean these with Clinell wipes or Tristel Fuse and place in a clean property bag. If they have a wipe clean bag of their own, this can be cleaned as previous and used for the other property, otherwise place inside a clean property bag. Please **DO NOT** use clinical waste bags, linen bags etc for property. Ensure the bags are clearly labelled and complete a property book, all property can be brought to the Bereavement Office along with the notes as normal by the ward receptionist.

Documentation

Complete a Mortuary Admission Form (MAF) as normal. Ensure you indicate if there is suspected or confirmed infection and what precautions are required. If there are any keepsakes or valuables left with the patient, please write these on the MAF. Notes should reflect any conversations you have had with the family.

Further Information

Please ask family to call the Bereavement Office after 10am the following working day. We will be able to send the Bereavement Information pack to them either electronically, or by post, along with other information they require. We will liaise with them regards the paperwork, registering the death and return of property.

If you have any questions please call us in the Bereavement Office on ext 3753/4753 or email us on BereavementSupportOffice@SomersetFT.nhs.uk.

Covid-19 is a new infection which we are still learning about; therefore it has not yet been given a Hazard Group Category. The following advice is based on the information we already know and should be followed for any deceased patient who has died from suspected **or** confirmed Covid-19.

Infection	Body bag	Viewing	Hygenic Preparation	Embalming	Infection Precautions in Mortuary
Covid-19	Yes	No	Yes	Yes	Aerosol/Airborne

If the infection is **not** on the list and you are in any doubt, contact the Infection Prevention and Control team.

Adv = Advisable and may be required by local health regulation

Other conditions requiring a body bag and with restriction of contact are:

- Death in a 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

10.0 APPENDIX C

Audit Tool

For use by Mortuary & Bereavement Staff only

Name of Patient	MRN	Date of Death	Ward	Date of Audit

		Yes	No
1	Mortuary Admission Form fully completed?		
2	If MAF not fully completed was ward contacted to come and complete the form?		
3	ID band in place and legible?		
4	If ID band not in place or illegible was the ward contacted to come and re-issue an ID band?		
5	Leakage prevented appropriately?		
6	Was a body bag used appropriately?		
7	Is reason for body bag specified?		
8	IP&C precautions section complete?		
9	Hazard group section completed accurately?		
10	Patient clothed in a hospital gown, shroud or personal clothing?		
11	Patient's mouth closed?		
12	Patient's valuables correct and rings taped?		