

## Last Offices and Infection Prevention and Control

### Key Points

**Standard Infection Control Precautions should be used in the care of all deceased patients. Any additional transmission based infection control precautions taken during life should be continued after death, during hygienic preparation of the body, embalming or post mortem examination.**

**Mortuary staff, funeral directors or embalmers must be informed of any infection risk, particularly tuberculosis.**

### Procedure

- Standard Infection Control Precautions should be used in the care of all deceased patients. This will include the use of plastic aprons and disposable gloves.
- Patients who present a particular infection hazard should be identified to the mortuary staff or funeral directors to ensure that the appropriate precautions are taken in the ongoing care of the body.
- Exceptional care must be taken to avoid splashing body fluids if redressing wounds and removing urinary or intravenous catheters. Eye or face protection is recommended when splashing is likely.
- Be aware that Sharps may inadvertently have been left on the bed in the urgency of resuscitation.
- Viewing by relatives should take place before the body leaves the ward. If this is not possible, viewing of infected bodies may take place in the mortuary/viewing room (See table for details of viewing restrictions in Guidance Tab).
- Cadaver bags should be used where the containment of blood and body fluids is difficult or where there is a particular infection hazard (See table for specific infections in Guidance Tab).
- If relatives become distressed because they cannot view a body, the medical staff that cared for the deceased should be asked to discuss the matter with them.
- In the case where relatives or religious representatives wish to be involved in the performance of last offices including hygienic preparation of the body or religious rites, on a patient who presents an infection hazard, advice may be obtained on an individual patient basis from the Infection Prevention Control Team or the CCDC.
- Post mortem examination, if considered necessary for a patient with an infection hazard must only be carried out in the Regional Forensic Mortuary at the Royal Victoria Hospital Belfast.

## Tuberculosis (Open Pulmonary Only)

- Patients with clinically suspected or diagnosed open pulmonary tuberculosis who have NOT completed two weeks of Chemotherapy are considered infectious.
- When movement of the body is essential a disposable cloth should be placed over the mouth and nose to prevent release of aerosols of infectious materials.
- Staff must also wear appropriate respiratory protection when performing any procedures or moving the patient, this is especially important in the case of MDR-TB.

## Mortuary Staff and Funeral Directors

The clinical team looking after a patient have a duty to inform mortuary staff, funeral directors or embalmers about patients who present a particular infection hazard, particularly tuberculosis.

## Category 4 Pathogens

- Definition of Hazard Group 4 - A biological agent that causes severe human disease and is a serious hazard to employees; it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.
- Read more about the categorisation of microorganisms at <http://www.hse.gov.uk/pubns/misc208.pdf>
- There are a number of rare infections which are caused by Category 4 pathogens. Examples of these diseases are: Rabies, Viral haemorrhagic fevers, Lassa fever, Marburg virus, Ebola virus and Pulmonary anthrax. Patients suffering from these and other dangerous diseases should be strictly isolated and transferred to the Regional Infectious Diseases Unit (Royal Victoria Hospital). Although there are no appropriate isolation facilities for these patients in most hospitals, a patient may be admitted and die before transfer. If the patient is suspected to be infected with a Category 4 pathogen, special precautions must be taken with the body.
- Advice must be sought as a matter of urgency from the Infection Prevention & Control Team or the Consultant in Communicable Disease Control if any of these diseases are suspected.

## Guidelines for Handling Cadavers with Infections

\*Adv – Advisable

Degree of risk	Infection	Bagging	Viewing	Embalming	Hygienic Preparation
Low	Acute encephalitis	No	Yes	Yes	Yes
Low	Chickenpox/shingles	No	Yes	Yes	Yes
Low	Cryptosporidiosis	No	Yes	Yes	Yes
Low	Dermatophytosis	No	Yes	Yes	Yes
Low	Legionellosis	No	Yes	Yes	Yes
Low	Lyme disease	No	Yes	Yes	Yes
Low	Measles	No	Yes	Yes	Yes
Low	Meningitis (except meningococcal)	No	Yes	Yes	Yes
Low	Mumps	No	Yes	Yes	Yes
Low	Meticillin-resistant <i>Staphylococcus aureus</i> (MRSA)	No	Yes	Yes	Yes
Low	Ophthalmia neonatorum	No	Yes	Yes	Yes
Low	Orf	No	Yes	Yes	Yes
Low	Psittacosis	No	Yes	Yes	Yes
Low	Rubella	No	Yes	Yes	Yes
Low	Tetanus	No	Yes	Yes	Yes
Low	Whooping cough	No	Yes	Yes	Yes
Medium	Acute poliomyelitis	No	Yes	Yes	Yes
Medium	Cholera	No	Yes	Yes	Yes
Medium	Diphtheria	Adv*	Yes	Yes	Yes
Medium	Dysentery	Adv*	Yes	Yes	Yes
Medium	Food poisoning	No	Yes	Yes	Yes
Medium	Hepatitis A	No	Yes	Yes	Yes
Medium	HIV/AIDS	No	Yes	No	Yes
Medium	Leptospirosis (Weil's disease)	No	Yes	Yes	Yes
Medium	Malaria	No	Yes	Yes	Yes
Medium	Paratyphoid fever	Adv*	Yes	Yes	Yes
Medium	Q fever	No	Yes	Yes	Yes
Medium	Relapsing fever	Adv*	Yes	Yes	Yes
Medium	Meningococcal septicaemia	Adv*	Yes	Yes	Yes
Medium	Scarlet fever	Adv*	Yes	Yes	Yes
Medium	Tuberculosis	Adv*	Yes	Yes	Yes
Medium	Typhoid fever	Adv*	Yes	Yes	Yes
Medium	Typhus	Adv*	No	No	No

Section: Last Offices

Degree of risk	Infection	Bagging	Viewing	Embalming	Hygienic Preparation
High	Anthrax	Adv*	No	No	No
High	CJD and TSE	No	Yes	No	Yes
High	Group A streptococcal infection (invasive)	No	Yes	Yes	Yes
High	Hepatitis B and C	Yes	Yes	No	Yes
High	Plague	Yes	No	No	No
High	Rabies	Yes	No	No	No
High	Smallpox	Yes	No	No	No
High	Viral haemorrhagic fever	Yes	No	No	No
High	Yellow fever	Yes	No	No	No

## References

1. Healing TD, Hoffmann PN, Young SEJ. The infection hazards of Human Cadavers. CDR review 1995; (5); 61-68.  
[Available at <http://www.hpa.org.uk/cdr/archives/CDRreview/1995/cdrr0595.pdf>]
2. Health and safety executive: Controlling the risks of infection at work from human remains.  
[Available at <http://www.hse.gov.uk/pubns/web01.pdf>]