

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Infection Prevention and Control : Care of the of Cadaver Policy

Version No :	5.0
Effective from	28 th December 2011
Expiry Date:	28 th December 2013
Date Ratified:	4 th January 2012
Ratified by:	Liz Harris, Head of Nursing RVI

1. Introduction

An infection may not always have been identified prior to death, therefore it is essential that at all times staff involved in handling the body in the ward or community environment adhere to the [Standard Principles](#) of Infection Prevention and Control as per Trust policy.

2. Policy Scope

The Trust expects that all staff who work in the clinical ward environment and community should adhere to the principles of this policy. This policy provides instruction on the Infection Prevention and Control (IPC) risks of a patient post mortem. This policy is not concerned with the storage and examination of bodies in Trust mortuaries.

3. Aim of this Policy

The aim of this policy is to promote the safe transfer of a patient postmortem with a known or suspected infection from the clinical ward environment to the mortuary, whilst providing guidance for community staff when they are involved in caring for the body post mortem in the home environment.

4. Duties

- 4.1 All Trust employed staff, agency and locum staff are responsible for adhering to this policy.
- 4.2 Mortuary staff are responsible for reporting breaches of this policy to the Sister/Charge Nurse on the ward.
- 4.3 Ward Sisters/Charge Nurses are responsible for ensuring implementation within their area, and for ensuring all staff working within the area, adhere to the principles at all times.
- 4.4 The Infection Prevention and Control Team (IPCT) is responsible for providing expert advice in accordance with this policy, for supporting staff in its

implementation and assisting with risk assessment where complex decisions are required.

5. Definitions

Cadaver- The dead body of a human being.

Post mortem- Following death of a human being.

6. Principles for safe handling

- 6.1 If a person with a known or suspected infection dies, it is the duty of those with this knowledge to ensure that those who handle the body should be aware of the potential risk of infection, so the appropriate IPC measures are taken.
- 6.2 In the clinical ward environment it is not essential for all bodies to be placed in cadaver bags. Guidance as to which infection/diseases require a cadaver bag are identified in Appendix 1, as well as the IPC notification sheet which must be completed for all in-patients and attached to the cadaver bag.
- 6.3 If the patient was suffering from pulmonary Tuberculosis and was still considered to be infectious at the time of death, then the face of the deceased should be covered with a disposable face mask/cloth. The mask/cloth should remain in situ whilst Last Offices are carried out and whilst the body is handled to reduce aerosol generation as air is expelled from the lungs
- 6.4 If the death of a patient is referred to the Coroner, then all indwelling drains, catheters and IV lines must not be removed.
- 6.5 Any leaking orifices should be packed with gauze and any leaking sites should be covered with an occlusive dressing and the body placed in a cadaver bag.
- 6.6 Some cultural and religious groups believe it is necessary to carry out ritual preparation before burial. Relatives, close friends or religious leaders of the deceased may expect to perform these rituals. See Trust Policy [Respecting the Religious and Cultural Needs of Patients](#).

In many cases this will be possible but where there is concern about suspected/known infection advice should be sought from the Infection Prevention and Control Team (IPCT) or from the on call microbiologist if out of hours.

All ritual preparations in the ward environment should be supervised by a member of staff, with any risks explained prior to the body's preparation and the adherence to standard precautions for all who participate in such preparation practices i.e. wearing of the appropriate personal protective equipment such as gloves, aprons, masks, etc. for the tasks involved.

- 6.7 In circumstances when the body has to be placed in a cadaver bag prior to viewing and /or leaving the ward, a clear explanation should be given and emphasis made to the relatives/carers that this is to meet IPC standards.
- 6.8 If relatives wish to view the deceased after removal from the ward, the staff on the ward should contact the reception desk on the respective hospital site, who will arrange for the relatives to visit after liaison with the Mortuary staff.

7. Training

All staff working on Trust premises, including Trust employed staff; agency and locum staff are responsible for accessing IPC Policies in order to assist in the management of their patients. If the Mortuary staff identify non compliance with the policy, this will be highlighted to the Sister/Charge Nurse on the clinical ward environment. This will identify a training issue which will be addressed by the Sister/Charge Nurse of the clinical ward environment.

8. Equality

This policy applies to all patients post mortem with a known or suspected infection.

9. Monitoring

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Compliance with this policy will be monitored by Mortuary Staff. If non compliance is identified the ward is contacted and a Datix form is completed	On the transfer of a patient to the mortuary an assessment is carried out to identify compliance with NuTH Policy	Mortuary Staff	IPCC	On a case to case basis

10. References

Bakhshi. S S (2001) "Code of practice for funeral workers: managing infection risk and body bagging", *Communicable Disease and Public Health* 2001; 4: 283-7

Health Services Advisory Committee. (2003). Safe working and the prevention of infection in the mortuary and post-mortem room. London. HMSO.

Royal Marsden Manual of Clinical Nursing Procedures, 8th Edition Last Offices, Chapter 2, Procedure guideline 2.2

11. Associated Documentation

Trust Policies (Accessed via Policies & Procedures, Trust intranet)

- [Control of Tuberculosis, Prevention and Control in Newcastle Hospitals](#)
- [Hand Hygiene Policy](#)
- [Isolation Policy](#)
- [Notifiable Diseases](#)
- [Nursing Verification of Expected Adult Death](#)
- [Patients with Bloodborne Viral Infections](#)
- [Respecting the Religious and Cultural Needs of Patients](#)
- [Standard Precautions](#)

12. Consultation and Review

This policy has being reviewed by the members of the IPC Operational Meeting, the IPC Nurses and the Mortuary Manager.

13. Implementation of policy

This Policy is the amalgamation of the Acute and Community IPC Care of the Cadaver Policy.

Policy Authors: Jill Naisbit IPCN
Sheila Postlethwaite IPCN

Appendix 1

**The Newcastle upon Tyne Hospitals NHS Foundation Trust
Infection Prevention and Control Notification Sheet
(Form to be kept with the deceased)**

1. Name of Deceased:
(Do not apply hospital sticker)

2. Date and Time of Death:

3. Hospital Site and Ward:

4. Body identification label: Yes/ No (ring as appropriate)

**5. The Patient is identified as having a known or suspected infection:
Yes/No (ring as appropriate)**

Please state infection: _____

**If the patient does not have a known or suspected infection please state why
deceased was placed in a cadaver bag:** _____

6. Instructions for handling Body:

a) Cadaver Bag and Biohazard Label Are Essential for patients with:

- Invasive Group A Streptococcal Infection
- Transmissible Spongiform Encephalopathy's (e.g. vCJD/CJD)
- Blood-borne Viral Infections except Hepatitis A

b) Cadaver Bag is advised for patients with:

- Tuberculosis
- Scarlet Fever
- Excessive leaking wounds/orifices

c) Cadaver Bag is not required for patients with:

- | | |
|---------------------|-----------------------|
| Chickenpox/Shingles | Clostridium difficile |
| E Coli infections | Influenza |
| Measles | Meningitis |
| MRSA | MSSA |
| Mumps | PVL MRSA/MSSA |

If the infection is not listed above, advice can be sought from the Mortuary staff, IPCT and Microbiologist on-call out of hours.

Print Name: _____ Signature: _____

Designation: _____ Date: _____

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Care of the deceased and the use of Cadaver Bags Policy	Policy Author:	Jill Naisbit Infection Prevention and Control Nurse
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	NA	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Jill Naisbit Infection Prevention and Control Nurse Date: 22/12/2011

Names & Designations of those involved in the impact assessment screening process: Jill Naisbit and Sheila Postlethwaite Infection Prevention and Control Nurse s

..(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.