The Newcastle upon Tyne Hospitals NHS Foundation Trust

Cadaver (Body) Bags for the Deceased Patient

<table>
<thead>
<tr>
<th>Version No</th>
<th>5.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective from</td>
<td>22 March 2016</td>
</tr>
<tr>
<td>Expiry Date</td>
<td>22 March 2019</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>10 March 2016</td>
</tr>
<tr>
<td>Ratified by</td>
<td>Infection Prevention and Control Committee (IPCC)</td>
</tr>
</tbody>
</table>

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 deceased in the clinical or community environments adhere to the Standard Principles of Infection Prevention and Control as per Trust policy.

2 Policy Scope

The Trust expects that all trust staff should adhere to the principles of this policy. This policy provides instruction on the Infection Prevention and Control (IPC) risks of a deceased patient. This policy is not concerned with the storage and examination of bodies in Trust mortuaries.

3 Aims of Policy

The aims of the policy are to:-
- Promote the safe transfer of a deceased patient with a known or suspected infection from the clinical environment to the Mortuary.
- Provide guidance for community staff involved in handling the deceased in the community environment.

4 Duties

4.1 All Trust employed staff, bank 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 Matron/Sister/Charge Nurse on the respective clinical area.

4.3 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:-
- Provision of expert advice and supporting staff in its implementation.
• Assistance with risk assessment where complex decisions are required.

5 Definitions

• Cadaver - The dead body of a human being.
• IPC - Infection Prevention and Control
• IPCT - Infection Prevention and Control Team
• CAT - Clinical Assurance Tool

6 Principles for Safe Handling

6.1 When a person with a known or suspected infection dies, there is a Duty of Care to ensure that those who subsequently handle the deceased are made fully aware of any potential risks so that appropriate IPC measures can be implemented.

6.2 It is not essential for all deceased to be placed in cadaver bags. Guidance as to which infection/diseases requiring the use of a cadaver bag are identified on the IPC Notification Sheet (Appendix 1); this must be completed and attached when using a cadaver bag. Biohazard labels should also be used in some cases as advised on the IPC Notification Sheet.

6.3 Cadaver bags can be obtained from Supplies.

6.4 Community staff are not responsible for placing the deceased in a cadaver bag. Where there is any known or suspected risk of infection the Funeral Director must be informed.

6.5 If the deceased was known/suspected to have Pulmonary Tuberculosis and/or deemed infectious at the time of death, the face of the deceased may be covered with a disposable face mask/cloth whilst Last Offices are performed to reduce aerosol generation from handling the body.

6.6 Any leaking orifices should be packed with gauze and any leaking sites should be covered with an occlusive dressing and the deceased placed in a cadaver bag. The IPC Notification Sheet should be attached with relevant section(s) completed.

6.7 In certain circumstances it is necessary for religious and cultural groups to undertake ritual preparation before burial. Relatives/carers, close friends or religious leaders of the deceased may expect to undertake these. Refer to Respecting the Religious and Cultural Needs of Patients for further information.

6.7.1 In many cases it will be possible to undertake these observances but where there is concern about suspected/known infection risk(s) advice must be sought from the IPCT or from the on call Microbiologist (out of
hours). Communication support if required will be important in these discussions.

6.7.2 In the clinical environment all ritual preparations/practices should be supervised by an experienced member of staff, who has a full understanding of this policy and any associated IPC risks. Any suspected/known infection risks should be explained in advance of the deceased’s preparation and Standard Precautions adhered to by all who participate in the preparation practices. e.g. use of appropriate PPE for the tasks involved.

6.8 In circumstances where the deceased has been placed in a cadaver bag prior to the relatives/carers viewing the deceased and/or the deceased leaving the clinical environment, a clear explanation should be given to them that this is to meet IPC standards. This should be documented in the deceased’s records.

6.9 If relatives/carers wish to view their deceased after removal to the Mortuary, staff should contact the Leazes Wing Reception Desk (ext. 28500) who will liaise with the appropriate site Mortuary staff to arrange a mutually convenient appointment.

6.10 The Mortuary staff will record the details of any deceased patient entering the Mortuary without an IPC Notification Sheet into the Mortuary Log and will contact the respective Sister/Charge Nurse/Head of Department immediately requesting that the IPC Notification Sheet is completed and brought to the Mortuary immediately.

6.10.1 Mortuary staff will complete a Datix form whenever a clinical area fails to complete/attach the IPC Notification Sheet on three separate occasions. This will then trigger an investigation to be undertaken by the clinical area’s respective Directorate Leads.

7 Training

7.1 All staff working on Trust premises, including Trust employed staff, bank staff, agency and locum staff have a professional responsibility for accessing Trust and relevant IPC Policies in order to assist in the management of the deceased.

7.2 It is the responsibility of the Matron/Sister/Charge Nurse/Head of Department to ensure that training is offered to all relevant staff in relation to care of the deceased.

8 Equality

This policy applies to all individuals with a known or suspected infection at time of death.
## 9 Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cadaver bag used in accordance with IPC Notification Sheet</td>
<td>Audit on receipt into Mortuary</td>
<td>Appropriate Directorate Clinical Governance Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>All cadaver bags have IPC Notification Sheet attached</td>
<td>Submission of Datix</td>
<td>Appropriate Directorate Clinical Governance Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>Biohazard label used as identified on Notification Sheet</td>
<td>Submission of Datix</td>
<td>Appropriate Directorate Clinical Governance Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>Leaking orifices to be packed with gauze and leaking sites covered with occlusive dressing</td>
<td>Submission of Datix</td>
<td>Appropriate Directorate Clinical Governance Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>Adherence to IPC Standard Precautions</td>
<td>Clinical Assurance Tool (CAT)</td>
<td>Matrons/Sisters/Charge Nurses</td>
<td>Monthly</td>
</tr>
<tr>
<td>Responsibility of Community Staff to inform Funeral Director of any known/potential infection risk(s)</td>
<td>Review of complaints</td>
<td>Complaints Panel</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

## 10 Consultation and Review

This policy has been reviewed by the IPC Committee and the Mortuary Operations Manager.
11 Implementation of Policy

Clinical Directors, Matrons, Sister/Charge Nurses and Clinical Leads should ensure staff are aware of this policy.

This policy is available for staff to access via NuTH intranet.

12 Bibliography

- Control of Substances Hazardous to Health Regulations (2002)
- Health and Safety Executive (2005) Controlling the risks of infection at work from human remains. HSE

13 Associated Documentation

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

- Control of Tuberculosis, Prevention and Control in Newcastle Hospitals
- Decontamination of the Patient Environment including terminal and deep cleaning
- Hand Hygiene Policy
- Isolation Policy
- Notifiable Diseases
- Nursing Verification of Expected Adult Death
- Patients with Blood borne Viral Infections
- Respecting the Religious and Cultural Needs of Patients
- Standard Precautions

Policy Authors: Infection Prevention and Control Nurses
Appendix 1
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Infection Prevention and Control Notification Sheet for Acute Setting Only
(Form to be kept with the deceased)

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

2. Deceased MRN Number: ............................................................

3. Date and Time of Death: ............................................................

4. Ward and Hospital Site: .............................................................

5. Deceased Identification Label: Yes/ No (ring as appropriate)

6. The Deceased is known/suspected to have infection:
   Yes/No (ring as appropriate)

7. Please state: __________________________________________________

8. If the deceased is not known/suspected to have infection state why
cadaver bag used: _______________________________________________

9. Instructions for Use of Cadaver Bag:

   a) Cadaver Bag and Biohazard Label Are Essential for:
      Invasive Group A Streptococcal Infection
      Transmissible Spongiform Encephalopathy’s (e.g. vCJD/CJD)
      Blood-borne Viral Infections e.g. HIV, Hepatitis B and Hepatitis C

   b) Cadaver Bag is Advised for:
      Pulmonary Tuberculosis
      Excessive leaking wounds/orifices
      Scarlet Fever

   c) Cadaver Bag is Not Required for:
      Chickenpox/Shingles
      E Coli infections
      Measles
      MRSA
      Mumps
      Hepatitis A
      Clostridium difficile
      Influenza
      Meningitis
      MSSA
      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: _____________________________

Page 6 of 6
PART 1

1. **Assessment Date:** 2\(^{nd}\) March 2016

2. **Name of policy / strategy / service:**
   
   Cadaver (Body) Bags for the Deceased Patient

3. **Name and designation of Author:**
   
   Sheila Postlethwaite Infection Prevention and Control (IPC) Senior Nurse

4. **Names & Designations of those involved in the impact analysis screening process:**
   
   Lucy Hall Equality and Diversity Lead, Sheila Postlethwaite IPC Senior Nurse

5. **Is this a:**
   
   Policy \(\square\)  Strategy \(\square\)  Service \(\square\)

**Is this:**

New \(\square\)  Revised \(\square\)

**Who is affected:**

Employees \(\square\)  Service Users \(\square\)  Wider Community \(\square\)

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

   The aims of the policy are to:
   
   - Promote the safe transfer of a deceased patient with a known or suspected infection from the clinical environment to the Mortuary.
   - Provide guidance for community staff involved in handling the deceased in the community environment.
7. **Does this policy, strategy, or service have any equality implications?**

   Yes ☒ No ☐

   **These have been considered and included within the policy**

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

   

8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance equal opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Interpreter policy EDHR mandatory training End of Life Care pathway</td>
<td>Communication needs are covered in the policy</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>EDHR mandatory training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Consideration of religious and cultural needs considered and documented in the policy</td>
<td>Religious and cultural needs are covered in the policy</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>EDHR mandatory training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>EDHR mandatory training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>---</td>
<td>------------------------</td>
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<td>---</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Interpreter policy EDHR mandatory training End of Life Care Pathway</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>EDHR mandatory training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>EDHR mandatory training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>EDHR mandatory training Women who die in pregnancy will be treated as other deceased patients</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above. If ‘yes’ how will these be rectified?

   No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in
In respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement  Yes

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

The policy states that if there are any conflicts relating to religious practices these are to be discussed with IPC Team.

PART 2

Signature of Author
S. Postlethwaite

Print name
SHEILA POSTLETHWAITE

Date of completion
2nd March 2016

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