Guidelines for the Management of Deceased Persons Harbouring Infectious Disease

FREQUENTLY ASKED QUESTIONS

Why has this Guideline document been produced?

The document <u>Management of Deceased Persons Harbouring Infectious Disease</u> has been produced as a resource for workers in the funeral industry, mortuary workers, health professionals, families of the deceased and the public and is intended to assist in striking a balance between ensuring respect for the dead while minimising the risk of infection posed by human remains. It should be noted that the risk of acquiring infectious diseases from the living are potentially a greater hazard than acquiring such diseases from the deceased.

The Guidelines indicate that a <u>Notification of Death (NoD) Form</u> should be completed in the case of all deaths. Why is this being recommended?

The NoD form is a new HSE form intended to minimise the risk of infection transmission while preserving clinical confidentiality about a deceased person. The NoD form ensures a mechanism that would allow the clinical details of the deceased to be readily identified.

The NoD form is completed after every death by the attending physician, and it records the infectious risk categorisation of the patient (without disclosing the diagnosis). The form also contains the contact details of medical practitioner who attended the deceased patient during life. This form will remain with the deceased until interment or cremation.

If these human remains were to be infected with serious, potentially transmissible infection (i.e. a bloodborne infection such as Hepatitis B or HIV), and a funeral director/embalmer were to receive a sharps injury while preparing the deceased remains, then the NoD form accompanying the body would have the contact details of the physician attending the deceased during life. When the funeral director/embalmer sought medical attention for his/her injury, their clinician would have access to the contact details of the clinician familiar with the medical history of the deceased, who would be able to advise accordingly.

Should the MODI Notification of Death form be used instead of existing forms?

Yes, the NoD form will be the method whereby the infectious risk of a deceased person can be categorised. The use of the form and the collection of the details of the last attending physician mean that in the event of a mortuary worker sustaining a sharps injury, the clinical details and true infectious risk of the deceased person can be rapidly identified, enabling an appropriate and timely risk assessment. It is intended that the use of this form will become routine.

Why is the use of Standard Precautions being recommended, rather than disclosing the patient's diagnosis?

The likelihood of transmission of infection from human remains is considerably lower than that from a living patient. A patient's clinical diagnosis is confidential, even after death. This right to this privacy is a universal privilege. Standard Precautions arose because of 1) the requirement to protect this confidentiality as far as possible and 2) the value of adopting a precautionary approach to patients whose infection status was unknown. So, if a patient is infected with a potentially transmissible condition, use of customary standard precautions will minimise the risk of any transmission of

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infection. Only a tiny minority of patients die from or are infected with an infectious disease at death. In many cases, the infection may not have even been identified before death. So the customary approach in managing patients in hospital is to assume that all patients are infected and to take appropriate Standard Precautions should be applied in death as well.

What are Standard Precautions?

Standard Precautions are a universal series of protective measures that one adopts when in contact with patients (living or dead) that will minimise the likelihood of an infectious disease being passed from the patient to the health care worker or mortuary/funeral worker. Standard Precautions (Appendix 7) include the following core elements:

- Handwashing: after all procedures, after delivery or collection of the cadaver, after removing gloves, before handling any food
- Abstaining from smoking or eating during post-mortem procedures
- Use of appropriate Protective Clothing such as aprons, gowns, gloves, overshoes or Wellington boots, goggles, face mask, and use of specific equipment during embalming procedures.

See Management of Deceased Individuals Harbouring Infectious Diseases - Appendix 7 for a full explanation of Standard Precautions.

Should Body Bags be used in the case of every death?

The guidance intends that there should be a move to the universal use of body bags. It is advised that body bags be used in every situation (the use of body bags is a practical measure to facilitate lifting and moving). There is considerable evidence that there is an increased risk of leakage of body fluids from human remains when death occurs in a healthcare setting Their use is therefore a hygienic measure to prevent leakage, and can make a significant contribution (along with the use of standard precautions) to infection control. Therefore, it is advisable that the use of body bags should be considered for all bodies, regardless of infection status.

At what point should Body Bags be used?

The deceased must be placed in a body bag prior to transportation to the mortuary. If the body is being transported from the home it may be placed in a body bag. If the deceased is not being moved from home and there is no known infection risk then use of a body bag will not be necessary.

Are there any Circumstances in which Body Bags should not be used?

Yes, they should not be use in the case of smaller children and neonates. Also when the deceased is being waked at, or not being moved from, home, and there is no known infection risk, there is no need to use a body bag.

Is there a Particular Standard of Body Bag that should be used?

Currently, there is no standard requirement for quality of body containment bags. It will be the responsibility of each individual mortuary/funeral director/undertaker to satisfy themselves as to the quality of the bag being used. That said, it is recommended that body bags made of polyvinyl chloride should not be used if the body is to be cremated because of the risk of dangerous emissions of dioxins. There are however, a number of suitable alternatives available on the market.

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Under which conditions can embalming be undertaken?

The purpose of embalming is to cleanse, temporarily preserve and maintain a lifelike appearance of the deceased. Embalming is a highly technical process and should only be performed in premises which are suitable for the purpose and meet Health and Safety Regulation standards, and by suitably qualified and trained practitioners. Planning regulations should ensure that funeral premises are suitable for purpose, including the provision of embalming facilities. Certain infectious conditions are a contraindication to embalming; embalming must not be carried out on those who have died from certain (Hazard Group 4) diseases, and also from Transmissible Spongiform Encephalopathy.

What should I do if I receive a Sharps Injury?

If a funeral director or embalmer sustains a sharps injury, they should:

- a) Seek immediate medical advice from their local Occupational Health Department, Emergency Department or General Practitioner,
- b) Bring with them the clinical information (if the deceased person suffered with a disease caused by a Hazard Group 4 pathogen or TSE) and attending physician's contact details contained in the Notification of Death form.
- c) Their medical advisor will then advise treatment/interventions along the lines laid out in the HPSC's guidance document Emergency Management of Injuries (available at www.emitoolkit.ie).

Where can I find more Information?

The full document, *Management of Deceased Individuals Harbouring Infectious Disease*, guidance for embalmers and funeral directors and the Notification of Death Form can be found on the website of HPSC at http://www.hpsc.ie/A-Z/LifeStages/MoDI/.

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