



# Deceased Patient With Infectious Disease Procedure

Procedure Number

CHC-IC-0007

Version Nos:

6

## 1. Purpose

This Procedure outlines the process for the care of a deceased patient with an infectious disease/or gross bodily fluid leakage by West Coast District Health Board (WCDHB) staff members.

## 2. Application

This Procedure is to be followed by all clinical staff throughout the WCDHB.

## 3. Definitions

There are no definitions associated with this Procedure:

## 4. Responsibilities

For the purposes of this Procedure:

**Clinical Nurse Specialist - Infection Control** is required to:

- oversee all aspects of this Procedure
- monitor the performance of WCDHB staff members in relation to this Procedure;

**Staff Members** are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.

## 5. Resources Required

This Procedure requires:

- Gowns, gloves, masks and eye protection
- Opsite dressing
- Bandages
- Yellow rubbish bags
- Impervious Infectious Linen bags (white with yellow stripe)
- Body Bag

## 6. Process

- 1.00 Care must be taken to ensure that staff members are not unnecessarily exposed to an infectious disease from a deceased patient.
- 1.01 Gowns, gloves, masks and eye protection are to be worn by staff members when preparing the body after death.
- 1.02 All drains, dressings, catheters, IV lines are to be removed. (Unless *in a coroners case where all lines etc stay insitu*)
- 1.03 Puncture or wound sites are to be covered with Opsite dressing. Clean bandages should be placed over large limb wound sites.
- 1.04 All discarded dressings and devices are to be disposed of into a double yellow rubbish bag, seal and incinerate.



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- 1.05 The body may be washed as necessary and dressed in a gown, own attire or shroud.
- 1.06 Dentures are to be washed and left insitu or placed into a labeled container and left with the patient.
- 1.07 The body is to be appropriately labeled indicating an infectious disease Documentation can be a label or form held with body.
- 1.08 The use of a Body Bag if there is gross leakage of body fluids or the patient has highly infectious disease. These bags are obtained from the storage box in the room just inside the corridor to CSSD at Greymouth Hospital at Buller Health this can be obtained from the store room in Foote Ward. And at Reefton Hospital this will be held in the Mortuary box in the Linen room
- 1.09 The body is then transferred to the WCDHB Mortuary or collected by Funeral services staff
- 1.10 The orderly is to be notified by Ward staff of Personal Protective Equipment that is required by them when transferring the body from the ward to the mortuary. The trolley should be thoroughly washed after use with the appropriate cleaning solution (i.e. Precept for viral Prephen for bacterial and Trigene for bacterial spores.)
- 1.11 All linen is placed into the impervious infectious linen bags and double bagged (white impervious bag with yellow stripe).
- 1.12 All food items and perishables and disposable items in the room are to be disposed of into yellow rubbish bags and sealed for incineration.
- 1.13 Patients personal items - solid objects are to be wiped over with disinfectant, discuss disposal of clothing with relatives. If clothing is taken home, relatives must be advised to wash the garments as soon as possible. (Hot wash in Separate load)
- 1.14 The physician or attending specialist is to notify the Medical Officer of Health of the patient's death and the funeral director of the infectious nature of the patient. Patients with suspected or known Notifiable Diseases are required immediate notification to the Medical Officer of Health.  
The Medical Microbiologist and the Infectious Diseases Physician should be notified when hemorrhagic fever viruses, Sars, prions, monkey pox & agents of bioterrorism are suspected or known.

### Infectious agents of special infection control interest for healthcare settings:

- *Clostridium difficile*
- Multidrug-resistant organisms(MDROs)
- Agents of bioterrorism e.g. anthrax, smallpox, plague, tularemia, & botulism
- Prions e.g. CJD
- Severe acute respiratory syndrome(Sars)
- Monkey pox, Noroviruses
- Hemorrhagic fever viruses



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## 7. Precautions and Considerations

- ➔ Gowns, gloves, masks and eye protection are to be worn by staff members when preparing the body after death.
- ➔ The body is to be appropriately labeled indicating an infectious disease.
- ➔ A body bag is to be used if patient has gross fluid leakage and/ or if patient has highly infectious disease
- ➔ The physician or attending specialist is to notify the Medical Officer of Health of the patient's death and the funeral director of the infectious nature of the patient.

## 8. References

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 Centre Disease Control. <http://www.cdc.gov/ncidod/dhap/pdf/isolation2007.pdf>

New Zealand Standard – Infection Control (NZS 8142:2008)

## 9. Related Documents

WCDHB Health and Safety Procedure Manual

WCDHB Infection Control Procedure Manual

<b>Revision History</b>	<b>Version:</b>	6
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