

Section 9: Post-Mortem Care in the Health Facility

Policy number: **9.1**

Subject: Post-Mortem Care in the Health Facility

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Revised:

Distribution: **All FNIHB Staff**

1 PURPOSE

- 1.1 There may be occasions when a client dies within a clinic, or health facility or is brought to the health facility post-mortem. Post-mortem care in the health facility includes the basic preparation of the body for transportation to the funeral home or designated place. Principles of asepsis must be maintained while providing care to the deceased to reduce risk of cross contamination of infectious microorganisms to staff, clients and visitors within the health facility, or to the environment.

2 POLICY

- 2.1 In the event that a client dies within a health facility or is brought to the facility post-mortem, health care providers may be required to provide initial post-mortem care. HCPs must follow Routine Practices at all times to protect themselves from the risk of exposure to blood and body fluids and to minimize the risk of transmission of infectious microorganisms within the health care facility.

Routine practices, properly and consistently applied should be used for handling deceased bodies and preparing bodies for autopsy or transfer to mortuary services.

Airborne precautions should be continued for the handling of a patient with infectious respiratory tuberculosis, measles or varicella until appropriate time has elapsed to remove airborne contaminants in the room... Adhere to provincial/territorial specified communicable disease regulations. (PHAC, p.87)

3 PROCEDURE

3.1 General Care of Body:

- 3.1.1 Perform a risk assessment and observe routine practices while caring for the body after death.

Hand Hygiene	Must be performed before and after contact with the body
Gloves	Must be worn when handling the body
Gown	Must be worn if procedures are likely to generate blood or body fluids
Mask With Eye Protection	Must be worn if there is a risk of splashes or sprays of blood and body fluids

3.1.2 If the client was on additional precautions prior to death, refer to the following chart:

Type of Additional Precautions Prior to Death	Type of PPE Recommended
Contact Precautions	Wear gloves. Wear a gown if potential contamination of clothing is anticipated
Droplet Precautions	A mask with eye protection is not necessary unless aerosols are anticipated to be generated during the handling of the body
Airborne Precautions	An N95 Respirator with eye protection is not necessary unless aerosols are anticipated to be generated during the handling of the body, except for tuberculosis, measles, or varicella
Additional Precautions as identified by provincial / federal regulations.	Follow Provincial/territorial specified communicable disease regulations should be followed.

3.2 Care of the Body During an Expected Death:

- 3.2.1 The community physician is generally aware of an expected death in the community. In some communities paramedics will pick up the body and may bring it to the health care facility.
- 3.2.2 The nurse will call the physician to advise of the client's death. The physician will complete the required paperwork.
- 3.2.3 At the family's request, the nurse can remove any invasive lines such as catheter, IV line etc. Dispose of materials in the appropriate waste stream (Refer to Policy 7.12: Management of Waste). The family will arrange for care of the body.
- 3.2.4 For deceased persons with a confirmed, probable, or suspect infectious disease, consider limiting contact with the body in the health care facility. The nurse should advise the family/community of any additional precautions that may be required during contact with the body; particularly if the person was ill with a confirmed or suspected reportable communicable diseases.

3.3 Care of the Body During an Unexpected Death:

- 3.3.1 If an incident occurs e.g., stab wound, severe injury, myocardial infarction etc., the ambulance is called and the client may be brought to the health care facility/nursing station.
- 3.3.2 If the client dies, the community physician and/or coroner is called for directions for further care.

3.3.2.1 For investigation purposes, all lines, packing etc. are left in situ (i.e. as is). The body is not cleaned.

3.3.2.2 For deceased persons with a confirmed, probable, or suspect infectious disease, consider limiting contact with the body in health care settings.

3.3.2.3 The coroner and police will advise in the case that an autopsy is required.

3.4 Transport of Deceased Client

3.4.1 The coroner will give directions as to the transport of the deceased client and to arrange for transfer of body to the appropriate facility (funeral home; hospital morgue etc.).

3.4.2 Ensure that the deceased is identified with an identification bracelet, name band or tag.

3.4.3 Place the body into a body bag (shroud).

3.4.4 Where it is known that the deceased had an infectious disease e.g. tuberculosis, Hepatitis B, HIV etc., ensure that this information is given to the police/coroner funeral director and is marked on the body tag.

3.4.5 Transport of deceased persons does not require additional precautions when bodies have been secured in a transport bag. Hand hygiene should be performed after completing transport.

3.4.6 Place any personal articles belonging to the deceased into a clearly labeled plastic bag and transfer with the deceased body.

3.5 Management of Laundry and Linen

3.5.1 Perform hand hygiene and put on disposable gloves.

3.5.2 Remove any excessive amounts of fecal material or vomit at the point-of-care with a gloved hand and dispose into toilet. Refer to Policy 7.11: Management of Laundry and Linen.

3.5.3 Remove gloves and discard into waste container.

3.5.4 Perform hand hygiene.

3.6 **Environmental Cleaning:**

3.6.1 Refer to FNIHB-OR Environmental Cleaning Procedure Manual –Section 8.0.

3.6.2 Clean and disinfect the room and used equipment as per routine cleaning.

3.6.3 Clean and disinfect all equipment and surfaces used in caring for the body prior to death (e.g. stretcher and/or exam table).

- 3.6.4 Remove the plastic bag from the garbage container and discard.
- 3.6.5 Wipe the garbage container with cleaner/disinfectant wipes (e.g. Accel Prevention wipes) and line with a new plastic bag.
- 3.6.6 Clean the floor with an approved cleaner/disinfectant (e.g. Accel Prevention cleaner/disinfectant).

4 REFERENCES

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