

LAST OFFICES ON INFECTED PATIENTS

KEY POINTS

Place patients who have died in waterproof body bags

Use the same precautions handling the body which were used when the patient was alive

Fill in a risk/hazard form (see www.infectioncontrolservices.co.uk/forms.htm) to accompany all patients to the mortuary


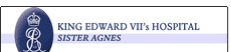








PROCEDURE

For hygienic reasons, all bodies will be placed in waterproof cadaver bags before transport to the mortuary or undertakers. Plastic aprons and disposable procedure gloves should be worn when performing Last Offices on infected patients. In addition, patients who were being nursed in Source Isolation prior to death, must continue to have the same precautions taken throughout the laying-out procedure.

Exceptional care must be taken to avoid splashing body fluids when redressing wounds and removing urinary or intravenous catheters. Eye or face protection is recommended when splashing is likely. Look out for SHARPS that may have been left on the bed in the urgency of resuscitation.

Viewing by relatives should take place before the body leaves the ward. If this is not possible, viewing of infected bodies may take place in the mortuary. It is rarely that it may be wise not to reopen the cadaver bag (eg patients with extensive untreated tuberculosis or anthrax). If relatives become distressed because they cannot view a body, the medical staff who cared for the deceased must discuss the matter with them.

No religious procedure that carries the risk of transmitting infection should be performed on a cadaver. Medical staff should be prepared to discuss this with relatives and religious leaders if necessary. Post mortems should be arranged by the medical staff and carried out in a suitably equipped post-mortem room.

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MORTICIANS

The clinical team looking after a patient have a duty to inform morticians about the infectious state of a patient (particularly tuberculosis) at the time of death.

TESTING PRIOR TO AUTOPSY

Doctors may undertake testing of a deceased patient for communicable disease (eg HIV) in order to establish the cause of death.

CATEGORY A PATHOGENS

There are a number of rare infections which are caused by designated Category A pathogens. Patients suffering from these and other dangerous diseases should be treated in high security isolation. Although there are no such facilities in our hospitals, a patient may be admitted and die before transfer. Subsequently the patient may be considered to have had or be found to have been infected with a dangerous pathogen and special precautions must be taken with the body. Examples of these diseases are: rabies, viral haemorrhagic fevers, Lassa fever, Marburg virus, Ebola virus and pulmonary anthrax. Advice must be sought from the Infection Control Team if any of these diseases are suspected.

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