

CARE OF THE DECEASED WITH A COMMUNICABLE DISEASE

MCSA.C.IPC.1.7

PURPOSE

The purpose of this Mediclinic policy is to provide guidelines to ensure the safety of health care workers and mortuary personnel when handling the deceased with a communicable disease.

APPLICABILITY

This policy is applicable to:

- Housekeeping personnel
- Medical practitioners
- Nurse practitioners

POLICY STATEMENT

All Mediclinic Southern Africa (MCSA) employees must comply with basic infection prevention and control (IPC) principles to prevent transmission of pathogenic micro-organisms from patient to patient, from the environment to patients and healthcare workers, as well as prevention of contamination of the environment.

DEFINITIONS

TERM, ACRONYM OR ABBREVIATION	DEFINITION
Communicable disease	An illness that arises from transmission of an infectious agent or its toxic products from an infected person, animal or reservoir to a susceptible host, either: <ul style="list-style-type: none"> • Directly by contact or • Indirectly by fomites, vectors, animal host or the environment. The terms “communicable” disease and “infectious diseases are the same.
Hand hygiene	A general term referring to any action of hand cleansing including handrubbing with an alcohol-based handrub or handwashing with soap and water aimed at reducing or inhibiting the growth of micro-organisms on hands .
Healthcare risk waste (medical, infectious, pharmaceutical, radioactive and anatomical waste)	Human waste and infectious human waste, sharps, pharmaceutical waste and radioactive waste generated by healthcare professionals, healthcare facilities and other non-healthcare professionals. Note: Healthcare risk waste is a subcategory of hazardous waste and consists of recognizable human body parts, whether it may be infected or not. Following a precautionary principal, anatomical waste is always considered as potential infectious waste.

TERM, ACRONYM OR ABBREVIATION	DEFINITION
Personal Protective Equipment	<p>Equipment used to protect the user from transmission of micro-organisms, diseases and contamination.</p> <p>This includes the use of a mask, respirator, plastic apron or gown, protective eyewear, gloves and boots/overshoes, where indicated, to protect the healthcare worker from potential contamination, spills or exposure to blood and body fluids.</p>
Standard Precautions	<p>Precautions to be applied during care of all patients in all situations, regardless of diagnosis or possible infectious status to protect the health care worker from occupational exposure to patient's blood and/or body fluids.</p> <p>Includes the following:</p> <ul style="list-style-type: none"> • Optimal hand hygiene (Hand wash or alcohol hand rub) • The correct use of appropriate PPE (e.g. gloves, apron, eye protection, masks and respirators) when there is a risk of exposure to blood and body fluids • Patient placement • Respiratory hygiene/cough etiquette • Safe injection practices • Healthcare risk waste management (colour coding and disposal) • Maintaining a clean environment • Handling of used linen • Decontamination of medical devices between patient use
Terminal disinfection	<p>This is the process of cleaning and disinfection that takes place after an infectious patient has been discharged from a room that has been contaminated.</p> <ul style="list-style-type: none"> • All articles in the room, as well as floors and walls must be cleaned with a detergent and water and then disinfected using a hypochlorite solution (1:1000 ppm). • Curtains must be washed.
Transmission-based precautions	<p>Transmission-based precautions are the second tier of basic infection control principles and should be used in addition to Standard precautions for patients who may be infected or colonised with certain infectious agents for which additional precautions are needed to prevent the transmission of the infectious agent. It includes the following:</p> <ul style="list-style-type: none"> • Droplet precautions • Airborne precautions • Contact precautions
Viral haemorrhagic fever	<ul style="list-style-type: none"> • It refers to a group of diseases that are caused by several distinct families of viruses, namely: Arena viruses, Filo viruses, Bunya viruses and Flavi viruses. • The term "viral haemorrhagic fever" is used to describe a severe multisystem syndrome and therefore multiple organs in the body are affected. • The overall vascular system is usually damaged and the body's ability to regulate itself is impaired. • These symptoms are often accompanied by haemorrhage (bleeding) • The bleeding is itself rarely life-threatening. • Some types of haemorrhagic fever viruses can cause relatively mild illnesses, but many of these viruses cause severe, life-threatening disease.

RESPONSIBILITIES

PERSON	RESPONSIBILITIES
Housekeeping	<ul style="list-style-type: none"> Ensure terminal disinfection of the room after removal of the deceased
Infection Prevention and Control Manager or Practitioner / Patient Safety & Infection Prevention and Control Manager <i>(Referred to in the policy as IPC Manager)</i>	<ul style="list-style-type: none"> Notify the Mediclinic infection Prevention and Control (IPC) department at Corporate Office of all patients admitted with a communicable disease. If it is a notifiable medical condition, the Regional Communicable Disease Coordinator of the Department of Health has to be notified.
Medical Practitioners	<ul style="list-style-type: none"> Completion of the required documents.
Nursing Manager	<ul style="list-style-type: none"> Ensure compliance to the policy Report any potential complications of treatment or procedures to the legal department.
Nurse Practitioner	<ul style="list-style-type: none"> Identify risk of transmission of the communicable disease from a deceased patient. Adhere to standard precautions during preparation of the body and maintain any additional transmission based precautions which were applicable prior to the patient's demise. Wear appropriate personal protective equipment (PPE) as indicated. Inform Undertaker Service of infectious status of the patient when removal of the body is requested.
Patient Safety Manager	<ul style="list-style-type: none"> Perform the duties of the IPC Manager in her/his absence.
Unit Managers	<ul style="list-style-type: none"> Ensure adherence to IPC practices by all staff members. Ensure the availability of the necessary PPE. Inform the IPC Manager if there is a patient admitted / or demised due to a suspected communicable disease. Ensure that the Undertaker Service is aware of the infectious status of the body.
Undertaker Service	<ul style="list-style-type: none"> Ensure that appropriate PPE is worn during removal and transport of the body. Ensure that the IPC requirements are adhered to within the facility

GENERAL GUIDELINES PERTAINING TO THE CARE OF THE DECEASED WITH AN INFECTIOUS DISEASE

The following are general principles that have to be adhered to for all deceased patients with infectious diseases. **Additional requirements will depend on the type of infectious disease and the route of transmission of the pathogen causing the disease.**

Step	Action
1.	Notify the Department of Health/National Institute for Communicable diseases if an infectious disease or notifiable medical condition is suspected or confirmed according to the Corporate policy: Reporting: Notifiable Medical Conditions and Regulation 1434: Regulations relating to the surveillance and the control of notifiable medical conditions , if it has not been reported previously.
2.	Manage the body as detailed in the Nursing Corporate policy: Care of the deceased .

3.	In addition to the above, adhere to the isolation requirements and transmission-based precautions, including PPE applicable to the specific disease as implemented before the death of the patient.
4.	Perform hand hygiene when indicated.
5.	Only wash the deceased when necessary and if there is no risk of transmission of the infectious disease. <ul style="list-style-type: none"> • Maintain the appropriate transmission based precautions at all times. • Keep handling of the body to a minimum.
6.	For patients with any communicable disease (including COVID-19) apart from VHF, invasive devices can be removed if it has been determined as a natural death. <ul style="list-style-type: none"> • Insertion sites should be sealed with an impervious dressing to prevent spillage of body fluids and the contamination of the environment. <p>Note: Special considerations may be requested based on any new emerging disease by regulatory bodies.</p>
7.	Identify the deceased with a name tag on the right wrist and right ankle. <ul style="list-style-type: none"> • Place in a shroud (leave the head open for identification purposes) or body bag (depending on the requirements from the Department of Health for the specific disease or according to hospital policy).
8.	Identify the body bag of the deceased with a patient sticker.
9.	Wipe down the whole bag with a hypochlorite solution (1:1000 ppm).
10.	Discard the PPE into the red healthcare risk waste (HCRW) container and ensure that eye protection are cleaned and disinfected.
11.	Linen used on patients with infectious diseases other than VHF can be managed like “infectious linen”.
12.	Perform hand hygiene.
13.	Inform the porter, the mortuary attendants, pathologists and funeral undertakers or religious personage, where applicable, of the infectious status of the deceased in advance .
14.	Document all actions and communication in the patient file: <ul style="list-style-type: none"> • The name and signature of the person receiving the body. • Record that the person receiving the body was informed about the infectious state of the deceased. • Communicate with the family of the deceased.
15.	Terminally disinfect the room after removal of the deceased according to Corporate policy: Cleaning and disinfection of bed and patient environment. <ul style="list-style-type: none"> • Ensure that housekeeping staff or nursing personnel wear adequate PPE when cleaning the room. • Ensure that all used PPE is discarded in the HCRW container when the room is left according to the Corporate policy: Isolation of a patient: Standard and Transmission based precautions. <p>Perform hand hygiene after removal of PPE.</p>

ADDITIONAL REQUIREMENTS FOR THE DECEASED WITH A SUSPECTED OR CONFIRMED VHF

1.	<p>Do not remove any invasive devices due to the risk of aerolisation of body fluids if the patient had a viral haemorrhagic fever (VHF) or blood borne viruses.</p> <ul style="list-style-type: none"> Cover the device and insertion site with an impervious dressing to prevent leakage of body fluids and contamination of the environment. Seal all sites draining body fluids or likely to drain fluids with adhesive dressings Pack and seal all discharging wounds. <p>NOTE: In the event of an unnatural death, invasive devices must not be removed.</p>
2.	<p>In the case of a suspected or confirmed VHF or when there is a risk of leakage of body fluids, place the deceased into two leak proof body bags .</p> <p>Note: Under no circumstances should the inner transparent body bag be opened. This is in accordance with health regulations.</p>
3.	<p>The first bag should be a transparent body bag or have a transparent part for the face, for identification purposes.</p>
4.	<p>Each of the body bags must be sealed with tape and washed down with hypochlorite solution 1: 1000 ppm.</p>
5.	<p>Place a biohazard sticker on the bag to indicate the infectiousness.</p>
6.	<p>Note: Contaminated linen used for patients with suspected or confirmed viral haemorrhagic fever must be placed into the red healthcare risk waste (HCRW) bags in the patient room.</p> <ul style="list-style-type: none"> The linen needs to be incinerated together with any other waste produced during the care of the patient. <p>Refer to Corporate Policy: Management of a patient with a suspected or confirmed viral haemorrhagic fever.</p>
7.	<p>Terminally disinfect the room after removal of the deceased according to Corporate policy: Cleaning and disinfection of bed and patient environment.</p> <ul style="list-style-type: none"> In case of confirmed or suspected VHF, the terminal disinfection should be done according to the specific guidelines for VHF.

GUIDELINES PERTAINING TO LONG DISTANCE TRANSPORTATION OF THE DECEASED WITH A COMMUNICABLE DISEASE

Step	Action
1.	Prior to transport, the body must be sealed in an airtight container and placed in a sturdy non-transparent sealed coffin.
2.	Deceased who suffered from Anthrax, Cholera, a viral Haemorrhagic fever, Hepatitis B, Rabies, Meningococemia, Plague, Poliomyelitis or Typhoid fever and need to be transported for long distances, should have the total surface of the body, prepared as above covered with a 5 cm layer of wood sawdust or other absorbent material which is treated with a disinfectant (e.g. hypochlorite 1:1000 ppm).
3.	A medical practitioner has to declare in writing that the transportation of such a body will not constitute a health hazard.
4.	This declaration must accompany the body at all times during the transportation up unto to the burial.
5.	For a body of a person where the cause of death was small pox, anthrax or viral haemorrhagic fever, the body shall not be embalmed.

6.	The body should ideally be cremated, but burial 6 feet deep is also acceptable if the grave is closed immediately.
7.	Written authorisation should be obtained from the Department of Health of both countries In the event of a person from outside the borders of South Africa who passed away in South Africa due to a notifiable communicable disease.

ASSOCIATED DOCUMENTS AND RECORDS

TITLE	NUMBER	LOCATION
Corporate policy: Cleaning and disinfection of bed and patient environment		Intranet/ Nursing units
Corporate policy: Hand hygiene		Intranet/ Nursing units
Corporate policy: Isolation of a patient: Standard and Transmission based precautions		Intranet/ Nursing units
Corporate policy: Reporting: Notifiable Medical Conditions		Intranet/ Nursing units
Corporate policy: Management of the deceased		Intranet/ Nursing units
Corporate policy: Management of a patient with a suspected or confirmed viral haemorrhagic fever		Intranet/ Nursing units
Mediclinic Basic Nursing Procedure: Care of Deceased	TR3079	Intranet/Nursing Units
Notice of Death	DHA-1663	Nursing units
South African Department of Health. National Health Act, 2003 (Act no 61 of 2003). Regulation 1434. 2017. Regulations relating to the surveillance and the control of notifiable medical conditions.		Internet

REFERENCES

1. Mehtar, S. 2010. Understanding Infection Prevention and Control. Juta & Company LTD, Claremont.
2. South African Department of Health. National Health Act. 2003 (Act no 61 of 2003). Regulation 1434. 2017. Regulations relating to the surveillance and the control of notifiable medical conditions.
3. National Health Services Scotland. 2018. Policy: Infection Prevention and Control during care of the deceased. Version 2.0
4. National Health Act Importation Exportation Regulations 2 March 2012, Government Gazette, transportation of bodies
5. Government Notice: Department of Health: Regulations relating to the management of human remains. No. R. 363 22 May 2013
6. National Department of Health. COVID-19 Disease: Infection Prevention and Control Guidelines. Version 2. 21 May 2020 <https://www.nicd.ac.za/wp-content/uploads/2020/05/ipc-guidelines-covid-19-version-2-21-may-2020.pdf> Accessed 27 August 2020

HISTORY AND VERSION CONTROL

History

VERSION NO	EFFECTIVE DATE	TITLE	AUTHOR	DETAILS OF UPDATE
1.1	1998 01 01	Care of the Deceased with a Communicable Disease	Norma Paverd	Initial release
1.2	2003 09 01	Care of the Deceased with a Communicable Disease	Andrea Haakestad	Formatted and revised
1.3	2008 10 01	Care of the Deceased with a Communicable Disease	IPC Committee	Minor changes
1.4	Unkown	Care of the Deceased with a Communicable Disease	Unkown	Unkown
1.5	2012 03 09	Care of the Deceased with a Communicable Disease	IPC Committee	Minor changes
1.6	2019 01 15	Care of the Deceased with a Communicable Disease	Briëtte du Toit	New Template Added the management of a body requiring long distance transportation
1.7	2020 09 14	Care of the Deceased with a Communicable Disease	Briëtte du Toit	New Template Added other communicable disease Added COVID-19

New version

CONTRIBUTORS	NAME	DESIGNATION
	Christine Smedley	Infection Prevention and Control Coordinator: Operational
	Narissa du Toit	Infection Prevention and Control Coordinator: Systems and Quality
Author	Briëtte du Toit	Infection Prevention and Control Officer
Details of update	New Template Added other communicable disease Added COVID-19	
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APPROVAL AND SIGN-OFF

Approved by

DEPARTMENT/ AREA/ GROUP/ FORUM	REPRESENTATIVE NAME	SIGNATURE	DESIGNATION	DATE SIGNED
Clinical Relations Department	Dr Kim Faure		Clinical Performance Manager	2020 09 14