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NHS

Community Infection Prevention and Control Policy for Care Home settings

Care of the deceased

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This Policy has been adopted by:

Organisation: .....

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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CARE OF THE DECEASED

1. Introduction

The aim of this guidance is to advise staff on the principles of safe practice to prevent the spread of infection from a deceased resident, whilst ensuring that they are treated at all times in a respectful manner, paying heed to their religious beliefs.

In nursing homes, a registered nurse has the responsibility for personal care after death, although this may be delegated to an appropriately trained care assistant.

In care homes without a registered nurse, it is the registered manager's responsibility to ensure carers are appropriately trained and have the relevant competence for personal care after death.

When providing care for deceased residents in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

2. Deaths requiring coroner involvement

If the death is being referred to the coroner and:

- There is a complaint about the resident's care; or
- Circumstances surrounding the death give rise to suspicion, then:
  - Any intravenous cannulae and lines must be left in situ
  - Any intravenous infusions should be clamped, but not disconnected from the cannulae
  - Any catheter, bag and contents should be left in situ
  - Do not wash the body or perform mouth care

When the death has suspicious circumstances, for legal reasons, the family should not be allowed to spend time with the deceased resident until after the coroner's involvement.

If the death is being referred to the coroner to investigate the cause of death, but there are no suspicious circumstances:

- Any intravenous cannulae and lines must be left in situ
- Any infusions and medicines that were being administered via pumps prior to death can be removed, disposed of as per local policy and recorded in the resident's records
- Spigot any catheters, disposing of contents of drainage bags as per local policy
- Endotracheal (ET) tubes must be left in situ

3. Viewing of the deceased

Viewing of the deceased body by relatives and others is acceptable, except:

- When the death has suspicious circumstances
- In the unlikely event that the resident has been diagnosed with a viral haemorrhagic fever, e.g. Ebola, Lassa fever (see Appendix 1)

When supporting relatives and others during a viewing they should be advised if there is a risk of infection if they touch or kiss the deceased, as well as any controls they need to take after contact, e.g. cleaning their hands.

4. Personal care of the deceased

To preserve the deceased's appearance, condition and dignity, personal care should be carried out within 2-4 hours after death.

The deceased will pose no greater threat of an infection risk than when they were alive.

When the resident was alive, before providing an episode of care, all staff should have risk assessed the task and applied the appropriate 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs). The same principles should apply after the resident's death.

Some family members may wish to perform or assist with the personal care for religious, cultural or as an acknowledgement of individual wishes. In such cases, staff should ensure the family member is aware of the infection prevention and control issues, along with the precautions needed.

5. Additional requirements for residents with infectious disease

- For blood-borne infection refer to the 'BBVs Policy for Care Home settings'.
- Disposable gloves and apron should be worn throughout all procedures, eye and face protection should also be worn if there is a risk of splashing to the eyes, nose or mouth.
- Contain leakages from the oral cavity or tracheostomy sites by suctioning and positioning.
- Cover leaking wounds or unhealed surgical incisions with a clean, absorbent dressing and secure with an occlusive (air and watertight) dressing.
- Cover stomas with a clean bag, pad around wounds and seal with an occlusive dressing.
- Avoid waterproof, strongly adhesive tape, as this can be difficult to remove at the

funeral directors and can leave a permanent mark. If the body is leaking profusely, address the problem with the funeral director.

- The inappropriate use of body (cadaver) bags is discouraged as decomposition is hastened. They should only be used when there is, or likely to be, leakage of body fluids, or the deceased resident had been diagnosed with a certain infection (see Appendix 1 for the relevant infections).
- The deceased should not be shaved if still warm, as it can cause bruising to the skin. It may be necessary to discuss this sensitively with the family, the shave can be undertaken later by the funeral director.
- Labels attached to the resident's body should bear a 'Danger of infection' sticker.
- The personal effects belonging to the resident, such as clothing, should be returned to the relatives with instructions that they should be washed separately at the highest temperature recommended by the manufacturer. If any clothing is soiled, there should be a sensitive discussion with the family giving them the option of the items being disposed of by the home.
- All linen should be treated as infected.
- All waste should be disposed of as infectious waste as per your local policy.
- Other personal effects, such as books, etc., hold very little risk of transmitting infection and, as such, require no disinfection process unless visibly contaminated.
- The resident's room should be cleaned and disinfected before it is used for other residents.
- All disposable PPE should be disposed of as infectious waste.
- Staff should remove and dispose of PPE and wash hands with liquid soap, warm running water and dry thoroughly with paper towels, followed by an application of alcohol handrub.

6. Funeral directors

Funeral directors must be informed of the resident's infection status prior to the transfer of a body.

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

Health and Safety Executive (2018) *Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS National End of Life Care Programme in partnership with the National Nurse Consultant Group (Palliative Care) (Updated 2017) *Guidance for staff responsible for care after death (last offices)*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

9. Appendices

Appendix 1: Transmission based precautions for deceased patients with infection

05 Appendix 1: Transmission based precautions for deceased residents with infection

The principles of SICPs and TBPs continue to apply while deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact, although the risk is usually lower than for living patients, e.g. residents. Additional precautions may be required depending on the organism and activities carried out (see below).

Infection	Causative agent	Hazard group	Is a body bag needed?[1]	Can the body be viewed?	Can post-mortem be carried out?[2]	Can hygienic treatment be carried out?[3]	Can embalming be carried out?[2]
Airborne: Small particles that can remain airborne with potential for transmission by inhalation							
Plague (pneumonic and bubonic)	Yersinia pestis	3	Yes	Yes	If an appropriate facility is found	Consult specialist advice	Consult specialist advice
Tuberculosis	Mycobacterium tuberculosis	3	Yes	Yes	Yes	Yes	Yes
Middle Eastern respiratory syndrome (MERS)	MERS coronavirus	3	Yes	Yes	Yes	Yes	Yes
Severe acute respiratory syndromes (SARS)	e.g. SARS coronavirus	3	Yes	Yes	Yes	Yes	Yes
Droplet: Large particles that do not remain airborne for very long and do not travel far from source with potential for transmission via mucocutaneous routes (i.e. mouth, nose or eyes)							
Meningococcal septicaemia (meningitis)	Neisseria meningitidis	2	No	Yes	Yes	Yes	Yes
Non-meningococcal meningitis	Various bacteria, including *Haemophilus influenzae* and also viruses	-	No	Yes	Yes	Yes	Yes
Influenza (animal origin)	e.g. H5 and H7 influenza viruses	3	No	Yes	Yes	Yes	Yes
Diphtheria	*Corynebacterium diphtheriae*	2	No	Yes	Yes	Yes	Yes
Contact: Either direct via hands of employees, or indirect via equipment and other contaminated articles where transmission is primarily via an ingestion route							
Invasive streptococcal infection	*Streptococcus pyogenes* (Group A)	2	Yes	Yes	Yes	No	No
Dysentery (shigellosis)	*Shigella dysenteriae* (type 1)	3	Advised	Yes	Yes	Yes	Yes
Meticillin resistant *Staphylococcus aureus* (MRSA)	MRSA	2	No	Yes	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	2	No	Yes	Yes	Yes	Yes
Hepatitis E	Hepatitis E virus	3	No	Yes	Yes	Yes	Yes
Enteric fever (typhoid/ paratyphoid)	*Salmonella typhi/ paratyphi*	3	Advised	Yes	Yes	Yes	Yes
Brucellosis	*Brucella melitensis, B. arbortus, B. suis*	3	No	Yes	Yes	Yes	Yes
Haemolytic uraemic syndrome	Verocytotoxin/ shiga toxin-producing *E. coli* (e.g. O157: H7)	3	No	Yes	Yes	Yes	Yes
Contact: Either direct or indirect contact with blood/other blood containing body fluids via a skin-penetrating injury or via broken skin and through splashes of blood/other blood containing body fluids to eyes, nose and mouth							
Acquired immune deficiency syndrome (AIDS) related illness	Human immunodeficiency virus (HIV)	3	No	Yes	Yes	Yes	Yes
Anthrax	*Bacillus anthracis*	3	Yes	No	Yes[4]	No	No
Hepatitis B, D and C	Hepatitis B, D and C viruses	3	No	Yes	Yes	Yes	Yes
Rabies	Lyssaviruses	3	No	Yes	No	No	No
Viral haemorrhagic fevers	Various	4	Yes[5]	No	No	No	No
Contact: Either direct or indirect contact with body fluids (e.g. brain and other neurological tissue) via a skin-penetrating injury or via broken skin							
Transmissible spongiform encephalopathies (e.g. vCJD)	Various prions	3	Yes	Yes	Yes	Yes	No

Notes

1 It is advised that a body bag is used for the deceased in all cases where there is (or is likely to be) leakage of bodily fluids.
2 When carrying out higher risk procedures, such as post-mortem or embalming, consideration should be given to the need for additional measures to prevent contamination of equipment and the environment and to prevent staff exposure to infectious material, e.g. through additional PPE and use of safer sharps devices.
3 Hygienic treatment refers to washing and/or dressing of the deceased.
4 Where anthrax infection is suspected, before undertaking a post mortem the rationale for the procedure should be carefully considered; particularly where examination may increase the potential for aerosol generation.
5 A double body bag must be used.

Adapted from the *National infection prevention and control manual (NIPCM) for England,* Updated August 2024
Appendix 12: Transmission based precautions for deceased patients with infection