

# Care of the Deceased Patient with Suspected or Confirmed COVID-19

COVID - 19



Western Health

Be Safe – Be Smart – Be Kind

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## Who should read this?

Anyone who may handle the body, or assist with the transfer, of a deceased person with suspected or confirmed COVID-19 at a Western Health site. This includes: healthcare workers, such as nurses and personal care attendants; ambulance services and patient transport; mortuary technicians and assistants; forensic pathology workers; funeral directors/workers; and religious representatives.

## What is this document about?

This document provides guidance on handling the bodies, and transferring the bodies, of those suspected or confirmed to have COVID-19, irrespective of cause of death.

## General advice for handling bodies of the deceased

Anyone involved in handling the body of a deceased person with suspected or confirmed COVID-19 should always use routine body-handling and infection-control precautions including personal protective equipment. Handling of bodies, including transportation and disposal, should occur in line with the relevant legislation.

People older than 65 years of age, anyone with underlying illness that makes them more vulnerable to respiratory disease – including diabetes, chronic lung disease, kidney failure and people with suppressed immune systems – and those who are pregnant at greater than 28 weeks' gestation, must not be involved in preparing the body or directly interacting with the body.

## Infection control procedures and personal protective equipment (PPE)

Droplet and contact precaution PPE **must be worn by anyone who has direct contact** with a body with suspected or confirmed COVID-19:

- single-use face mask (surgical mask)
- eye protection (for example, safety glasses/goggles or face shield. Note: prescription glasses are not sufficient protection)
- long-sleeved gown that is fluid resistant
- gloves (non-sterile).

Any person who is not trained in the use of droplet and contact precautions and PPE should not touch the body (for example, family, mourners and religious officials) for the duration of the pandemic.

### COVID-19 testing post death

If the deceased is suspected to have had COVID-19, where possible and in consultation with the family, a nasopharyngeal and/or oropharyngeal swab may be taken by the treating team or clinician certifying the death.

Communication of results of a post-mortem COVID-19 test is the responsibility of the requesting medical practitioner. The medical practitioner should communicate the results to the family, funeral director, first responders and treating team. The Access Manager/ After Hours Access Manager will support the medical practitioner to communicate the results with the funeral director (details below).

### Immediate care following death (in a health service)

Interactions with the body at the place of death will be limited by relevant Western Health policies and infection control measures and may be permitted for cases where next of kin were unable to visit prior to death. Any interaction should occur as quickly as possible from time of death. Consider using technology to facilitate viewing and interactions with the deceased.

The Department of Health and Human Services (DHHS) recommend that mourners should be allowed to view the body but must not touch or kiss the body. Mourners should avoid receiving items that were on the body or in contact with the body (for example, jewellery), where possible. Clean and disinfect any items before they are passed on to mourners. For example, jewellery can be wiped over with green Clinell wipes and handed to family in a plastic bag.

### Cultural or religious practices

Cultural or religious practices for the deceased and their next of kin may need to be adapted to accommodate Western Health policies and the requirements of the Department of Health and Human Services (see reference list). Shrouding, bathing and any other practices to prepare the body for the funeral can be performed only while the body is in the body bag and only by people trained in infection control procedures, such as funeral directors/workers and religious officials.

In cases where the patient observes a particular faith, but the relevant faith representative (priest, minister, imam, rabbi etc.) has not been able to connect with the patient and family prior to death, they may be asked to come onsite to conduct appropriate post-mortem rituals, observing the safety procedures outlined above in the process. If it is deemed unsafe or impractical for the faith representative to attend in person, provision can be made for them to offer faith-specific end of life support via remote means. Contact numbers for local representatives of a number of religions are available on the COVID-19 microsite.

In cases where the patient does not observe a particular faith, but they or their family have expressed a wish for a non-denominational or secular blessing, members of the Pastoral Care Department can provide this either remotely or in person, depending on individual circumstances.

The Islamic Council of Victoria stipulates that post mortem procedures for Muslim patients, must be adapted to allow for COVID-19 safety measures, for example, the ritual washing of the body, or Tayammum (purification of the body using sand) must be performed over the sealed body bag, and the usual practice of bodies not being left unaccompanied prior to burial is currently suspended to allow for the safety of all concerned.

Where possible, the bodies of deceased Buddhists should be prepared for transfer in silence, and with a minimum of disturbance.

### Preparation of the body

Care of the deceased following death in the hospital should follow Western Health's 'Death of a Patient' procedure. Use the same level of infection prevention and control precautions to manage a deceased person in place prior to their death. If extubation is required, and there is a risk of generating aerosols, use a P2/N95 respirator as well as a long-sleeved gown, gloves and eye protection. Extubation should not be conducted if the patient is being sent to the coroner.

Store the body of a deceased person with suspected or confirmed COVID-19 in **one leak-resistant body bag** clearly labelled as containing COVID-19, such as '*Risk of COVID-19 – Handle with care*'. If there are excessive body fluids, use two leak-resistant body bags.

Conduct identification checks at the time of body preparation as the body bag should not be reopened once the body is inside.

Perform environmental decontamination as per routine cleaning and disinfection processes.

### Post mortem examination

Post mortem examination processes should follow Western Health's 'Death of a Patient' procedure. Post mortem consent forms are accessible via FMIS.

### Clarification of COVID-19 status

Prior to commencing transfer of a deceased patient who is awaiting COVID-19 test results, the treating Doctor shall,

- Check whether the COVID-19 results are back. Results can be checked via EMR or by calling the pathology lab to see if pending results are available
- Clear associated infectious alerts if appropriate
- Document COVID-19 result in the EMR (positive, negative or pending)
- Verbally inform the patient's nurse and the nurse in charge
- Complete the death certificate with COVID-19 result recorded (positive, negative or suspected)
- If the results are positive for COVID-19, the Doctor shall notify DHHS of the death urgently on 1300 651 160.

The death does not need to be referred to the coroner unless required for other reasons.

## **Transfer of the deceased with positive or suspected COVID-19 to the mortuary**

### **Sunshine Hospital, Williamstown Hospital and Footscray Hospital**

A nurse/midwife and patient services assistant or other, with PPE in situ, will transfer the deceased to the mortuary. On arrival to the mortuary, the nurse/midwife shall enter the patient's details in to the register and place a yellow dot on the Bradma label in the register denoting that the patient is on contact and droplet precautions. A box of sticky yellow dots will be on the desk in the mortuary - if they are not available please contact the After Hours Coordinator or Access Manager on duty.

The patient services assistant shall clean the mortuary trolley and trolley cover with Actichlor Plus following each patient transfer to the mortuary.

PSA and nursing staff accompanying the body to the mortuary must ensure they don and doff their PPE appropriately and perform hand hygiene prior to leaving the mortuary.

### **Hazeldean Transition Care**

Hazeldean Transition Care does not have a mortuary. Therefore the deceased will remain in a single room until collected by the funeral director.

## **Preparation to release the deceased with positive or suspected COVID-19 to a funeral director**

### **Sunshine Hospital, Williamstown Hospital and Footscray Hospital**

The funeral director will contact Western Health security regarding the plan to collect the deceased. If the patient is suspected COVID-19 security may recommend the funeral director contact the Quality Facilitator Pathology and Medical Imaging during business hours ext 50529 or 0447 438 970 or After Hours Access Manager via switch (outside of business hours) to confirm COVID-19 status.

The quality facilitator or After-Hours Access Manager will:

- Check the medical record for the COVID-19 alert and COVID-19 pathology results.
- Contact the RACDR team via email [RACDR@wh.org.au](mailto:RACDR@wh.org.au) or on 8395 9047 to review the patient's COVID status 10:00 – 21:30 Monday to Friday; 10:00 – 19:30 Saturday - Sunday.
- Will inform the funeral director of COVID-19 status following this review.
- COVID clearance for mortuary patients will not be available outside RAC medical staff hours.

## Hazeldean Transition Care

Hazeldean Transition Care does not have security on site. Therefore the following people shall be contacted by the funeral director, Nurse Unit Manager or the Nurse In Charge (within business hours) or After Hours Coordinator (outside of business hours). The Nurse Unit Manager, Nurse In Charge or After Hours Coordinator will check Bossnet for the COVID-19 results. For deceased with a **positive COVID-19 result**, ongoing infection control precautions are required. For deceased with a **negative COVID-19 result** the Access Manager or After Hours Access Manager shall contact the treating team to clarify whether the deceased can be cleared of ongoing infection control precautions. COVID-19 status is communicated with the funeral director.

For deceased with ongoing **pending COVID-19 results** the Nurse Unit Manager, Nurse In Charge or After Hours Coordinator will make the funeral director aware of ongoing pending COVID-19 status and the need for ongoing COVID-19 infection prevention precautions. The funeral director is made aware that they can make contact during business hours with the Nurse Unit Manager or Nurse In Charge at a later point to follow up the status of pending results.

## Release of the deceased with positive or suspected COVID-19 to a funeral director

Release of the deceased with positive or suspected COVID-19 to a funeral director should occur as per usual processes. However, PPE should be worn by anyone who has direct contact with the deceased (PPE requirements as outlined above). Anyone who does not need to have direct contact with the deceased should remain 1.5 metres away.

The funeral director shall provide their own PPE. However if they don't have their own PPE please contact the PSA in charge who will provide them with the required PPE. If it is outside of business hours at Williamstown Hospital, please contact the After Hours Access Manager who will provide the funeral director with the required PPE.

## Washing the deceased's clothes and personal bed linen

Bed linen used by the deceased should be washed on the hottest setting items can withstand and managed in accordance with local policies.

Place clothing belonging to the deceased into a blue clothing bag for the family or friends to take home to be washed. Instruct the family or friends of the deceased to:

- wash their hands with soap and water after placing the clothing in the washing machine

- wash the clothing separately from other laundry, in hot water (60–90 degrees Celsius) and laundry detergent. If machine washing is not possible, soak the clothing in hot water and detergent in a large bucket or trough. Avoid splashing by wearing rubber gloves and using a stick to stir
- dry the clothes separately from other laundry in a clothes dryer or hang them out to dry in full sunlight.

### Reference

This document is based on the following DHHS guidance document: Department of Health and Human Services. (2020) *Handling the body of a deceased person with suspected or confirmed COVID-19 update 12 May 2020*. Retrieved from: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>