

Safe Handling of Deceased Person with Suspected or Confirmed COVID-19

Purpose:

The recommended guidelines in this document are based on interim guidelines provided by the British Columbia Center for Disease Control (BCCDC). The primary route of transmission of COVID-19 is through respiratory droplets by infected person coughing or sneezing within close contact (within 2 meters) to another person.

The evidence base regarding the risks of COVID-19 transmission from handling the bodies of deceased persons suspected or confirmed of having COVID-19, is in the preliminary stages. In the interim, it is appropriate to handle all deceased persons in accordance with the much more robust body of evidence that exists for cases of influenza, according to BCCDC. The potential risk of transmission is considered low if appropriate precautions are taken. BCCDC (May 21st, 2020).

Outcome:

- All staff are knowledgeable of the appropriate precautions required when handling a deceased person with suspected or confirmed COVID-19.
- The transmission of microorganisms is decreased.

Scope:

- **Audience:** Registered Nurses, Registered Psychiatric Nurses, Licenced Practical Nurses, Health Care Assistants, Respiratory Therapists, Allied Health, Allied Health, Managers, Porters and Housekeeping.
- **Environment**
 - Island Health facilities – Island-Wide.
- **Indications:**
 - Follow the guidelines in this document when handling a deceased patient suspected (pending nasopharyngeal [NP] swab) or confirmed COVID-19.
 - The scope of this document applies to infection protection and control measures in respect to the preparation of deceased body and patient transport.
- **Additional Considerations:**
 - Minimum of 2 staff members required; more staff may be required when handling deceased persons, using clinical judgement (e.g., bariatric patient).
 - If nasopharyngeal (NP) swab was not taken, and consideration of death is related to COVID-19, consult with MRP on whether post-mortem NP swab indicated. MRP may want to consider notification of medical coordinator of site.
- **Disclaimer:** Please be advised, the term “patient” frequently referred to throughout this document, also pertains to “clients” and “residents”.

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Determining any Family or Cultural/Spiritual Considerations

- Staff must demonstrate cultural safety values, and respect the cultural context of the family and/or local community.
- Before any preparation of the deceased patient begins, family and or loved ones should be contacted to find out if there are any cultural or spiritual considerations they would like taken into account.
- Apply principles of cultural safety. If the deceased has, loved ones who wish to view the body before or after removal from the isolation room or area, their wishes must be considered.
 - If the family chooses to view the body, they can say goodbye to their loved ones by touching the body (e.g., gentle strokes of hands or face), as the risk of transmission is low. Remind the family to preform hand hygiene before and after patient viewing.
 - It is recommended that adults 60 years and older or immunosuppressed should not have direct interactions with the body.
- Approach each situation on a case-by-case basis, centering the rights of the family while considering the risks of exposure to infection.
- Caregivers and family members who were in close contact with a deceased loved one should be informed to:
 - [Self-isolate](#) (14 days) post-death/viewing.
 - Self-monitor; use the online COVID-19 self-assessment tool (<https://bc.thrive.health/>) and/or, if they are concerned that they may have contracted COVID-19 because the decedent had respiratory symptoms, call 8.1.1 for advice/instructions.

Informing Family Members of Funeral Home Services and Patient Transport

- Family or MRN will contact the funeral home of their choice (pre-arranged or arranged at the time of death).
- Inform family that funeral home technicians will arrive directly to the facility/client room for transport to the funeral home (**Long-term Care ONLY**).

Gathering Supplies and Equipment

- Personal Protection Equipment (PPE):
 - Medical-grade gloves
 - Fluid-resistant gown – with full sleeve coverage
 - Eye protection (e.g., face shield, goggles)
 - Mask (surgical or mask with visor)
 - N95 fitted mask or alternative for extubation if patient is intubated.
- Patient care supplies (e.g., basin, soap, cloths, fluid soaker pads, surgical mask, hospital gown, linens)
- Hospital disinfectant wipes (e.g., Accel, Percept wipes)
- Supplies for tube/line removal (scissors, adhesive bandages, clamps, etc.)
- Post-mortem bag – straight zipper (product # **0025341**)

Infection Prevention and Control Standards

- Staff must perform a Point of Care Risk Assessment (PCRA) prior to all interactions with the deceased.

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- If the PCRA determines, and/or when preparation of the body would involve prolonged close contact with clear risk for splash from the patient’s body fluids or secretions, a fluid-resistant procedure/surgical mask and eye protection should also be worn.
- Staff must follow routine infection prevention and control practices, which include:
 - Appropriate use of personal protective equipment (PPE), according to PCRA assessment.
 - Performing diligent hand hygiene with plain soap and water or alcohol-based hand rub (70% alcohol content), paying particularly attention to before and after removal of PPE, and after leaving the patient care environment.
 - Appropriate cleaning and disinfecting of equipment.
- Staff performing an extubation procedure post-death must wear appropriate PPE according to AGMPs: gown, gloves, a fit-tested N95 or alternative respirator, and eye protection (e.g. face shield).
- All single-use PPE should be immediately disposed of in an appropriate waste receptacle, unless indicated otherwise by organizational guidelines.
- Reusable gowns, if used, should be placed in the appropriate laundry receptacle.

Preparing the Deceased Patient

Before any preparation of the deceased patient begins, family and or loved ones should be contacted to find out if there are any cultural or spiritual considerations they would like taken into account*

Preparing the Deceased Patient		
Activity		Rationale & Information
Before entering the patient’s room		
1.	Clinician x2: Don PPE and perform hand hygiene. (Apply mask/respirator and eye protection as indicated, per PCRA).	Clinicians should act as buddies, supporting each other in the donning and doffing processes.
Inside the patient’s room		
2.	Ensure the area around the bed is free from clutter.	Protects clinician from injury and/or contamination.
3.	Wipe edge of bed with disinfectant wipe to ensure sides are clean throughout the process, as necessary.	
4.	Remove all lines, catheters and other tubes entering the body, <i>if appropriate per clinical judgment</i> . If deemed necessary, ensure tube(s) that remain with the body are clamped – cut tube distal to clamp, if required.* *For Intubated patients – see next section.	Ensures body fluid leaks are contained, to prevent transmission of disease. In the instance of a Coroner’s case - DO NOT remove any lines or tubes unless directed otherwise by Coroner.
	For Intubated patients ONLY Management of Oral Endotracheal Tube (OETT): 1. Ensure ventilator is OFF.	Management of the OETT is an AGMP in deceased patients *Don N95 or alternative respirators and

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	<p>2. Clamp OETT with chest tube clamp.</p> <p>3. Disconnect ventilator tubing from catheter mount and apply viral filter.</p> <p>4. Apply blue cap to ventilator tubing.</p> <p>Note: Delay removal of OETT until patient is placed in post-mortem bag – see step 11.</p>	<p>eye protection.</p> <p>In the instance of a Coroner’s case - DO NOT remove any lines or tubes (including endotracheal tubes); follow standard Coroner’s guidelines unless directed otherwise by Coroner.</p>
5.	<p>Wash body with soap and water. Insert dentures and other prosthesis, such as artificial eyes, if applicable. Close the eyelids, and position the body in as normal a position as possible.</p>	<p>Decreases the viral load on the person before performing personal care, and maintains dignity of care.</p>
6.	<p>Cover all drainage sites but DO NOT pack body orifices; re-dress wounds that are leaking, as necessary.</p>	<p>Ensures body fluids leaks are contained and prevents transmission of disease.</p>
7.	<p>Apply patient identification (PPID) tag to toe, and ensure ID bracelet is intact.</p>	<p>Attach tags, as per PPID standard practice. Do not label a body as COVID-19 (positive or negative).</p>
8.	<p>Check to ensure each clinician’s PPE is still clean and free of contaminants.</p> <ul style="list-style-type: none"> If contaminated, doff PPE, perform hand hygiene, and then don clean PPE. 	<p>Protects clinician from contamination.</p>
9.	<p>Clinician One: slowly turns the body towards them.</p> <p>Clinician Two: rolls linen and tucks under body, then wipes the bed underneath if it is overtly soiled (avoid having the body touch your gown, if at all possible).</p>	
10.	<p>Clinician Two: slides sling/post mortem bag under and close to body.</p> <p>Clinician One: slowly rolls the body on top of sling/post-mortem bag.</p>	
11.	<p>Prior to closing the post mortem bag, deflate cuff on OETT and carefully remove.</p>	<p>Extubation is an AGMP in deceased patients.</p>
12.	<p>Dispose of the OETT in a plastic bag in a yellow biohazard bin.</p>	<p>*Ensure wearing appropriate PPE.</p>
13.	<p>Close the Post-mortem bag.</p>	<p>Protects clinician from contamination.</p>
14.	<p>Doff PPE and perform hand hygiene.</p>	

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15.	Apply new pair of gloves and wipe the post-mortem bag with a disinfectant wipe, including underside (e.g., Accel wipes).	
16.	Apply the PPID tag on the outer side of post-mortem bag.	Attach tag, as per PPID standard practice. Do not label a body as COVID-19 (positive or negative).
17.	Transfer patient, using transfer sling/OHL, to morgue stretcher. With disinfectant wipe, clean and disinfect the handles and any other surfaces on the stretcher or transport equipment (Acute Care ONLY).	Protects clinician from contamination.
Before exiting the patient's room		
18.	Doff PPE and perform hand hygiene.	Protects clinician from contamination.
19.	Safely dispose of PPE in plastic garbage bag inside room near the door.	

Arrange Transport to Morgue (Acute Care – Only)

- Follow standard organizational transport procedures when transporting the body to the morgue or designated storage facility (site-specific).
- Avoid contamination of surfaces during transport to morgue or out of facility (e.g., corridors, hallways, elevators) using standard organizational guidelines.
- Minimum of 2 staff members required; more staff may be required when handling deceased persons, using clinical judgement (e.g., bariatric patients).
 - Porter will assist clinician if a 2nd clinician is not available, and vice versa if a 2nd porter is not available; clinician will transport with porter to the morgue – see table below (Option 2)
 - At no time should anyone be in the morgue alone.

DECISION TO BE MADE about transport process.	
Option 1: (Patient porters remain OUTSIDE the room and Clinicians transfer patient to morgue stretcher)	
Porter x2 (Outside room)	<ol style="list-style-type: none"> 1. Brings clean morgue transport stretcher to patient's room door. 2. Don PPE (gloves/gown only if leaking) and performs hand hygiene. 3. Wait outside patient room.
Clinician X2 (Inside room)	<ol style="list-style-type: none"> 1. Transfer patient using transfer sling/OHL, to morgue stretcher. 2. Wipes down morgue stretcher with disinfectant wipes. 3. Hands off morgue stretcher to porter at patient door. 4. Doff PPE (gloves/gown only if leaking) and performs hand hygiene, before leaving patient room.

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Porter x2	<ol style="list-style-type: none"> 1. Don PPE and performs hand hygiene. 2. Transport patient to morgue. 3. Doff PPE and preforms hand hygiene.
Option: 2 (Patient porter ENTER room to assist patient transfer & clinician to assist transport to morgue)	
Porter (X1)	<ol style="list-style-type: none"> 1. Brings clean morgue stretcher patient's room door. 2. Don PPE (gloves/gown) and performs hand hygiene, before entering patient room.
Clinician Porter (assist)	<ol style="list-style-type: none"> 1. Transfer patient using transfer sling/OHL, to morgue stretcher. 2. Wipe down transport stretcher with disinfectant wipe. 3. Doff PPE and performs hand hygiene, before leaving patient room.
Porter Clinician (assist)	<ol style="list-style-type: none"> 1. Don PPE (gloves/gown) and performs hand hygiene. 2. Transport patient to morgue. 3. Doff PPE and preforms hand hygiene.

Cleaning & Disinfecting and Waste Management

- Island Health staff will follow standard organizational guidelines and processes regarding environmental cleaning and disinfection of the patient area, handling of linens, and waste management.
- Environmental Cleaning Guide: https://intranet.viha.ca/departments/infection_prevention/Documents/environmental-cleaning-guideline.pdf

Definitions

- **COVID-19:** is an acute respiratory illness caused by novel coronavirus, that predominantly affects the lungs and is transmitted through droplets: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
- **Personal Protective Equipment (PPE):** coverings to protect the individual from contamination (see equipment for details). <https://intranet.viha.ca/covid-19/Pages/protect-minimize-support.aspx#minimize>

Additional Resources

Spiritual Health: Response to COVID-19: <https://intranet.viha.ca/covid-19/Documents/spiritual-health-response-covid-19.pdf#search=spiritual%20health>

First Nations Health Authority; Care of the Deceased body: <https://www.fnha.ca/Documents/FNHA-Care-of-the-Deceased-Body-Guide.pdf>

Point of Care Risk Assessment: <https://www.islandhealth.ca/sites/default/files/2018-08/point-of-care-risk-assessment.pdf>

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References

- BCCDC Safe Handling of Bodies of Deceased Persons with Suspected or Confirmed COVID-19: Interim Guidance
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SafeHandlingBodies.pdf
- World Health Organization's Infection Prevention and Control for the Safe Management of a Dead Body in the Context of COVID-19 for guidance: https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf
- Refer to the following link for more information on protection, minimizing risk and support of staff and patients: [COVID-19 Protect, Minimize & Support](#).
- Island Health's current PPE recommendations for suspected or confirmed COVID-19 patients:
<https://intranet.viha.ca/covid-19/Pages/protect-minimize-support.aspx#ppe>
- PICNet 2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Setting:
http://www.bccdc.ca/Health-Professionals-Site/Documents/2019-nCoV_AGMP_PICNet.pdf
- Island Health. RJH, VGN, In-patient transport to morgue:
<https://intranet.viha.ca/search/pages/Results.aspx?k=transport%20to%20morgue&s=All%20Sites>.
- Island Health. CDH In-patient transport to morgue:
<https://intranet.viha.ca/search/pages/Results.aspx?k=transport%20to%20morgue&s=All%20Sites>
- Island Health. Pronounce death/Prepare body for transport (NRGH):
<https://intranet.viha.ca/departments/emergency/ed-assist/patient-disposition/Pages/pronounce-death-prepare-body-transport.aspx>
- Island Health. Guidelines for clinical team in the event of an in-hospital death:
<https://intranet.viha.ca/nihtransition/Forms/in-hospital-death.pdf#search=transport%20to%20morgue>

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