



Title	Procedure for Handling and Transportation of Cadavers Carrying Risk of Infection
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Equality & Diversity Impact Assessed	

HANDLING & TRANSPORTATION OF CADAVERS

Aim: Minimise infection risk to staff, patients and visitors by using the correct handling procedures of cadavers

Standards

Last offices

- prior to carrying out last offices, the nursing staff will apply [standard precautions](#), including the donning of personal protective clothing i.e. disposable plastic apron and gloves, facial protection if required
- the nursing staff will follow the normal procedure for last offices; remembering to close and tape the eyes and bandage the jaw and wrap the body in a shroud and then a sheet. Never use safety pins to fasten the sheet in place, use adhesive tape
- nursing staff will contact the General Services Supervisor at the Borders General Hospital, and the nursing staff will request the delivery of the mortuary trolley and a zipped cadaver [body] bag if required

Cadaver [Body] Bags

Where there is significant leakage of blood or body fluid from a body, a cadaver [body] bag must be used, irrespective of risk status. it is not always necessary to use a body bag where the patient has a known or suspected infection [for example; MRSA, Clostridium difficile (C.diff), influenza or norovirus] if there is no leakage

if a body bag is required:

- On arrival at the bedside, General Services staff will don a disposable apron and disposable gloves, before moving the body from the bed into the opened cadaver bag. The cadaver bag will then be zipped up.
- protective clothing is removed in the room and disposed of as clinical waste once move is completed
- all staff should decontaminate their hands after removing PPE and before leaving the room and use alcohol hand rub after leaving the room.
- The nursing staff will complete the intimation of death form, including detail on infection risk. The body will then be

transported to the mortuary and placed in the designated high risk area if appropriate.

When a body is placed into the body bag, the zip closure MUST start at the feet and finish at the head. After transferring the body to the Mortuary, before closing the fridge door, open the zip part way (approximately ½ way or further if possible) on the body bag. Failure to do this causes the body to decompose more rapidly.

The Infection Control Team will inform you of any exceptions to this rule.

Transfer of cadaver to hospital mortuary

- Infection risk should be indicated on the intimation of death form, High-Risk labels applied to the orange label and the Notification Sheet completed
 - on completion of the above procedure the General Services staff will transfer the body to the hospital mortuary
- Cadavers designated High Risk
- on arrival at the hospital mortuary the body should be placed into the High Risk Chamber.

Viewing

- there may be restrictions on viewing cadavers;. Ideally viewing should be done on the ward, with regard to the restrictions detailed in the table below

Autopsy

Autopsies are rarely performed unless this is a requirement from the Procurator Fiscal

High Risk Cadavers requiring autopsy: The mortuary staff will arrange the transfer of these cadavers to the High Risk Body Store, Royal Infirmary of Edinburgh.

All Fiscal cases will be removed to the City Mortuary, Edinburgh by the Crown Official and Procurator Fiscal Scotland [COPFS] approved service

Infection Hazards Of Human Cadavers.

- Please note that this guidance should be followed, irrespective of cause of death
- Where there is leakage of blood or other body fluids from a body, a cadaver bag should be used regardless of risk status.

Infection	Risk	Washing/ dressing	Bagging	Viewing
Acute encephalitis		Yes	No	Yes
Acute poliomyelitis		Yes	No	Yes
Anthrax		No	Advised	No
Chicken pox/shingles		Yes	No	Yes
Cholera		Yes	No	Yes
Clostridium difficile infection [CDI]		Yes	No	yes
Cryptosporidiosis		Yes	No	Yes
Diphtheria		Yes	Advised	Yes
Dysentery [bacillary]		Yes	Advised	Yes
E coli 0157		Yes	No	Yes
Food poisoning		Yes	Advised	Yes
Group A streptococcal infection [invasive]		Yes	Yes	Yes
Hepatitis A		Yes	No	Yes
Hepatitis B, C		Yes	Yes, if bleeding	Yes
HIV/Aids		Yes	Yes, if bleeding	Yes
Legionellosis		Yes	No	Yes
Leprosy [treated]		Yes	No	Yes
Leprosy [untreated]		No	Yes	Yes
Leptospirosis (Weil's disease)		Yes	No	Yes
Lyme Disease		Yes	No	Yes
Malaria		Yes	No	Yes
Measles		Yes	No	Yes
Meningococcal (meningitis, with or without septicaemia)		Yes	Advised	Yes
Meningitis (non Meningococcal)		Yes	No	Yes
MRSA		Yes	No	Yes
Mumps		Yes	No	Yes
Ophthalmia neonatorum		Yes	No	Yes
Orf		Yes	No	Yes
Paratyphoid fever		Yes	Advised	Yes
Plague		No	Yes	No
Psittacosis		Yes	No	Yes
Q fever		Yes	No	Yes
Rabies		No	Yes	No
Rubella		Yes	No	Yes
Scarlet fever		Yes	Advised	Yes

Smallpox		No	Yes	No
Tetanus		Yes	No	Yes
Typhoid fever		Yes	Advised	Yes
Typhus		No	Advised	No
Transmissible spongiform encephalopathies e.g. vCJD		Yes	Yes	Yes
Tuberculosis		Yes	Advised	Yes
Viral haemorrhagic fever		No	Yes	No
Yellow fever		No	Yes	No

Definitions: Bagging: placing body into a zipped cadaver bag.

NB: Where there is leakage of body fluids, the body should be placed in a cadaver bag even when not known as High Risk.

Viewing: allowing the bereaved to see, touch, and spending time with the body before disposal.

Advised: Advisable, but may be required by the local authority.

Free from infection Certificate [below]

This document is required to be completed by the attending physician when the body is to be repatriated either within the UK or abroad.

It cannot be completed by the Mortuary staff or Funeral Director

NHS Borders
Area Mortuary
Borders General Hospital
Melrose
Roxburghshire
TD6 9BS
www.nhs.borders.org.uk

Telephone: 01896 826013
Fax 01896 826237

Free from Infection Certificate

To whom it may concern

This is to certify that this patient was under my care:

Name: _____

Address: _____

Date of birth: _____

Who died on: _____

At: _____

Cause of death: _____

I can confirm that to the best of my knowledge the body is free from infectious and contagious disease and may be transported safely.

Name:

Signed:

Date:

Designation: