

20. Care of the Deceased

Staff needs to be aware of the policy and procedure regarding blood and body fluid exposure and handling biomedical waste (IPAC manual: Biomedical Waste, Section 13 and Housekeeping manual: Blood and Body Spills, Section 2).

Routine practices are to be carried out based on your risk assessment.

Personal protective equipment (PPE) is worn based on that risk assessment and according to precautions that were in place prior to death of the patient.

The body should be handled with caution in order to reduce the risk of expulsion of body fluids and air from the lungs that may contain infectious organisms.

If the person was on Additional Precautions (Contact, Droplet, Airborne), staff must continue to follow those precautions until the body is securely wrapped (shroud and/or body bag) in a way to ensure no leakage of body fluids or risk of exposure to infectious material occurs. If the shroud or body bag is re-opened, any Additional Precautions that were in place at time of death are reinstated.

Grossly soiled areas of the body are to be washed.

Care should be taken to prevent the contamination of the exterior surface of the shroud/body bag. If the shroud/body bag is soiled, the outside surface is cleaned with a low-level disinfectant prior to transport.

Once the body is sealed in the body bag, PPE is no longer required during transport.

Procedures for discharge/vacancy cleaning of the room are followed according to precautions that were in place at the time of death or based on risk of transmission of infection before and after death.

Infectious diseases on the Reportable Diseases List must be reported to the Chief Medical Officer of Health (see Table 2.1: Reportable Diseases in the Communicable Diseases Manual).



