

Deceased Infection Control Notification Form

Name of Deceased..... Date of Birth..... Hospital Number.....	Complete this section or add a Patient demographic label here
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Date and time of death..... Source (Hospital and Ward or address).....

Does the deceased present an infection risk? (Ring as appropriate)			
Yes		Suspected	
What are the likely routes of transmission? (Ring all that apply) SEE NOTE 1			
Inoculation (Blood- Borne Virus)	Inhalation	Ingestion	Contact
Type of infection (if permitted to disclose)			

For this section, see following page. Ring as appropriate

Is body bagging necessary?(It is advised that a bag is used for the deceased in all cases where there is, or is likely to be, leakage of body fluids)	YES	NO
Can the deceased be viewed?	YES	NO
Can a Post Mortem be carried out?	YES	NO
Can hygienic treatment be carried out?	YES	NO
Can the deceased be embalmed?	YES	NO
Provide any other relevant information to enable the deceased to be handled safely		

Signed (See Note 2)

Print name.....

Job title.....

Note 1: In accordance with health and safety law and adapted from information provided in the Health and Safety Executive: Managing Infection Risks when Handling the Deceased July, 2018 publication

Note 2:

- ❖ In hospital cases, the doctor certifying death, in consultation with the ward nursing staff, is asked to complete this notification form;
- ❖ Where a Post Mortem examination has been undertaken, the Pathologist is asked to complete this notification form;
- ❖ In other cases, suitable medical personnel and Mortuary staff can complete this form

Table of Transmission-based Precautions to Key Infections in the Deceased

Infection	Hazard Group	Body Bag	Viewing	Post Mortem	Hygienic Treatment	Embalming
Airborne – Small particles that can remain airborne with potential for transmission by INHALATION						
Tuberculosis	3	Yes	Yes ¹	Yes ²	Yes	Yes ²
Severe acute respiratory syndromes (SARS)	3	Yes	Yes	Yes ²	Yes	Yes ²
Coronavirus – COVID-19	3	No	Yes ¹	Yes ²	Yes	Yes ²
Meningitis	2	No	Yes	Yes ⁴	Yes	Yes ⁴
Flu (animal origin) eg H5 and H7 influenza viruses	3	No	Yes	Yes ⁴	Yes	Yes ⁴
Diphtheria	2	No	Yes	Yes	Yes	Yes
Contact – Either direct via hands or indirect via equipment and other contaminated articles where transmission is via INGESTION						
Invasive streptococcal infection	2	Yes	Yes	Yes ⁴	No	No
Dysentery	3	No ⁵	Yes	Yes	Yes	Yes
Hepatitis A	2	No ⁵	Yes	Yes	Yes	Yes
Hepatitis E	3	No ⁵	Yes	Yes	Yes	Yes
Enteric fever (Typhoid/Paratyphoid)	3	No ⁵	Yes	Yes	Yes	Yes
Brucellosis	3	No	Yes	Yes ³	Yes	Yes ³
<i>E.Coli</i>	3	No ⁵	Yes	Yes ³	Yes	Yes ³
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. INNOCULATION						
Acquired immune deficiency syndrome (AIDS) Human Immunodeficiency Virus (HIV)	3	No	Yes	Yes ⁶	Yes	Yes ⁶
Anthrax	3	Yes	No	Yes ⁷	No	No
Hepatitis B, D and C	3	No	Yes	Yes ⁶	Yes	Yes ⁶
Viral haemorrhagic fevers (Lassa fever, Ebola, Marburg, Crimean-Congo)	4	Yes Double Bag	No	No	No	No
Contact – Either direct or indirect contact with body fluids (eg brain and other neurological tissue) via a skin-penetrating injury or via broken skin. INNOCULATION						
Transmissible spongiform encephalopathies (CJD)	3	Yes	Yes	Yes ^{7,8}	Yes	No

Key

Red – Minimise procedures or handling of the deceased

Yellow – Extra PPE is necessary when carrying out this procedure or handling the deceased

The highlighted areas indicate an increased level of risk associated with the infection (with areas in red posing increased risk) and therefore require additional control measures when handling the deceased.

Notes

1 Appropriate measures needed to deal with potential release of aerosols (eg place cloth or mask over mouth when moving deceased)

2 Appropriate measures needed to deal with aerosol-generating procedures

3 Appropriate measures needed to minimise environmental contamination

4 Appropriate measures needed to prevent exposure to mucosal surfaces (wear facemask or visor)

5 These infections may increase likelihood of leaking bodily fluids

6 Appropriate measures needed to minimise the use of sharps or use safer sharps devices

7 The rationale for PM should be carefully considered as examination may increase potential of aerosol generation

8 Appropriate measures to minimise percutaneous injury and contamination of work area