Cleveland Clinic

P4

POINTS ON PRACTICE, POLICY, AND PROCEDURE

CLEVELAND CLINIC NURSING INSTITUTE

COVID+/Suspected Decedent Patient Management (Post-Mortem Care)

Purpose: SOP that provides direction in the process of transferring the deceased COVID+/suspected patient to the morgue storage area.

Post Mortem Care of a COVID+ or Suspected COVID+ Patient

- **Maintain isolation precautions** including PPE requirements while performing post mortem care.
- Follow routine care of the post mortem patient.
- If **respiratory infection** is the **cause of death:**
  *Disinfectant is applied to the decedent airways.
  *Advise the funeral practitioner at the time of initial death notification.

A. Using hemostats, securely place rolled gauze or cotton balls in the nostrils and mouth.

B. Use a syringe to soak cotton with hydrogen peroxide.

C. Cover the face with a cloth/cotton sheet dampened with hydrogen peroxide.

D. Cover decedent with a sheet to minimize aerosolized droplets before placing in a body bag.

What HAS changed:

- If respiratory infection is the cause of death, **disinfectant is to applied to the decedent airways**
- Cover decedent with a sheet to minimize aerosolized droplets *before* placing in a body bag.
- Morgue tag is attached to the zipper of the body bag.
- Place two patient labels on the outside of the body bag, one on the top and one on the bottom.
- **Affix the COVID Advisory Label in plain view** on the *outside* of the body bag.
- Disinfect the outside of the bag with Super Sani wipes or Bleach wipes *after* transfer to the stretcher.

COVID-19 Confirmed or Suspected

Follow standard routine procedures when transporting the body after specimens have been collected and the body has been bagged.

Disinfect the outside of the bag with a product with EPA-approved EMERGING VIRAL PATHOGENS CLAIMS EXTERNAL ICON expected to be effective against COVID-19 applied according to the manufacturer's recommendations.

Wear disposable NITRILE GLOVES when handling the body bag.

Prompt cremation or burial of the individuals who have died of COVID-19 can help prevent worker exposure to the virus. (State and local requirements may dictate whether or not that of individuals who have died of certain infectious diseases can be buried or if they must be cremated.)

Follow recognized good biosafety practices to prevent or minimize transmission of infectious agents (i.e., COVID-19). To protect workers from COVID-19 exposure, OSHA recommends suspension of post mortem or autopsy procedures on patients with suspected/confirmed COVID-19 infection. Although the infection process is not fully understood, this recommendation considers the potential for very high viral load (i.e., the number of viral particles in the body at death and sources of exposure to workers performing autopsy procedures. If deemed necessary and appropriate, OSHA recommends strict adherence to basic safety procedures used for any autopsy on human remains, the general guidance applicable to all workers provided at the beginning of this page, and the controls described below.

- Wear nonsterile, nitrile gloves when handling potentially infectious materials;
- If there is a risk of cuts, puncture wounds or other injuries that break the skin, wear heavy-duty gloves over the nitrile gloves.
- Wear a clean, long sleeved fluid-resistant or impermeable gown to protect the clothing.
- Use a plastic face shield or surgical mask and goggles to protect the face, eyes, nose and mouth from potentially infectious body fluids.
- If there is a risk of aerosol generation during the procedure, use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes NIOSH-certified N95 or better respirators, medical exams, fit testing, and training. PAPRs with HEPA filters may provide increased worker comfort during extended autopsy procedures.

STOP

Visitation of Deceased COVID+/Suspected Patients

- There will be no visitation of deceased COVID+/ Suspected patients.
- Once the body bag has been secured, the bag will not be opened again until it has arrived at the funeral home.

Prior to providing post mortem care, the RN ensures that all cultural needs that affect care of the body after death (per the family &/or SO) have been addressed.

What has NOT changed:

- Initiate site specific process for notifications of death (i.e.: ASC, Spiritual Care, NOM, etc.).
- RN/Family Liaison initiates call to Lifebanc (1-800-558-LIFE) to **report EVERY DEATH.**
    - * Life Banc Notification documentation to be included in medical record: Lifebanc notification occurred, date/time of the call, and name of Lifebanc representative.
    - *Place patient belongings in a sealable plastic bag and wipe down the outside of the bag with disinfectant.
- Usual paperwork (death packet) and tags are to be completed,
- With the exception of a death deemed to be a coroner's case, prepare the body for transfer including removal of all tubes and lines.
- RN/Family Liaison contacts the family to provide support, answer questions and complete the appropriate paperwork which includes: Patient's Personal Items Checklist, Release To Undertaker, and Autopsy Consent Form (if appropriate).

    ***Be sure to get the name and phone number(s)** where NOK/LNOK can be reached within a few hours of contact. Suggested scripting: "Could we please have a phone number where we can reach you within the next few hours or so in case the hospital or one of the agencies we work with need to contact you?"

- *RN verifies patient's personal items are bagged and accompany the decedent to the morgue.*
- **RN documents** the death and in the appropriate medical record.
- Perform post mortem care.
    - *Pad the wrists and ankles to prevent bruises, and tie them together with gauze or soft string ties.
    - *Fill out identification tags with the deceased.
    - *Tie the body identification tag to the deceased patient's toe, *but do not remove his/her identification bracelet to ensure correct identification.*

Main Campus: Health Education Campus Inpatient Units (HOPE Hospital ONLY)

In the event that a COVID+/Suspected Decedent of the inpatient units located at the Health Education Campus (HOPE).

- Follow the process outlined above for decedent preparation.
- Contact the Administrative Service Center (ASC) and advise that a transport will be needed by ambulance to the COVID+ morgue area.
- The ASC will make contact with the designated ambulance and make arrangements for descendent transport.
- Upon their arrival, the appropriately prepped decedent is to be taken to the Receiving Dock, along with all required forms, and released to the representatives of the ambulance company.
- The Family Liaison assigned will be responsible for noting the COVID-19 status of the patient on the Expiration Form.

Documentation/ Decedent Transport

♦   Have necessary documentation available at the transfer area to help the funeral practitioner avoid going into more than one area .

♦   Whenever possible, transferring the decedent into the funeral home's care should take place in the hospital morgue.

♦   If a morgue release is not possible, transferring the decedent into the funeral home's care should take place in an area with the least amount of exposure risk for all parties involved. This may include a designated holding area located close to a hospital exit. Coordinate with site security.

The COVID-19+/Suspected Decedent Patient Contact Tracking Form

♦   The form is to be kept with the decedent patient from the point of death, to the morgue.

♦   Each person who has contact with the body, is required to sign the Tracking Form and log
   *the Location of contact
   *the Purpose of contact
   *any Comments relative to special circumstances or occurrences during the contact (i.e.; body
     bag failure/tearing, unprotected exposure, etc.).

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COVID +/Suspected Decedent Patient Contact TRACKING FORM

1. Patient Name		2. MR#		3. Point of Origin		
4. Caregiver Contacts						
Date/Time	Name	Emp #	Location	Purpose		Comments