

Appendix 12: Application of infection control precautions in the deceased

As per [section 2.5](#) of the NIPCM and [section 5](#) of the Care Home IPCM, infection control precautions continue to apply whilst deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission after death. It is important that information on the infection status of the deceased is sought and communicated at each stage of handling. Appropriate risk assessment must be carried out before performing activities that may increase the risk of transmission of infectious agents from deceased individuals. Additional precautions may be required depending on the organism and activities carried out (see table). It is advised that a body bag is used for the deceased in all cases where there is (or is likely to be) leakage of bodily fluids.

Infection	Causative agent	Hazard Group	Is a body bag needed? ¹	Can the body be viewed?	Can post mortem be carried out? ²	Can hygienic preparation (washing and dressing) be carried out? ³	Can embalming be carried out? ²
Acquired Immune Deficiency Syndrome (AIDS) related illness	Human immune-deficiency virus	3	No	Yes	Yes	Yes	Yes
Anthrax	<i>Bacillus anthracis</i>	3	Yes ⁴	No	Yes ⁴	No	No
Brucellosis	<i>Brucella melitensis</i>	3	No	Yes	Yes	Yes	Yes
Diphtheria	<i>Corynebacterium diphtheriae</i>	2	No	Yes	Yes	Yes	Yes

Infection	Causative agent	Hazard Group	Is a body bag needed? ¹	Can the body be viewed?	Can post mortem be carried out? ²	Can hygienic preparation (washing and dressing) be carried out? ³	Can embalming be carried out? ²
Dysentery (shigellosis)	<i>Shigella dysenteriae</i> (type 1)	3	No	Yes	Yes	Yes	Yes
Enteric fever (typhoid/para typhoid)	<i>Salmonella typhi/paratyphi</i>	3	No	Yes	Yes	Yes	Yes
Haemolytic uraemic syndrome	Verocytotoxin/shiga toxin producing <i>E.coli</i> (For example O157:H7)	3	No	Yes	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	2	No	Yes	Yes	Yes	Yes
Hepatitis B, D and C	Hepatitis B, D and C viruses	3	No	Yes	Yes	Yes	Yes
Hepatitis E	Hepatitis E virus	3	No	Yes	Yes	Yes	Yes
Influenza (animal origin)	For example H5 and H7 influenza viruses	3	No	Yes	Yes	Yes	Yes
Meningococcal septicaemia (Meningitis)	<i>Neisseria meningitidis</i>	2	No	Yes	Yes	Yes	Yes
Middle Eastern Respiratory Syndrome (MERS)	MERS coronavirus	3	Yes	Yes	Yes	Yes	Yes
Severe and/or novel acute respiratory syndromes (SARS)	For example, SARS coronavirus (non-SARS-CoV-2)	3	Yes	Yes	Yes	Yes	Yes

Infection	Causative agent	Hazard Group	Is a body bag needed? ¹	Can the body be viewed?	Can post mortem be carried out? ²	Can hygienic preparation (washing and dressing) be carried out? ³	Can embalming be carried out? ²
COVID-19	SARS-CoV-2	3	No	Yes	Yes	Yes	Yes
Rabies	Lyssaviruses (for example European bat lyssaviruses (EBLVs))	3	No	Yes	No	No	No
Transmissible spongiform encephalopathies (for example vCJD)	Various prions	3	Yes	Yes	Yes	Yes	No
Tuberculosis	<i>Mycobacterium tuberculosis</i>	3	Yes	Yes	Yes	Yes	Yes
Viral haemorrhagic fevers	For example, Lassa fever, Ebola, Marburg, Crimean Congo haemorrhagic fever viruses	4	Yes ⁵	No	No	No	No

Notes

- ¹ It is advised that a body bag is used for the deceased in all cases where there is (or is likely to be) leakage of bodily fluids.
- ² When carrying out higher risk procedures such as post-mortem or embalming, consideration should be given to the need for additional measures to prevent contamination of equipment and the environment and to prevent staff exposure to infectious material e.g., through additional PPE and use of safer sharps devices.
- ³ Hygienic treatment refers to washing and/or dressing of the deceased.
- ⁴ Where anthrax infection is suspected, before undertaking a post-mortem the rationale for the procedure should be carefully considered; particularly where examination may increase the potential for aerosol generation.
- ⁵ A double body bag must be used. See [Advisory Committee on Dangerous Pathogens guidance](#) for further information.