

# CARE OF THE DECEASED PATIENT WITH POTENTIAL/PROVEN VIRAL HEMORRHAGIC FEVER

## PURPOSE OF DOCUMENT

To provide consistency in the provision of postmortem care of the deceased patient whom has possible or proven Viral Hemorrhagic Fever.

## PRINCIPLES

- The risk for person-to-person transmission of Viral Hemorrhagic Fever is highest after death when hemorrhage and fluid loss may lead to splash and droplet generation.
- Personal protective equipment (PPE) appropriate for VHF/Ebola care will be worn throughout the entire process of postmortem care and placement of the body in a body containment bag and hermetically sealable container. Both AHS PPE options (gown and coveralls) should be included as outlined in the AHS [Recommendations for Suspect/Confirmed Viral Hemorrhagic Fever \(VHF\) / Ebola in addition to Contact & Droplet Precautions](#)
- Deceased patients with possible or proven Viral Hemorrhagic Fever are considered a [Schedule 1 Communicable Disease](#).
- Autopsies on patients who die of Viral Hemorrhagic Fever should be avoided. If an autopsy is necessary, it should involve extensive consultation between the MOH, Pathology, Medical Examiner, and IPC. All staff involved in postmortem care must be logged and the log forwarded to Workplace Health & Safety (WHS).
- Organ and tissue donation is contraindicated in patients who die of Viral Hemorrhagic Fever.
- Final postmortem care and preparation of the body should not be initiated until arrival of the hermetically sealable container and Capital Transfer Services.
  - Time for family presence within a safe viewing area of the patient should be prioritized while waiting for Capital Transfer personnel to arrive. Direct access to patients with possible/proven Viral Hemorrhagic Fever remains strictly prohibited given high levels of viral load in the deceased.
- Once sealed, the body containment bag and hermetically sealed container will not be reopened.

# NOTIFICATION

All services that may come in contact with the patient, patient environment or wastes should be notified by the clinician/charge RN. Communication to the following persons/groups (list not exhaustive; additions as relevant welcomed):

- Bedside care provider to notify the Intensivist and Charge Nurse patient is deceased.
- Clinician/Charge RN/Unit clerk to notify IPC health professional.
- Intensivist to notify Medical Officer of Health (MOH).
  - Calgary: 403-264-5615
  - Edmonton: 780-433-3940
- Intensivist to notify Medical Examiner (ME).
  - Calgary: 403-297-8123
  - Edmonton: 780-427-0374
- Intensivist to notify Next of Kin.
- Clinician/Charge RN/Unit clerk to notify Social Work, Spiritual Care, and Translation services as relevant.
- Clinician/Charge RN/Unit clerk to notify vital statistics/admitting of a schedule 1 communicable disease death.
- Vital statistics/admitting to notify **Capital Transfer Services Inc:**
  - Of a schedule 1 communicable disease death
  - To request a hermetically sealable container the patient's height and weight is required:
    - The standard hermetically sealed container size is 22" wide and 77" tall.
    - The oversize hermetically sealed container size is 32" wide and 79" tall.
    - If the patient is beyond the range of the oversize container a special container may need to be produced.
  - Capital Transfer Services to provide vital statistics/admitting of their estimated arrival time.



- Vital statistics/admitting to inform bedside staff of Capital Transfer Services estimated arrival time; *anticipate around 1 hour to bring the required container to the unit.*
- Vital statistics/admitting to notify Protective Services for escorting capital transfer personnel to and from the unit.
- Clinician/Charge RN/Unit clerk will notify Linen & Environmental Services for assistance to clean visibly soiled floors, the transport stretcher and container as it exits the patient room, and for terminal room cleaning after patient is discharged.
- Clinician/charge RN/unit clerk to notify Linens & Environmental Services for waste removal as required.

## FAMILY CARE

Spread of Viral Hemorrhagic Fever after patient death poses high risk, and direct access to the patient will not be possible for all family members. As per clinical staff risk assessment, some religious/ritual requests for preparation of the body might not be possible.

Environment permitting, family members may be invited to spend time with the patient within a safe viewing area. This family care should be prioritized while waiting for Capital Transfer Services to arrive.

Use relevant unit/zone specific end of life care (EOLC) checklists and practices (i.e. pain control, ventilator weaning pathway, white rose program, compassion cart practices, EOLC monitor set up) as an adjunct to patient care, ensuring the restrictions to care outlined in this document are upheld.

For schedule 1 communicable diseases, the following restrictions are outlined in the [Bodies of Deceased Persons Regulation](#) under the Public Health Act:

- Contact with the body will be as limited as possible.
- The body will be sealed within a hermetically sealable container as soon as practically possible after the time of death.
- The body will not be embalmed.
- The body will be interred or cremated in the hermetically sealed container.



# POST MORTEM CARE

## Personnel

The suggested number of staff members for post mortem care and safe patient transport to the morgue:

- 2 RNs for patient care
- 1 RN for ante room cleaning of container/stretchers
- 1 RRT for patient care
- 1-2 RN(s) or RRT(s) for doffing staff
- 1-2 Housekeeping staff member(s)
- 1-2 Capital Transfer personnel
- 1-2 Protection services staff member(s)

**Note:** A log of all staff names and disciplines who enter the patient room or have direct contact with the deceased must be maintained. This log must be forwarded to **WHS**.

## Equipment

- VHF PPE
  - Multiple disposable absorbent pads
  - AHS-approved broad-spectrum virucidal disinfectant wipes (see note below)
  - 1 full-sheet repositioning sling if using over bed lifts for moving the patient
  - 1-2 body containment bags
  - [Schedule 1 Communicable Disease Label](#) for body and for hermetically sealable container
  - 1 hermetically sealable container - supplied by Capital Transfer Services
  - 4 screws to seal the container - supplied by Capital Transfer
  - 1 Robertson size 2 screwdriver - supplied by Capital Transfer
  - 1 HME Cap for ETT
  - Scissors (to cut tubing of lines for clamping off)
  - Body Wipes
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- Disposable Kelly clamps for any necessary tube clamping

**Note:** Select an AHS-approved broad-spectrum virucidal disinfectant with a valid Health Canada Drug Identification Number (DIN) that is effective against enveloped viruses (including filoviruses). Apply per the manufacturer's instructions and maintain the required wet contact time before wiping or allowing the surface to dry.

## Postmortem Care Procedure

### A. Moving Patients into Hermetically Sealable Container with Overbed Lifts

#### Prior to entering patient room:

1. Notify Charge Nurse of number of additional staff that will be needed to complete post mortem care. Indicate when the activity will begin.
2. Ensure family end of life care has been provided as previously described.
3. Ensure privacy for the patient; set up privacy screens on unit as required.
4. Ensure Capital Transfer is present with hermetically sealable container.
5. Notify clinician/charge RN that post mortem care will be starting shortly.
6. Gather all required equipment and personnel.
7. Assign a global leader for the patient (If not already assigned).
8. All staff providing final post mortem care to have a brief conversation about the plan of care before donning VHF PPE and going into the patient room.
9. If room needs a cleaning of gross contaminants, this should be completed before post mortem care and transfer is undertaken.
10. Identify staff member names & disciplines by writing on PPE.
11. Capital Transfer to remove the container lid and place and open body containment bag within the container on the transport stretcher outside the patient room.
  - Edges of the body containment bag will be draped over the edges of the hermetic container.
  - Capital Transfer and Protective Services do not require PPE, as they do not provide direct patient care and accept a clean stretcher/container at the end of the process.



### **Final Post Mortem Care and Body Preparation:**

1. Assign 1-2 RN/RRT as runners.
  2. Personnel to don VHF PPE:
    - 4 care providers (at least 1 RRT) to enter patient room
    - 1-2 personnel remain in ante room (pass equipment in as required; wipe transport stretcher on patient exit)
  3. Appropriately identify the patient using at least two patient identifiers.
  4. **All lines and tubes to remain in situ.**
    - RRT to disconnect patient from ventilator, clamp ETT and cap with HME cap.
    - RNs to discontinue infusions, and clamp off/cap any invasive lines or tubes (i.e. arterial lines, Foley catheters, OG tubes, central lines).
  5. Remove any patient belongings or personal artifacts.
    - Personal artifacts to be kept in a labeled biohazard bag for the time being.
    - Clothing will be disposed of in a biohazard bin.
  6. Affix one of the labeled patient communicable disease tags required for deceased persons to the patient, (typically the right ankle).
  7. Prior to lowering, RNs & RRTs to wipe bed rails with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time.
  8. Care team to turn the patient to place (in order):
    - Absorbent pads directly underneath the patient head and length of the patient,
    - Dry sheet (or current linens if dry),
    - Full-sheet repositioning sling (See Appendix A for Sling Resource if unfamiliar with use of patient slings). Ensure the sling fabric supports the patient.
  9. In between rolling the patient side to side, wipe the patient bed with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time.
  10. Once patient is on the sling, care team to change wipe gloves if soiled prior to operating the over bed lift.
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11. Lower the overbed lift hook and ensure the same color sling loops are hooked onto the metal prongs.
12. Anteroom RN to pass hermetically sealable container with body containment bag inside on the Capital Transfer transport stretcher to patient care team.
13. The head of the hermetic container to be positioned alongside the head of the patient (wider end at the top to accommodate the shoulders).
14. The body containment bag flap that is longer (folded over the side of the hermetic container) to be closest to the patient bed.
15. **NOTE:** Capital Transfer stretchers DO NOT HAVE BRAKES. Stretcher device will need to be stabilized by a staff member when lowering the body into the hermetic container.
16. 1 bedside care provider lifts the patient with the overbed lift so they are elevated off the bed.
17. 1-2 care providers stabilize/support the patient as needed when they are elevated off the bed.
18. Patient to be lowered into body containment bag within the hermetic container using the lift. The sling will remain with the patient and does not need to be removed.
19. Body containment bag is zipped up.
20. Care team to wipe gloves if soiled prior to affixing hermetic container lid.
21. Capital Transfer will pre-position the required 4 lid screws and remove the protective sticker from the seal on the hermetic container lid.
22. Capital Transfer will identify which part of the lid is for the head of the hermetic container.
23. Anteroom staff will communicate which is the head of the hermetic container lid when passing lid and screwdriver into the patient room.
24. Care staff maintain head of lid alignment, affix and press down on the hermetic container lid.
25. 1 care provider screws in 4 pre-positioned screws (one at top, bottom, and each side of the container).
26. The screwdriver and any remaining screws that were handled by potentially contaminated gloves must be wiped with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time, before being passed out of the patient room.



27. 2 care providers wipe the transport stretcher and hermetic container with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes in the patient room with caution (sides of the hermetic container are sharp metal edges, posing risk for breaking integrity of PPE), adhering to the manufacturer's wet contact time.
28. Anteroom RN and housekeeping staff wipe stretcher, stretcher wheels, and hermetic container again as it passes from the patient room through the anteroom hot zone, using AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time.
29. Clean stretcher and hermetic container are delivered to Capital Transfer staff via exit pathway.
30. [Second label](#) for bodies infected with a communicable disease is affixed to the head end of the hermetic container in the hallway prior to further patient transport.
31. Care providers, anteroom RN, & anteroom housekeeper doff PPE with assistance from doffing staff.
32. Capital Transfer personnel are accompanied by Protective Services to the courier area by the morgue via their regular transport route, as this provides the most secure and confidential path.
33. Patient confidentiality to be protected from any potential media.
34. Capital Transfer personnel place remaining 32 screws into the hermetic container lid on arrival to the courier area.
35. The deceased to be moved from the courier ramp directly to the funeral home, as the body will not stay in the morgue.
36. Housekeeping and waste management terminally clean and remove all wastes from the patient room after discharge.
37. Primary care providers and unit clerk to complete documentation.
38. Primary RN/Clinician/Charge RN/Unit clerk to call portering to request delivery of final paperwork and patient's full medical chart to registration and admitting vital stats clerk or emergency department registration.
39. Unit clerk to discharge the patient from electronic health records and ensure admitting and bed placement have been notified.



## B. Moving Patients into Hermetic Coffins Manually

### **Prior to entering patient room:**

1. Notify Charge Nurse of number of additional staff that will be needed to complete post mortem care. Indicate when the activity will begin.
2. Ensure family end of life care has been provided as previously described.
3. Ensure privacy for the patient; set up privacy screens on unit as required.
4. Ensure Capital Transfer is present with hermetically sealable container.
5. Notify clinician/charge RN that post mortem care will be starting shortly.
6. Gather all required equipment and personnel.
7. Assign a global leader for the patient (if not already assigned).
8. All staff providing final post mortem care to have a brief conversation about the plan of care before donning VHF PPE and going into the patient room.
9. If room needs a cleaning of gross contaminates, this should be completed before post mortem care and transfer is undertaken.
10. Identify staff member names & disciplines by writing on PPE.
11. Capital Transfer to remove the container lid and place and open body containment bag within the container on the transport stretcher outside the patient room.
  - Edges of the body containment bag will be draped over the edges of the hermetic container.
  - Capital Transfer and Protective Services do not require PPE, as they do not provide direct patient care and accept a clean stretcher/container at the end of the process.

### **Final Post Mortem Care and Body Preparation:**

1. Assign 1-2 RN/RRT as runners.
2. Personnel to don VHF/Ebola PPE per [AHS Recommendations for Suspect/Confirmed Viral Hemorrhagic Fever \(VHF\) / Ebola in addition to Contact & Droplet Precautions:](#)
  - 4 care providers (at least 1 RRT) to enter patient room



- 1-2 personnel remain in ante room (pass equipment in as required; wipe transport stretcher on patient exit)
3. Appropriately identify the patient using at least two patient identifiers.
  4. All lines and tubes to remain in situ.
    - RRT to disconnect patient from ventilator, clamp ETT and cap with HME cap.
    - RNs to discontinue infusions, and clamp off/cap any invasive lines or tubes (i.e. arterial lines, Foley catheters, OG tubes, central lines).
  5. Remove any patient belongings or personal artifacts.
    - Personal artifacts to be kept in a labeled biohazard bag for the time being.
    - Clothing will be disposed of in a biohazard bag.
  6. Affix one of the labeled patient communicable disease tags required for deceased persons to the patient, (typically the right ankle).
  7. Prior to lowering, RNs & RRTs to wipe bed rails with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time.
  8. Care team to turn the patient to place (in order):
    - Absorbent pads directly underneath the patient head and length of the patient,
    - Dry sheet (or current linens if dry),
  9. In between rolling the patient side to side, wipe the patient bed with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time.
  10. Anteroom RN to pass hermetically sealable container with body containment bag inside on the Capital Transfer transport stretcher to patient care team.
  11. The head of the hermetic container to be positioned alongside the head of the patient (wider end at the top to accommodate the shoulders).
  12. The body containment bag flap that is longer (folded over the side of the hermetic container) to be closest to the patient bed.



13. **NOTE:** Capital Transfer stretchers DO NOT HAVE BRAKES. Stretcher device will need to be stabilized by a staff member when moving the patient into the hermetic container.
  14. 4 care providers stabilize transport stretcher. 2 care providers against side of the hermetic container, 1 each at head and foot of the hermetic container.
  15. Patient to be shifted using bed linen first to side of bed, then lowered into body containment bag inside the hermetic container. The linen will remain with the patient and does not need to be removed.
  16. Body containment bag is zipped up.
  17. Care team to wipe gloves if soiled prior to affixing hermetic container lid.
  18. Capital Transfer will pre-position the required 4 lid screws and remove the protective sticker from the seal on the hermetic container lid.
  19. Capital Transfer will identify which part of the lid is for the head of the hermetic container.
  20. Anteroom staff will communicate which is the head of the hermetic lid when passing lid and screwdriver into the patient room.
  21. Care staff maintain container lid alignment, affix and press down on the hermetic container lid.
  22. 1 care provider screws in 4 pre-positioned screws (one at top, bottom, and each side of the container).
  23. The screwdriver and any remaining screws that were handled by potentially contaminated gloves must be wiped with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time, before being passed out of the patient room.
  24. 2 care providers wipe the transport stretcher and hermetic container with AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes in the patient room with caution (sides of the hermetic container are sharp metal edges, posing risk for breaking integrity of PPE), adhering to the manufacturer's wet contact time.
  25. Anteroom RN and housekeeping staff wipe stretcher, stretcher wheels, and hermetic container again as it passes from the patient room through the anteroom hot zone, using AHS-approved broad-spectrum virucidal disinfectant (with Health Canada DIN) wipes, adhering to the manufacturer's wet contact time.
  26. Clean stretcher and hermetic container are delivered to Capital Transfer staff via exit pathway.
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27. Second label for bodies infected with a communicable disease is affixed to the head end of the hermetic container in the hallway prior to further patient transport.
28. Care providers, anteroom RN, & anteroom housekeeper doff PPE with assistance from doffing staff.
29. Capital Transfer personnel are accompanied by Protective Services to the courier area by the morgue via their regular transport route, as this provides the most secure and confidential path.
30. Patient confidentiality to be protected from any potential media.
31. Capital Transfer personnel place remaining 32 screws into the hermetic container lid on arrival to the courier area.
32. The deceased to be moved from the courier ramp directly to the funeral home, as the body will not stay in the morgue.
33. Housekeeping and waste management terminally clean and remove all wastes from the patient room after discharge.
34. Primary care providers and unit clerk to complete documentation.
35. Primary RN/Clinician/Charge RN/Unit clerk to call portering to request delivery of final paperwork and patient's full medical chart to registration and admitting vital stats clerk or emergency department registration.
36. Bedside RN to complete charting and death checklist in electronic health records.
37. Unit clerk to discharge the patient from electronic health records and ensure admitting and bed placement have been notified.

## PATIENT BELONGINGS

Disposition of items to the family will be determined on a case-by-case consultation with IPC.

## DOCUMENTATION

### Clinical Staff Documentation:

1. Electronic patient chart documentation
  - Time of death
  - Disposition of belongings



- Summary of post mortem care
- 2. Medical Certificate of Death (MCOD)
- 3. Notice of death form
- 4. Attending medical certificate of death
- 5. Organ tissue screening form indicating contraindication to donation
- 6. Transfer/Release

#### **Vital Statistics Documentation:**

1. MCODE
2. Registration of death or still birth
3. Burial Permit

## **DEFINITIONS**

#### **Schedule 1 Death:** Communicable Diseases with Very High Risk of Transmission

- Anthrax
- Infectious pulmonary tuberculosis
- Plague
- Rabies
- Smallpox
- Viral haemorrhagic fevers (e.g. African hemorrhagic fever, Lassa fever, Marburg disease, Ebola Virus Disease, etc.)
- Yellow fever

**Hermetically Sealable Coffin:** A coffin that is airtight and secured against the escape of microorganisms. A coffin will be considered hermetically sealed if accompanied by valid documentation that it has been hermetically sealed AND, on visual inspection, the seal appears not to have been broken.

**Family** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

**Hand hygiene** means practices which remove micro-organisms, with or without soil, from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap, and water hand washing).



**Patient** means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers, and also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

**Personal protective equipment** means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

## CROSS REFERENCE DOCUMENTS

Care of the Adult Critically Ill Patient with Confirmed, Probable or Suspected Ebola Virus Disease (EVD) <https://www.albertahealthservices.ca/assets/info/vhf/if-vhf-ebola-care-seriously-critically-ill.pdf>

Care After Death-Adults and Pediatrics [Care After Death – Adults And Pediatrics Procedure Prr-05-01](#)

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Public Health Agency of Canada. (2023). *Infection prevention and control measures for Ebola disease in acute care settings*. <https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola/infection-prevention-control-measures-healthcare-settings.html>

Centers for Disease Control and Prevention. (2024, May 7). *Safe Handling of Human Remains of VHF Patients in U.S. Hospitals and Mortuaries*. <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/guidance-for-safe-handling-of-human-remains-of-vhf-patients-in-u-s-hospitals-and-mortuaries.html>



## APPENDIX A: Overbed Lift Full Sheet Sling Resource

1. Select the green full body repositioning sling (NOT the high back) for VHF post mortem care.
2. The loops attached to the sling are color-coded. When attaching the sling to the over bed lift hooks, use the same color loop each time (i.e. all red) for both the top 6 and bottom 6 loops.
3. Support the patient head (legs if necessary) once elevated off the bed.



## APPENDIX A: Document Contributors

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