



Epidemiology Unit

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Interim Guidelines on Safe Handling of Dead Bodies and Autopsy Procedures to Prevent Transmission of Pandemic Influenza A (H1N1) Virus

Transport of Deceased Persons

Standard precautions should be used when handling deceased individuals from this infection and preparing bodies for autopsy or transfer to mortuary services.

Standard Precautions include appropriate use of personal protective equipment (PPE) (e.g., gowns, gloves, masks, and/or eye protection). After PPE is removed, hand hygiene should be performed.

Transport of deceased persons does not require any additional precautions if bodies have been secured in a transport bag. Hand hygiene should be performed after completing transport.

Family Contact with the Deceased in Health Care Settings

For deceased persons with confirmed, probable, or suspect pandemic influenza A (H1N1), contact with the body in the hospital should be limited to close family members. Direct contact with the body is discouraged; however, necessary contact may occur as long as hands are washed immediately with soap and water.

Family Contact with the Deceased at Funeral Houses

For deceased persons with confirmed, probable, or suspect pandemic influenza A (H1N1), contact with the body at home or at funeral parlour should be limited to close family members. Direct contact with the body is discouraged; however, necessary contact may occur as long as hands are washed immediately with soap and water.

Autopsy Procedures

In general, Standard Precautions should be used and safety procedures for human remains infected with pandemic influenza virus should be consistent with those used for any autopsy procedure. However, additional respiratory protection is needed during an autopsy procedure that generates aerosols (e.g., use of oscillating saws). It is prudent to minimize the number of personnel participating in post mortem examinations.

Personal protective equipment (PPE) for Autopsy Procedures

- Wear standard autopsy PPE, including a scrub suit worn under an impermeable gown or apron, eye protection (e.g. goggles, face shield), double surgical gloves preferably with an interposed layer of cut-proof synthetic mesh gloves, surgical mask or respirator, and shoe covers.
- Add respiratory protection if aerosols might be generated. This includes N-95 or N-100 disposable particulate respirators or powered air purifying respirator (PAPR). Autopsy personnel who cannot wear a disposable particulate respirator because of facial hair or other fit limitations should wear a loose-fitting (e.g. helmeted or hooded) PAPR.
- Remove PPE before leaving the autopsy room and dispose in accordance with facility policies and procedures.

Engineering controls for Autopsy Procedures

- Whenever possible, perform autopsies on human remains infected with pandemic influenza A (H1N1) in autopsy settings that have adequate air-handling system. This includes a minimum of six (old construction) to twelve (new construction) air changes per hour (ACH), negative pressure relative to adjacent areas as per recommendations for airborne infection isolation rooms (AIIRs) and direct exhaust of air to the outside or passed through a HEPA filter if air is recirculated. Exhaust systems around the autopsy table should direct air (and aerosols) away from health care workers performing the procedure (e.g., exhaust downward). For autopsies, local airflow control (e.g., laminar flow systems) can be used to direct aerosols away from personnel; however, this safety feature does not eliminate the need for appropriate PPE.
- Use containment devices whenever possible. Use biosafety cabinets for the handling and examination of smaller specimens. When available, use vacuum shrouds for oscillating saws to contain aerosols and reduce the volume released into the ambient air environment.
- Protective outer garments should be removed when leaving the immediate autopsy area and discarded in appropriate laundry or waste receptacles, either in an antechamber to the autopsy suite or immediately inside the entrance if an antechamber is unavailable. Hand hygiene is recommended immediately after PPE removal.

Prevention of percutaneous injuries

- Follow standard safety procedures for preventing percutaneous injuries during autopsy.