

## Briefing document for Surrey Care Association (SCA) and other care settings in Surrey

Dear Sir/Madam,

This briefing document is based on **3 key guidance:**

### Managing the deceased during a Pandemic (March 2020)

- Aimed to provide advice to local planners in England on ways to augment their collective capacity to manage the deceased when their normal capacity and capability could be overwhelmed

### Guidance for care of the deceased with suspected or confirmed coronavirus (31 March 2020)

- Advice primarily designed to assist people who are required to manage the bodies of deceased persons infected with coronavirus

### Admission and Care of Residents during COVID-19 Incident in a Care Home (2 April 2020)

- Guidance for care homes, local health protection teams, local authorities, clinical commissioning groups, setting out how to admit and care for residents safely and protect care home staff – aka “guidance on residential care provision”

### Top-Level Brief

Surrey Local Resilience Forum (LRF) partners are working together to respond to the COVID-19 outbreak and take all necessary steps to support the National Health Service in reducing and preventing the occurrences of the virus.

The LRF's role is to coordinate our response across Surrey. This includes statutory bodies and private sector organisations. Our response requires a high degree of coordination and all people involved in the process pulling together to ensure maximum effect. With our response, we hope to achieve the following:

- Ensure that we do everything we can to reduce the pressure on the NHS
- Protect our most vulnerable communities
- Support our staff and residents

The Surrey LRF Death Management team has been formed as part of the LRF structure to help with the planning for the increase in the number of deaths that we are expected to see. Our primary objective is to ensure that the death management process has the capacity to continue to operate. We also wish to ensure the respect and dignity for the deceased, and to treat the bereaved with care and compassion. Finally, we aim to provide clear and consistent communications to our partners, business and the public.

This briefing document is intended to provide you with the information you need to continue providing your services to residents while maintaining adequate levels of safety for you and members of staff.

### **Handling the deceased – Risk of transmission of COVID-19 from an infected body**

**Risk of infectious transmission via contact is present, however the risk is usually lower than for those living.**

It is estimated that viable virus could be present for up to 48 to 72 hours on environmental surfaces in “room air” conditions. As the virus degrades rapidly when not sustained by living tissue, body fluid spillage will not present a risk and therefore body bags are not deemed necessary but may be used for other practical reasons.

The principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply while deceased individuals remain in the care environment. Public Health England have identified that there is little residual hazard from people who have died of coronavirus apart from:

- **Potential droplet generation from artificial air movement during the initial care of the deceased**
- Post-mortem examination where the use of power tools take place, which is a risk for aerosol generation

### **Managing the deceased within a care home setting**

**Usual infection control precautions continue to apply**

If a resident dies of suspected or confirmed coronavirus (COVID-19) in a residential care setting:

- Ensure that all residents maintain a distance of at least 2 metres (3 steps) or are in another room from the deceased person
- Avoid all non-essential staff contact with the deceased person to minimise risk of exposure. If a member of staff does need to provide care for the deceased person, this should be kept to a minimum and correct PPE used (as set out in the guidance on [residential care provision](#))
- You should follow the usual processes for dealing with a death in your setting, ensuring that infection prevention and control measures are implemented as set out in the guidance on [residential care provision](#)

### **Recommended PPE for transmission-based precautions**

**The Royal College of Pathologists, Association of Anatomical Pathology Technology and PHE have produced guidance regarding PPE that can be used by any professional involved in the care of the deceased**

As of 17 April, PPE is only required in care of the deceased who have died of suspected or confirmed COVID-19. It is important to remain vigilant for updates to the guidance. For suspected or confirmed COVID-19 deaths, the PPE required is:

- Disposable gloves
- Disposable plastic apron
- Fluid-resistant (Type IIR) surgical mask (FRSM)
- Disposable eye protection

Yours Sincerely,

**Jerry Kirkby**

*Surrey Local Resilience Forum – Death Management Lead*