

Post-mortem Care and Safe Autopsy Procedures for Novel H1N1 Influenza

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The guidance in this document reflects what we currently know about the novel influenza A (H1N1) virus. As additional information becomes available, the guidance may be updated.

Objective: Safely handle human remains during autopsy procedures to prevent transmission of novel influenza A (H1N1) virus.

Activities

Transport of Deceased Persons

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

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

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

Family Contact with the Deceased in Health Care Settings

For deceased persons with confirmed, probable, or suspect novel influenza A (H1N1), consider limiting contact with the body in health care settings 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 novel 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)

- Wear standard autopsy PPE, including a scrub suit worn under an impervious gown or apron, eye protection (e.g. goggles, face shield), double surgical gloves 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 suite and dispose in accordance with facility policies and procedures.

Engineering controls

- Whenever possible, perform autopsies on human remains infected with novel 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.

For more information on novel influenza A (H1N1) see <http://www.cdc.gov/h1n1flu/>

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