



POST-MORTEM COVID-19 TESTING AT THE VIFM

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Policy Context

This policy sets out Victorian Institute of Forensic Medicine's (VIFM) approach to post-mortem COVID-19 testing for deaths reported to the coroner during the COVID-19 pandemic and the communication of these results to family members, emergency response agencies and other contacts.

Deaths from COVID-19 will normally be considered to be the result of natural causes and as such will not be reported to the coroner. However, a COVID -19 related death or a death where the person is infected with the virus, may be reported to the coroner where the death is sudden and unexpected such as where the treating doctor does not know the cause of death and cannot provide a MMCD or where there is no known treating medical practitioner.

COVID -19 infection may also be present in cases where there was another reason to report the death to the coroner. For example, a death will be reported to the coroner if the death appears to be unnatural or violent or may have resulted, directly or indirectly, from an accident or injury, or the person was in custody or care.

Many of these deaths will occur in community settings where they may be associated with attempts at cardiopulmonary resuscitation by members of the general community as well as emergency services personnel. Where these therapeutic activities incur exposure risks for the operator, testing of the deceased for infectious disease may have important public and personal health benefits.

This policy addresses how VIFM contributes to the public health role of the DHHS in relation to COVID -19 testing.

Risk

This policy is a control measure for infection risk from COVID-19 from deceased bodies admitted to the VIFM mortuary.

Policy Statement

Post-mortem COVID-19 testing at the VIFM enables:

- compliance with the Public Health and Wellbeing Act 2008 requirements for reporting COVID-19 as a notifiable disease
- real time data capture for front line agencies and public health divisions of DHHS about potential risks and exposures throughout the pandemic cycle (e.g. risks to Ambulance Victoria staff attending death scenes where there has been a failure of PPE or where COVID -19 may not be an apparent cause or contributor to death).



- prevalence of COVID-19 of deaths outside of a hospital setting to be better understood.
- epidemiological data and trend analysis of the impacts of the disease to be captured.
- planning for future capability and capacity for the VIFM to understand death rates and comorbidity issues.

Scope

This policy and procedure document applies to all deceased body management during the COVID -19 Pandemic State of Emergency declared in Victoria in 2020.

Responsibilities

Table 1. Officer Responsibilities

Person/Group	Responsibilities
CAE staff	Gather information re COVID-19 exposure risks when death is reported and during initial investigation phase.
Case pathologist	Make assessment as to whether a case meets the criteria for testing. Order testing via DTBV microbiology Authorise the communication of test results to requesting parties and/or SNOK
Head of Pathology	Monitor testing results
Family Health Liaison staff	Notify positive test results to DHHS Provide results of testing to requesting parties and/or SNOK Advise SNOK of confirmed case of the need to self-isolate and that they will be contacted by DHHS

Consequences of Breach of Policy

Any staff member who breaches or contributes to a breach of this policy and procedure may be subject to disciplinary action.

Possible consequences for VIFM following a breach of this policy and procedure are:

- Unintended contribution to COVID-19 infections
- Reputational damage.



Policy Detail

Testing of deceased persons for COVID-19

VIFM only undertakes post mortem COVID-19 testing in the following circumstances:

- where there is a medical indication to test such as specific symptomology or autopsy findings consistent with current Department of Health and Human Services (DHHS) testing criteria <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>
- where the deceased person was at risk of COVID-19 exposure, had symptoms and autopsy findings don't provide an alternative explanation for those symptoms
- where VIFM has been requested to undertake testing by a coroner
- where an emergency response agency (e.g. Ambulance Victoria) has requested testing following a potential occupational exposure to an at-risk individual and the case pathologist considers there is a medical indication to test such as specific symptomology or autopsy findings consistent with Department of Health and Human Services (DHHS) testing criteria
- following consultation, where VIFM has been requested in writing to undertake testing by DHHS.

VIFM does not undertake post-mortem testing at the request of senior next of kin or other family members, unless one of the above criteria are met. This position is subject to change following discussion with DHHS officers.

All post-mortem COVID-19 testing is currently undertaken by VIDRL at the request of the VIFM.

Responsibilities of VIFM and DHHS in notifying and following up confirmed cases

When a deceased person is found to be a confirmed COVID-19 case post-mortem:

- VIDRL will notify DHHS, as for any other positive case;
- The VIFM pathologist, as the treating doctor, via the Family Health Liaison Unit (FHLU), must also notify DHHS by telephone via the notification line (1300 651 160), and provide the contact details of the next of kin, as well as any known clinical or risk information. This should include any contact with first responders not wearing adequate PPE, if this information is known (for example, a bystander or family member who provided resuscitation to the person before they died).
- The FHLU should contact the next of kin and advise them that:
 - the deceased has tested positive for COVID-19
 - anyone who had close contact with the deceased from 24 hours prior to symptom onset until their death must stay isolated at home (for more information on close contacts, see <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#how-do-you-define-close-contact> or call the COVID-19 hotline). If they develop symptoms, they should contact DHHS on the COVID-19 hotline: 1800 675 398.
 - DHHS will contact them to find out more about the deceased's illness and trace their recent contacts

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- they can find more information in the close contact factsheet at <https://www.dhhs.vic.gov.au/novel-coronavirus-close-contact-what-you-need-know>.

DHHS will interview the next of kin and undertake contact tracing and management as per normal case and contact management guidelines. This will include determining whether the deceased was attended by anyone who provided first aid or other care to them while they were unwell, while not wearing appropriate PPE.

Communication of negative results of COVID-19 testing to families

With the approval of the case pathologist, where a post-mortem COVID-19 test is negative, a nurse from the FHLU will provide these results to the party at risk of infection which may or may not include the senior next of kin (SNOK). In providing the information that COVID-19 testing was negative the party to whom the information is being provided will be advised that:

“The result of the NPA testing is negative. A negative test does not always mean that the virus is not present. The most common symptoms of coronavirus are fever or acute respiratory infection (for example, shortness of breath, cough, sore throat). If you develop these symptoms contact DHHS on the COVID-19 hotline: 1800 675 398”.

Standard Operating Procedures

Covered in policy detail above.

Definitions

Case pathologist	Pathologist who has responsibility for an individual case. This means the autopsy pathologist in cases going to autopsy, or the duty pathologist for cases where an autopsy is not being performed.
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Related Legislation

Public Health and Wellbeing Act 2008

Health Records Act 2001 - Health Privacy Principle 2.2(h) allows an organisation to disclose health information (which includes personal information collected during the process) for a secondary purpose if the organisation has a reasonable belief that the disclosure is necessary to lessen or prevent a serious threat to an individual's life, health, safety or welfare, or to lessen or prevent a serious threat to public health, safety or welfare.

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Related documents

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Changes since last revision

Section	Changes
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