

COVID-19

Updated Interim Guidelines for Funeral Directors on managing infection risks when handling the deceased.

Department of Health (Northern Ireland)

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Key principles

This guidance is primarily designed to assist Funeral Directors in Northern Ireland in the management of the deceased who are suspected or confirmed as having been infected with SARS-CoV-2.

This guidance has been developed to ensure that,

- The remains of the deceased and the bereaved family are treated with sensitivity, dignity and respect.
- The differing cultural practices and rites of passage observed in Northern Ireland are respected and adhered to as closely as circumstances permit, with safety being paramount.
- People who work in the management of the deceased are protected from infection.
- Funeral Directors' work as efficiently as possible, bearing in mind the difficult tasks of transporting and caring for the deceased they undertake; a process that needs to be performed efficiently to ensure timely patient discharge/removal i.e. patient flows.
- Funeral Directors' work is crucial in the management of family expectations around funeral arrangements, bereavement and the grieving process; it will be especially difficult during this pandemic.

Status of this guidance and refreshing it

- 1.0 As the current COVID-19 situation progresses, alongside our understanding of the disease and a greater evidence base, further lessons are likely to be learned as best practice develops. This interim guidance will be updated regularly in response to that information.

Background

- 2.0 In January 2020, COVID-19 was classified in the UK as a 'high consequence infectious disease' (HCID). This was an interim recommendation in recognition of the evolving situation, and the limited data available, and it was agreed to keep the HCID status under review. Infection control guidance to protect staff from this new threat was agreed across all four UK nations. It reflected the then current WHO guidance, and was consistent with the latest evidence from systematic reviews.
- 3.0 In March 2020, when more was understood about the behaviour of the virus and its clinical outcomes, the four nations agreed that COVID-19 should no longer be classified as a HCID. As a result of this and a review of the latest evidence regarding what infection control guidance was required, the guidance was updated to reclassify it as Hazard Group¹ HG3, despite information regarding prophylaxis or treatment not yet being available.

Risk of COVID-19 infection from deceased individuals

- 4.0 The virus (SARS-CoV-2) that causes the disease (COVID-19) can spread from person to person through,

¹ Classification of biological agents: HG 3: Can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but effective prophylaxis or treatment is usually available

- Droplets from the nose or mouth of a person infected with the virus. Droplets are produced when a person coughs or sneezes and only travel a short distance (up to 2 m) through the air.
- Contact with contaminated surfaces which can then subsequently be transmitted through touch of the facial mucosal membranes (e.g. eyes, nose and mouth).

5.0 It is also possible that the act of moving a recently deceased individual might be sufficient to expel a very small amount of air and viral droplets from the lungs and thereby present a minor risk of transmission. This potentially exposes those present to the risk of becoming infected, albeit a minor risk. Placing a cloth or mask over the mouth of the deceased when moving them can help to prevent release of aerosols.

6.0 In normal circumstances, maintaining a distance of 2 metres from another person with COVID-19 infection means they are not within the likely range of aerosol particle or droplet transmission, but it could remain in the environment either in the air or on a nearby surface.

7.0 After death, the human body does not *generally* create a serious health hazard for COVID-19 infection. However, those tasked in the handling and removal of bodies, therefore coming into **direct** contact with a body (especially when doing so shortly after death), should be aware that there is likely to be a continuing risk of infection from the **body fluids/ tissues** of cases where coronavirus (COVID-19) infection is identified, through either a clinical diagnosis or laboratory confirmation.

8.0 The usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) as set out in the HSE guidance:

[‘Managing infection risks when handling the deceased’²](#) apply for bodies which are suspected or confirmed to be infected with coronavirus (COVID-19). The key transmission based precautions for all bodies are,

- i. Droplet based transmission precautions
- ii. Contact based transmission precautions
- iii. Airborne transmission-based precautions for aerosol generating procedures.

9.0 Certain medical and patient care activities can result in the release of aerosols; these are known as Aerosol Generating Procedures (AGPs). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission, therefore additional precautions must be implemented when performing AGPs on a suspected or confirmed case of COVID-19. This is important for funeral directors who may have to consider embalming in confirmed or suspected COVID-19 related deaths.

Guidance for funeral directors

10.0 The principle guidance is that of Public Health, England on [care of the deceased with suspected or confirmed coronavirus](#) (COVID-19) published on 31st March 2020.

11.0 **This guidance document is specific to Northern Ireland and takes into account evidence from other sources³ and the differing cultural practices and rites of passage observed in Northern Ireland.**

12.0 When notified of a death in a hospital setting, Funeral Directors should seek to determine if the deceased has a positive or suspected infective status. The medical

² Health & Safety Executive (July 2018), Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation

³ Health and Safety Executive, Royal College of General Practitioners, NHS Northern Care Alliance, Association for Palliative Medicine, European Centre for Disease Prevention & Control and Health Protection Surveillance Centre, Ireland.

certificate of cause of death (MCCD) will include COVID-19 in either Part 1 or Part 2 where COVID-19 has been confirmed or a suspected cause.

13.0 As viable SARS-CoV-2 may persist on surfaces for days, there is the possibility that the virus also persists on and within the deceased remains. [Practices that involve close contact with the body](#) must take into account there may be coronavirus (SARS-CoV2) on the body, which presents a small but real risk of transmission. Therefore, those in direct contact with deceased cases of COVID-19 (either suspected or confirmed) should be protected from exposure to infected bodily fluids, contaminated objects, or other contaminated environmental surfaces through wearing of appropriate personal protective equipment (PPE). The most recent guidance ([COVID-19 personal protective equipment \(PPE\)](#)) covers the use of PPE by health and social care workers and is a useful resource of guidance for Funeral Directors.

14.0 Those in direct contact with deceased bodies should use or observe the following,

- a. A cloth or mask placed over the mouth of the deceased when moving them to help to prevent release of aerosols.
- b. A zipped, leak-proof body bag which has had their exterior surface decontaminated using an appropriate detergent/disinfectant⁴. The use of a body bag brings practical advantages of reducing prolonged exposure (including possible bodily fluids) from the transportation and moving of the deceased throughout their journey.
- c. When handling the deceased body (either from suspected or confirmed COVID-19), funeral directors are recommended to wear as a minimum

⁴ Neutral detergent followed by a disinfectant (or combined solution) diluted to 1000 part per million (ppm) available chlorine

disposable gloves, disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection (which can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent).

- d. The PPE should be considered single use, meaning the disposal of single use PPE or decontamination of reusable items e.g. eye protection, following completion of a procedure or task.
- e. AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those funeral director staff who are needed to undertake the procedure should be present. AGPs should be carried out in line with the airborne transmission-based precautions outlined in the HSE guidance for managing infection risks in the deceased.
- f. Any funeral director undertaking an AGP requires the following minimum PPE: disposable gloves, disposable fluid-repellent coverall/gown (covering arms and body), fit tested FFP-3 mask, and a full face shield or visor. If FFP3 respirators are not available, the HSE has stated that FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) offer protection against COVID-19 and may be used as long as the wearer has passed a face fit test. For an AGP, PPE is subject to single use with disposal after each patient contact or procedure as appropriate. (See Table 1).
- g. Clean your hands before and after contact with the body and after removing some or all of your PPE. Hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE. Take off your PPE safely. Refer to the [correct order of donning and doffing](#) PPE for AGPs and non-AGPs. PPE should always be used in accordance with SICPs and

requirements for hand hygiene. Hand hygiene should extend to include washing of exposed forearms.

- h. Clean all the equipment that you are using according to local policies.
- i. Employees should ensure they are aware of their employer's procedures regarding PPE and that they are using them correctly. Employees should remove any PPE and contaminated clothing when they leave a dirty work area. People should not enter clean areas wearing PPE. Appropriate use of PPE may protect clothes from contamination, but staff should change out of work clothes before travelling home. Work clothes should be washed separately, in accordance with the manufacturer's instructions.

15.0 There is no requirement to inform the Coroner of a COVID-19 death unless it is required for another reason as per normal circumstances.

Collecting a body where COVID-19 is proven or suspected

16.0 Although the majority of deaths from COVID-19 may occur within the hospital setting, and the risk of transmission from the deceased is likely to be low, Funeral Directors that manage the deceased in the community, should have access to the following minimum PPE (disposable gloves, disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection). This is particularly important if they have reason to suspect that the deceased was a COVID-19 case.

17.0 If COVID-19 is confirmed or suspected, the personal protection must include the use of body bags with their exterior disinfected after sealing and PPE as described above (disposable gloves, disposable apron and a fluid-resistant (type IIR) surgical

face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection)

18.0 Where there is no confirmation that the death was COVID-19 related, Funeral Directors should undertake their own risk assessment to determine the need for PPE equipment to be worn, as set out above. This should include obtaining relevant information from healthcare staff, first responders and families as to the circumstances before death i.e. was the deceased displaying any COVID-19 symptoms⁵, has a COVID-19 test been carried out and if so when the results will be known. A body bag should still be used for transport or storage purposes.

19.0 Funeral Directors will seek to affect removal of the individual as soon as practical.

Preparing the body

20.0 In cases of confirmed or suspected COVID-19, hygienic treatment or embalming is not recommended. The rationale for this position is that the processes involved (injection of solution into body cavities, including thoracic, under pressure) can be regarded as [invasive](#)⁶ and so are regarded as an Aerosol Generating Procedure, with their inherent increased risk of airborne transmission. However, if embalming is to be performed, the required PPE (as for all AGPs) is a fit tested FFP3 respirator mask, long-sleeved water resistant disposable gown, gloves and disposable eye protection. A fit tested FFP2 or N95 respirator (filtering at least 94% and 95% of airborne particles respectively) may be used if a FFP3 respirator is not available.

21.0 Viewing of the body for mourners, because of the requirement to open and unseal the body bags and the resultant risk of transmission, is not recommended.

⁵ influenza like illness (fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

⁶ TBPs Guidance for care of deceased during COVID-19 pandemic. RC Pathology. 19th March 2020

Therefore, viewing should be performed before the body is sealed in the body bag i.e. in the ward or bedside environment. In hospital mortuary areas where strict controls (restricting contact with the deceased and maintaining a safe distance) are in place, as well as the capacity to disinfect the area, viewing may be allowed.

22.0 Where the deceased has a medical implant device⁷, cremation is not permitted until the device is removed. Such a removal will require agreement with the Funeral Director and must be performed as an AGP. When carrying out such a procedure on an individual with possible or confirmed COVID-19, the PPE equipment to be worn is a long sleeved water-resistant disposable gown, gloves, disposable eye protection and a fit tested FFP3 respirator type mask. If FFP3 respirators are not available, face fit tested FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) may be used. In the absence of such a fitted mask, removal of implant devices should not be performed and cremation cannot proceed.

23.0 In order to spare families any additional distress, consideration must be given to jewellery, religious articles, mementoes and keepsakes. If it is the wish of the patient and/or family that these items remain on the body, then that can happen. If it is the patients and/or the families wish to retain such items, then they should be removed at the time of care immediately after death, and prior to insertion into a body bag. These items will need to undergo appropriate decontamination processes before being returned to the family, unless their composition precludes decontamination. In this case, if these items must be retained by the family, they should be warned of the risks, the items placed in a sealed container which should remain closed for at least 7 days.

24.0 The Department of Health (2013) guidance [Environment and sustainability. Health Technical Memorandum. 07-01: Safe management of healthcare waste](#) in

⁷ Medical implants include pacemakers, defibrillators, intramedullary nails or similar devices and certain medical treatments. See Annex C of <https://www.gov.uk/government/publications/funeral-directors-guidance-on-cremation-regulations-and-forms>

conjunction with the HSE guidance '[Managing infection risks when handling the deceased](#)' provides details of the disposal of clinical waste.

Supporting the family

- 25.0 Where close contacts of the deceased may have been exposed to COVID-19 infection through their interaction with the deceased, they will be required to be in self-isolation, in line with current government guidance.
- 26.0 Funeral Directors should limit their interactions with such individuals and carry out any funeral arrangements preferably by telephone or other electronic means.
- 27.0 Funeral Directors should ensure that there is a single point of contact with the family and that this person should not have been in close contact with the deceased, awaiting test results, displaying symptoms or currently self-isolating.
- 28.0 It is strongly recommended that funeral arrangements are made by telephone and **NOT** in person at the Funeral Director's premises or the family home. This is in line with social distancing guidance, the advice not to travel and the directive to stay at home.
- 29.0 It is recommended that wakes should not be held and funeral services should not be held in family homes. There should be no remains taken home to rest as Funeral Director staff could be carrying the disease and exposing the wider community to further infection.

Family gatherings and Funeral Notices

- 30.0 There is an increased risk of transmission of coronavirus (SARS-CoV2) where families and communities come together following the death of a loved one, from any cause. Whilst recognising the importance of these rituals and gatherings, it is strongly advised that the actions detailed in the following section are taken to

reduce the spread of infection. Detailed information on shielding can be found [here](#) and social distancing [here](#).

31.0 Only the following should attend, up to a recommended maximum of 10 people,

- Members of the person's household;
- Close family members; and
- If the deceased has neither household nor family members in attendance, then it is possible for a modest number of friends to attend.

32.0 In many situations the household members of the deceased person will be the next of kin; they may be having to self-isolate in line with [household guidance](#). Where the funeral is scheduled to take place before the period of household isolation has been completed (14 days from the first case in that household), there should be no mixing between mourners who are self-isolating and those who are not.

33.0 Any individual displaying symptoms of COVID-19 disease or are awaiting test results should not attend.

34.0 Those who do attend will need to adhere to social distancing; a safe distance of at least 2 metres (3 steps) must be maintained between individuals at all times. This includes when travelling to and from the funeral.

35.0 A funeral notice may be placed in newspapers or using on-line services but the funeral arrangements should not be advertised.

36.0 Further details⁸ regarding family gatherings at a funeral can be obtained [here](#).

⁸ [Guidance for care of the deceased with suspected or confirmed coronavirus \(COVID-19\)](#) Public Health England (31 March 2020).

List of resources used for this guidance

1. [Managing infection risks when handling the deceased](#). Health and Safety Executive (HSE) guidance: 2018.
2. [Guidance for care of the deceased with suspected or confirmed coronavirus \(COVID-19\)](#). Public Health England guidance. 31st March 2020.
3. [COVID-19 personal protective equipment \(PPE\)](#). Public Health England guidance. 12th April 2020
4. [Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19](#). European Centre for Disease Prevention and Control. 23rd March 2020.
5. [National Interim Guidelines for Funeral Directors on managing infection risks when handling deceased individuals with confirmed COVID-19](#). Health Protection Surveillance Centre, Ireland. 11th March 2020.
6. [Transmission-based precautions Guidance for care of deceased during COVID-19 pandemic](#). RC Pathologists, 19th March 2020.

Table 1

Guidance for care of deceased during COVID-19 pandemic

	Non-Autopsy procedures including: <ul style="list-style-type: none"> • Admission of deceased • Booking-in of deceased • Preparation for viewing • Release of deceased 	Aerosol generating procedure*** <ul style="list-style-type: none"> • other invasive procedures
Disposable gloves	Yes	Yes
Disposable plastic apron	Yes	Yes
Disposable gown	No	Yes
Fluid-resistant (type IIR) surgical mask	Yes	No
Fit tested FFP3 respirator mask****	No	Yes
Eye protection**	Risk assess* need for eye protection	Yes

*Risk assess: If a funeral director is at risk of coming into contact with splashes, droplets of blood or body fluids, then eye protection is also recommended.

**Eye protection can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent.

*** Note: what constitutes an AGP in the context of a funeral directors is currently undergoing a review at present.

**** If FFP3 masks are not available, FFP2 and N95 respirators may be used as long as the wearer has passed a face fit test.