

COVID-19

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

Department of Health (Northern Ireland)

Version 1

Date issued: 31 March 2020

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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, who have died as a result of COVID-19 disease and the bereaved family of the deceased 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 the 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

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

Background

- 1.0 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.
- 2.0 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 reclass it as Hazard Group¹ HG3.

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,

Risk of COVID-19 infection from deceased individuals

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

- 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).

4.0 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.

5.0 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.

6.0 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.

- 7.0 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).
- 8.0 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 of equal importance to funeral directors who may consider embalming confirmed or suspected COVID-19 related deaths.

Guidance for funeral directors

- 9.0 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 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.
- 10.0 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. 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

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

surfaces through wearing of appropriate personal protective equipment (PPE). This should be through using:

- a. 2 zipped body bags (see appendix A) which have had their exterior surfaces decontaminated using an appropriate detergent/disinfectant³. The use of body bags also brings the practical advantages of reducing prolonged exposure (including possible bodily fluids) in the transportation and moving the deceased throughout their journey; and
- b. The wearing of PPE that should include disposable gloves, surgical face mask, long-sleeved water-resistant gown and disposable eye protection (can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent). This PPE use should be until the body is safely in a coffin which is disinfected after coffining has happened. The use of this PPE must be maintained until such times as the transmission of infection is negligible.

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

³ Neutral detergent followed by a disinfectant (or combined solution) diluted to 1000 part per million (ppm) available chlorine

Collecting a body where COVID-19 is proven or suspected

- 12.0 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 PPE (gloves, surgical face mask, long-sleeved water-resistant gown and disposable eye protection). This is particularly important if they have reason to suspect that the deceased was a COVID-19 case.
- 13.0 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. This should include obtaining relevant information from healthcare staff and families as to the circumstances before death i.e. was the deceased displaying any COVID-19 symptoms, has a COVID-19 test been carried out and if so when the results will be known.
- 14.0 If COVID-19 is proven or suspected, the personal protection must include the use of body bags with their exterior disinfected after sealing and PPE as described above (gloves, surgical face mask, long-sleeved water-resistant gown and disposable eye protection).
- 15.0 Where it is unlikely to be COVID-19 related death, then ordinary measures should be employed in affecting removal of the deceased (gloves, apron, surgical face mask, eye protection). This will ensure the most efficient use of personal protection items (body bags, masks etc.).
- 16.0 Funeral Directors will seek to affect removal of the individual as soon as practical.

Preparing the body

- 17.0 In cases of confirmed or suspected COVID-19, embalming should not be performed and viewing of the body is not recommended.
- 18.0 Where the deceased has a medical implant device⁴, 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. In the absence of such a fitted mask, removal of implant devices should not be performed and cremation cannot proceed.
- 19.0 In order to spare families any additional distress, consideration must be given to jewellery, religious articles, mementoes and keepsakes. 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. However, families need to be sensitively reminded that it might not be possible for all items requested to be removed will be able to be decontaminated due to the items composition. Should this be the case, then the removed items will be remain with the deceased and will undergo the same disposal method as the deceased. If it is the wish that they remain on the body, then that can happen.

⁴ Medical implants include pacemakers, defibrillators, intramedullary nails or similar devices and certain medical treatments. See Annex C <https://www.gov.uk/government/publications/funeral-directors-guidance-on-cremation-regulations-and-forms>

Supporting the family

- 20.0 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.
- 21.0 Funeral Directors should limit their interactions with such individuals and carry out any funeral arrangements preferably by telephone or other electronic means.
- 22.0 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.
- 23.0 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.
- 24.0 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.

Funeral Notices

- 25.0 Families should be advised that funeral services must be strictly private and that only immediate family (up to a maximum of 6) can attend. Those attending should not have been in close contact with the deceased, awaiting test results, displaying symptoms or currently self-isolating.
- 26.0 A funeral notice may be placed in newspapers or using on-line services but the funeral arrangements should not be advertised.

List of resources used for this guidance

1. [Managing infection risks when handling the deceased](https://www.hse.gov.uk/pubns/books/hsg283.htm). Health and Safety Executive (HSE) guidance: 2018.
(<https://www.hse.gov.uk/pubns/books/hsg283.htm>)
2. [Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19](https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-safe-handling-of-bodies-or-persons-dying-from-COVID19.pdf). European Centre for Disease Prevention and Control. 23rd March 2020.
(<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-safe-handling-of-bodies-or-persons-dying-from-COVID19.pdf>)
3. [National Interim Guidelines for Funeral Directors on managing infection risks when handling deceased individuals with confirmed COVID-19](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/funeraldirectorsguidance/Guidance%20Funeral%20Directors%20v1.3.pdf). Health Protection Surveillance Centre, Ireland. 11th March 2020.
(<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/funeraldirectorsguidance/Guidance%20Funeral%20Directors%20v1.3.pdf>)
4. [Transmission-based precautions Guidance for care of deceased during COVID-19 pandemic](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/funeraldirectorsguidance/Guidance%20Funeral%20Directors%20v1.3.pdf). RC Pathologists, 19th March 2020.
(<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/funeraldirectorsguidance/Guidance%20Funeral%20Directors%20v1.3.pdf>)

Double bagging of deceased bodies

Hospital death

1. Bodies should be placed in a zipped body bag and the exterior disinfected prior to transportation to the mortuary.
2. In the mortuary, the Funeral Director will place the bagged body into a second zipped body bag. This will also have its exterior sprayed with disinfectant prior to transport from the mortuary.

In situations where the Funeral Director is transporting the body directly from a ward to an outside facility, which is not a hospital mortuary, the body will need to be double bagged on the ward using the above method.

Death in the Community

The Funeral Director will place the body into a zipped body bag which is then sprayed with disinfectant. This will then be followed by an insertion into a second zipped body bag which is sprayed with disinfectant prior to transportation.