


COVID-19



INTERIM GUIDELINES FOR THE
**Safe Management
of a Dead Body**
IN THE CONTEXT OF COVID-19

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INTERIM GUIDELINES FOR THE SAFE MANAGEMENT OF A DEAD BODY IN THE CONTEXT OF COVID-19

Background

This guidance document is for healthcare workers, morticians, public health authorities, community and religious groups, families and friends who tend to bodies of persons suspected or confirmed to have died of COVID-19. This is only an interim guideline informed by currently available evidence on COVID-19 and will be updated as more evidence unfolds.

General information

Except in cases of hemorrhagic fevers (such as Lassa fever and Ebola) and cholera, dead bodies are generally not infectious. Only the lungs of patients with pandemic influenza, if handled improperly during autopsy, can be infectious. To date, there is no evidence of infectious bodies of persons who died of COVID-19

There are two circumstances in which contact with a deceased body of a known or suspected case of COVID-19 may occur.

1. Patients who died in a treatment center or other healthcare setting.
2. A person who died at home or another location outside a healthcare setting and is known or strongly suspected to have had COVID-19

Whether a COVID-19 patient died in the health facility or in the community, the body must be granted a safe and dignified burial.

The safety and well-being of everyone who tends to bodies should be the first priority. Only burial team members that have been trained in IPC and safe burial practices should be allowed to handle dead bodies and conduct burials. The team should have the necessary resources such as PPEs, body bags, disinfectant and appropriate transportation.

How to prepare the dead body in the health facility

- Assemble the necessary materials and PPEs (long sleeve disposable gown, plastic apron, fluid resistant mask, eye protection goggles, disposable



gloves, heavy duty gloves, rubber boots), body bag, disinfectant (0.5% chlorine), leak proof puncture resistant sharps box, two leak-proof infectious waste bags: (one for disposable material to be destroyed and one for reusable materials to be disinfected and ensure means of transportation of the body.

- Before a body is handled, use a surgical mask to cover the nose and mouth of the deceased. During manipulation and handling of bodies (e.g. while they are being placed into body bags), fluids can be expelled from body cavities. A mask should reduce the risk that fluids will travel any distance from any upper body cavities
- Prepare the dead body for transfer including removal of all medical equipment including IV lines, catheters and other tubes;
- Ensure that any body fluids leaking from orifices are contained;
- Keep both the movement and handling of the body to a minimum;
- Put the body in a body bag and close the bag transfer it as soon as possible to the mortuary area
- If a body bag is not available, wrap the body in a cloth
- No special transport equipment or vehicle is required.
- Clean, decontaminate and disinfect the environment using NAFDAC approved bleach or other environmental decontaminants (see guidelines on environmental cleaning for COVID-19)



Funeral home/mortuary care

- Family members, religious leaders, health care workers or mortuary staff preparing the body should wear appropriate PPE according to standard precautions (gloves, impermeable disposable gown [or disposable gown with impermeable apron, medical mask, eye protection);
- If the family wishes only to view the body and not touch it, they may do so,



using standard precautions at all times including hand hygiene.

- Give the family clear instructions not to touch or kiss the body
- Embalming is not recommended to avoid excessive manipulation of the body
- Adults >60 years and immunosuppressed persons should not directly interact with the body.



Autopsy including engineering and environmental controls

- If a body with suspected or confirmed COVID-19 is selected for autopsy, health care facilities must ensure that safety measures are in place to protect those performing the autopsy.
- Perform autopsies in an adequately ventilated room, i.e. at least natural ventilation with at least 160L/s/patient air flow and at least 12 air changes per hour (ACH).
- Only a minimum number of staff should be involved in the autopsy.
- Pathologists are advised to observe standard precautions when conducting autopsy on a dead body suspected or confirmed to have died of COVID-19. Appropriate PPE must be available, including a scrub suit, long sleeved fluid-resistant gown, gloves (either two pairs or one pair autopsy gloves), and face shield (preferably) or goggles, and boots. A particulate respirator (N95 mask) should be used in the case of aerosol generating procedures.
- If a person died during the infectious period of COVID-19, the lungs and other organs may still contain live virus, and additional respiratory protection is needed during aerosol-generating procedures (e.g. procedures that generate small-particle aerosols, such as the use of power saws or washing of intestines);



Environmental cleaning and control

Available evidence shows coronaviruses could remain infectious on surfaces for up to 9 days. SARS-COV-2 has been detected 72 hours after experimental procedures. This buttresses the need for effective environmental cleaning, decontamination and disinfection.

- The mortuary must be kept clean and properly ventilated at all times.
- Lighting must be adequate. Surfaces and instruments should be made of materials that can be easily disinfected and maintained between autopsies.
- Instruments used during the autopsy should be cleaned and disinfected immediately after the autopsy, as part of the routine procedure.
- Environmental surfaces, where the body was prepared, should first be cleaned with detergent and water. After cleaning, a disinfectant of 0.5% sodium hypochlorite (bleach), or 70% ethanol should be placed on a surface for at least 1 minute.
- All the waste generated has to be treated as highly infectious waste and must be appropriately disposed of.



Burial rights and procedures

The remains of people who have died from COVID-19 can be buried or cremated.

- Dead bodies of people suspected or confirmed to have COVID-19 should be treated with respect, ensuring the rights of the dead to a dignifying burial are upheld; adhering to standard precautions including use of appropriate PPEs, hand hygiene before and after the burial procedure.
- Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash hands thoroughly with soap and water after the viewing.



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- Those tasked with placing the body in the grave, on the funeral pyre, etc., should wear gloves and wash hands with soap and water after removal of the gloves once the burial is complete.
- In the contexts where mortuary services are not standard or reliably available, or where it is usual for ill people to die at home, families and traditional burial attendants can be equipped and educated to bury people under supervision.
- The bodies of persons that have died of COVID-19 should be handled minimally.
- Any person (e.g. family member, religious leader) preparing the deceased (e.g. washing, cleaning or dressing body, tidying hair, trimming nails or shaving) in a community setting should wear gloves for any contact with the body. For any activity that may involve splashing of bodily fluids, eye and mouth protection (face shield or goggles and medical mask) should be worn. Clothing worn to prepare the body should be immediately removed and washed after the procedure, or an apron or gown should be worn;
- The person preparing the body should not kiss the deceased.
- Anyone who has assisted in preparing the body should thoroughly wash their hands with soap and water when finished
- Apply principles of cultural sensitivity and ensure that family members reduce their exposure as much as possible. Children, older people (>60 years old), and anyone with underlying illnesses (such as respiratory illness, heart disease, diabetes, or compromised immune systems) should not be involved in preparing the body.
- A minimum number of people should be involved in preparations. Others may observe without touching the body at a minimum distance of 2 metres;

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- Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash their hands thoroughly with soap and water following the viewing; physical distancing measures should be strictly applied (at least 2 meters between people).
- People with respiratory symptoms should not participate in any of the burial activities.
- Although burials should take place in a timely manner, in accordance with local practices, funeral ceremonies not involving the burial should be postponed, as much as possible, until the end of the pandemic.
- In the event a ceremony is held, the number of attendees should be limited. The ceremony should be held in a well-ventilated structure, attendees should be advised on social distancing throughout the event, ensuring practice of hand and respiratory hygiene.
- The belongings of the deceased person **do not** need to be burned or otherwise disposed of. However, they should be handled with gloves and cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.5% bleach.
- Clothing and other fabric belonging to the deceased should be machine washed with warm water at 60–90°C (140–194°F) and laundry detergent. If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully under the sun.



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