

Care of the Deceased during COVID19

Summary from Public Health England (PHE) guidance

[COVID-19 Guidance for Care of the Deceased](#)

The guidance applies to people who have died and who have

- a) Laboratory confirmed COVID 19 *or*
- b) Clinically Suspected COVID 19.

In summary, the principles in this guidance for responding to someone who has died from COVID 19 are the same principles as those for responding to someone who is living with COVID 19 (confirmed or clinically suspected).

The focus of these key notes is the advice to members of the public and to community care settings.

Funeral Directors and Pathologists will have access to the standard HSE Advice. Health and Safety Executive (HSE) guidance: [Managing infection risks when handling the deceased](#),

For example, the advice on dealing with laundry following a death is the same as that for dealing with laundry for someone who has been self-isolating with suspected COVID 19.

What you need to know

1. Handling the body:
 - a. The usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) apply for bodies that are suspected or confirmed to be infected with coronavirus (SARS-CoV2).
 - b. No additional precautions are needed unless Aerosol Generating Procedures (AGPs) are being undertaken.
 - c. No body bag needed (unless for another reason)

2. Advice about Funerals for Communities/Organisations and Individuals
 - a. Mourners to stay 2 metres apart even during travel to and from the funeral.
 - b. Restrict attendance to
 - i. Members of household
 - ii. Close family
 - iii. If neither of above, then a few friends only.
 - c. People who should NOT attend
 - i. Have symptoms of COVID 19
 - ii. Are part of *another* household where someone has symptoms
 - iii. Who are vulnerable to severe infection (at risk groups)

1. The “Shielded Group” who are at [Extremely High Risk of Severe Illness](#)
2. The “Older Group and Vulnerable Adults” who are at [Higher Risk of Severe Illness](#)
 - a. aged 70 or older (regardless of medical conditions)
 - b. under 70 with an underlying health condition (ie anyone instructed to get a flu jab as an adult each year on medical grounds)
 - c. pregnancy
 - iv. 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*.
 - d. Only touch the body if you are wearing PPE.
3. Guidance for members of the Public who identify a death outside a healthcare setting.

If you are a member of the public or a family member and you come into contact with a deceased person who has been confirmed as having coronavirus (COVID-19), or who had symptoms of the infection, try not to come into direct contact with them.

- a) Move to at least 2 metres away or another room.
- b) Please call the GP (if the GP is not available you will be connected to out of hours) or 111 for further advice.
- c) If the death was unexpected and you have not been engaging with the healthcare system regarding the patient’s condition prior to the death, please call 999 and explain the situation.
- d) Guidance on managing waste and laundry in the community setting is below – detail on webpage.

4. Guidance for Residential Care Settings Including Care Home sand Hospices

If a resident dies of suspected coronavirus (COVID-19) in a residential care setting

- a) Ensure that all residents maintain a distance of at least 2 metres or are in another room from the deceased person

- b) Avoid all non-essential staff contact
 - c) If staff do need to provide care for deceased person, then keep this to a minimum and use PPE (gloves, apron and fluid resistant surgical mask)
 - d) Follow the usual processes for dealing with a death in your setting, ensuring that infection prevention and control measures are implemented as set out in the guidance on [residential care provision](#)
5. [Scottish Palliative Care Guidance](#) also provides practical advice for professionals and relatives following a death:
6. [NHS Inform](#) is Scotland's Health Information site and contains the latest COVID-19 guidance from NHS Scotland and the Scottish Government.
7. [Comments from Public Health Leaders and Faith Leaders.](#)

- a) Professor Paul Cosford CB, Emeritus Medical Director, Public Health England, said:

“Losing a loved one is a sad and distressing experience and funerals are important and personal. During this very difficult time for the country, our aim is to protect the most vulnerable from the spread of coronavirus”.

- b) Professor Jim McManus, Director of Public Health for Hertfordshire, said:

“It is natural to wish to be with people we love and have lost in death. It may be felt as an additional cruelty that such physical closeness, while providing solace for our loss, may spread the virus still further. Only skilled and sensitive local care can help console people through such compound pain and loss”.

- c) Mohamed Omer, board member of Gardens of Peace, said:

“We welcome the new guidance from PHE and would like to reiterate that it is essential that we maintain social distancing at all times, including at funerals.....

... It is also welcoming to note that we can perform our ritual wash as long as we observe the necessary precautions of wearing the right PPE and follow the process included in this guideline”.

- d) Marie van der Zyl, President of the Board of Deputies of British Jews, said:

“This thorough and considerate guidance from government supports the Jewish community's safeguarding actions to date, and we are grateful to the government for their continued efforts to preserve lives and community life.”