

COVID-19

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

Department of Health (Northern Ireland)

Version 3.0

Date issued: 11 June 2020

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Key principles

This guidance is primarily designed to assist Funeral Directors in Northern Ireland in the management of a funeral, and any related gatherings, related to a death from any cause during the COVID-19 pandemic.

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.
- There is a balance between the needs of the bereaved to mourn while minimising the spread of SARS-CoV-2 infection.
- 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 guidance remains under review and will be updated in line with the changing situation.
- 2.0 The content of this guidance should be considered in conjunction with applicable legislation such as *The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020*, as amended, and social distancing advice to remain at least 2 metres away from others who do not live in the same household.

Background

- 3.0 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.
- 4.0 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.

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

COVID-19 infection risk from deceased individuals, funerals and family gatherings

- 5.0 The transmission of COVID-19 is thought to occur mainly through respiratory **droplets** generated by coughing and sneezing which only travel a short distance (up to 2 m) through the air, and through **contact** with contaminated surfaces. The predominant modes of transmission are assumed to be through droplets and contact and these govern the key transmission based precautions that apply to protect Funeral Directors, families and mourners.
- 6.0 Airborne particles (**aerosols**) can contain infectious agents. These can be produced by certain medical and patient care activities - Aerosol Generating Procedures (AGPs). During AGPs there is an increased risk of aerosol spread of infectious agents irrespective of the mode of transmission (contact, droplet, or airborne), and airborne precautions must be implemented when performing AGPs, including those carried out on suspected as well as confirmed cases of COVID-19.

Deceased individuals

- 7.0 Funeral Directors should be aware that current evidence indicates that there is a small risk of COVID-19 infection from deceased individuals.²
- 8.0 It is 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. Placing a cloth or mask over the mouth of the deceased when moving them can help prevent the release of droplets from the respiratory tract.
- 9.0 Those handling bodies should also be aware that there is likely to be a continuing risk of infection from body fluids and tissues where COVID-19 infection is confirmed

² Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19)
<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

or suspected, through either a clinical diagnosis or laboratory confirmation. Also, current evidence indicates that the SARS-CoV2 virus can be present for up to 72 hours on some types of environmental surfaces.

- 10.0 Funeral Directors should also be aware that residual hazard of infection may arise from direct contact with contaminated material, such as soiled clothing or bedding from the deceased **and** the surrounding environment.
- 11.0 As a result, 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’](#) apply for bodies which are suspected or confirmed to be infected with COVID-19.

Funerals and family gatherings

- 12.0 There is an increased risk of transmission of COVID-19 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 this guidance are taken to reduce the spread of infection, until such times as the regulations change and allow greater freedom of movement.
- 13.0 It is recognised that household members of the deceased (who died due to suspected or confirmed COVID-19) may have already been exposed to COVID-19 during the course of the preceding illness. However, steps should also be taken to minimise any new exposure, especially where individuals who are not part of the household and those at risk of severe illness may come into contact with the virus.
- 14.0 Therefore, communities, organisations and individuals are strongly advised to take action to reduce the risk of spreading COVID-19 infection among mourners who may wish to pay their respects. This means that,
- wakes must not be held;

- remains must not be taken home to rest; and
- funeral services must not be held in family homes.

15.0 This is to ensure that we are protecting society, especially people who are clinically vulnerable and more likely to develop severe illness. For details regarding the recommended attendance at a funeral please refer to paragraph 54.

16.0 It is understood how difficult this will be for the families and friends of lost loved ones, however the current guidance is in place **for the safety of the public**.

Collecting a body from hospital or community settings

In a hospital setting

17.0 When notified of a death in a hospital setting, Funeral Directors should risk assess whether the deceased has a positive or suspected COVID-19 status. The Funeral Director must be informed whether 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. Even if COVID-19 is not mentioned on the MCCD, they should take note if COVID-19 is, or has been, present in the previous 14 days or, for example, the deceased had been cared for on a COVID-19 ward.

18.0 In confirmed or suspected cases the body must be placed in a body bag. Funeral Directors are recommended to wear, as a minimum, the following Personal Protective Equipment (PPE), disposable gloves, a 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).

19.0 In all other cases, Funeral Directors should undertake their own risk assessment to determine if PPE needs to be worn to collect the deceased from the hospital

mortuary. This risk assessment should include discussion with the mortuary staff. If PPE is required, it should include, as a minimum, disposable gloves, a 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, disposable eye protection should also be worn.

In a Community setting

- 20.0 Funeral Directors that manage the deceased in the community should have access, as a minimum, to the following PPE, disposable gloves, a 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.
- 21.0 This level of PPE will be required when removing the deceased from a private residence, care home or similar setting where COVID-19 infection may be present. It is particularly important if the Funeral Director has reason to presume, or if it has been confirmed, that the deceased was a COVID-19 case.
- 22.0 In situations where Funeral Directors move between different settings e.g. sequential care home removals, they should consider wearing disposable long-sleeved water-resistant gowns. Each removal should be considered a single event (session) and therefore all used PPE should be exchanged for new PPE after each event. This will ensure they do not transmit infection from one setting to another and will also protect their normal clothing. This is especially if they know or suspect any particular dwelling, its environment and/or its inhabitants (alive or dead) are infected.
- 23.0 Where there is no confirmation that the death was COVID-19 related, it is still possible that COVID-19 infection may be present in the household, care home or similar setting. Funeral Directors should undertake their own risk assessment to determine if PPE, as set out at paragraphs 18 or 22, needs to be worn.

24.0 This risk assessment should include obtaining relevant information from families, healthcare staff, and first responders (such as the police) as to the circumstances before death. It is recommended that Funeral Directors attempt to establish:

- If the deceased was displaying any COVID-19 symptoms³;
- If a COVID-19 test has been carried out;
- Whether a COVID-19 test result is known;
- If other members of a household are showing COVID-19 symptoms;
- If COVID-19 infection is known to be currently present in the setting or has been present during the past 14 days;
- The cause of death, if the certifying doctor has completed the MCCD at the time of removal.

25.0 It is critical that Funeral Directors are informed if the deceased presents an infection hazard and guidance⁴ issued to healthcare staff in nursing and residential homes confirms this important point.

26.0 Following a risk assessment, where it is still not possible to clearly determine if the death is COVID-19 related or not, Funeral Directors should exercise caution and wear, as a minimum, the following PPE: disposable gloves, a disposable apron (or disposable long-sleeved water-resistant gown, as detailed in paragraph 22) 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.

³ Stay at home: guidance for households with possible coronavirus (COVID-19) infection
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

⁴ GUIDANCE ON DEATH CERTIFICATION DURING THE COVID-19 PANDEMIC
<https://www.health-ni.gov.uk/sites/default/files/publications/health/HSS%28MD%29-28-2020.pdf>
COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND
<https://www.health-ni.gov.uk/sites/default/files/publications/health/guidance-for-nursing-residential-care-homes.pdf>

- 27.0 It is recommended that a body bag is used for **all** community deaths in order to prevent leakage during transportation and to help maintain the dignity of the deceased.
- 28.0 Funeral Directors will seek to affect removal of the individual as soon as practical.
- 29.0 There is no requirement to inform the Coroner of a COVID-19 death unless it is required for another reason as per normal circumstances.

Preparing the body

- 30.0 Hygienic treatment and embalming is not recommended in cases of confirmed or suspected COVID-19. 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](#)⁵ and so are regarded as an Aerosol Generating Procedure, with their inherent increased risk of airborne transmission. Also, as embalming is primarily done for viewing or presentation purposes, it should not be required when viewing is precluded because of the presence of COVID-19.
- 31.0 However, in non-COVID-19 cases, if embalming is performed, it should be in accordance with 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.’](#) The required PPE (as for all AGPs, as set out for invasive procedures in Table 1) 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.

⁵ TBPs Guidance for care of deceased during COVID-19 pandemic. RC Pathology. 19th March 2020

32.0 Any embalming must not take place until the Funeral Director is satisfied that the cause of death is known and certainly not until the MCCD has been completed. They should also take into account their own risk assessment of the likelihood that COVID-19 was involved. This will ensure that there is no risk of infection where COVID-19 has not been identified.

Viewing the body by family and mourners

33.0 It is recognised that on many occasions, family and friends of the deceased wish to view the body and pay their last respects before burial or cremation takes place. This is an important part of the grieving process for many who may not have been able to visit the deceased before they died.

34.0 Viewing of the body is only permitted when the death was clearly not COVID-19 related. In confirmed or suspected COVID-19 cases, viewing is **not permitted** and therefore embalming is not required.

35.0 Viewing is only permitted in the funeral home where it is agreed and can be controlled by Funeral Director staff to ensure there is minimum risk of infection for those attending and for Funeral Director staff.

36.0 It is recommended that,

- All viewing appointments should be supervised by Funeral Director staff to ensure adherence to these guidelines;
- All viewing should be by appointment only, with appointment times arranged by telephone;
- The use of a waiting area inside the funeral parlour is not permitted;
- The numbers attending any viewing is determined by the Funeral Director ; to be governed by the ability to ensure 2m social distancing in the viewing room;

- Good ventilation of the funeral premises, especially of the viewing room(s), should be ensured e.g. by opening windows and doors where possible, to minimise airborne transmission risk;
- Viewers should wear a face mask during the appointment;
- Viewers **should not** touch the body, the coffin or surrounding surfaces;
- Funeral Directors must ensure that all hard surfaces are cleaned before and after the viewing;
- Hand hygiene by all those in attendance should be carried out both before and after a viewing;
- In keeping with Stay at home guidance⁶, the following should not attend a viewing,
 - people who are COVID-19 symptomatic ;
 - those who are symptomatic and awaiting a COVID-19 test result;
 - people living in households during the past 14 days with someone who has symptoms that may be caused by COVID-19; and
- those clinically vulnerable should consider whether they can attend safely.

37.0 Appropriate PPE for Funeral Director staff, such as wearing disposable gloves and a face mask in a viewing area, can be considered to further mitigate infection risk to staff from visitors.

Removal of Medical Implants

38.0 Where the deceased has a medical implant device⁷, cremation is not permitted until the device is removed. Where the deceased has a medical device that requires removal prior to cremation this should be done using PPE as detailed in Table 1. Where the death is COVID-19 related, such a removal will require agreement with

⁶ Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

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

the Funeral Director and must be performed as an AGP, being an invasive procedure.

- 39.0 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.

Cremation

- 40.0 Funeral Directors are reminded that in order for cremation to be permitted a medical practitioner must complete “Form B”. In order to do so, they must comply with the statutory requirement to “see and identify” the deceased before completing the form.
- 41.0 There will be situations where the deceased will be placed in a body bag before the medical practitioner has been able to see and identify them. In such situations it is permissible for the medical practitioner and the Funeral Director to use “video consultation” to enable Form B to be completed. Such video consultation is permitted via Zoom, AccuRx, Skype, WhatsApp or similar secure means of conducting a video call.
- 42.0 Where this may be necessary, the medical practitioner and Funeral Director must be in agreement with this practical solution. Should either party not agree to the video consultation, it may not be possible to have Form B completed and hence it would be necessary to consider burial.
- 43.0 If agreement is reached, the body bag will have to be opened for the medical practitioner to see and identify the deceased. Funeral Directors should ensure that

they wear appropriate PPE whilst conducting this task. This will include, as a minimum, disposable gloves, a 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).

- 44.0 The video consultation must be carried out in “real time” allowing the medical practitioner to see and identify the deceased. The Funeral Director is not permitted to “record” the deceased and send a video file to the medical practitioner and a photograph is not acceptable.

Personal Possessions

- 45.0 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 deceased and/or family that these items remain on the body, then that can happen. If it is the deceased’s 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.
- 46.0 The Department of Health (2013) guidance [Environment and sustainability. Health Technical Memorandum. 07-01: Safe management of healthcare waste](#) in conjunction with the HSE guidance ‘[Managing infection risks when handling the deceased](#)’ provides details of the disposal of clinical waste.

Supporting the family

- 47.0 Communities, organisations and individuals are strongly advised to take action to reduce the risk of spreading COVID-19 infection among mourners who are gathered to pay their respects, with a particular focus on protecting people who are clinically vulnerable and more likely to develop severe illness.
- 48.0 The grieving process and related formal and informal rituals, through which the bereaved mourn the passing of loved ones, are important for the health and wellbeing of the bereaved. This section aims to balance the needs of the bereaved to mourn appropriately, whilst minimising the spread of COVID-19 infection.
- 49.0 For deaths that are confirmed or suspected as being due to COVID-19, it is recognised that members of the deceased's household may have been exposed to COVID-19 during the course of the preceding illness. They will be required to be in self-isolation in line with current government guidance and where possible, Funeral Directors should provide pastoral support and advice by telephone.
- 50.0 For all deaths (COVID-19 and non-COVID-19), Funeral Directors should ensure that there is a single point of contact with the family and 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 and restrictions on movement.
- 51.0 At present, it is recommended that,
- wakes must not be held,
 - remains must not be taken home to rest; and
 - funeral services must not be held in family homes.

This applies in all cases, whether the death was COVID-19 related or not. This is to prevent the further spread of infection as Funeral Director staff could be carrying the disease and creating a risk to the wider population. It also ensures that there is no temptation for family or friends from outside the immediate household, to enter a

house to pay their last respects as this also increases the risk of infection. It is recognised that this is difficult for family and friends but it remains a necessary recommendation at this stage.

52.0 Bereavement support and advice for those experiencing grief during the pandemic can be found [here](#).

Funerals

53.0 There is an increased risk of transmission of COVID-19 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.

54.0 This includes restricting the number of mourners to ensure a safe distance of at least 2 metres (6 ft) can be maintained between individuals. In addition to the clergy/celebrant, Funeral Directors and council/graveside staff, only the following (up to a maximum of 10 mourners) should attend:

- Members of the person's household;
- Close family members; or
- If the above are unable to attend, close friends.

55.0 The maximum number of 10 mourners in attendance is in line with current local council guidelines for funerals.

56.0 Mourners should ensure that they remain at least 2 metres away from others. Physical interactions including shaking hands and hugging should be avoided. They should follow the advice on social distancing when travelling to and from the funeral. Families are encouraged to use their own vehicles for transportation to and from the funeral. Limousines should not be used as mourners cannot maintain the necessary social distancing when travelling inside.

- 57.0 Any mourner displaying symptoms of COVID-19 disease should not attend a funeral as they pose a risk to others.
- 58.0 Mourners who are self-isolating for 14 days (due to someone in their household being unwell with symptoms of COVID-19, or on the advice of the Contact Tracing system) should be facilitated to attend the funeral in person, should they wish to do so. They should,
- not attend if they have any symptoms of COVID-19, even if very mild;
 - only belong to the groups mentioned in paragraph 54;
 - only attend outdoor elements of a funeral;
 - advise the Funeral Directors and other mourners that they are self-isolating;
 - at all times maintain strict 2m distancing; and
 - use their own transport to the funeral.
- 59.0 Mourners who are clinically vulnerable are also permitted to attend should they wish to do so. Other mourners should be advised that a clinically vulnerable person(s) is attending and to be respectful of the need to avoid close contact at any point.
- 60.0 It is recommended that coffin “lifts” should not take place unless pallbearers all reside in the same house. It is unlikely that pallbearers would be able to maintain a 2 metre distance from each other, and such practices should not be permitted.
- 61.0 Funeral arrangements should not be advertised in newspapers or online services. Notice of the death can be placed but specific arrangements should not appear.

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. 15th May 2020.
3. [COVID-19: guidance for managing a funeral during the coronavirus pandemic](#) Public Health England guidance. 18th May 2020
4. [COVID-19 personal protective equipment \(PPE\)](#). Public Health England guidance. 21st May 2020
5. [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). Public Health England guidance. 28th May 2020.
6. [Guidance for funeral directors on managing infection risks when handling the deceased and funeral services](#). Health Protection Division, Scottish Government. Updated: 13 May 2020.
7. [COVID-19 bereavement resources](#) Public Health Agency guidance. 15th April 2020.
8. [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 Funeral Directors is currently undergoing a review.

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