



COVID-19 (nCorona) Virus Outbreak Control and Prevention State Cell
Health & Family Welfare Department
Government of Kerala

**GUIDELINES ON DEAD BODY MANAGEMENT IN THE CONTEXT OF COVID-19
PANDEMIC**

No.31/F2/2020 Health- 24th November 2020.

Reference: COVID-19: Guidelines on Dead Body Management, Government of India, Ministry of Health & Family Welfare Directorate General of Health Services (EMR Division)
https://www.mohfw.gov.in/pdf/1584423700568_COVID19GuidelinesonDeadbodymanagement.pdf

Management and disposal of dead bodies of suspected/confirmed cases of COVID-19 in the state is being done as per the guidelines on dead body management issued by Ministry of Health and Family Welfare, Government of India, issued on 15th of March 2020. This was followed by an order from the Honourable Supreme court of India in suo moto writ Petition (civil) No. 7/2020 calling for dignified handling of dead bodies in line with the existing guidelines.

In the above context and in the view of evolving situation of COVID-19 in the state, the following guidelines are issued for management of dead body in context of COVID-19 pandemic.

1. Key Considerations in line with the Government of India (Gol) guidelines

- a. As stated in the Gol guidelines the main driver of transmission of COVID-19 is through respiratory droplets. There is unlikely to be an increased risk of COVID infection from a dead body to health workers or family members who follow standard precautions while handling dead body. Only the lungs of dead COVID patients, if handled during an autopsy, can be infectious. (Gol guidelines: Reference-1, page 2)

- b. The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout to the maximum possible extent.
- c. Hasty disposal or undue delay in disposal of a dead body of COVID-19 person should be strictly avoided.
- d. District authorities should manage every situation on a case-by-case basis, balancing the rights of the family, the need to investigate the cause of death, and the risks of exposure to infection.
- e. The safety and well-being of everyone who attends to dead bodies should be the first priority. Before attending to a dead body, people should ensure that the necessary hand hygiene and personal protective equipment (PPE) supplies are available.

2. Handing over the dead body in suspected COVID-19 deaths / brought dead bodies

- a. The dead body of suspected COVID-19 death / brought dead bodies should be handed over to the family members/relatives immediately after swab collection and should not wait for laboratory results of COVID-19. Under no circumstances, there shall be any delay in handing over of the dead body to the family members/relatives. Such cases shall be handled as positive cases unless we have confirmatory lab report of negative test.

3. Standard Precautions to be followed by health care workers while handling dead bodies of COVID-19.

Standard infection prevention control practices should be followed at all times. These include:

- a. Hand hygiene
- b. Use of personal protective equipment (e.g., water resistant apron, gloves, masks, eyewear)
- c. Safe handling of sharps.
- d. Disinfect bag carrying dead body; instruments and devices used on the dead body
- e. Disinfect linen. Clean and disinfect surfaces and objects

4. Training in infection prevention and control practices

- a. All staff identified to handle dead bodies in the isolation area/ward, mortuary, ambulance and those workers in the crematorium / burial

ground should be trained in the infection prevention and control practices.

5. Removal of the body from the isolation ward/room

- a. The health worker attending to the dead body should perform hand hygiene; ensure proper use of PPE (water resistant apron, goggles, N95 mask, gloves).
- b. All tubes drains and catheters on the dead body should be removed.
- c. Any puncture holes or wounds (resulting from removal of catheter, drains, tubes, etc.) should be disinfected with 1% sodium hypochlorite solution and dressed with impermeable material.
- d. Plug oral, nasal orifices of the dead body to prevent leakage of body fluids.
- e. While observing adequate precaution it shall be ensured that the dead body is adequately cleaned. During this the hospital staff, if requested may be accompanied by a responsible bystander under strict safety precaution. This bystander may perform any symbolic religious ritual (like spraying of ritual water, covering with white cloth). However, bathing, hugging, kissing etc shall not be permitted.
- f. Apply caution while handling sharps such as intravenous catheters and other devices. They should be disposed into a sharp's container.
- g. If family member/s of the patient wish to view the body at the time of removal from the isolation room or area, they shall be allowed to do so observing the standard precautions like physical distancing of 2 metres, wearing facemask and hand hygiene.
- h. Keep both the handling and movement of the body to a bare minimum; There is no need to disinfect the body before transfer to the mortuary area.
- i. Place the dead body in leak-proof plastic body bag. The exterior of the body bag can be decontaminated with 1% sodium hypochlorite solution. The body bag can be wrapped with a mortuary sheet or sheet provided by the family members
- j. The dead body shall be either handed over to the relatives or taken to mortuary.
- k. All used/ soiled linen should be handled with standard precautions, put in bio-hazard bag and the outer surface of the bag disinfected with 1% sodium hypochlorite solution.

- l. Used equipment should be autoclaved or decontaminated with disinfectant solutions in accordance with established infection prevention and control practices.
- m. All medical waste shall be handled and disposed of in accordance with biomedical waste management rules.
- n. The health staff and bystander who handled the body shall remove personal protective equipment and perform hand hygiene.
- o. Provide counselling to the family members and respect their sentiments.

6. Handling of dead body in Mortuary

- a. 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, etc.);
- b. Dead bodies should be stored in cold chambers maintained at approximately 4°C.
- c. The mortuary must be kept clean. Touch surfaces, instruments and transport trolleys should be properly disinfected with 1% sodium hypochlorite solution
- d. After removing the dead body, the chamber door, handles and floor should be cleaned with 1% sodium hypochlorite solution.
- e. 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.

7. Embalming

Embalming of dead body should not be allowed.

8. Autopsies on COVID-19 dead bodies

As far as possible, autopsies should be avoided. If autopsy is to be performed for special reasons, the following infection prevention and control practices should be adopted:

- a. The Team should be well trained in infection prevention and control practices.
- b. The number of forensic experts and support staff in the autopsy room should be limited.
- c. Perform autopsies in an adequately ventilated room, i.e. natural ventilation or negative pressure rooms with at least 12 air changes per

hour and controlled direction of air flow when using mechanical ventilation.

- d. The Team should use full complement of PPE (coveralls, head cover, shoe cover, N 95 mask, goggles / face shield).
- e. Round ended scissors should be used
- f. PM40 or any other heavy duty blades with blunted points to be used to reduce prick injuries
- g. Only one body cavity at a time should be dissected.
- h. Unfixed organs must be held firm on the table and sliced with a sponge —care should be taken to protect the hand.
- i. Negative pressure to be maintained in mortuary. An oscillator saw with suction extraction of the bone aerosol into a removable chamber should be used for sawing skull, otherwise a hand saw with a chain-mail glove may be used.
- j. Needles should not be re-sheathed after fluid sampling — needles and syringes should be placed in a sharps bucket.
- k. Reduce aerosol generation during autopsy using appropriate techniques especially while handling lung tissue.
- l. After the procedure, body should be disinfected with 1% Sodium Hypochlorite and placed in a body bag, the exterior of which will again be decontaminated with 1% sodium hypochlorite solution.
- m. The dead body thereafter can be handed over to the family members/ relatives.
- n. Autopsy table to be disinfected as per standard protocol.

9. Transportation

- a. The dead body, secured in a body bag, exterior of which is decontaminated poses no additional risk to the staff transporting the dead body.
- b. The personnel handling the dead body may follow standard precautions (surgical mask, gloves, and apron).
- c. The vehicle, after the transfer of the dead body to cremation/ burial staff, will be decontaminated with 1% sodium hypochlorite solution.
- d. In case of inter-district or inter-state transportation of COVID-19 confirmed or suspected dead body, the hospital/medical officer should issue the death certificate in prescribed format along with test report as available. All other precautions as mentioned above shall be followed during transportation.

10. Cleaning and disinfection of touch surfaces

- a. Novel coronavirus can remain infectious on surfaces. Therefore, cleaning and disinfecting all touch surfaces is important.
- b. The mortuary must always be kept clean and properly ventilated.
- c. Lighting must be adequate. Surfaces and instruments should be made of materials that can be easily disinfected and maintained between autopsies.
- d. Instruments used during the autopsy should be cleaned and disinfected immediately after the autopsy.
- e. Touch surfaces, where the body was prepared, should first be cleaned with soap and water, or a commercially prepared detergent solution.
- f. After cleaning, 1% sodium hypochlorite solution or 70% ethanol should be used to clean the surfaces. Hospital-grade disinfectants may also be used.
- g. Personnel should use appropriate PPE, including respiratory and eye protection, when preparing and using the disinfectant solutions.
- h. Items classified as clinical waste must be handled and disposed of properly according to biomedical waste management guidelines.

11. At the crematorium/ burial ground

- a. The crematorium/ burial ground staff should be sensitized that handling of COVID-19 dead body needs special precautions.
- b. The staff will practice standard precautions of hand hygiene, use of masks and gloves.
- c. Those placing the body in the grave, on the funeral pyre, etc., should wear facemask, gloves and apron. Once the burial/cremation is complete, after removal of the gloves, they shall wash hands with soap and water.
- d. Viewing of the dead body by unzipping the face end of the body bag (by the staff using standard precautions) shall be allowed, for the family members/ relatives.
- e. Rituals such as reading from religious scripts, sprinkling holy water and any other last rites that does not require touching of the body shall be allowed.
- f. In case of burial minimum depth of 6 ft shall be ensured.
- g. The funeral/ burial staff and family members should compulsorily perform hand hygiene after cremation/ burial.
- h. The ash does not pose any risk and can be collected to perform the last rites.

- i. Number of persons during funeral/ last rites related gatherings should not exceed 20 persons as per unlock guidelines of Government of Kerala and they shall always follow strict physical distancing of 2 metres/6 feet and with proper respiratory etiquette and hand hygiene.
- j. Children or elderly (aged more than 60 years) and people with respiratory symptoms should avoid attending the funeral.

12. Unclaimed dead body

- a. Unclaimed dead body of COVID-19 suspected or confirmed person shall be handled with due care and dignity. The hospital authority in consultation with police/ local administrative authorities shall ensure safe handling of dead body in a dignified manner by following safety precautions.
- b. Due to social stigma related to COVID-19 death, the relatives may not be able to come to claim the dead body. In few cases, relatives may not be able to be present in person at the hospital as they may be in isolation or quarantine for COVID-19. Under such circumstances, after informing and taking consent from the relatives of the deceased, the dead body shall be handled by the hospital authority in consultation with police/ local administrative authorities. Final rites should be performed as per religious customs of the deceased.


Principal Secretary