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GOVERNMENT OF KERALA

Health & Family Welfare (F) Department

No F2A/332/2022-HEALTH

26-01-2023, Thiruvananthapuram

From

The Principal Secretary to Government

To

The State Mission Director - National Health Mission,
Thiruvananthapuram.

The Director of Health Services, Thiruvananthapuram.

The Director of Medical Education, Thiruvananthapuram.

The Director of Panchayaths, Public Office Building Palayam.

All District Collectors.

All District Medical Officers (Health)

Sir,

Sub: Health & Family Welfare Department - Pre-autopsy screening for
Covid-19 infection - Reg

Ref: Addendum to the 'Guidelines on Dead Body Management in the
Context of COVID-19 Pandemic' No. 31/F2/2020-HEALTH dated
24.11.2020' dated 20.01.2023 .

I am to forward a copy of the reference cited for information and urgent
necessary action.

Yours Faithfully,
AMRITHLAL A R
UNDER SECRETARY

For Principal Secretary to Government.

Approved for Issue,

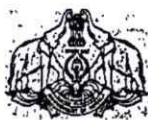
Signed by

Vilasini K V

Date: 27-01-2023 11:10:05

Section Officer

Copy to: Local Self Government (DC) Department
Disaster Management (A) Department



**HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF KERALA**

**ADDENDUM TO 'GUIDELINES ON DEAD BODY MANAGEMENT IN
THE CONTEXT OF COVID-19 PANDEMIC',
No. 31/F2/2020-HEALTH dated 24.11.2020.**

No. 31/F2/2020-HEALTH 20-01-2023

Considering the current epidemiological scenario and after examining the existing Guidelines on performing autopsies in suspected/proven tests of COVID-19, the following addendum to the Guidelines on Dead Body Management in the Context Of Covid-19 Pandemic' No. 31/F2/2020-Health Dated 24.11.2020 is issued.

1. The mandate for Pre-autopsy screening for SARS- CoV- is revoked. Only in case of a strong clinical suspicion of COVID 19 in a brought dead case, a Rapid Antigen tests need be done.
2. The focus is to be given on adopting standard precautions for all health care workers engaged in autopsy. The sensitivity and specificity of molecular methods for diagnosing SARS-CoV-2 or any respiratory virus are not 100%. Moreover, while performing autopsies on bodies where the diagnosis has not been confirmed ante-mortem, it is always safer to wear appropriate PPE to protect against microbes that might get aerosolized, including SARS-CoV-2. Autopsy must be performed after donning appropriate PP [well-fitting N95 mask, two pairs of gloves, long-sleeved fluid-resistant gown, face shield or goggles] by all personnel engaged in autopsy considering the possibility of aerosolization of infectious particles.

3. Environmental cleaning and control

As in the majority of cases, autopsies are done to ascertain the cause of death and to safeguard people working in the mortuary from infections, a written cleaning and disinfection policy is essential. It must be ensured that proper cleaning and disinfection are performed before and after each autopsy irrespective of the diagnosis which is the cornerstone principle while adopting standard precautions.

- a. Instruments used during the autopsy should be cleaned and disinfected immediately after the autopsy, as part of the routine procedure;
 - b. Environmental surfaces, where the body was prepared, should first be cleaned with soap and water, or a commercially prepared detergent solution;
 - c. After cleaning, a disinfectant with a minimum concentration of 0.1% (1000 pm) sodium hypochlorite (bleach), or 70% ethanol should be placed on a surface for at least 1 minute.
 - d. Personnel should use appropriate PPE, including respiratory and eye protection when preparing and using the disinfecting solutions.
4. If for cultural reasons, washing the dead bodies of persons who died due to Covid-19 is essential, it should be done only after adopting the following infection prevention and control measures.
- a. Any person (eg. family member, religious leader) preparing the deceased (eg. washing, cleaning or dressing the body, tidying / shaving hair or trimming nails) in a community setting should wear gloves for any physical contact with the body. For any activity that may involve the splashing of bodily fluids or the production of aerosols, eye and mouth protection ie, face shield / goggles and medical mask are recommended. Furthermore, if aerosols are generated, particulate respirators (N95 or FFP2 or its equivalent) should be worn. Clothing worn to prepare the body should be immediately removed and washed after the procedure, and an apron or long-sleeved fluid-resistant gown should be worn during the procedure. Those preparing the body should instruct family and friends not to kiss or touch the deceased.
 - b. The persons preparing the dead body should use gloves, N95 masks, goggles and long-sleeved fluid-resistant gowns/aprons.
 - c. Individuals at higher risk of serious Covid-19 infection and vulnerable populations including people over 60 years of age and those with medical conditions such as heart or lung disease, diabetes, or other illnesses with the compromised immune system should not be directly involved in preparing the body for burial. Persons involved in preparing dead bodies should have received the full course of SARS-Co V-2 vaccination preferably.
 - d. There should only be a minimum number of persons at the site where the dead body is being prepared for burial or cremation.
 - e. All persons involved in preparing the dead body should wash themselves

with soap and water after removing the personal protective equipment. They should observe themselves for the development of fever, cough, sore throat, myalgia, fatiguability or diarrhoea for the next 14 days.

f. After preparing the dead body, the premises should be cleaned with 1% sodium hypochlorite solution.

5. The above advisories shall be communicated to the relatives of the person died, at the time of handing over of the body. In case of home death, Medical Officer/other health staff of Primary Health Facility shall communicate the advisories to the relatives.



Principal Secretary