What’s New: Updated guidelines for management of the remains in accordance with CDC guidance

This interim guidance is based on what is currently known about COVID-19 and The Centers for Disease Control and Prevention (CDC) current guidance:

Most often, the spread of virus from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes, similar to the way that influenza and other respiratory pathogens spread. This route of transmission is not a concern when handling human remains or performing postmortem procedures; but postmortem activities should be conducted with a focus on avoiding splashes and aerosol generating activities. Ensure that appropriate work practices are used to prevent direct contact with infectious material, percutaneous injury, and hazards related to moving heavy remains.

Preparing for Transportation of Human Remains

- Precautions: Standard Precautions and Contact Precautions.
- Non-invasive body preparations, such as combing, cleaning and washing, may be performed using appropriate PPE and avoiding splashing.
- An N-95 mask and face shield should also be worn for those end-of-life body preparation activities that could generate aerosolization, such as extubation.
- Staff should instruct bedside mourners to avoid person-to-person (skin to skin) contact with the deceased to ensure that Standard Precautions and Contact Precautions are maintained.
- Follow routine post-mortem procedures when bagging and transporting the body.

Management of the Human Remains Body Bag:

- Standard body bagging procedures should be followed, consistent with procedures used for deaths where COVID-19 is not suspected.
- Given the varying weights of decedents and variety, construction, and conditions of body bag materials, postmortem care workers should use prudent judgment determining if risks for puncture, tearing, or failure of body bags could occur and whether a second body bag or a body bag of thicker, stronger material (e.g. minimum of 6 mil thickness) is necessary. Risk factors include but are not limited to:
  - Presence of sharp objects on the decedent that could cause punctures or tears (e.g. jewelry, piercings, medical instruments)
  - The weight of the decedent that could cause the bag/bag handle to fail during transport (if available, verify body bag weight capacities as provided by the manufacturer)
  - Bodily fluids posing exposure risks to workers transporting the body should a puncture, tear, or failure occur (e.g. SARS-CoV-2 has been detected in the feces of some patients diagnosed with COVID-19, though whether the virus in stool is infectious is unknown, Standard Precautions for blood borne pathogens should always be taken.)
  - Damage or degradation to the body bag that may have occurred in shipment or storage (e.g. the bag is broken or brittle)
- NOTE: Use the specific bag recommended by your county or state if required.
• Disinfect the outside of the bag with an EPA approved disinfectant that meets the criteria for use against SARS-CoV-2, the virus that causes COVID-19, applied according to the manufacturer’s recommendations.

NOTE: Use a transfer device or folded sheet to move the body bag – the bag may tear if used alone to move the body.

Transfer of the body should not be detained pending the return of COVID testing results.

NOTE: Requirements for final preparation of the body for transport may vary by state. Check with your state Department of Health for instructions on preparation of the body prior to arranging for transfer to the funeral home.

For the collection of post-mortem specimens (nasopharyngeal swabs) or autopsy procedures, refer to the Centers for Disease Control “Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19”, April 30, 2020 (Interim Guidance)” before proceeding.

References: