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Guidance

Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19)

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Main principles

Advice primarily designed to assist people who are required to manage the bodies of deceased persons infected with coronavirus (COVID-19).

This guidance has been developed to ensure that:

- the bodies of those people who have died as a result of coronavirus (COVID-19) are treated with sensitivity, dignity and respect
- people who work in these services and mourners are protected from infection

This guidance remains under review and may be updated in line with the changing situation as required.

There is separate guidance for managing a funeral during the coronavirus (COVID-19) pandemic.

What you need to know

Those handling bodies should be aware that there is likely to be a continuing risk of infection from the body fluids and tissues of cases where coronavirus (SARS-CoV2) infection is identified, through either a clinical diagnosis or laboratory confirmation.

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). No additional precautions are needed unless Aerosol Generating Procedures (AGPs) are being undertaken.

This guidance should be read in conjunction with:

- Health and Safety Executive (HSE) guidance: Managing infection risks when handling the deceased (<https://www.hse.gov.uk/pubns/books/hsg283.htm>), which details the standard infection control precautions and transmission-based precautions that should be followed in all occupational settings
- Association of Anatomical Pathology Technology (AAPT) and Royal College of Pathologists (RCPATH) guidance Transmission-based precautions: Guidance for care of the deceased during COVID-19 pandemic (<https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-deceased-during-COVID-19-pandemic.pdf>), which details the Personal Protective Equipment (PPE) required for Transmission Based Precautions that can be used by any professional involved in the care of the deceased

The risk from people who have died from a SARS-CoV2 infection arises as a result of aerosols generated in the post-mortem handling of the deceased. Management of this hazard will substantially reduce the residual risk as the virus will rapidly degrade when not sustained by living tissue. As a result, there is no requirement for body bags, but there may be other practical reasons for their use.

Background

This guidance will assist professionals (coroners, mortuary operators, pathologists and other medical practitioners, funeral directors and their staff) who are required to manage bodies of deceased persons infected with coronavirus (SARS-CoV2).

There is additional information for:

- healthcare workers (secondary care and primary care) who come into contact with a body that may be infectious
- members of the public who identify a death in the community

- residential care settings including care homes and hospices
- first responders managing a death in the community
- communities managing a death

General information on the risk of COVID-19 from deceased bodies

Detailed information on coronavirus (COVID-19) (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>) and guidance for a range of settings (<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>) is available. General information for the public is available (<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>).

Risk of transmission of COVID-19 from an infected body

Public Health England's (PHE's) Rare and Imported Pathogens Laboratory has assessed the post-mortem risk from people who have died of coronavirus (SARS-CoV2) infection and has identified little residual hazard apart from:

- potential droplet generation from artificial air movement during the initial care of the deceased
- post-mortem examination where the use of power tools take place, which is a risk for aerosol generation

It is estimated that viable virus could be present for up to 48 to 72 hours on environmental surfaces in "room air" conditions. In deceased bodies, particularly those retained at refrigeration conditions, and depending on the above factors, infectious virus may persist for longer and testing for suspected cases should be considered.

Due to the consolidation of respiratory secretions and rapid degradation of the virus when not sustained by live tissues, residual hazard from body fluid spillage will not present a risk. Therefore, body bags are not deemed necessary but may be used for other practical reasons. Placing a cloth or mask over the mouth of the deceased when moving them can help to prevent the release of aerosols.

The principles of SICPs and TBPs continue to apply while deceased individuals remain in the care environment.

This is due to the ongoing risk of infectious transmission via contact, although the risk is usually lower than for living patients. Where the deceased was known or suspected to have been infected with coronavirus (SARS-CoV2), there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted when undertaken by professionals trained in handling bodies of the deceased.

Following a risk assessment of the potential post-mortem risk pathways, PHE has developed this advice in line with the principles in the HSE guidance for droplet transmission risk, as set out in Managing infection risks when handling the deceased (<https://www.hse.gov.uk/pubns/books/hsg283.htm>).

Guidance for professionals who manage bodies, including mortuary staff, pathologists and funeral directors

This section of the guidance is for professionals responsible for managing bodies.

The HSE guidance Managing infection risks when handling the deceased (<https://www.hse.gov.uk/pubns/books/hsg283.htm>) provides advice on the risks of infection from work activities involved with handling the deceased. It covers the safe handling, storage and examination of bodies in hospitals, mortuaries and post-mortem rooms. It also provides guidance for those involved in funeral services (including embalmers) and exhumations of human remains. Handling of deceased persons potentially infected with coronavirus (SARS-CoV2) should follow the SICPs and TBPs set out in the HSE guidance, apart from the use of body bags, which are not required but may be used for other practical reasons.

The Department of Health (2013) guidance Environment and sustainability. Health Technical Memorandum. 07-01: Safe management of healthcare waste

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf) in conjunction with the HSE guidance 'Managing infection risks when handling the deceased' provides details of the disposal of clinical waste.

Personal Protective Equipment (PPE)

AAPT and RCPATH in consultation with PHE have published guidance

(<https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-deceased-during-COVID-19-pandemic.pdf>) on the PPE requirements for care of the deceased during the coronavirus (COVID-19) pandemic. This table should be used by all professionals who manage deceased persons who are suspected or confirmed to be infected with coronavirus (SARS-CoV2).

Transmission-based precautions for coronavirus (COVID-19)

	Non-autopsy procedures, including admission of deceased, booking-in of deceased, preparation for viewing, release of deceased	Autopsy procedures, including other invasive procedures
Disposable gloves	Yes	Yes
Disposable plastic apron	Yes	Yes
Disposable gown	No	Yes
Fluid-resistant (Type IIR) surgical mask (<u>FRSM</u>)	Yes	No
Filtering face piece (class 3) (<u>FFP3</u>) respirator	No	Yes
Disposable eye protection	Yes	Yes

Employees should ensure they are aware of their employer's procedures regarding PPE and that they are using them correctly. Employees should remove any PPE and contaminated clothing when they leave a dirty work area. People should not enter clean areas wearing PPE.

Guidance on donning and doffing of PPE (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance#anchor>), including posters and videos, is available.

Appropriate use of PPE may protect clothes from contamination, but staff should change out of work clothes before travelling home. Work clothes should be washed separately, in accordance with the manufacturer's instructions.

Instructions for processing of samples taken from bodies

If directed by a coroner or pathologist to obtain samples for coronavirus (SARS-CoV2) diagnostic testing in the deceased, the same process should be followed as for those in living patients. Detailed guidance on laboratory investigations and sample requirements for diagnosis (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories/laboratory-investigations-and-sample-requirements-for-diagnosing-and-monitoring-wn-cov-infection>) is available and a poster detailing sampling and packing required (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories/laboratory-investigations-and-sample-requirements-for-diagnosing-and-monitoring-wn-cov-infection>) is also

available. If autopsy is performed, a lung biopsy can be sent in a sterile universal container without any additive. Ideally, the sample should be fresh frozen and sent on dry ice where possible. The sample should NOT be placed in formalin. [AAPT](#) and [RCPATH](#) have developed guidance on histopathology frozen sections and cytology fine needle aspiration during infectious disease outbreaks (<https://www.rcpath.org/uploads/assets/034eb770-6b9e-4d2a-9b164fe7221bc289/RCPATH-advice-on-histopathology-frozen-sections-and-cytology-fine-needle-aspiration-during-infectious-disease-outbreaks.pdf>).

Management of cleaning and waste

Advice on cleaning and disinfection is available in the [HSE](#) guidance *Managing infection risks when handling the deceased* (<https://www.hse.gov.uk/pubns/books/hsg283.htm>) with specific reference to appendix 3.

Advice on waste disposal is available in the same guidance (see page 20).

Guidance for managing deaths in secondary care

Where there has been a death in secondary care, healthcare workers should refer to the infection prevention and control guidance for secondary care (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance>).

See guidance on donning and doffing of [PPE](#) (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance#anchor>).

Guidance for GPs managing a death outside of a healthcare setting

If you are a [GP](#) and a patient dies of suspected COVID-19 outside of a healthcare setting, follow the general guidance for primary care (<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>):

- advise others not to enter the room
- wear [PPE](#) in line with standard infection control precautions, such as gloves, apron and fluid resistant surgical mask
- keep exposure to a minimum

Guidance for members of the public who identify a death outside of 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. Move to at least 2 metres away or another room. Please call the [GP](#) (if the [GP](#) is not available you will be connected to out of hours) or 111 for further advice. 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.

Guidance on managing waste and laundry in the community setting is below.

Guidance for residential care settings including care homes and hospices

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

- ensure that all residents maintain a distance of at least 2 metres (3 steps) or are in another room from the deceased person

- avoid all non-essential staff contact with the deceased person to minimise risk of exposure. If a member of staff does need to provide care for the deceased person, this should be kept to a minimum and correct PPE used as set out in the guidance on residential care provision (<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision>.) (gloves, apron and fluid resistant surgical mask)
- you should 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 (<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision>)

Guidance for first responders managing a death in the community

See general advice for first responders, including the handling of the deceased

(<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>)

Specific advice for Ambulance trusts (<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts#personal-protective-equipment-ppe>) includes information about PPE requirements for AGPs, such as intubation and suctioning.

Practices that involve close contact with the body

There may be coronavirus (SARS-CoV2) on the body, which presents a small but real risk of transmission.

Viewing, hygienic preparations, post-mortem and embalming are all permitted by professionals experienced in handling bodies of deceased persons, if appropriate precautions are followed, as detailed in the HSE (<https://www.hse.gov.uk/pUbns/priced/hsg283.pdf>) and AAPT and RCPATH (<https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-deceased-during-COVID-19-pandemic.pdf>) guidance.

Cremation is permitted where the deceased does not have a medical device that requires removal. If the removal of a medical device requires AGPs, this will need to be agreed with the relevant professional who is managing the deceased.

Since there is a small but real risk of transmission from the body of the deceased, we strongly advise that mourners should not take part in any rituals or practices that bring them into close contact with the body of an individual who has died from, or with symptoms of, coronavirus (COVID-19) for the duration of the pandemic. Given the very significant risk for vulnerable and extremely vulnerable people who come into contact with the virus, it is strongly advised that they have no contact with the body. This includes washing, preparing or dressing the body.

It is recognised that household members may have come into contact with the virus over the course of the illness in the deceased person. However, even in these cases, we advise against further contact with the body without appropriate PPE as it may pose additional risk. The use of PPE in those circumstances should only be under the supervision of a professional trained in the appropriate use of PPE.