

Tip sheet on Dignified Burials and Support to Bereaved Families in the COVID-19 Pandemic

17 April 2020

Produced by: Frontline Collaboration Against COVID-19
Humanitarian Analysis, Guidance and Support for NHS Workers

Situation

As the number of hospital deaths from COVID-19 continues to impact carers and communities, understanding the management of dead bodies and how to support the family of the person who has died is of critical importance for all health providers. Dignity in death is recognised as an integral component of health care provision during emergencies or crises [1].

Dignity in death includes ensuring that the body of the deceased is treated with care, according to the wishes of the person who has died, and that the family is provided with appropriate and tailored support as they grieve.

“As we have seen with Ebola in years past, widespread infectious disease epidemics like coronavirus can prevent families from saying a final goodbye. Dignity in death is recognised as an integral component of health care provision. It is important to explain clearly to the family how COVID-19 may change how their preferred rites take place, so that they can be prepared and supported as they grieve.” Gillian McKay, RN & Humanitarian Responder, Frontline Collaboration Against COVID-19

Who is this advice for?

This tip sheet is aimed at all professionals and carers supporting patients and their families, in the hospital setting, when an individual has died of confirmed or suspected COVID-19¹.

This advice is complementary and does not replace any dead body care and burial protocols that your health facility is using, but it outlines some key considerations and tips to consider.

Please also refer to the '[Tip Sheet on Dignified End-of Life-Care](#)' developed by FCAC for guidance on supporting patients with COVID-19 and their families during end of life care [2].

Background

People have the right to be cared for in death with dignity, even during emergencies and crises. This includes respecting the wishes, values and beliefs of the person and their family concerning how they want their body to be managed in death.

Dignified care recognises and addresses a person's individual physical, psychological, social, language and spiritual needs [3].

The response to COVID-19 requires a strict approach to infection prevention and control throughout the process of patient care. Additionally, the response is stretching existing healthcare resources to the limit. As a result, the use of innovative practices such as new technology and working with non-traditional stakeholders will play an increasing role in addressing the emotional, psychosocial and spiritual needs of patients and their families.

This document focuses on the physical aspects of the care of bodies of those who have died and were suspected or confirmed to be COVID-19 positive, the psychosocial and spiritual aspects of care of bodies during burial, and the support for the family following the passing of a loved one.

Assessment: Dead Body Management

Unlike in cases of Viral Haemorrhagic Fevers, the bodies of people who have passed away from COVID-19 are thought to present a low risk of transmission if properly managed. There may be a higher risk of transmission in the case of an autopsy if the lungs are improperly handled [4]. At the time of writing there is no evidence of transmission of COVID-19 from handling a dead body [4].

However, there could be a potential for transmission when handling deceased persons with confirmed COVID-19 related to (1) direct contact with human remains or bodily fluids where the virus is present, and (2) direct contact with contaminated fomites [5]. It is therefore still critical that rigorous infection prevention and control practices are put in place and followed as the risk of transmission from dead bodies is not yet fully understood.

¹ This guidance is not designed for pathologists performing autopsies, who should refer to specialised guidance from the Royal College of Pathologists.

Recommendations

For Managers

1. Establish a specified team with clear Standards of Procedures (SOPs) to deal with the issues related to handling dead bodies. The team should have adequate trained staff with the required resources to manage all activities related to handling dead bodies including storing, handling, transportation and family support.
2. Coordinate with key local groups and organisational structures involved in managing funerals related activities.
3. When proposing new changes to the procedures of handling dead bodies, consult where possible with community and religious leaders about the proposed changes to ensure cultural and religious sensitivities are respected.
4. Ensure that SOPs also include issues of safety and security provision for staff as well as families and friends of the deceased.

For Health Workers and Bereavement Services

1. Wear appropriate Personal Protective Equipment while handling the body of the deceased person. This should include: gown (long sleeved, or as per local guidance), gloves, medical mask, eye protection.
2. Body bags are not required, but may be used depending on your local health authority's guidance. There is no need to disinfect the body.
3. When moving the body, place a cloth or mask over the nose and mouth to prevent droplets escaping during movement.
4. Bereavement services should have a list of appropriate burial and funeral service providers in the local area, as it may not be possible to transport the body to a distant location.
5. The choice of cremation or burial should remain with the deceased and family as much as possible.
6. Cremation is safe if this is desired by the patient and family, but if there is a medical device that would require removal prior to cremation this will have to be discussed with relevant professional who is caring for the body as this procedure may cause aerosolization of the virus.

Assessment: Supporting the Bereaved Family

The physical distancing measures put in place during the COVID-19 pandemic may mean that the family was not able to say goodbye to their family member in person. In addition they may not be able to perform their preferred funeral rites, resulting in distress, frustration and anger.

Recommendations

Note that some of the following tips are most relevant to the Bereavement Office, however all medical team members should be aware of the below so that they can prepare and answer questions for the family.

Before Death

- 1.If possible, before the patient passes away, enquire of them and their family member of their preferred burial and funeral practices. Be transparent about how COVID-19 is impacting on visitation, funerals and burials. Document the conversation and the preferred practices in the medical notes for other health providers.
- 2.With the patient and family's permission, connect with hospital chaplaincy services early to facilitate any end-of-life rituals.
- 3.Hospitals have different guidance as regards having family present at the bedside for end-of-life patients. In some cases this is permitted if the family is in PPE.

After Death

- 1.Be prepared for anger and frustration on the part of the family if they have not been able to be present at the death of their loved one, or if their preferred funeral rites are disrupted. Find time to listen to and recognise any distress that family members are experiencing. You could use phrases like, *"I'm really sorry for your loss,"* *"I can see that this must be a very difficult time for you,"* or *"I can only imagine how difficult it has been for you to lose a loved one and not have chance to say goodbye."*
- 2.In most cases the family can view the body at the funeral home post-transfer. They should not touch or kiss the body, and should wash hands post viewing. Sometimes family members can view the body only from behind a glass screen. It is important to explain clearly to the family what they will and will not be allowed to do and give them chance to decide whether the experience will help them or cause additional distress.
- 3.If washing or interacting with the body is critical to religious or cultural rites of the deceased and family, the religious body or community leader can be asked to offer support in identifying an alternative or adapted option to prevent transmission, which may include appropriately trained individuals wearing PPE. Adults >60 and people who are immunosuppressed should not interact with the body in any way.

4. The number of mourners at a funeral should be restricted to ensure that 2 metre distances can be observed, and both secular and religious centres have to comply with public health measures including limits on attendance at funerals. If anyone in the family has symptoms of COVID-19, they should not be present at any funeral or mourning ritual. If members of the family do not have symptoms but are in their 14-day self-isolation period, they should not mix with those not self-isolating; therefore they should not attend the mourning ritual. Travel to rituals should comply with physical distancing measures including private vehicles where possible, or by public transport taking all necessary precautions.

5. Family members/friends who are extremely vulnerable, symptomatic or self-isolating should be provided with support to view the body and participate in any ritual remotely. For example by video-conference.

6. If desired by the family, connect them with spiritual or psychosocial advisors who can support them remotely.

7. If the body must be interred or cremated without family present, ensure that the family is kept informed at all times of the location and status, so that they can visit the gravesite/crematorium when travel is again possible.

8. Be aware of your personal distress in having to provide care to families in such difficult circumstances. The feeling of guilt and shame can be profound. Do take time to speak to others and access psychological wellbeing support early.

References:

1. The Sphere Handbook, Humanitarian Charter and minimum standards in Humanitarian Response 2018, Palliative Care Standard. https://handbook.spherestandards.org/en/sphere/#ch009_004_007
2. Frontline Collaboration Against COVID https://COVIDresponse.uk/resources/assets/files/Frontline_DIGNITY_09.4.2020.pdf
3. Health and care standards with supporting guidance, theme 4 Dignified Care, NHS Wales <http://www.wales.nhs.uk/governance-emanual/theme-4-dignified-care>
4. WHO. Infection prevention and control for the safe management of a dead body in the context of COVID-19. https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf
5. ECDC. Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19. <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-safe-handling-of-bodies-or-persons-dying-from-COVID19.pdf>

Further Reading

1. COVID and palliative end of life and bereavement care in secondary care <https://apmonline.org/wp-content/uploads/2020/04/COVID-19-and-Palliative-End-of-Life-and-Bereavement-Care-06-April-2020.pdf>
2. UK Government guidance on care of the deceased with 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>
3. WHO. Recommendations for religious leaders & faith based communities in the context of COVID-19 <https://www.who.int/publications-detail/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19>

4. International Federation of the Red Cross advice on burials for the COVID-19 Pandemic. http://prddsgofilestorage.blob.core.windows.net/api/sitreps/3972/Burials_for_infectious_disease_outbreaks.pdf
5. Royal College of Pathologists guidance on care of the deceased with COVID-19 <https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-deceased-during-COVID-19-pandemic.pdf>
6. UK Government guidance on Infection Prevention and Control for COVID-19 <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Acknowledgements

We thank the following individuals for their expertise and assistance and for their help in writing this Guidance:

Jay Bagaria, Abdulkarim Ekzayez, Nicolas Finney, Andrew Hall, Imogen Ing-Simmons, Gillian McKay, Eba Pasha, Mohammed Owais Rahman, Najeeb Rahman, Paula Sansom, Sarah Tyler, Sarah Walpole

About Us:

Frontline Collaboration Against COVID-19

We are a group of leading healthcare practitioners and humanitarian experts with frontline experience in the UK and around the world. We are communicating daily with NHS practitioners to understand the problems they are facing in responding to the COVID-19 pandemic. We have identified urgent, unmet needs in terms of knowledge and know-how.

We are rapidly responding to these needs with practical guidance and tools that draw on international humanitarian response and outbreak experience. At the same time, we are engaging the institutions and leadership of the overall response to lobby for system-wide improvements.

Our support is designed to complement the formal NHS system.

Our vision is of Leaders, Healthcare workers and Humanitarians Working Together Against COVID-19.

Feedback

We welcome your feedback and suggestions. Please contact us at info@beckhealthcare.co.uk

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