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MINISTRY OF HEALTH-ETHIOPIA  
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# DEATH CARE AND BURIAL MANAGEMENT PROTOCOL FOR COVID-19



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## **I.DEATH CARE AND BURIAL**

The safety and well-being of everyone who attends to a dead body should be a priority. Health workers and persons involved on preparing the dead body for funeral should always follow Standard Infection Prevention and Control (IPC) practice.

Before attending to a body, people should ensure that the necessary hand hygiene and personal protective equipment (PPE) supplies are available (that include: water resistant Gown, Gloves, Google/Face Shield and Surgical Masks, cloth to cover the dead body, cotton, chlorine solution and sprayer)

The dignity of the dead person, his/her cultural and religious traditions, and his/her families' concern should be respected and protected throughout;

Dead Body Management involves appropriate consultations and engagement involving relevant teams including- IPC/Environmentalists, Risk Communications, relevant statutory authorities, the community and families.

### **Dead body handling in case of death due to COVID-19**

#### **The major steps are:**

1. Preparing of the body at patient room
2. Handling of dead body at morgue
3. Transportation
4. Conducting Burial
5. Before return to home after burial

#### **1. Preparing of the body at patient room/Isolation room**

After the physician declares death, the nurse on duty is responsible to make sure that staffs perform the following tasks:

○ Always adhere to standard precautions and use appropriate personal protective equipment (PPE).

○ Notify the family and provide grief counseling according to the ethical standards





- Perform the following tasks to prevent exposure to blood and body fluid during transportation to protect morgue personnel:
  - Remove all disposable tubes and lines appropriately.
  - Disinfect and dress all wounds (resulting from removal of catheter, drains, and tubes) with 1 % chlorine solution and impermeable material respectively to prevent oozing of body fluids or bleeding from wounds or previous catheter sites.
  - Ensure that any body fluids leaking from orifices are contained; by plugging oral, nasal, anal orifices of the dead body to prevent leakage of body fluids.
- Wrap body with cloth and transfer as soon as possible to the morgue;
- Use a transport trolleys or stretcher for transporting dead body to the morgue
- Follow the proper identification of the body, transportation, and documentation in the morgue.
- Patients should have body tags labeled with the appropriate information.
- There is no need to disinfect the body before transfer to the mortuary area.
- Body bags are not necessary at this point, (EXCEPT there is excessive body fluid leakage)

**NOTE:** Keep both the movement and handling of the body to MINIMUM

#### **Environmental cleaning and disinfection of patient bed and isolation room**

- All used/ soiled linen should be handled with standard precautions (wrap-up from out to inside, with minimum agitation), put in bio-hazard bag and the outer surface of the bag disinfected with 0.5% hypochlorite solution.
- Used equipment (re-usable) should be autoclaved or decontaminated with disinfectant solutions in accordance with national infection prevention control guide line (use 0.5% chlorine solution).



- Disposable equipment and materials such as suction tubes, should be disposed in appropriately labelled bio-hazard bags.
- All medical waste must be handled and disposed of in accordance with infectious waste management rules.
- Disinfect hospital bed, rooms, bed linens and mattress properly as per the national IPC standard.
- Remove personal protective equipment's as per IPC guidance and perform hand hygiene.
- All surfaces of the room area (floors, bed, railings, side tables, IV stand, etc.) should be cleaned first with soap and water or detergent and then wiped with 0.5% Sodium Hypochlorite solution; allow a contact time of 5 to 10 minutes, and then allowed to air dry.

## 2. In the Morgue

- All morgue staff must be oriented and provided training on COVID-19 regarding the proper infection control practices (i.e., hand hygiene, modes of disease transmission, importance of PPE and how to apply these practices.
- Always use standard precautions and appropriate personal protective equipment (PPE) at all times.
- **Avoid direct contact with blood and body fluids.**
- Use PPE (mask, goggles, latex/vinyl gloves, boots, and water proof full-length apron) to prevent splashing and contamination with body fluids. Remove disposable PPE and discard immediately after the task is completed.
- Avoid Autopsy examination unless required for mandatory medical or legal purpose. If it is done, it has to be carried out under strict IPC procedure and only a minimum number of staff should be involved in the autopsy;





- Do standard body preparation, put the body in coffin, seal and disinfect the coffin with disinfectant.
- Hand over to the burial team using stretcher or metallic bed
- Until the burial time and place is fixed, dead bodies should be stored in cold chambers maintained at approximately 4°C. If cold chamber is not available, body should stay at cold area of the morgue and advice to conduct the burial as early as possible.
- The mortuary must be kept clean. Environmental surfaces, instruments and transport stretcher/metallic bed should be cleaned first with soap and water or detergents and then properly disinfected with 0.5% Hypochlorite solution.

**NOTE:** Embalming of dead body should not be allowed.

### 3. Transportation

- Make sure that the body, secured in a coffin or stretcher or metallic bed, exterior of which is decontaminated. So that it minimize the risk to the staff or team transporting the dead body.
- The coffin or metallic-bed carrying body is placed (delicately) on the platform of the car that will serve as a means of transport, usually the head towards the front
- The personnel handling the body should follow standard precautions (use gloves and hand hygiene).
- The vehicle, after the transferring the body to burial site, will be decontaminated with 0.5% Sodium Hypochlorite.

### 4. Burial process

It is recommended that bodies of suspected or probable COVID-19 infection shall be buried as soon as practicable.

All burial team members should wear appropriate PPE like (glove, film gown and face mask). Finally use hand hygiene or Alcohol based hand rub.



- Religious ceremony may be conducted at the mortuary with minimal attendees with strict physical distancing but coffin should not be opened.
- A minimum number of people (below 20 families) should attend the burial process.
- Ensure anyone tasked with placing the body in the grave, wear gloves and wash hands with soap and water after removal of the gloves once the burial is complete.
- Kissing, hugging, etc. of the dead body should not be allowed.
- There should be also appropriate physical distancing at all times of the process.
- Law enforcement officers are required to observe the process.
- Regular burial sites can be used to bury bodies of patients died from COVID-19.

**5. Before return to home after burial:**

- Key messages should be delivered to those attended in burial about IPC.
- The reusable equipment like metallic bed, water containers and other fomites must be first cleaned with soap and water and then disinfected and dried (using 0.5% Chlorine)
- All disposable used PPE should bury or burnt at safe way.
- Any team member who used rubber boots should take off rubber boots and disinfect them with 0.5% chlorine solution.
- All people attended to cemetery should conduct hand hygiene before returning home (Soap and water or an alcohol-based hand rub should be used)

**Handling dead bodies of unknown cause at the time of COVID-19 outbreak:**

Staff in healthcare settings or law enforcement may need to handle dead bodies of unknown cause. For example, managing dead bodies found on the street or abandoned in a house with unclear history or suspected COVID-19 should strictly follow all the recommendations put in this protocol.





## Transport of Dead body in case of death due to COVID-19

Since dead body due to COVID-19 May be infectious, it is **not** advised to transport dead body from abroad to Ethiopia or from Ethiopia to foreign country by airplane or other means of transport for the safety of the public. Also dead body shouldn't be transported from one region to another region within the country. If the transportation is obligatory, it requires strict IPC procedures and trained personnel dedicated for this purpose.

## II. Forensic Pathology

In general, if a death is believed to be due to confirmed COVID-19 infection, there is unlikely to be any need for a post-mortem examination to be conducted and the Medical Certificate of Cause of Death should be issued.

If it is felt that a death may be due to COVID-19 but has not been proved prior to death, the decision as to whether the examination has to be limited to obtaining the necessary swabs or should entail a fuller more invasive post-mortem examination depends on the needs of the investigating police officer and other relevant parties.

Post-mortem COVID-19 infection should be investigated and only after the result that a fuller more invasive post-mortem examination as required should proceed.

If an autopsy is performed, collection of the following post-mortem specimens is recommended:

- Post mortem clinical specimens for testing for SARS-CoV-2, the virus that causes COVID-19:
- Upper respiratory tract swabs: Nasopharyngeal Swab and Oropharyngeal Swab (NP swab and OP swab)

Lower respiratory tract swab: Lung swab from each lung



- Separate clinical specimens for testing of other respiratory pathogens and other post-mortem testing as indicated
- Formalin-fixed autopsy tissues from lung, upper airway, and other major organs

If an autopsy is **NOT** performed, collection of the following post-mortem specimen is recommended:

Post-mortem clinical specimens for testing for SARS-CoV-2, the virus that causes COVID-19, to include only upper respiratory tract swabs:

- Nasopharyngeal Swab AND Oropharyngeal Swab (NP swab and OP swab)
- Separate NP swab and OP swab specimens for testing of other respiratory pathogens.

Individuals in the room during the procedure should be limited to healthcare personnel (HCP) obtaining the specimen.

The following PPE should be worn at a minimum:

- Glove, if there is a risk of cuts, puncture wounds, or other injuries that break the skin, wear heavy-duty gloves over the nitrile gloves.
- Wear a clean, long-sleeved fluid-resistant or impermeable gown to protect skin and clothing.
- Eye goggle
- N-95 respirator
- Rubber boots with metal-protected toecaps and dorsal reinforcement

