

**Updated Decedent Care (based upon CDC guidance)
(as of March 12, 2020)**

Funeral home workers should follow their routine infection prevention and control precautions when handling a decedent who died of COVID-19. If it is necessary to transfer a body to a bag, follow [Standard Precautions](#), including additional personal protective equipment (PPE) if splashing of fluids is expected.

Transporting a Body: For transporting a body after the body has been bagged, disinfect the outside of the bag with a [product with EPA-approved emerging viral pathogens claims pdf icon external icon](#) expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Wear disposable nitrile gloves when handling the body bag.

Removal Protocol for Confirmed or Suspected COVID-19 Cases

Pre-removal preparation: Take the following to the removal; mask, multiple pairs of gloves, light weight disaster pouch and Solucide or dis spray (prep team leave these for drivers).

At Facility before entering: Put on all personal protection wear before entering the removal location, including 2 pairs of gloves.

Paperwork: Paperwork should be completed outside of the affected area at removal location and kept separate in a plastic sealed bag away from the decedent.

ID Process:

If decedent is in a body bag at the place of removal, **DO NOT OPEN BAG**, use facility identification on bag as form of properly identifying decedent and obtain a signature on paperwork from facility representative. Inquire as to the method of identification used by the officials at the place of removal, then document thoroughly.

If a decedent is not in a body bag at the place of removal:

- Saturate the eyes, nose, and mouth of decedent, and saturate a face mask with Solucide/Dis Spray and place over decedents mouth prior to moving decedent and saturate webril with Solucide/Dis Spray and place over face of decedent;
- Carefully transfer decedent to the cot;
- Place decedent in light weight disaster pouch; and
- Tape ID Band to outside of light weight disaster pouch.
- Remember to keep paperwork separate from decedent.

**Updated Decedent Care (based upon CDC guidance)
(as of March 12, 2020)**

Return to PCC:

- Upon return to PCC, place decedent in refrigeration;
- Remove PPE and place in separate biohazard bag designated for COVID-19 cases;
- Immediately and thoroughly wash and sanitize your hands, arms and face, including beards. **NOTE:** beards should be neatly trimmed to help ensure the PPE mask works as effectively as possible;
- Sanitize plastic cover of paperwork and now enter dispatch and remove sign;
- Complete paperwork after you sanitize yourself and decedent is placed in refrigeration/ check into Care Point to ensure accurate location;
- Maintain separate file for chain of custody do not keep with decedent;
- Sanitize thoroughly all surfaces of cot with Solucide/Dis Spray;
- Sanitize all surfaces and devices in removal vehicle; and
- Sanitize all surfaces inside removal vehicle with disinfectant wipes, including mopping decks with a bleach solution.

Embalming: Embalming can be conducted. During embalming, follow Standard Precautions including the use of additional PPE if splashing is expected (e.g. disposable gown, faceshield or goggles and facemask). Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin.

Prep Room Cleaning: Cleaning should be conducted in accordance with manufacturer's instructions. [Products with EPA-approved emerging viral pathogens claimspdf iconexternal icon](#) are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Hand Hygiene: After cleaning and removal of PPE, perform [hand hygiene](#) by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains **at least 60% alcohol** if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Disposition: Decedents with COVID-19 can be buried or cremated, but check for any additional state and local requirements that may dictate the handling and disposition of the remains of individuals who have died of certain infectious diseases.

**Updated Decedent Care (based upon CDC guidance)
(as of March 12, 2020)**

Return of Remains from Overseas: CDC does not require an autopsy before the remains of a person who died overseas are returned to the United States. Depending on the circumstances surrounding the death, some countries may require an autopsy.

Sources of support to the family include the local consulate or embassy, travel insurance provider, tour operator, faith-based and aid organizations, and the deceased's employer. There likely will need to be an official identification of the body and official documents issued by the consular office.

CDC requirements for importing human remains depend upon if the body has been embalmed, cremated, or if the person died from a quarantinable communicable disease. At this time, COVID-19 is a quarantinable communicable disease in the United States and the remains must meet the standards for importation found in 42 Code of Federal Regulations Part 71.55 and may be cleared, released, and authorized for entry into the United States only under the following conditions:

- The remains are cremated; OR
- The remains are properly embalmed and placed in a hermetically sealed casket; OR
- The remains are accompanied by a permit issued by the CDC Director. The CDC permit (if applicable) must accompany the human remains at all times during shipment.
 - Permits for the importation of the remains of a person known or suspected to have died from a quarantinable communicable disease may be obtained through the CDC Division of Global Migration and Quarantine by calling the CDC Emergency Operations Center at 770-488-7100 or emailing dgmqpolicyoffice@cdc.gov.

Please see CDC's guidance for additional information. You will also need to check with your airline carriers as they may have additional limitations in place.

Funeral or Visitation Service: A funeral or visitation service can be held for a person who has died of COVID-19. There is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19.

Best Practice: Consider investing in a lace veil for immediate services where casket is open or family wishes to view.

**Updated Decedent Care (based upon CDC guidance)
(as of March 12, 2020)**

Touching a COVID-19 Decedent: COVID-19 is a new disease and we are still learning how it spreads. The virus that causes COVID-19 is thought to mainly spread from close contact (i.e., within about 6 feet) with a person who is currently sick with COVID-19. The virus likely spreads primarily through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory infections spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. This type of spread is not a concern after death. However, CDC recommends that people should consider not touching the body of someone who has died of COVID-19.

Best Practice: Consider investing in a lace veil for immediate services where casket is open or family wishes to view.

Spread of COVID-19: There may be less of a chance of the virus spreading from certain types of touching, such as holding the hand or hugging after the body has been prepared for viewing. Other activities, such as kissing, washing, and shrouding should be avoided before, during, and after the body has been prepared, if possible.

Cultural, Ritualistic or Religious Practices: If washing the body or shrouding are important religious or cultural practices, families are encouraged to work with their community cultural and religious leaders and funeral home staff on how to reduce their exposure as much as possible. At a minimum, people conducting these activities should wear disposable gloves. If splashing of fluids is expected, additional personal protective equipment (PPE) may be required (such as disposable gown, faceshield or goggles and facemask).

Touching Surfaces: It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.