

## **Field Epidemiology & Disease Surveillance Division National Institute of Health**

### **Guidelines and SOP for Safe and Dignified Burial for the person Die with COVID-19**

These guidelines have been issued by National Institute of Health-Pakistan to provide comprehensive information on the safe management of burial of the COVID-19 victims.

Intended users of these guide lines are; medical personnel and paramedics involved in handling the deceased (post mortem etc.) and anyone involved in the management of confirmed cases of COVID-19.

#### **Prior to procedure:**

Only trained personnel should handle the remains of confirmed case and handling should be kept minimum. Cultural, religious and family concerns should be taken into account before starting procedure. An informed written consent/agreement should be made between health personnel and family. Due respect should be shown to relatives of the deceased in terms of their religious and personal rights.

#### **Steps-1: Team Composition and preparation:**

**PPE (as per requirement of team member's role):** Every member of team should be clear of his/her duties (Sprayer, technical supervisor, communicator and religious representative and a family member if situation demands). Disinfectant solution (0.05% chlorine for hand hygiene and 0.5% chlorine solution for disinfection of objects and surfaces)

#### **Step-2: Assembling necessary equipment:**

- Body bag, should be able to hold up to 125 KG, with handles to allow safe hand carry. For hand hygiene, arrange 60% minimum alcohol-based hand rub solution, clean running water with soap and paper towel, if not available chlorine (0.05%) can be considered (use of bleach is also recommended).
- PPE includes, well fitted pair of disposable gloves, disposable overall, plastic apron, and facemask.
- Waste management tools include, one hand sprayer with 0.05% chlorine. And two leak proof waste bags ( one for disposable material meant for destruction and one for reusable material meant for disinfection)

**Note:** *Burial Team to refer to separate guideline for the dignified burial of specific religious practices*

#### **Step-3: Arrival, preparation for burial with family and risk evaluation:**

- Team leader or technical supervisor shall brief the team and everyone must be clear of their role and responsibility. Team communicator should reach out for formal agreement of family. Dignified burial should be observed in any case and family members should be allowed to witness and make pictures of the proceedings. Identify the family member who will be participating in touching, bathing and burial. White shroud (cloth) can be used. Female members should be involved in female deceased burial.
- For risk evaluation, identify room in the house where deceased patient is. Evaluate the size and weight of the deceased. Identify the area of house used

by the patient and family members/ people exposed to him/her. Ensure family members wearing gloves and PPE while handling body.

- Place body in bag and coffin and at the end of this step coffin is decontaminated and ready to be transported. Remains of patients should be put in a separate bag and buried as well.

**Step-4: Sanitize Family Environment:**

- Collect soiled objects, disinfect if needed or burn if objects are visibly soiled with urine, stool, vomit, nasal secretion etc.
- Clean the area with clean water than disinfect the environment i.e. rooms and house with suitable disinfectant (chlorine 0.5% solution)
- Collect soiled objects and pack in bag for burial or disinfection
- All places in the home are checked for disinfection before removing PPE

**Step-5: Remove PPE, manage waste and perform Hand Hygiene:**

- Remove boots after disinfecting them. Remove apron and gloves from inside out. Remove mask and goggles from behind. Remove inner gloves and wash hands using water and soap.
- Recover the PPE in an appropriate waste bag. Bag will be closed, disinfected and brought back hospital for burning.
- Recover all reusable objects and instruments, disinfect and kept in an appropriate bag to bring back to hospital.
- Perform hand hygiene.

**Step-6: Wear glove sand transport coffin to cemetery:**

- For transportation of coffin, wear household gloves and make sure it is not soiled.
- Family members will also wear gloves who are involved in burial procedure and their frequent hand washing should be ensured.
- Decontaminate handle the coffin delicately.
- Respect time for prayers and grieving

**Step-7: Burial and prayers at cemetery:**

- Depending the customs in place, respect rituals and allow notified family member to place body/coffin in grave
- Family member should be allowed to close the grave and offer prayers as it dissipates tension.
- Place gloves in an appropriate bag for disinfection
- All the team members and designated family members to wash hands with appropriate disinfectant
- Burial team to offer condolence and thank the family before leaving.

**Step-8: Return to Hospital/ team office:**

- All reusable objects are again disinfected and dried
- All disposable objects must be sent for incineration
- Vehicle used should be cleaned and disinfected
- At the end of the day, all members should wash hands
- Any samples meant to test should be sent to laboratory

**DO's of Safe Burial:**

- Keep family informed and engaged
- Always greet the family after reaching and offer condolence before starting procedure
- Keep religious representative along to avoid conflict

**Note:** *Thank the family member for their consent and cooperation/contribution*

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- Avoid too much manipulation of the body
- Remains should be sprayed, washed or embalmed

**Don'ts of Safe Burial:**

- Do not arrive at deceased patient house with PPE on
- Do not enter deceased patient areas without PPE on
- Do not start procedure without family consent

Checklist:

It may be worthwhile to use a checklist, to ensure all steps are followed during the entire process from arrival at house until the end of funeral. Any problem detected during the process should be reported immediately

Reference: WHO interim guidelines, Oct. 2017