

Guidance for Handling the Body of Persons who Have Died from Suspected/Confirmed COVID-19

Statement:

To date there is no evidence of persons having been infected from exposure to the body of persons who died from COVID-19. The dignity of the deceased, their cultural and religious traditions/beliefs, and their family will be respected and protected on an individual basis, balancing family wishes and the risk of exposure. The safety and well-being of caregivers who provide post-mortem care is a high priority.

Guidelines:

- Ensure personnel performing/assisting with post-mortem care use standard precautions including hand hygiene before and after contact with the body and environmental surfaces.
- Use appropriate PPE according to the level of contact with the body based on the degree of contact, including a gown and gloves. If there is a risk of exposure/splashing of body fluids or secretions, personnel will use facial protection, including the use of a face shield or goggles and medical mask.
- Prepare the body for transfer, refer to Post-Mortem Care Policy.
- Keep handling and movement of the body to a minimum.
- Based on state and local restrictions, the facility will determine if family members may view the body before transport to the funeral home or if they are required to contact the funeral home for viewing.
 - If the facility allows viewing of the body, consider limiting the number of family members in the room to one at a time.
 - Provide education on the importance of hand hygiene before and after viewing and to avoid direct contact with the body, i.e., touching, kissing, hugging, etc.

_____	_____
Administrator Signature	Date
_____	_____
Medical Director Signature	Date
_____	_____
Participating Health Care Provider Signature	Date

Resource-WHO-Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, Interim Guidance March 24, 2020.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.