

Infection Prevention for Workers Handling Decedents and Remains with COVID-19

Death Care Workers (DCW) work in direct contact with a decedent and may include funeral directors, embalmers, crematory operators, coroners, investigators, and transportation drivers. In addition, this guidance applies to any worker who handles infectious tissue or fluid. Three primary infection-exposure risks when working with a decedent are: 1) contact with contaminated surfaces, 2) entering environments with actively infected people, and 3) during aerosolizing procedures.

Infection Prevention Best Practices

Frequent handwashing with soap and water is the best prevention. Death Care Workers should take steps to reduce their exposure to potentially infectious body fluids where possible. The transmission of respiratory droplets from a decedent is not a concern when handling intact human remains or performing non-invasive postmortem procedures.

- Always use [Standard Precautions](#)¹ as defined by the CDC.
- Wash hands frequently with soap and water.
- Avoid contact with potentially infectious body fluids whenever possible.
- Prevent surface contamination.
- Avoid aerosolizing procedures when possible.

Transfer and Removal

When removing a body, always follow Standard Precautions, wear all PPE, and maintain social distancing best practices.

When removing a body from a healthcare facility, ask whether there are any specific precautions, guidelines, or procedures you need to follow when you arrive. According to the Health Insurance Portability and Accountability Act (HIPAA), the facility may not be able to tell you if the decedent tested positive for COVID-19.

When making a removal in a home, determine if the decedent died with a confirmed or suspected case of COVID-19. If you will be interacting with the family in the home, you may wish to let them know that your staff will be wearing personal protective equipment (PPE). More information on safely interacting with families can be found at the [National Funeral Director Association's COVID-19 webpage](#).²

¹ <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html>

² <https://www.nfda.org/covid-19/transfers-arrangements>

If it is necessary to transfer a body to a bag, follow Standard Precautions, including PPE if splashing of fluids is expected. If the decedent had, or was suspect to have had, a COVID-19 infection clearly indicate this on the outside of the bag. Check local health departments for specific labeling and bag disinfecting requirements. Disinfect the outside of the bag with an Environmental Protection Agency (EPA) approved disinfectant, following the manufacture's instructions. For transport of a bagged body, continue to use Standard Precautions including wearing gloves, gown, mask, and eye protection such as a face shield. After transportation, clean and disinfect all gurneys, carts, and affected surfaces.

Preventing Exposure to Infectious Body Fluids

An infected patient with COVID-19 is far more likely to shed the virus than a person who has passed. When handling all remains, DCW should use Standard Precautions and PPE to ensure protection from body fluids splashing or contaminating eyes, mouth, nose, hands, or clothing. Use additional protections when there is a risk for contact with infectious body fluids. Interactions with an intact decedent such as transportation, external body exam, washing, and casketing have a low risk of exposure through respiratory particles but a high exposure risk from contact with infectious fluids. Data indicates the [SARS-CoV-2 virus is hardy at low temperatures](#)³, potentially surviving up to 14-days at 4°C/39°F. With this in mind, cold storage environments such as a walk in refrigerator should be disinfected even after the spread of the virus slows down in the community.

Exposure to infectious aerosols require additional considerations:

- Wear nonsterile exam gloves (such as latex or nitrile) when handling potentially infectious materials.
- Wear heavy-duty gloves over the exam gloves if there is a risk of cuts, punctures, or other skin injuries.
- Wear a clean, long-sleeved fluid-resistant or impermeable gown to protect skin and clothing.
- Use a face mask or respirator with a face shield or goggles. If the decedent was known to have a COVID-19 infection, donning a filtering face piece respirator (FFR) such as an N95 or elastomeric respirator with HEPA cartridges is recommended.

Preventing Exposure to Infectious Aerosols

SARS-CoV-2 could be present and potentially transmitted by infectious aerosols generated by tasks including:

- using an oscillating saw
- suctioning body fluids
- embalming
- other aerosol generating procedures

³ <https://www.medrxiv.org/content/10.1101/2020.03.15.20036673v2.full.pdf>

If aerosol-generating procedures are anticipated, refer to CDC'S [guidance for postmortem specimens from deceased persons under investigation for COVID-19](#)⁴ for information on procedures to avoid, additional safety precautions, ventilation requirements, and respiratory protection.

General considerations to prevent exposure to infectious aerosols

- A log book including names, dates, and activities of all workers performing aerosolizing procedures may assist in future follow up if necessary.
- Limit the number of personnel in the area and working on the decedent.
- Use drain tubes instead of angular spring forceps for draining.
- Limit the use of aspirators and do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing or re-aerosolize infectious material.

Considerations for autopsy and pathology

OSHA'S [Death Care Worker guidance](#)⁵ states autopsies can be performed on remains of people who have died with COVID-19 infection in autopsy suites with adequate air-handling systems. This includes systems that maintain negative pressure relative to adjacent areas and that provide a minimum of six air exchanges in existing structures or 12 air exchanges in new construction or renovation, per hour. The room air must exhaust directly to the outside or through a HEPA filter if recirculated. During autopsy procedures, direct air downward and away from the worker's breathing zone. CDC'S [Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)⁶ provides guidelines for airborne infection isolation room (AIIR) use and recommendations for air exchange rates, which are similar to what should be followed in autopsy suites.

The CDC'S [Infection Control in Healthcare, Home, and Community Settings for SARS](#)⁷ provides additional guidance applicable to infection control in laboratory and pathology procedures for coronaviruses. Use a biosafety cabinet for the handling and examination of smaller specimens and other containment equipment whenever possible. Equipment, such as saws, should be equipped with vacuum shrouds to capture aerosols.

Considerations for embalming

Procedures performed on a decedent with known or suspected COVID-19 that could generate infectious aerosols should be performed cautiously, and avoided if possible. While the CDC has issued [guidance that a suspect or positive COVID-19 decedent can be embalmed](#)⁸ if precautions are followed, the World Health Organization's (WHO) [guidance for COVID-19 decedents is to avoid embalming](#)⁹ and excessive manipulation of the body. The risk of performing an aerosolizing

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html#autopsy>

⁵ <https://www.osha.gov/SLTC/covid-19/controlprevention.html#deathcare>

⁶ <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

⁷ <https://www.cdc.gov/sars/guidance/i-infection/laboratory.html>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Funerals>

⁹ <https://apps.who.int/iris/handle/10665/331538>

procedure such as embalming, and the exposure it may present to workers, should be carefully considered and discussed, especially when funerals and public gatherings are prohibited.

Cleaning and Disinfection for COVID-19

Use an EPA-registered, hospital-grade disinfectant for routine cleaning and disinfection. Follow the instructions on the label, and disinfect all equipment and surfaces potentially contaminated with infectious fluids, including the body bag and transportation equipment. Use appropriate personal protective equipment (PPE) and respiratory protection following the disinfectant instructions for use.

Additional Resources

- [CDC guidance for postmortem specimens from deceased persons under investigation for COVID-19](#)
- [OSHA Fact Sheet, Health and Safety Recommendations for Workers Who Handle Human Remains](#)
- [Washington State Department of Health Coronavirus Website](#)
- [Washington State Department of Labor and Industries Coronavirus Website](#)

Applicable Washington State workplace safety and health standards may include:

- Bloodborne Pathogens ([WAC 296-823](#))
- Personal Protective Equipment ([WAC 296-800-160](#))
- Respiratory Protection Standard ([WAC 296-842](#))