

Addendum 2.

COVID-19 Pandemic

The COVID-19 pandemic has had a fundamental impact on our daily lives and, sadly, will also impact on how we traditionally arrange burials in our cemeteries.

Funeral directors, faith-based organisations and local councils will all face challenges conducting funeral services and burials in the current circumstances. To assist, we have produced guidance which we hope will be helpful to you and to bereaved families in the coming weeks and months.

Graves

- Where a family plot exists and it is operationally possible, burials may continue in these graves.
- Where a new grave is needed, families may purchase single plots in our cemeteries. As a temporary measure, the purchase of double plots has been suspended.

Attendance at burials

- Given the current advice on social distancing and restrictions on gatherings, we are advising that only immediate family should attend a burial and attendance will be limited to 30 people.
- Those attending should adhere to social distancing advice and remain 2 metres or 6 feet apart, and remain behind the 5 metre cordon which will be placed around the grave.
- Physical interactions including shaking hands and hugging should be avoided.
- All mourner displaying symptoms of COVID19 disease should not attend a funeral as they pose a risk to others.
- Mourners who are self-isolating for 14 days (due to someone in their household being unwell with symptoms of COVID19, or on the advice of the Contact Tracing system) should be facilitated to attend the funeral in person, should they wish to do so. They should not attend if they have any symptoms of COVID19, even if very mild; only attend outdoor elements of a funeral; advise the funeral directors and other mourners that they are self-isolating; at all times maintain strict 2m distancing; and use their own transport to the funeral.
- If the family wish to live stream the burial, they may do so provided the funeral director and pastoral/faith representative is in agreement with this. Council staff should not be filmed without seeking their permission.

- We ask that burial services are limited to 15 minutes and respectfully request that those attending leave the cemetery immediately after the committal.

Cemetery staff and cemetery operations

- Local arrangements may be in place to control access to the cemetery for committals and monumental sculptors/stone masons. Following the committal, funeral directors/families may be asked to leave the cemetery if it is not open to the public at that time.
- Staff will place notices in the cemetery to direct those attending the burial to the grave plot.
- Our cemetery staff will prepare the grave as normal and remain at a distance during the burial service.
- It is recommended that coffin 'lifts' should not take place unless pallbearers all reside in the same house. Funeral directors should bring the coffin to the grave on a trolley or where this is not possible it should be carried at waist height using slings or another secure mechanism where necessary (if the funeral director is unable to do this, this should be communicated to the burial authority in advance so that assistance can be provided)
- Lowering of the coffin will continue based on existing local practice in each cemetery. However, this should be agreed in advance with us.
- Staff will wear Personal Protective Equipment (PPE) as appropriate, including facemasks and gloves. We ask funeral directors to wear PPE also as appropriate, but always when lowering the coffin.
- Slings used to lower the coffin will be disinfected after each burial.

Further Changes

Burial arrangements and this guidance may change in response to the evolving situation.

From the Chief Medical Officer
Prof Sir Michael McBride



BY EMAIL

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Dear Colleagues

COVID-19 – GUIDANCE FOR HANDLING THE INFECTION RISKS WHEN CARING FOR THE DECEASED AND MANAGING FUNERALS

I wrote to you on Monday 23 May advising of an upcoming change to the guidance for handling the infection risks when caring for the deceased and managing funerals. This change relates to the removal of the recommendation to maintain a 2m social distance between households at funeral services, committals and within funeral homes.

The attached guidance has now been updated to reflect these changes and comes into effect on Friday 27 May.

I would like to take this opportunity to thank you for your efforts and assistance during the COVID-19 pandemic and ask that you adhere to the advice and guidance which can be found on the DoH and PHA websites at https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-guidance-for-handling-the-deceased-and-managing-funerals-version-20_0.pdf (health-ni.gov.uk) and <https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-professionals-and-organisations#guidance-for-funeral-directors-on-managing-infection-risks-when-handling-the-deceased>

I would ask that this information is cascaded to all relevant stakeholders as a matter of urgency.

Yours sincerely

A handwritten signature in black ink, appearing to read "Michael McBride". The signature is fluid and cursive, with the first name "Michael" being more prominent than the last name "McBride".

PROF SIR MICHAEL McBRIDE
Chief Medical Officer

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COVID-19 Pandemic

Guidance for handling the infection risks when caring for the deceased and managing funerals.

Department of Health (Northern Ireland)

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Key principles

This guidance is primarily designed to assist Funeral Directors in Northern Ireland in the management of a funeral, and any related gatherings, following a death from any cause during the COVID-19 pandemic. It applies with effect from 27 May 2022.

This guidance has been developed to ensure that,

- The remains of the deceased and the bereaved family are treated with sensitivity, dignity and respect.
- The differing cultural practices and rites of passage observed in Northern Ireland are respected and adhered to as closely as circumstances permit, with safety being paramount.
- There is a balance between the needs of the bereaved to mourn while minimising the spread of SARS-CoV-2 infection.
- People who work in the management of the deceased are protected from infection.
- Funeral Directors' work as efficiently as possible, bearing in mind the difficult tasks of transporting and caring for the deceased they undertake; a process that needs to be performed efficiently to ensure timely patient discharge/removal i.e. patient flows.
- Funeral Directors' work is crucial in the management of family expectations around funeral arrangements, bereavement and the grieving process; it will be especially difficult during this pandemic.

Status of this guidance and refreshing it

- 1.0 This guidance is based on the current COVID-19 situation and remains under review. It will be updated, as required, should circumstances change again in the future.

Background

- 2.0 In January 2020, COVID-19 was classified in the UK as a 'high consequence infectious disease' (HCID). This was an interim recommendation in recognition of the evolving situation, and the limited data available, and it was agreed to keep the HCID status under review. Infection control guidance to protect staff from this new threat was agreed across all four UK nations. It reflected the then current WHO guidance, and was consistent with the latest evidence from systematic reviews.
- 3.0 In March 2020, when more was understood about the behaviour of the virus and its clinical outcomes, the four nations agreed that COVID-19 should no longer be classified as a HCID. As a result of this and a review of the latest evidence regarding what infection control guidance was required, the guidance was updated to reclassify it as Hazard Group¹ HG3, despite information regarding prophylaxis or treatment not yet being available.

COVID-19 infection risk from deceased individuals

- 4.0 The transmission of COVID-19 is thought to occur mainly through respiratory particles (**droplet** and **aerosol**) generated by breathing, speaking, coughing and sneezing, and through **contact** with contaminated surfaces. Transmission risk is highest where people are in close proximity (particularly within 2 metres) and/or in poorly ventilated indoor spaces, particularly if individuals are in the same room together for an extended period of time. These features govern the key

¹ Classification of biological agents: HG 3: Can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but effective prophylaxis or treatment is usually available

transmission based precautions that apply to protect Funeral Directors, families and mourners.

- 5.0 Airborne particles (**aerosols**) can contain infectious agents. These can be produced by certain medical and patient care activities - Aerosol Generating Procedures (AGPs). During AGPs there is an increased risk of aerosol spread of infectious agents irrespective of the mode of transmission (contact, droplet, or airborne), and airborne precautions must be implemented when performing AGPs, especially in all cases where there could be **a continuing risk of transmitting COVID-19 infection**.

Deceased individuals

- 6.0 Funeral Directors should be aware that current evidence indicates that there is a small risk of COVID-19 infection from deceased individuals.²
- 7.0 It is possible that the act of moving a recently deceased individual might be sufficient to expel a very small amount of air and viral droplets from the lungs and thereby present a minor risk of transmission. Placing a cloth or mask over the mouth of the deceased when moving them can help prevent the release of droplets from the respiratory tract.
- 8.0 Those handling bodies should also be aware that there is likely to be a continuing risk of infection from body fluids and tissues where COVID-19 infection is confirmed or suspected, through either a clinical diagnosis or laboratory confirmation. Also, current evidence indicates that the SARS-CoV2 virus can be present for up to 72 hours on some types of environmental surfaces.
- 9.0 Funeral Directors should also be aware that residual hazard of infection may arise from direct contact with contaminated material, such as soiled clothing or bedding from the deceased **and** the surrounding environment.

² [Handling the deceased with suspected or confirmed COVID-19](#)

10.0 As a result, the usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) as set out in the HSE guidance: '[Managing infection risks when handling the deceased](#)' apply for bodies which are a continuing risk of transmitting COVID-19 infection.

Defining the status of COVID-19 infectivity

11.0 As we are still in a period of widespread community transmission of coronavirus (COVID-19), it is important that funeral professionals and mortuary staff are aware of the infectious status of any deceased body. It is critical therefore that such personnel, who might handle the deceased, are fully informed^{3,4} if the deceased currently presents an infectious hazard. This is so that, when performing their duties, they chose methods to protect themselves, families and others from serious harm or risk of death due to spreading coronavirus infection.

Continuing risk of transmitting COVID-19 infection

12.0 Features that should suggest a **continuing risk of transmitting COVID-19 infection** to funeral personnel, families and others include the following,

- if less than 10 days have elapsed since the onset of COVID-19 symptoms or a positive COVID-19 test; or
- if COVID-19 is, or has been, present in the previous 10 days; or
- the deceased was being cared for on a dedicated COVID-19 hospital ward or ward area at the time of death, even if COVID-19 is not mentioned on the MCCD;
- a risk assessment from, for example, healthcare staff, family, and first responders (such as the police) that,

³ General Medical Council – Confidentiality - Disclosing information after a patient has died.
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/managing-and-protecting-personal-information#paragraph-134>

⁴ HSE Guidance - Managing infection risks when handling the deceased
<https://www.hse.gov.uk/pubns/books/hsg283.htm>

- the deceased was displaying COVID-19 symptoms⁵;
- a COVID-19 test result is awaited;
- other members of a household are showing COVID-19 symptoms;
- COVID-19 infection is known to be currently present in the home or community setting, or has been present during the past 10 days.

Negligible risk of transmitting COVID-19 infection

13.0 There is a negligible risk of transmitting COVID-19 infection when none of the features described in paragraph 12 exist, the cause of death is known and it can be clearly attributed to a cause **other** than COVID-19, for example,

- when the death was sudden and in known circumstances e.g. trauma, suicide; or
- due to a known complication of another disease e.g. cancer.

14.0 Even when the medical certificate of cause of death (MCCD) includes COVID-19 in either Part 1 or Part 2, the risk of the deceased body being infectious is negligible,

- if more than 10 days have elapsed since the onset of COVID-19 symptoms or a positive COVID-19 test, or
- if more than 10 days have passed since COVID-19 was present; and
- the patient had shown signs of clinical improvement (with at least some respiratory recovery) and an absence of fever prior to death.

Collecting a body from hospital or community settings

In a hospital setting

15.0 When notified of a death in a hospital setting, Funeral Directors **should risk assess** the current status of COVID-19 infection. They should seek information from the ward (medical or nursing) staff and/or mortuary staff whether the deceased's body is still considered to be COVID-19 infectious. If the ward staff consider that a deceased body is **no longer an infection risk**, for example because,

⁵ [People with symptoms of a respiratory infection including COVID-19](#)

- more than 10 days have elapsed since the onset of symptoms or since admission to hospital; or
- there have been more than 10 days of negative COVID-19 testing; and
- the patient had shown signs of clinical improvement (with at least some respiratory recovery) and an absence of fever prior to death.

the Funeral Director can **assume the deceased's body is no longer infectious**. This information will help to dictate the future management of the funeral process(es) and disposal.

16.0 If there is a **continuing risk of transmitting COVID-19 infection** the body must be placed in a body bag. Funeral Directors are recommended to wear, **as a minimum**, the following Personal Protective Equipment (PPE), disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection (which can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent).

17.0 Funeral Directors should undertake their own risk assessment to determine if PPE needs to be worn to collect the deceased from the hospital mortuary. This risk assessment should include discussion with the mortuary staff. If PPE is required, it should include, as a minimum, disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, disposable eye protection should also be worn.

In a Community setting

18.0 Funeral Directors that manage the deceased in the community should have access, as a minimum, to the following PPE, disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection.

- 19.0 This level of PPE will be required when removing the deceased from a private residence, care home or similar setting where COVID-19 infection may be present. It is particularly important if the Funeral Director has reason to presume, or if it has been confirmed, that the deceased was infectious at the time of death.
- 20.0 In situations where Funeral Directors move between different settings e.g. sequential care home removals, they should consider wearing disposable long-sleeved water-resistant gowns. Each removal should be considered a single event (session) and therefore all used PPE should be exchanged for new PPE after each event. This will ensure they do not transmit infection from one setting to another and will also protect their normal clothing. This is especially if they know or suspect any particular dwelling, its environment and/or its inhabitants (alive or dead) are infected.
- 21.0 Where there is no confirmation that the death was COVID-19 related, it is still possible that COVID-19 infection may be present in the household, care home or similar setting. Funeral Directors should undertake their own risk assessment to determine if PPE, as set out at paragraphs 16 - 20, needs to be worn.
- 22.0 This risk assessment should include obtaining relevant information from families, healthcare staff, and first responders (such as the police) as to the circumstances before death. It is recommended that Funeral Directors attempt to establish:
- If the deceased was displaying any COVID-19 symptoms⁶;
 - If a COVID-19 test has been carried out;
 - Whether a COVID-19 test result is known;
 - If other members of a household are showing COVID-19 symptoms;
 - If COVID-19 infection is known to be currently present in the setting or has been present during the past 10 days;

⁶ [People with symptoms of a respiratory infection including COVID-19](#)

- The cause of death, if the certifying doctor has completed the MCCD at the time of removal.

23.0 It is critical that Funeral Directors are informed if the deceased presents an infection hazard, and guidance⁷ issued to healthcare staff in nursing and residential homes confirms this important point.

24.0 Following a risk assessment, where it is still not possible to **clearly** determine if the deceased was infectious at the time of death, Funeral Directors should exercise caution and wear, as a minimum, the following PPE: disposable gloves, a disposable apron (or disposable long-sleeved water-resistant gown, as detailed in paragraph 18) and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection.

25.0 It is recommended that a body bag is used for **all** community deaths in order to prevent leakage during transportation and to help maintain the dignity of the deceased.

26.0 Funeral Directors will seek to affect removal of the individual as soon as practical.

27.0 There is no requirement to inform the Coroner of a COVID-19 death unless it is required for another reason as per normal circumstances.

⁷ GUIDANCE ON DEATH CERTIFICATION DURING THE COVID-19 PANDEMIC
<https://www.health-ni.gov.uk/sites/default/files/publications/health/HSS%28MD%29-28-2020.pdf>
COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND
<https://www.health-ni.gov.uk/publications/covid-19-guidance-nursing-and-residential-care-homes-northern-ireland>

Removal of Medical Implants

- 28.0 Where the deceased has a medical implant device⁸, cremation is not permitted until the device is removed. Where the deceased has a medical device that requires removal prior to cremation this should be done using PPE as detailed in [Table 1](#). Where there is a continuing risk of transmission of the COVID-19 infection (see paragraph 12), such a removal will require agreement with the Funeral Director and must be performed as an AGP, being an invasive procedure.
- 29.0 When carrying out such a procedure on an individual with possible or confirmed COVID-19, the PPE equipment to be worn is a long sleeved water-resistant disposable gown, gloves, disposable eye protection and a fit tested FFP3 respirator type mask. If FFP3 respirators are not available, face fit tested FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) may be used. In the absence of such a fitted mask, removal of implant devices should not be performed and cremation cannot proceed.

Personal Possessions

- 30.0 If there is a continuing risk of transmitting COVID-19 infection and in order to spare families any additional distress, consideration must be given to jewellery, religious articles, mementoes and keepsakes. If it is the wish of the deceased and/or family that these items remain on the body, then that can happen. If it is the deceased's and/or the families wish to retain such items, then they should be removed at the time of care immediately after death, and prior to insertion into a body bag. These items will need to undergo appropriate decontamination processes before being returned to the family, unless their composition precludes decontamination. In this case, if these items must be retained by the family, they should be warned of the risks, the items placed in a sealed container which should remain closed for at least 7 days.

⁸ Medical implants include pacemakers, defibrillators, intramedullary nails or similar devices and certain medical treatments. See Annex B of <https://www.gov.uk/government/publications/funeral-directors-guidance-on-cremation-regulations-and-forms>

31.0 The Department of Health (2013) guidance [Environment and sustainability. Health Technical Memorandum. 07-01: Safe management of healthcare waste](#) in conjunction with the HSE guidance '[Managing infection risks when handling the deceased](#)' provides details of the disposal of clinical waste.

Cremation

32.0 Funeral Directors are reminded that in order for cremation to be permitted a medical practitioner must complete "Form B". In order to do so, they must comply with the statutory requirement to "see and identify" the deceased before completing the form.

33.0 There may be situations where the deceased is placed in a body bag before the medical practitioner has been able to see and identify them. In such situations it is permissible for the medical practitioner and the Funeral Director to use "video consultation" to enable Form B to be completed. Such video consultation is permitted via Zoom, AccuRx, Skype, WhatsApp or similar secure means of conducting a video call.

34.0 Where this may be necessary, the medical practitioner and Funeral Director must be in agreement with this practical solution. Should either party not agree to the video consultation, it may not be possible to have Form B completed and hence it would be necessary to consider burial.

35.0 If agreement is reached, the body bag will have to be opened for the medical practitioner to see and identify the deceased. Funeral Directors should ensure that they wear appropriate PPE whilst conducting this task. This will include, as a minimum, disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection (which can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent).

36.0 The video consultation must be carried out in “real time” allowing the medical practitioner to see and identify the deceased. The Funeral Director is not permitted to “record” the deceased and send a video file to the medical practitioner and a photograph is not acceptable.

Supporting the family

37.0 It is recognised that in normal circumstances, family and friends of the deceased may wish to view the body and pay their last respects before burial or cremation takes place. This is an important part of the grieving process for many who may not have been able to visit the deceased before they died.

38.0 Due to the current pandemic, some of the traditional rituals and practices are unable to be continued and this may have an impact on the bereaved. Bereavement support and advice for those experiencing grief during the pandemic can be found [here](#).

39.0 For all deaths (COVID-19 and non-COVID-19), Funeral Directors should ensure that there is a single point of contact with the family and it is **recommended that funeral arrangements are made by telephone and NOT in person** at the Funeral Director’s premises or the family home.

Preparing the body

40.0 **Hygienic treatment and embalming is permitted, including for those who have died with a continuing risk of transmitting COVID-19 infection** (see paragraph 12.0). Embalming should not take place until the Funeral Director is satisfied that the cause of death is known.

41.0 The processes involved (injection of solution into body cavities, including thoracic, under pressure) can be regarded as [invasive](#)⁹ and so are regarded as an Aerosol

⁹ [TBPs Guidance for care of deceased during COVID-19 pandemic](#). RC Pathology. 19th March 2020

Generating Procedure, with their inherit risk of airborne transmission. Such procedures should be overseen or undertaken by an appropriately trained funeral director or embalmer¹⁰, and subject to their agreement and discretion.

42.0 Where the funeral director or embalmer agrees to perform hygienic treatment or embalming, it should be carried out in accordance with the usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) as set out in the HSE guidance: '[Managing infection risks when handling the deceased](#)' and should include using higher infection prevention and control interventions.

43.0 The required PPE (as for all AGPs, as set out for invasive procedures in Table 1) is a fit tested FFP3 respirator mask, long-sleeved water-resistant disposable gown, gloves and disposable eye protection. A fit tested FFP2 or N95 respirator (filtering at least 94% and 95% of airborne particles respectively) may be used if a FFP3 respirator is not available.

Viewing remains in a funeral home

44.0 If the deceased **died with a continuing risk of transmitting COVID-19 infection (see paragraph 12.0), it is strongly recommended that any viewing should only take place in a funeral home.** Such viewings are subject to the agreement and discretion of the funeral director following their own risk assessment.

45.0 Where viewing takes place in a funeral home, **it is recommended** that:

- viewing should be by appointment, with appointment times arranged by telephone;
- viewing appointments should be discreetly supervised by Funeral Director staff;

¹⁰ <http://coshh-tool.hse.gov.uk/assets/live/SR10.pdf>
<https://www.hpsc.ie/a-z/lifestages/modi/File,14302,en.pdf> page 21
<https://www.cremation.org.uk/content/files/BIE%20Guidance%20to%20Embalmers%20COVID-19.pdf>

- the numbers attending any viewing are considered by the Funeral Director;
- good ventilation of the funeral premises, especially of the viewing room(s), should be ensured e.g. by opening windows and doors where possible, or other means to increase the air room ventilation (air extraction/rotation) to minimise airborne transmission risk;
- viewers wear a face covering inside the funeral home premises;
- viewers **should not** touch the body, the coffin or surrounding surfaces if the deceased was infectious at the time of death;
- Funeral Director staff must ensure that all hard surfaces are cleaned before and after the viewing;
- hand hygiene by all those in attendance should be carried out both before and after a viewing.

46.0 Individuals who have had a positive COVID-19 result, those who are COVID-19 symptomatic or awaiting a COVID-19 test result, **should not** visit a funeral home to view the remains of the deceased.

47.0 Those clinically extremely vulnerable should carefully consider whether they can attend safely.

48.0 The use of appropriate PPE for Funeral Director staff, such as wearing disposable gloves and a face mask within a viewing area, can be considered by those staff supervising the viewing in order to further mitigate infection risk from multiple exposure to staff from visitors.

Remains being taken home and viewing in a private dwelling

49.0 **If the deceased died with a continuing risk of transmitting COVID-19 infection (see paragraph 12.0) it is strongly recommended that the remains are not taken home.**

50.0 Where it is clear that **there is a negligible risk of transmitting COVID-19 infection** (see paragraphs 13.0 – 14.0), remains can be taken home. **It is recommended** that when returning the remains, Funeral Director staff should ask all those present to vacate the dwelling and should wear a face covering and gloves in order to reduce the possible risk of further transmission of infection between the staff and the family.

51.0 To facilitate viewings within the home, and to limit the risk of transmission of infection for those visiting, it is **recommended** that:

- there is good ventilation of the room where the viewing is being held, e.g. by opening windows and doors where possible, to minimise airborne transmission risk;
- the viewing room should be on the ground floor;
- viewers **should** wear a face covering when inside;
- viewers **should not** touch the body, the coffin or surrounding surfaces;
- all those viewing the body, should carry out good hand hygiene both before and after the viewing;
- all hard surfaces should be cleaned as appropriate;

52.0 Individuals who have had a positive COVID-19 result, those who are COVID-19 symptomatic or awaiting a COVID-19 test result, **should not** visit a private dwelling to view the remains of the deceased. Those clinically extremely vulnerable should carefully consider whether they can attend safely.

Funeral Services and committals

53.0 **If the deceased died with a continuing risk of transmitting COVID-19 infection** (see paragraph 12.0) **it is strongly recommended that the remains are not taken home and that a funeral service should not be held in a private dwelling.**

54.0 There are no legal limits on the number of people who can attend a funeral service or committal. Those attending, arranging or operating such events should consider

that it may be more difficult to manage the risk of spreading COVID-19 if space is crowded.

- 55.0 It is **recommended** that venue operators carry out a risk assessment to determine the number of people that can be safely accommodated within the venue and consider mitigations such as fresh air ventilation and use of face coverings as appropriate, particularly to protect those at increased risk.
- 56.0 Funeral Directors should communicate with the family when making the arrangements to ensure they are aware of the numbers permitted to attend and any associated measures in place to reduce the risk of infection, contamination or transmission.
- 57.0 **It is recommended that face coverings are worn for funeral services held indoors.**
- 58.0 **All funeral venues (including places of worship and funeral homes) should ensure that doors remain open throughout the funeral service to allow adequate ventilation.**
- 59.0 Where possible, **funeral services should be streamed online** for the benefit of those not able to attend the service.

Attending funeral services and committals

- 60.0 Anyone wishing to attend a funeral service or committal should take a Lateral Flow Device Test before attending. If **positive**, they **should not attend**.
- 61.0 **It is recommended** that;
- face coverings are worn for funeral services indoors;
 - those attending should practice good hand hygiene; and
 - physical interactions including shaking hands and hugging are avoided.

- 62.0 Limousines may be used to transport mourners and windows should remain open when the vehicle is occupied.
- 63.0 Any mourner who has **tested positive for COVID-19, or who is displaying symptoms of COVID-19** disease **should not** attend a funeral or committal as they pose a significant risk to others.
- 64.0 It is **strongly recommended** that **anyone who is self-isolating should not attend a funeral but rather do so remotely where this is possible**, to reduce the risk of transmission to other mourners.
- 65.0 However, if after careful consideration of the risk, they choose to attend in person, they may do so as long as they do not have any symptoms of COVID-19, even if mild, but should:
- advise the Funeral Directors and other mourners that they are self-isolating;
 - at all times, maintain a 2m social distance;
 - wear a face covering;
 - use their own transport to the funeral; and
 - return immediately to the place they are self-isolating.
- 66.0 People who are **clinically extremely vulnerable should attend a funeral remotely, where this is possible. If they do choose to attend in person**, other mourners should be advised that a clinically extremely vulnerable person(s) is attending, to be respectful of the need to avoid close contact at any point, and to maintain appropriate distance at all times. The clinically extremely vulnerable person should wear a face covering, use their own transport and keep social interactions low.
- 67.0 Coffin lifts are permitted. It is **recommended** that pallbearers wear a face covering, particularly when the coffin lift is indoors.

List of resources used for this guidance

- i. [Managing infection risks when handling the deceased](#). Health and Safety Executive (HSE) guidance: 2018.
- ii. [Handling the deceased with suspected or confirmed COVID-19](#) Health and Safety Executive.
- iii. [Living safely with respiratory infections, including COVID-19](#). UK Health Security Agency guidance.
- iv. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations> PHA (Northern Ireland) guidance. 14th April 2022.
- v. [People with symptoms of a respiratory infection including COVID-19](#). UK Health Security Agency guidance.
- vi. [COVID-19 bereavement resources](#). Public Health Agency guidance.
- vii. [Transmission-based precautions Guidance for care of deceased during COVID-19 pandemic](#). RC Pathologists, 19 March 2020.
- viii. [opac-retrieve-file.pl \(koha-ptfs.co.uk\)](#) Public Health England Rapid Review July 2021

Table 1

Guidance for care of deceased during COVID-19 pandemic

	Non-Autopsy procedures including: <ul style="list-style-type: none"> • Admission of deceased • Booking-in of deceased • Preparation for viewing • Release of deceased 	Aerosol generating procedure*** <ul style="list-style-type: none"> • other invasive procedures
Disposable gloves	Yes	Yes
Disposable plastic apron	Yes	Yes
Disposable gown	No	Yes
Fluid-resistant (type IIR) surgical mask	Yes	No
Fit tested FFP3 respirator mask****	No	Yes
Eye protection**	Risk assess* need for eye protection	Yes

*Risk assess: If a Funeral Director is at risk of coming into contact with splashes, droplets of blood or body fluids, then eye protection is also recommended.

**Eye protection can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent.

*** Note: what constitutes an AGP in the context of Funeral Directors is currently undergoing a review.

**** If FFP3 masks are not available, FFP2 and N95 respirators may be used as long as the wearer has passed a face fit test.