Guidance COVID-19

The most recent guidance from the Government (Health Protection England) confirms that the risk of transmission of COVID-19 is lower after death. The BIE have seen no science-based evidence to confirm this. We are aware that there is much confusion within the funeral and embalming profession about whether embalming should be carried out or not. This confusion has mainly been caused as a result of local guidance being received by the funeral profession. As an Institute with members throughout the UK, Eire and Overseas we urge all professional embalmers to keep themselves up to date with the current guidance of their own Country and Government.

The following is based on the current UK prevention and control guidance for pandemic coronavirus. See link below.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

Based on this guidance section 6.7

Handling dead bodies

The principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply whilst deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients. Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted. Following a risk assessment of the potential post-mortem risk pathways PHE has developed this advice in line with the principles set out in the HSE guidance for droplet transmission risk as set out in: 'Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation'.

Many of our members have asked us how long the virus can survive in the environment.

Based on this guidance section 2.3

Survival in the environment

In light of limited data for SARS-CoV-2, evidence was assessed from studies conducted with previous human coronaviruses including MERS-CoV and SARS-CoV. Human coronaviruses can survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22- 25°C and relative humidity of 40-50% (which is typical of air-conditioned indoor environments).

Survival on environmental surfaces is also dependent on the surface type. An experimental study using a SARS-CoV-2 strain reported viability on plastic for up to 72 hours, for 48 hours on stainless steel and up to 8 hours on copper. Viability was quantified by end-point titration on Vero E6 cells. Extensive environmental contamination may occur following an aerosol generating procedure (AGP). The rate of clearance of aerosols in an enclosed space is dependent on the extent of any mechanical/natural ventilation – the greater the number of air changes per hour (ventilation rate), the sooner any aerosol

will be cleared. The time required for clearance of aerosols, and thus the time after which the room can be entered without a filtering face piece (class 3) (FFP3) respirator, can be determined by the number of air changes per hour (ACH) as outlined in WHO guidance; in general wards and single rooms there should be a minimum of 6 air changes per hour, in negative-pressure isolation rooms there should be a minimum of 12 air changes per hour. Where feasible, environmental decontamination should be performed when it is considered appropriate to enter the room/area without an FFP3 respirator. A single air change is estimated to remove 63% of airborne contaminants, after 5 air changes less than 1% of airborne contamination is thought to remain. A minimum of 20 minutes i.e. 2 air changes, in hospital settings where the majority of these procedures occur is considered pragmatic.

What does this mean for embalmers?

We are aware that some Funeral businesses, both corporate and private, have decided not to embalm Covid-19 or suspected Covid-19 cases. These decisions would not have been made lightly, and it is your responsibility as an embalmer to follow the policies adopted within your company.

Should the decision be made to embalm it is important that, as with any embalming, the embalmer completes a risk assessment.

This risk assessment should take into consideration:

The Embalming Theatre.

Is it fit for purpose?

Is there suitable Local Exhaust Ventilation (LEV)?

Does it meet all current safety standards?

Safety

Is there suitable PPE to allow the embalmer to complete the task of embalming safely?

Wherever possible there should be a 2nd qualified embalmer present during the embalming to monitor the safety, who should not partake in the embalming process.

The Deceased

As with any embalming, all deceased should be considered as potentially infectious.

The Embalmer

It is important that the embalmer feels confident and competent to deal with the risks involved in embalming a case with COVID-19.

The BIE does not support any unqualified embalmer embalming a COVID-19 case.

Things to consider when embalming a COVID-19 case

Once you are satisfied that the Embalming theatre meets all requirements and you have available all necessary PPE as mentioned in PPE guidance, including Double Gloves, you should consider the following. :

1. If you have only 1 COVID-19 case to embalm, consider making it the last case of the day. This will allow you the opportunity to completely clean and decontaminate the theatre on completion of the embalming without interfering with your daily workload.
2. Clear the embalming theatre of all unnecessary equipment making it easier to clean and decontaminate the theatre after the case is completed.
3. Ensure that you have all the necessary embalming fluid to allow you to complete the case.
4. Ensure that you have all the necessary equipment and instruments you need to complete the case.
5. Ensure all sharps are separated from your other instruments.
6. Ensure that all aspiration jars have disinfectant in them ready for use.
7. If the deceased is in a body bag, spray the body bag with disinfectant before opening. If the zip goes around 3 sides then unzip the body bag and roll it in on itself and place on the table alongside the deceased. If a central zip, unzip the bag and cut from the zip to the side of the bag top and bottom and roll each side in on itself and place on the table alongside the deceased. If the deceased's face is not covered then soak a cloth with suitable disinfectant and place it over the face. If there is a cover on the face it is suggested that you still soak a cloth with suitable disinfectant to replace this cover. The deceased, and any clothing they are wearing, should be sprayed with a disinfectant solution.
8. If the deceased is wearing clothes, these should be sprayed with disinfectant solution before being cut off, taking care to move the deceased as little as possible, leaving clothing in situ at this stage.
9. Whilst this may not be normal practice it is better to leave the deceased in the body bag during the embalming process to minimise potential aerosol risk.
10. You may wish to consider doing waterless embalming or if not, it is recommended that you use a high index arterial fluid, injecting at 5-6% strength.
11. You may wish to consider soaking cotton wool in a suitable disinfectant and placing it in the oral cavity prior to cleaning the deceased.
12. When using a high index formaldehyde-based fluid you may wish to consider setting the features before commencing injection, as tissue fixation may take effect rapidly, making it difficult to set features after completion.
13. On disinfecting the deceased, movement should be kept to a minimum.
14. You may wish to consider using Restricted Cervical Injection and vein drainage from the right Internal Jugular Vein.
15. If this is your chosen method for injection, you may wish to minimise the risk of aerosol by passing a ligature around the trachea and tying it off.
16. Consider using low pressure and low flow rate as this may minimise the risk of purge.
17. It is imperative that enough fluid is injected to fully saturate the tissues.
18. If you can leave the case overnight, before aspiration, this could be beneficial but it is appreciated that not every embalmer will be able to facilitate this method. If this is your intended method all incisions should be sutured on completion of arterial injection.
19. The risk of generating aerosols is greater during the aspiration phase of embalming. To minimise this risk consider placing a disinfectant covered cloth over the trocar incision during aspiration.
20. When withdrawing the trocar, cover the sharp end of the trocar and the holes in the shaft with a disinfected cloth, before placing it in disinfectant solution and whilst maintaining suction to ensure the trocar is cleaned of any aspirated material.

21. On completion of all aspiration it is suggested that 1 litre of cavity fluid is injected into the thoracic cavity and organs of respiration, and 0.5 litre into the organs of the abdominal/pelvic cavities.
22. On completion of embalming, remove soaked cotton wool from the oral cavity and ensure that oral and nasal cavities are fully cleansed with disinfectant. Pack naso and oro pharynx.
23. Set features as normal.
24. On disposal of aspirated materials please ensure that manufacturer's recommended contact time on disinfectant is followed before disposal.
25. When sluicing contents of aspiration jars, turn your head away from the sluice as you pour, and pour slowly to minimise aerosols.
26. Care must also be taken when cleaning instruments and jars. To minimise aerosols do not clean under running water.
27. On completion of the embalming process the deceased must be fully disinfected and dried before being dressed and encoffined.
28. Any soiled clothing and the body bag must be disposed of via clinical waste.
29. It is important on completion of embalming that all surfaces of the embalming theatre are fully disinfected and decontaminated.

To ensure your safety please find links to the Government website and Health and Safety Guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

https://www.hse.gov.uk/pUbns/priced/hsg283.pdf

As we go through this pandemic some of the guidance given by the Government is likely to change and we will update you where possible.