

MOST URGENT / TOP PRIORITY



No. SO (EP&C) 1-8/2020
**GOVERNMENT OF THE PUNJAB
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT**

Dated Lahore the 23rd June, 2020

To

1. Secretary, Local Government Department, Punjab
2. All Commissioners in Punjab
3. Director General, Provincial Disaster Management Authority, Punjab
4. Director General Rescue 1122
5. All Deputy Commissioners in Punjab
6. All Chief Executive Officers, District Health Authorities in Punjab

SUBJECT: REVISED GUIDELINES FOR DEAD BODY PREPARATION AND BURIAL OF A COVID-19 CASE

COVID-19 is a highly transmissible disease which spreads through respiratory droplets produced during coughing, sneezing and talking of the infected person including a vast majority asymptomatic people. The droplets may contaminate surfaces and the environment around the patient. Any individual's hands can get contaminated after coming in contact with shared surfaces. Touching eyes, mouth and nose with contaminated hands transmits the virus to the body that affects the respiratory system. For handling of COVID-19 deceased, burial guidelines were issued by this Department on 25/3/2020 in conformance with the Chinese experience and available WHO advisories. Since, various technical details have been updated, therefore following revised guidelines/SOPs are being issued on the recommendations of Technical Working Group to substitute earlier guidelines: -

Basic Principles

- a. Dead bodies of COVID-19 cases are generally not infectious as there is no evidence of transmission through exposure to a dead body so far. However, if the COVID-19 patient died during the infectious period, lungs and other organs may still contain live virus. Therefore, there is risk of transmission from direct contact with human remains; with bodily fluids where the virus is present, or with contaminated fomites. The risk of transmission may be

significant but evidence is limited so precautionary procedures should be taken.

- b. Those in contact with the body of deceased persons with suspected or confirmed COVID-19 should wear PPE. All those in contact with the body should wear gloves, mask and an impermeable gown (In a home setting family members can change and wash clothes instead). Facial protection should be worn if there is a risk of splashing: shield or goggles with a medical mask. Particulate respirators (N95, FFP2/3 or equivalent) should be worn for aerosol-generating procedures (AGP).
- c. Ritual washing and shrouding can be performed using appropriate PPE.
- d. Funeral attendees should follow hand hygiene, respiratory hygiene, social distancing and avoid crowding.
- e. Face viewing is allowed from distance; body touch or kissing is not admissible.
- f. Minimize movement or handling of the body, and number of people in direct contact at all stages.
- g. Burial is admissible in normal graveyard.

Note: Compliance to the above principles should be ensured through active assistance by trained workers and teams by abiding following stepwise precautions:

1) **Precautions for Body Handling**

- a. Body of the deceased should be handled only by trained persons i.e. trained healthcare providers at hospitals and designated trained teams at home; transportation; body wash and shrouding.
- b. COVID-19 deceased handling teams should be notified at tehsil level/ markaz level depending upon population and anticipated workload by the District Administration. Team composition should be as under: -
 - (1) Representative of Deputy District Health Officer. (Sanitary Inspector)
 - (2) A female staff (Nurse, LHV or LHS of the area) for female deceased.
 - (3) Representative of Local Government/Municipal Corporation.



- (4) Representative of Rescue 1122/ Representative of local voluntary organization.
- (5) Representative of religious community.
- (6) Any Co-opted members. (well conversant with body preparation)
- (7) The team shall observe following set of ToRs:
 - (a) Receive body of the deceased from hospital, if death occurred in the hospital and transfer to designated place for *ghusal* and shrouding.
 - (b) If death occurred at home, take over the charge of deceased body, prepare for *ghusal* and shrouding.
 - (c) Perform body *ghusal* at the designated place.
 - (d) The team may invite family members to attend and observe body *ghusal* and preparation process but will not be allowed to touch or kiss the body.
- c. Team should be gender sensitive i.e. to handle female deceased, female members must be included in the team who may handle body during *ghusal* and shrouding.
- d. Hospital administration or family members should inform concerned District/Tehsil Administration at notified phone numbers regarding death event.
- e. If death occurred at home, the family members should mark six feet apart marks from the deceased bed and nobody should be allowed to come and see across marked lines. Children and elderly (above the age of 60) should be kept away.
- f. Health care provider at hospital or designated team at home should take following actions: -
 - (1) Relatives should be counseled and consoled by Hospital Administration/District Administration. They must be counseled regarding the procedure to follow and may be reassured that they will be taking part in the burial procedure. They can be shown face of the deceased from distance of three feet if they wish so; however, touching the body, in any case, shall not be allowed.



- (2) Death information should be reported to District Administration concerned immediately by Hospital Administration if death occurred in the hospital or by family members if death occurred at home.
- (3) Grave designation/booking is to be done soon after the death. There is no need for any designated graveyard for COVID-19 deceased patients.
- (4) Hospital staff or designated team must wear admissible PPEs i.e. surgical mask, gloves and an impermeable gown. Facial protection should be worn if there is a risk of splashing: shield or goggles with a medical mask. Particulate respirators (N95, FFP2/3 or equivalent) should be worn for aerosol-generating procedures (AGP). Undertake following actions:
 - (a) Remove all tubes, drains, and catheters attached to the dead body.
 - (b) Fill all openings or wounds, the patient may have, such as mouth, nose, ears, anus and tracheostomy openings, by using cotton balls or gauze dipped in 0.1% Sodium Hypochlorite solution.
 - (c) Wrap the corpse with a double-layer cloth sheet (preferably soaked with 0.1% Sodium Hypochlorite solution). Plastic bags are only needed where leakage of fluid is seen. Outside of these bags may be wiped with 0.1% Hypochlorite solution. No need to disinfect the body itself at this stage.
 - (d) Once the corpse has been removed, clean all the environmental surfaces with 0.1% Sodium Hypochlorite solution and soiled clothes wrapped up separately for washing with bleach containing solution.
 - (e) All waste should be collected in yellow thick lined plastic bag and sent for disposal to yellow room or buried safely.
- g. Belongings of the deceased may be re-used after disinfecting with 0.1% Sodium Hypochlorite solution or 70% alcohol (spirit).



2) **Precautions for Body Transportation**

- a. *Ghusal* and *kafan* is to be ideally performed at designated places with prior understanding with District Administration. The *ghusal* place should be notified prior to transportation.
- b. The body of the deceased has to be escorted to *ghusal* place on a stretcher, in a vehicle. (preferably arranged by District Administration)
- c. Those involved in transportation should wear PPE surgical mask, gloves and an impermeable gown.
- d. The vehicle should be cleaned after the procedure with 0.1% Sodium Hypochlorite solution.
- e. There is no harm in transporting the body from one district to another subject to adherence to infection prevention protocols.

3) **Precaution for Body *Ghusal* and Shrouding**

- a. Body of the deceased should be processed for *ghusal* as soon as possible after death.
- b. Place should be designated in major cities by the District Administrations. In case, where this is not available, and death occurs at home, *ghusal* can be performed at home.
- c. *Ghusal* should be performed by designated trained team. If relatives wish to participate, one member can be allowed with all precautions as for regular members along with designated team. In case of death and *ghusal* at home, District Administration should ensure supply and wearing of PPEs for the family members participating in the *ghusal*.
- d. Gender sensitive team should be present at the *ghusal* according to the gender of deceased
- e. ***Ghusal***
 - (1) Wash the body in the prescribed Islamic way. Avoid direct contact with blood and body fluids. Extra caution must be taken while washing the mouth, eyes, and nose. These should be gently washed to avoid splash of water.
 - (2) Cover any open wounds with cotton or gauze soaked in 0.1% Sodium Hypochlorite Solution.



- (3) Upon completion of the *ghusal*, dry the body and the table underneath while rolling the body, from one side to another.
- (4) Disinfect the washing table, water utensils and other surfaces in contact with the body with 0.1% Sodium Hypochlorite solution.
- (5) Water flown on body should go to dedicated dug and should not be spilled in open space.

f. **Shrouding**

- (1) The shrouding (*kafan*) should be done at the same place, by the same team using the same PPE.
- (2) Shroud the body with *kafan* as normally done. Usual cloth that is used for *kafan* is adequate. In case where, lot of oozing of wound or secretions was observed during *ghusal*, wrapping body in a plastic sheet with cloth may be preferred, though not mandatory, to avoid soiling of *kafan* cloth unexpectedly in post procedure scenario.
- (3) Post procedure: clean all the surfaces e.g. washing table with 0.1 % Sodium Hypochlorite solution wearing PPE, after corpse has been taken away. Any contaminated linen should be washed separately.
- (4) Coffin: is not mandatory; the body can be carried on stretcher or other carriers as available in coffin vehicles.
- (5) There should be no wastage of time beyond shrouding up to the burial.

g. **AFTER SHROUDING, THERE IS VIRTUALLY NO RISK OF INFECTION TRANSMISSION.**

- h. The body may be handed over to the relatives to carry out the rest of the burial procedure as usual.
- i. No special dress or PPE is required by those taking part in the process beyond shrouding.
- j. Face of the deceased may be seen by removal of face cover subject to condition that the person removing the face cover must wear gloves and mask; Moreover, hand hygiene is necessary for those involved. However, proper disposal of mask and gloves shall be ensured.

4) **Precautions for Janaza and Burial**

- a. *Janaza* prayers can be offered preferably in open space/lawn or graveyard.
- b. Limit the number of attendees to avoid crowding.

- c. Attendees must observe special distance of six feet, avoid handshake and practice hand wash or sanitization.
- d. Carrying body in stretcher or other formal carriers on shoulders has no risk to others.
- e. Attendees should stay at *Janaza* for as short a time as possible and leave early to avoid crowding.
- f. There is no need to designate a separate burial place for COVID-19 deceased. They can be buried in the common communal graveyards.
- g. There is no need for any special dimension of the grave. Usual graves can be used.
- h. Relatives can lower down the body in the grave in the usual way taking help of cloth sheets. Wearing gloves and masks is highly recommended. Cloth sheets used should be washed in 0.1% Sodium Hypochlorite solution before re-use.
- i. Using slabs to cover the grave followed by mud cover, as is usual practice can be done.
- j. Usual handwashing with soap is essential and enough after the burial for those carrying out the procedure.

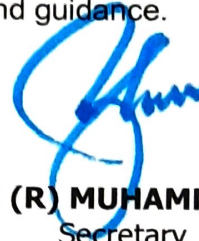
5) **Precautions for Post Death Consoling Events**

- a. Funeral prayers and burial can be undertaken soon after death however other rituals and funeral gathering should be postponed preferably till the end of epidemic.
- b. In case, funeral rituals are not postponed, families of the deceased must ensure minimum gathering at Prayer events (*Qul, Soyem, Chehlum*).
- c. Inter-person distance of 6 feet (social distancing) will be ensured during these gathering.
- d. Facility of handwashing with soap or sanitizer should be provided at the prayer mat for frequent hand wash by the attendees
- e. No meal servings should be allowed during funeral ceremonies. Cash disbursement to any charity should be preferred instead of food distribution.

- 6) **Personal Protective Equipment (PPE)**. Personal Protective equipment for persons involved in the whole procedure, including relatives, consists of the following:

- a. Disposable gloves (non-sterile, ambidextrous), or heavy-duty gloves
- b. Impermeable, disposable or washable plastic gown.
- c. Face protection: goggles or face shield and surgical mask.
- d. Footwear: Rubber boots, or if not available, shoes with puncture-resistant soles and disposable overshoes.
- e. Hand hygiene with sanitizer or soap/water, has to be performed by those handling the body: before and after handling the body; after touching patient's surroundings.

Note: Fever with cough, sore throat are symptoms of COVID-19. If anybody suffers from such symptoms, please call 1033 for information and guidance.



CAPTAIN (R) MUHAMMAD USMAN
Secretary
Primary & Secondary Healthcare
Department

A copy is forwarded for information and further necessary action to:

1. Minister for SHC&ME and P&SHC Departments Punjab.
2. Chief Secretary, Government of Punjab.
3. Principal Secretary to the Chief Minister Punjab.
4. Secretary, SHC&ME Department, Government of Punjab.
5. Special Secretaries, SHC&ME and P&SHC Departments
6. Additional Secretaries (Tech), SHC&ME and P&SHC Departments.
7. Director General Health Services, Punjab, Lahore.
8. All Divisional Directors Health Services in Punjab.
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