COVID-19: working appropriately with dying, death, and burial practices

Why a priority? The number of deaths caused by COVID-19 could overwhelm local capacity to handle dead bodies properly. This is a particular concern in fragile and conflict affected settings, and in countries with weak health systems, including facilities for managing the dead.

Failing to maintain the dignity of the dead and their close ones, and disruptions to burials and funerals, can have profound psychosocial and cultural impact. Public authorities can reduce these impacts by proper preparation and planning, involving all levels of government, hospitals, crematoriums and cemeteries, local communities and religious authorities.

This briefing note summarises research and recommendations for management of death, registration of deaths, burials and funerals (rites, ceremonies and practices) relevant to COVID-19.

Beliefs and practices regarding death and dying vary widely across settings and cultures, as do timeframes for mourning. These recommendations should be adapted for the context in which they are implemented. Before acting on this note please read the full expert guidance in links at end.

Recommendations on preparedness

Set up a 'Mass Fatality Response Plan' (MFRP), tailored to context. This should include plans for families to bid farewell to dying loved ones, family liaison structures to respectfully inform of the death of a loved one, and information on any psycho-social support available.

The MFRP should be able to respond to any surge in fatalities. This includes how to ensure reliable identification, documentation and traceability of the deceased, supported through health management information systems; availability of physical structures needed for dignified storage of bodies, including refrigeration, and burial space[1]; the ability to perform burials or cremations according to religious and cultural needs; transportation infrastructure; provision of quality training and Personal Protective Equipment (PPE) and other necessary resources to mortuary personnel, laboratory technicians and all involved in handling bodies; and plans to maintain staff and community welfare

An inclusive and whole of government approach is recommended. Developing the response to dying, death, burials, cremation and funerals in the context of COVID-19 is complicated and various agencies may have responsibility and authority for different components. This is likely to include the president's office (or disaster management office), ministries of health, justice, and interior, together with hospital administrators, religious authorities, municipal services, crematoriums and cemeteries. A lead ministry should be identified, with focal points at all other agencies.

A communications and media strategy should provide reliable and regular communication. Engagement with communities and good communication are essential and will encourage acceptance of any changes in practices. Given the psychosocial impact and distress caused by uncertainty associated with care for the deceased, it is important that communication between families and those caring for the deceased be ongoing, open and detailed, to remove as much uncertainty as is possible.

Mass graves should be avoided. Failure to plan and prepare for mass casualties risks people being buried in mass graves, with few records and little understanding of who died and where each body was taken.

Mass graves are often perceived as a demonstration of poor planning by authorities, disregarding the wishes and cultural and religious rites of families and communities.

Recommendations for those handling bodies

[1] https://international-review.icrc.org/sites/default/files/irrc_866_10.pdf - ICRC on managing the dead in catastrophes p 428

Activities involving handling of dead bodies, from recovery, transport to autopsies, and handover to families, should focus on minimising physical contact with the deceased. A dead body poses no risk of transmission from aerosols, but could still be contaminated with virus particles that can be transmitted from contact. Those handling bodies should use PPE and undertake rigorous hand washing before and after body handling. The personal effects of the deceased, and their documents, are a contamination hazard and should be disinfected. Where an autopsy is required (usually following a risk assessment), additional PPE is advised[2] [3].

In settings where there are significant barriers to physicians signing death certificates, alternatives should be considered. In many countries, deaths must be legally confirmed by a physician seeing the body. In the context of physical distancing and increased numbers of deaths, it may be necessary to allow certificates to be signed by a wider range of healthcare professionals (e.g. for those dying of COVID-19 at home or in detention). This must be carefully done so as not to severely impact the risk of transmission and the ability to name accurate causes of death.

Use of body bags is not required, but there may be practical reasons for their use. In the case of COVID-19, according to WHO guidance a body bag is not necessary.[4] However, other practical reasons for their use include managing excess fluid leakage and for transportation.

Depending on cultural practices, embalming, burial and cremation should be allowed. It is commonly believed that people who have died of a communicable disease should be cremated, but this is not required.

Families should be given clear instructions to not touch or kiss the body. It is possible for families to view the body but not touch it, using standard distancing precautions and hand hygiene. Some guidance recommends that touching be allowed if PPE is used, but this should be considered in relation to the prioritised allocation of limited PPE.

Single graves are generally recommended to reduce risk of contaminating ground water and avoid the appearance of poor planning for deaths.

Recommendations on dying and mourning and funeral practices

Provision of palliative care can prevent undue suffering, and improve quality of life. SARS and Ebola epidemics revealed that physical isolation led to a sense of powerlessness and stigmatisation, and early signs for COVID-19 are similar[5]. National health systems should consider policies that integrate palliative care services into all levels of care; policies for strengthening and expanding human resources, including training of healthcare professionals and the community; and medicines policy to facilitate provision of essential medicines for managing symptoms, in particular opioid analgesics for pain relief and respiratory distress[6][7]. This should fit with local cultural practices and beliefs.

Arranging alternative ways to communicate with dying patients is essential. In previous epidemics, such as Ebola, separation measures compounded feelings of grief, loss, distress, guilt and helplessness amongst patients' family members.

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[2] https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf

[3] https://www.rcpath.org/uploads/assets/d5e28baf-5789-4b0f-acecfe370eee6223/fe8fa85a-f004-4a0c-81ee4b2b9cd12cbf/Briefing-on-COVID-19-autopsy-Feb-2020.pdf

[4] https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf

[5] https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf see guide for prevention of stigma

[6] https://palliumindia.org/cms/wp-content/uploads/2020/04/e-book-Palliative-Care-Guidelines-for-COVID19-ver2.pdf

[7] https://apps.who.int/iris/bitstream/handle/10665/274565/9789241514460-eng.pdf?sequence=1&isAllowed=y p 23

Alternative arrangements should be considered: e.g. in South Korea family members may see the patient to say goodbye wearing PPE; in Thailand CCTV has been used for relatives to see and talk to patients. During Ebola, visiting areas with strict hygiene and distancing precautions were set up in some cases where patients and family could interact safely.

Communicate clearly and compassionately with families on changes to burial practices. Psychological stress is high when there is no certainty about the care of deceased. Misinformation can cause danger of infection as well as distrust of government, making the work of healthcare professionals more difficult.

Involve the wider community in changes to burial and mourning practices. The experience of death is important in every culture. When processes related to death and dying are denied, there can be significant individual and societal impacts, and anger. People are generally pragmatic if alternative practices are well communicated and understood.

Faith leaders should support grieving families to ensure their departed loved ones receive respectful, appropriate funerals and burial rites. Religious leaders and local religious communities can work with families to integrate appropriate religious and cultural practices with burial and funeral steps that reduce the chances of infection. Where washing and shrouding are part of faith traditions, modifications to include use of appropriate PPE are required (see above on priority access to PPE).[8]

New practices should aim to meet the symbolic, social and emotional aims of the original ceremonies and communities can be involved in designing these, such as online funerals.

Media reporting of death and dying must be communicated with sensitivity. Statistics are important to understand the pandemic, but people should not be reduced to data points. Balanced reporting that respects people's dignity, privacy and humanity is important. If mortuary and funeral practices change, these must not be sensationalised but details about new measures and the reasons they are necessary reported accurately and with compassion.

Sources cited and useful resources

ICRC General guidance on the management of the dead

ICRC ICRC urgent warning to plan ahead for death management

IFRC UNICEF WHO Social stigma associated with COVID-19

Social Science in Humanitarian Action Rapid assessment methodology to understand current burial practices

Social Science in Humanitarian Action Key considerations in dying, funeral and bereavement practices

WHO Q&A on Coronaviruses (COVID-19)

WHO Safe management of a dead body from COVID-19 including PPE tables

WHO Guidance on palliative care and humanitarian emergencies, including epidemics

WHO Recommendations for religious leaders in context of Covid-19

WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19

Taskforce on palliative care Kerala Palliative care guidelines for Covid-19 Pandemic

Royal College of Pathologists Autopsy practice relating to possible cases of COVID-19

[8] https://www.who.int/publications-detail/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19

Amendments to funeral and burial regulations and mourning practices

The table below summarises some of the changes to funerals and burials in different countries. Efforts can be also made to alleviate the pain caused by modified regulations for burials and mourning ritual by exploring other outlets. See here for updates.

Amendments to funeral and burial regulations	
Country/region/culture	**Practice**
Mozambique	In all cemeteries, a maximum of 20 people may attend a funeral, and when the deceased died from COVID-19, that maximum drops to ten.
Kenya	Those who die from COVID 19 must be buried within 24 hours of the declared time of death
Burkina Faso	Public gathering, included burial and funerals, are forbidden.
DRC	Funerals must happen directly at the morgue, and with a limited number of people.
Namibia	Deaths and funerals related to COVID-19 will be handled by the government with psychosocial support to the family.
Philippines	Ensure burial, cremation of COVID-19 deaths within 12 hours. 'Cremate now, pay later' scheme proposed for COVID-19 deaths
Myanmar	Emergency Response Committee, in cases of community quarantines, will arrange funeral services for those who pass away from the virus.
Ghana	Prohibited/postponed funerals and related ceremonies
Botswana	Funerals limited to be no more than two hours long
Pakistan	Physically distancing funerals and guidelines on ritual Islamic washing of bodies to be done in protective gear
Iran	Physically distancing funerals
Eritrea	Funerals limited to max 10 people
India	Funerals limited to max 20 people. link to Indian governance guidance note on dead body management
South Africa	Restricted travel to attend funerals, immediate family is allowed to travel further otherwise restricted to metropolitan area/province
Alternative mourning practices	
Spain	1 minute of silence and flying of flags at half mast
Italy	Police saluting vehicles carrying the deceased
France	Undertakers and funeral directors re responsible for burying individuals with respect and empathy
Netherlands	Families have asked friends and family to send postcards, letters and photos to be included in a later funeral
UK	Candles in windows to memorialise friends and family
DRC	During the Ebola outbreak families planted trees as a way to remember loved ones