

Medical and Religious Guidelines on the Transport & Handling of Dead Bodies (Mayyit) infected with COVID-19

17th March, 2020

The WF Covid-19 Task Force recognizes the vital importance in forward-planning and providing guidance on managing deaths due to COVID-19. We have tried to balance the critical importance of infection control measures with the sensitivity and emotions that understandably surround any death. Decisions to place restrictions on burial rites and attendance of mu'mineen have not been taken lightly, ***however our first and foremost responsibility is to ensure that the risk faced by volunteers involved in burial are minimized.*** We hope the community will appreciate the difficult task we have faced and understand that our intention is only to serve and protect the community for the sake of Imam ATFS.

The guidance¹ below applies to those marhumeen **infected**, or **highly suspected** to have been infected with COVID-19. Immediately after death or as soon as is practically possible the body needs to be disinfected to limit further spread of the virus.

For those who have died in hospital it is assumed that disinfection of the body will have taken place prior to collection by the Ghush/Kafan Committee (GKC). For those who have died in a care home the GKC must confirm that disinfection of the deceased has taken place prior to collecting the body.

These guidelines apply to the needs of the Shia Ithna'asheri Muslim Community and may be subject to change if new evidence comes to light or if further guidance is received from our Marja. The religious guidelines have been developed in accordance with the rulings of Ayatullah Syed Ali Sistani (May the Almighty protect him and prolong his life).

Based on the guidance from our Marja and the advice of our local medical professionals, The NASIMCO COVID-19 Task Force recommends that each Jamaat/community perform only one of the 2 options when faced with a deceased body with *confirmed* or *highly suspected* COVID-19 infection.

Option 1 – Perform Tayyamum with minimal/essential opening of the body bag. Kafan to be administered on top of the body bag (which should preferably be placed within a coffin). NASIMCO strongly recommends that the mayyit be taken to a funeral home/medical facility that has precautionary measures in place for handling COVID-19 cases. Tayyamum is recommended to be performed by a medical professional with expertise in Islamic Ghush/Kafan procedures, or the GKC following the proper PPE procedure guidelines, under the supervision of a medical professional. During this process, adherence should be to only those acts which are wajib. Mustahab and other acts should be avoided.

¹ Derived mostly from the UK governments 'Covid 19: Infection Prevention & Control Guidance'
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance#handling-dead-bodies>

Option 2 – Bury the body without Ghusl (Tayyamum) or Kafan. This option should be taken if the GKC is NOT confident that their community has the necessary resources or expertise to manage all the infection control measures via a medical professional or any COVID-19 approved funeral homes. It is especially important to take this option where the law of the city or country prohibits the community/centre from opening a body bag or transporting it to a funeral home.

If transportation of the body is required by the jamaat/center, the following precautions are recommended to be taken:

1. Precautions during the Handling & Transporting bodies of Marhumeen

- The act of moving a recently deceased individual onto a trolley for transportation from the medical facility or deceased home may lead to small amounts of air be expelled from the deceased's lungs and hence present a minor risk of transmitting infection. Therefore, it is imperative that a body bag is used when transferring the body and those handling the body at **MUST use full personal protective equipment (PPE), supervised by a medical professional.** This includes gloves, gowns, surgical masks and eye protection/face shields. PPE should be worn immediately before **entering** the residence of the deceased; or the room in which the deceased was residing if in a care home or hospital.
- After the deceased is placed inside the body bag, the outer surface should be disinfected. Firstly, cleansed with a neutral detergent, then a chlorine-based disinfectant in the form of a solution at a minimum strength of 1,000ppm available chlorine, immediately before leaving the deceased's residence / care home /hospital. This will require at least 2 individuals wearing PPE. Most funeral homes are well equipped with these materials. GKC volunteers must have access to hand sanitizers at all times during the transportation and handling of the deceased.
- The trolley carrying the body must also be disinfected using chlorine solution just before leaving the deceased's residence.
- Immediately prior to leaving the deceased's residence, staff members must **remove their protective clothing** in the manner described below and place all items into a disposable clinical waste bag. This should be disposed of as per guidance from the country regulations, or incinerated in a suitable clinical incineration facility, or in areas where these facilities may not be available, be suitably burnt.

1. Personal Protective Equipment (PPE)

Please note that respirator/face mask requirements will vary according to the country's specific guidance.

- Long sleeved, fluid-repellent disposable gown
- Gloves with long tight-fitting cuffs
- Face mask
- Eye protection, such as single use full-face visors or goggles must be worn (prescription glasses do not provide adequate protection)

The PPE described above must be worn at all times when in the environment of the deceased.

Gloves must be changed when moving from a dirty to a clean task (e.g. after cleaning body fluids/spillage). Remove glove, (see removing PPE instructions), decontaminate hands with alcohol hand sanitizer, put on a pair of clean gloves, ensuring that the cuffs of the gloves cover the cuffs of the gown.

The soil used for Tayyammum must also be adequately discarded with the PPE as per clinical waste guidelines and should NOT be reused.

1.1 Hand hygiene

This is essential before and after all patient contact, removal of protective clothing and decontamination of the environment.

Use soap and water to wash hands or an alcohol hand rub if hands are visibly clean. Rings, wrist watches and wrist jewelry must not be worn by volunteers.

1.2 Putting on and removing PPE for confirmed/suspected COVID-19 cases

Use safe work practices to protect yourself and limit the spread of infection:

- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- Limit surfaces touched in the patient environment
- Regularly perform hand hygiene (in between or after glove change/removal)
- Always clean hands after removing gloves

Pre-wearing instructions:

- Ensure ghusl/kafan volunteer hydrated (as unable to drink/eat during the process)
- Tie hair back
- Remove jewelry
- Check PPE in the correct size is available

2.21 Putting on PPE

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870028/COVID-19_PPE_Donning_poster.pdf

The order for putting on is; gown, respirator, eye protection and gloves. This is to be undertaken outside the funeral home facility.

Perform hand hygiene before putting on PPE

- Put on the long-sleeved fluid repellent disposable gown, fasten neckties and waist ties
- Face Mask: Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit.
- Eye protection: place over face and eyes and adjust the headband to fit.
- Gloves: select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove

Please refer to video that demonstrates putting on and taking off PPE.²

² Video: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> . Quick guide: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

2.22 Removal of PPE

PPE should be removed in an order that minimizes the potential for cross contamination. PPE is to be removed in a systematic way before leaving the ghush facility such as gloves, then gown and then eye protection³.

The respirator must always be removed outside the ghush facility, and placed in the appropriate disposal bag immediately

Where possible the process should be undertaken at a distance of 2 meters to reduce the risk of the inadvertently contaminating colleagues while removing PPE.

All PPE must be disposed of as infectious clinical waste. The order of

removal of PPE is as follows:

Gloves: the outsides of the gloves are contaminated

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand
- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard
- clean hands with alcohol hand rub

Gown: the front of the gown and sleeves will be contaminated

- unfasten neck then waist ties
- pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated.
- turn the gown inside out, fold or roll slowly into a bundle and discard into a lined waste bin

Eye protection (preferably a full-face visor): the outside will be contaminated

- to remove, use both hands to handle the restraining straps by pulling away from behind and discard
- clean hands with alcohol hand rub

Respirator:

- do not touch the front of the respirator as it will be contaminated
- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin
- wash hands with soap and water

Please refer to video that demonstrates putting on and taking off PPE.⁴

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870163/PHE_COVID-19_Doffing_poster.pdf

⁴ Video: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> . Quick guide: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Criteria for GKC in handling deceased body of a confirmed or highly suspected case of Covid-19:

To avoid potential risks of infection in case of inadvertent transmission during the Tayammum/Kafan process volunteers should be:

- a) Under the age of 60 with no acute or underlying medical conditions.
- b) Not have any current symptoms of fever, cough, muscular pains, diarrhea and or vomiting.
- c) Not returned from any high-risk areas in the preceding 14 days.
- d) Have received training & be confident in the use of PPE and the correct wearing & removing of PPE as well as disposal of these and other forms of clinical waste.
- e) We highly recommend that at least one member of the Tayammum/Kafan team to be a healthcare professional and be present, in order to supervise infection control measures, and to guide teams in general.
- f) Be aware that they may need to self-quarantine if any breach of PPE occurs during the Tayammum/Kafan process
- g) Volunteers must monitor themselves for a period of 2 weeks for symptoms (fever, dry cough, shortness of breath) and self-quarantine and contact the appropriate health authorities if develop any symptoms.

Other General Recommendations

- Only immediate family members and essential volunteers/GKC members should participate in the burial rites including Salatul Mayyit and attendance at graveyard. After burial the family members should follow the guidance of their local center with respect to further gatherings.
- Salatul Mayyit should be preferably performed at the burial ground.
- Families of the deceased will need to be aware that household contacts will be under self- isolation measures as they are regarded as direct contacts of the deceased.
- Families should NOT be allowed to participate in the Tayammum/Kafan of their deceased family member unless they are healthcare professionals with competency in using PPE and adhering to infection control measures.
- The body should be placed in a coffin for the purposes of burial, otherwise, the process of burial in cemetery can be carried out as per regular norms including recitation of Talkeen.

Proposed actions for Jamaats:

- Please escalate these guidelines within your jamaat to your GKC with immediate effect.
- In the event of numbers of deaths increasing significantly, member jamaats are encouraged to collaborate with neighboring Shia Ithna'asheri and or Muslim organizations in order to ensure that all Muslims can be offered a burial according to Islamic rites. Jamaats need to draw up contingency plans to account for emergency scenarios.
- It is important to note that local guidelines may differ based on governmental requirements. The guidelines proposed by WF & NASIMCO COVID-19 Task Force aim to provide a general structure to our member jamaats, to assist them in these processes. Individual Jamaats may wish to deviate from these guidelines to be in line with their governmental health department advice and procedures.

Please note that these guidelines are in accordance with current realities, information and knowledge of COVID-19. As we learn more about the nature of this outbreak and the changing patterns of infections across the world and across our communities, the guidelines may change minimally or significantly. We would like to reassure the community that any changes will be in accordance with our direct contact and guidance from the Office of Ayatullah Sistani in Najaf.

NASIMCO COVID-19 Task Force

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