



TO ALL SMS MEMBERS/ CHIEF DIRECTORATES / DIRECTORATES / REGIONAL / DISTRICT OFFICES, SUB-STRUCTURES / ALL FACILITY MANAGERS/ CITY OF CAPE TOWN / HIGHER EDUCATION INSTITUTIONS / PRIVATE SECTOR

Circular H 41 of 2020: COVID-19: Management of decedents in the Western Cape

1 Introduction

- 1.1. This document serves to outline the functions of various role players in different settings in response to a COVID-19 death in the Western Cape.
- 1.2. This document is a combination of various directives issued in the "Guidelines for case-finding, diagnosis, management and public health response in South Africa", the "COVID-19 Environmental Guidelines" and the relevant National Health Act regulations and should be read in conjunction with those documents.

2 Important notice

- 2.1. Deaths **exclusively** as a result of suspected or confirmed SARS-CoV-2/COVID-19 are **NOT** unnatural deaths. These cases, therefore, do **NOT** require medicolegal autopsies.
- 2.2. Such cases should therefore **NOT** be referred to Forensic Pathology Service (FPS) mortuaries by hospitals/clinics for medicolegal autopsies.
- 2.3. People that die of **unnatural causes** with suspected or confirmed SARS-CoV-2/COVID-19; however, are still required by law to be referred for medicolegal examination by FPS.

3 Recommendation regarding swabbing of suspected COVID-19 deceased cases

- 3.1. In all the categories listed hereunder, where the case conforms to the criteria for a possible COVID-19 diagnosis, it is recommended that throat and nasopharyngeal swabs be taken by the responsible medical practitioner, and the swabs be dispatched according to the accepted protocol to the designated NHLS laboratory in the prescribed way.
- 3.2. The taking of swabs is not indicated where the postmortem interval exceeds three days in relation to deaths where there is a history consistent with COVID-19, where a patient was not seen in a clinical setting and/or specimens retained.

4 Management of decedents that died in a Western Cape Government healthcare facility as a result of COVID-19 where an undertaker serves as the designated mortuary

- 4.1. Healthcare facility staff to ensure that the human remains are appropriately double bagged and sanitized to ensure safe transportation in line with that of a Biological safety Hazard level 3.
- 4.2. The healthcare facility shall contact the relevant Environmental Health Practitioner (EHP) in the municipal district to ensure that the handling of the human remains is strictly monitored by the **EHP** throughout the process.
- 4.3. The relevant contracted undertaker who serves as the undertaker for the removal of decedents from the healthcare facility shall remove the human remains to the undertaker's premises.
- 4.4. The human remains must be transported in a manner that is compliant with the provisions of the Regulations Relating to the Management of Human Remains.
- 4.5. Human remains can only be transferred from one designated facility to another designated facility or from such to a cemetery or crematorium.
- 4.6. Direct handling of the human remains is strongly discouraged and if necessary, shall conform to full Personal Protective Equipment (PPE).
- 4.7. Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.
- 4.8. In all cases, human remains should not be kept in households for a vigil or any purpose but be kept in designated healthcare facility mortuary premises, and directly transported from designated healthcare facility mortuary straight to the place of burial or cremation or the home on the day of burial/cremation.

5 COVID-19 death in a Western Cape Government healthcare facility where the facility has a mortuary

- 5.1. Healthcare facility staff to ensure that the human remains are appropriately double bagged and the outer surface decontaminated to ensure safe transportation and further handling.
- 5.2. The healthcare facility shall contact the relevant EHP in the municipal district to ensure that the handling of the human remains is strictly monitored by the **EHP** throughout the process.
- 5.3. The human remains are considered contagious and should be kept only in designated health facilities' mortuaries.
- 5.4. Human remains can only be transferred from one designated facility to another designated facility or from such to a cemetery or crematorium.
- 5.5. Direct handling of the human remains is strongly discouraged and if necessary, shall conform to full PPE.
- 5.6. Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.
- 5.7. In all cases, human remains should not be kept in households for a vigil or any purpose but be kept in designated healthcare facility mortuary premises and directly transported from the designated healthcare facility mortuary straight to the place of burial or cremation or the home on the day of burial/cremation.
- 5.8. The human remains must be transported in a manner that is compliant with the provisions of the Regulations Relating to the Management of Human Remains.

6 COVID-19 death at a private healthcare facility

- 6.1. Healthcare facility staff to ensure that the human remains are appropriately double bagged and the outer surface decontaminated to ensure safe transportation and further handling.
- 6.2. The healthcare facility shall contact the relevant EHP in the municipal district to ensure that the handling of the human remains is strictly monitored by the **EHP** throughout the process.
- 6.3. The undertaker contracted by the next of kin to collect the human remains.
- 6.4. The human remains must be transported in a manner that is compliant with the provisions of the Regulations Relating to the Management of Human Remains.
- 6.5. Human remains can only be transferred from one designated facility to another designated facility or from such to a cemetery or crematorium.
- 6.6. Direct handling of the human remains is strongly discouraged and if necessary, shall conform to full PPE.
- 6.7. Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.
- 6.8. In all cases, human remains should not be kept in households for a vigil or any purpose but be kept in designated healthcare facility mortuary premises and directly transported from designated healthcare facility mortuary straight to the place of burial or cremation or the home on the day of burial/cremation.

7 COVID-19 death in Emergency Medical Services (EMS) transport

- 7.1. If a patient dies in transit, the EMS provincial coordinator, provincial communicable disease control coordinator (CDCC) and the standby forensic medical practitioner (in the case of unnatural death) must be notified.
- 7.2. A decision on where to take the decedent must be communicated to the ambulance crew. This should be the mortuary or undertaker which acts as the storage facility for the hospital where the patient was on route to. In the case of unnatural deaths which is also a suspected COVID-19, the human remains will be referred to the relevant FPS mortuary.
- 7.3. Provincial Environmental Health must be informed.
- 7.4. Under no circumstances will the decedent be removed from the ambulance other than at an assigned facility that was communicated to the ambulance crew.
- 7.5. The decedent must be placed in double body bags that are fluid leak proof. The bags must be wiped down with a 0.05% chlorine solution before leaving the ambulance by persons with the appropriate PPE, either porters or crew.
- 7.6. The removal of a suspected COVID-19 decedent must be done under the directive of Environmental Health. In FPS cases, the EHP must be informed but does not have to be onsite, and this noted in the occurrence book.

8 COVID-19 natural death in a community

- 8.1. EMS performs the death declaration.
- 8.2. SAPS complete the SAPS 180 form.
- 8.3. The next of kin is instructed to contact an undertaker to facilitate collection of the human remains.

- 8.4. During the initial phases of the health service response, FPS is dispatched on request of an undertaker to assist in the double bagging and decontamination of the outer bag for the safe transportation of the human remains. The undertaker is to be present whilst this occurs and to take responsibility for all property and valuables. The deceased will be transported from the scene in the undertaker's vehicle.
- 8.5. The relevant EHP in the municipal district is dispatched to ensure that the handling of the human remains is strictly monitored by the **EHP** throughout the process.
- 8.6. The undertaker collects the human remains under the supervision of the relevant EHP in the district where the patient died.

9 Death where COVID-19 is suspected but results not available yet

- 9.1. The responsible medical practitioner is to proceed with notifying the death (e.g. lower respiratory tract infection).
- 9.2. The body is to be sealed and removed by the designated undertaker.
- 9.3. The human remains are indicated as possible COVID-19 on the double bag and handled as such.

10 Import and export of human remains who died of COVID-19

- 10.1. The human remains of a person who has died of a confirmed COVID-19 should be cremated.
- 10.2. Where cremation is not possible, the repatriation of human remains who died of confirmed or suspected COVID-19 must be conducted in line with the Regulations Relating to the Management of Human Remains (*Regulation 363 of 22 May 2013*).
- 10.3. A formal request for an import/export permit issued by the Director-General: Health must be made by the Department of International Relations and Cooperation (DIRCO) or through the embassies, prior to importation/exportation of the human remains.
- 10.4. The import/export permit, death certificate and written declaration by an institution responsible for packaging the human remains; stating that the transportation of human remains will not constitute a health hazard must always accompany the human remains. No person must open the coffin or remove the human remains after they have been sealed without prior approval from an **EHP**.

11 In the case of exportation of human remains who died of COVID-19

- 11.1. The human remains must be transported from the mortuary of a designated facility to the point of entry by the relevant contracted undertaker in consultation with the embassy of which the deceased holds residence.
- 11.2. The EHP at a municipal level must monitor the handling of the human remains at the designated mortuary.
- 11.3. The EHP at a point of entry must monitor the removal of the human remains from the relevant undertaker mortuary.

12 In the case of importation of human remains who died of COVID-19

- 12.1. The EHP at a point of entry must inform the relevant undertaker of the arrival of the human remains for transportation.
- 12.2. The EHP at a point of entry must monitor the removal of the human remains from the conveyance to the relevant undertaker vehicle.
- 12.3. The EHP at a municipal level must monitor the handling of the human remains after arrival at the designated mortuary.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Engelbrecht', with a stylized flourish at the end.

DR E ENGELBRECHT
HEAD OF DEPARTMENT: HEALTH
DATE: 30/03/2020