

# **COVID-19 Pandemic**

Guidance for handling the infection risks when caring for the deceased and managing funerals.

Department of Health (Northern Ireland)

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## **Key principles**

This guidance is primarily designed to assist Funeral Directors in Northern Ireland in the management of a funeral, and any related gatherings, related to a death from any cause during the COVID-19 pandemic. It applies with effect from 26 December 2021.

This guidance has been developed to ensure that,

- The remains of the deceased and the bereaved family are treated with sensitivity, dignity and respect.
- The differing cultural practices and rites of passage observed in Northern Ireland are respected and adhered to as closely as circumstances permit, with safety being paramount.
- There is a balance between the needs of the bereaved to mourn while minimising the spread of SARS-CoV-2 infection.
- People who work in the management of the deceased are protected from infection.
- Funeral Directors' work as efficiently as possible, bearing in mind the difficult tasks of transporting and caring for the deceased they undertake; a process that needs to be performed efficiently to ensure timely patient discharge/removal i.e. patient flows.
- Funeral Directors' work is crucial in the management of family expectations around funeral arrangements, bereavement and the grieving process; it will be especially difficult during this pandemic.

## Status of this guidance and refreshing it

- 1.0 As the current COVID-19 situation progresses, alongside our understanding of the disease and a greater evidence base, further lessons are likely to be learned as best practice develops. This guidance remains under review and will be updated in line with the changing situation.
- 2.0 The content of this guidance should be considered in conjunction with applicable legislation such as *The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 as amended* and *The Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2020 as amended*.
- 3.0 These regulations require a person attending a funeral, or those responsible for organising or operating the various elements of the funeral process (as detailed in this guidance), to comply with this guidance. Failure to do so is not an offence which attracts a fixed penalty notice or a fine, but does allow a relevant officer<sup>1</sup> to take action to enforce compliance. Such action includes:
  - Directing the gathering to disperse;
  - Directing anyone in the gathering to return home;
  - Removing any person from the gathering;
  - Giving a prohibition notice<sup>2</sup>.

## Background

- 4.0 In January 2020, COVID-19 was classified in the UK as a 'high consequence infectious disease' (HCID). This was an interim recommendation in recognition of the evolving situation, and the limited data available, and it was agreed to keep the HCID status under review. Infection control guidance to protect staff from this new threat was agreed across all four UK nations. It reflected the then current WHO guidance, and was consistent with the latest evidence from systematic reviews.

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<sup>1</sup> A Constable, or an enforcement officer.

<sup>2</sup> Failure to comply with a prohibition notice is an offence which may attract a fixed penalty notice or a fine.

- 5.0 In March 2020, when more was understood about the behaviour of the virus and its clinical outcomes, the four nations agreed that COVID-19 should no longer be classified as a HCID. As a result of this and a review of the latest evidence regarding what infection control guidance was required, the guidance was updated to reclassify it as Hazard Group<sup>3</sup> HG3, despite information regarding prophylaxis or treatment not yet being available.

### COVID-19 infection risk from deceased individuals

- 6.0 The transmission of COVID-19 is thought to occur mainly through respiratory **droplets** generated by coughing and sneezing which only travel a short distance (up to 2 metres) through the air, and through **contact** with contaminated surfaces. The predominant modes of transmission are assumed to be through droplets and contact and these govern the key transmission based precautions that apply to protect Funeral Directors, families and mourners.
- 7.0 Airborne particles (**aerosols**) can contain infectious agents. These can be produced by certain medical and patient care activities - Aerosol Generating Procedures (AGPs). During AGPs there is an increased risk of aerosol spread of infectious agents irrespective of the mode of transmission (contact, droplet, or airborne), and airborne precautions must be implemented when performing AGPs, especially in all cases where there could be **a continuing risk of transmitting COVID-19 infection**.

#### *Deceased individuals*

- 8.0 Funeral Directors should be aware that current evidence indicates that there is a small risk of COVID-19 infection from deceased individuals.<sup>4</sup>

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<sup>3</sup> Classification of biological agents: HG 3: Can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but effective prophylaxis or treatment is usually available

<sup>4</sup> Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19)

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

- 9.0 It is possible that the act of moving a recently deceased individual might be sufficient to expel a very small amount of air and viral droplets from the lungs and thereby present a minor risk of transmission. Placing a cloth or mask over the mouth of the deceased when moving them can help prevent the release of droplets from the respiratory tract.
- 10.0 Those handling bodies should also be aware that there is likely to be a continuing risk of infection from body fluids and tissues where COVID-19 infection is confirmed or suspected, through either a clinical diagnosis or laboratory confirmation. Also, current evidence indicates that the SARS-CoV2 virus can be present for up to 72 hours on some types of environmental surfaces.
- 11.0 Funeral Directors should also be aware that residual hazard of infection may arise from direct contact with contaminated material, such as soiled clothing or bedding from the deceased **and** the surrounding environment.
- 12.0 As a result, the usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) as set out in the HSE guidance: '[Managing infection risks when handling the deceased](#)' apply for bodies which are a continuing risk of transmitting COVID-19 infection.

#### *Defining the status of COVID-19 infectivity*

- 13.0 As we are still currently in a period of widespread community transmission of coronavirus (COVID-19), it is important that funeral professionals and mortuary staff are aware of the infectious status of any deceased body. It is critical therefore that such personnel, who might handle the deceased, are fully informed<sup>5,6</sup> if the deceased currently presents an infectious hazard. This is so that, when performing

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<sup>5</sup> General Medical Council – Confidentiality - Disclosing information after a patient has died.  
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/managing-and-protecting-personal-information#paragraph-134>

<sup>6</sup> HSE Guidance - Managing infection risks when handling the deceased  
<https://www.hse.gov.uk/pubns/books/hsg283.htm>

their duties, they chose methods to protect themselves, families and others from serious harm or risk of death due to spreading coronavirus infection. Put simply, the continuing presence of transmissible COVID-19 infection will determine the practices and procedures that can be performed during the funeral process and disposal of the body.

#### Continuing risk of transmitting COVID-19 infection

14.0 Features that should suggest a **continuing risk of transmitting COVID-19 infection** to funeral personnel, families and others include the following,

- if less than 14 days have elapsed since the onset of COVID-19 symptoms or a positive COVID-19 test; or
- if COVID-19 is, or has been, present in the previous 14 days; or
- the deceased was being cared for on a COVID-19 hospital ward at the time of death, even if COVID-19 is not mentioned on the MCCD;
- a risk assessment from, for example, healthcare staff, family, and first responders (such as the police) that,
  - the deceased was displaying COVID-19 symptoms<sup>7</sup>;
  - a COVID-19 test result is awaited;
  - other members of a household are showing COVID-19 symptoms;
  - COVID-19 infection is known to be currently present in the home or community setting, or has been present during the past 14 days.

#### Negligible risk of transmitting COVID-19 infection

15.0 There is a negligible risk of transmitting COVID-19 infection when none of the features described in paragraph 14 exist, the cause of death is known and it can be clearly attributed to a cause other than COVID-19, for example,

- when the death was sudden and in known circumstances e.g. trauma, suicide; or
- due to a known complication of another disease e.g. cancer.

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<sup>7</sup> Stay at home: guidance for households with possible coronavirus (COVID-19) infection  
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

- 16.0 Even when the medical certificate of cause of death (MCCD) includes COVID-19 in either Part 1 or Part 2, the risk of the deceased body being infectious is negligible,
- if more than 14 days have elapsed since the onset of COVID-19 symptoms or a positive COVID-19 test, or
  - if more than 14 days have passed since COVID-19 was present.

### **Collecting a body from hospital or community settings**

#### *In a hospital setting*

- 17.0 When notified of a death in a hospital setting, Funeral Directors **should risk assess** the current status of COVID-19 infection. They should seek information from the ward (medical or nursing) staff and/or mortuary staff whether the deceased's body is still considered to be COVID-19 infectious. If the ward staff consider that a deceased body is **no longer an infection risk**, for example because,
- more than 14 days have elapsed since the onset of symptoms or since admission to hospital; or
  - there have been more than 14 days of negative COVID-19 testing;
- the Funeral Director can **assume the deceased's body is no longer infectious**. This information will help to dictate the future management of the funeral process(es) and disposal.
- 18.0 If there is a **continuing risk of transmitting COVID-19 infection** the body must be placed in a body bag. Funeral Directors are recommended to wear, **as a minimum**, the following Personal Protective Equipment (PPE), disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection (which can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent).
- 19.0 Funeral Directors should undertake their own risk assessment to determine if PPE needs to be worn to collect the deceased from the hospital mortuary. This risk

assessment should include discussion with the mortuary staff. If PPE is required, it should include, as a minimum, disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, disposable eye protection should also be worn.

### *In a Community setting*

- 20.0 Funeral Directors that manage the deceased in the community should have access, as a minimum, to the following PPE, disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection.
- 21.0 This level of PPE will be required when removing the deceased from a private residence, care home or similar setting where COVID-19 infection may be present. It is particularly important if the Funeral Director has reason to presume, or if it has been confirmed, that the deceased was a COVID-19 case.
- 22.0 In situations where Funeral Directors move between different settings e.g. sequential care home removals, they should consider wearing disposable long-sleeved water-resistant gowns. Each removal should be considered a single event (session) and therefore all used PPE should be exchanged for new PPE after each event. This will ensure they do not transmit infection from one setting to another and will also protect their normal clothing. This is especially if they know or suspect any particular dwelling, its environment and/or its inhabitants (alive or dead) are infected.
- 23.0 Where there is no confirmation that the death was COVID-19 related, it is still possible that COVID-19 infection may be present in the household, care home or similar setting. Funeral Directors should undertake their own risk assessment to determine if PPE, as set out at paragraphs 18 - 22, needs to be worn.

- 24.0 This risk assessment should include obtaining relevant information from families, healthcare staff, and first responders (such as the police) as to the circumstances before death. It is recommended that Funeral Directors attempt to establish:
- If the deceased was displaying any COVID-19 symptoms<sup>8</sup>;
  - If a COVID-19 test has been carried out;
  - Whether a COVID-19 test result is known;
  - If other members of a household are showing COVID-19 symptoms;
  - If COVID-19 infection is known to be currently present in the setting or has been present during the past 14 days;
  - The cause of death, if the certifying doctor has completed the MCCD at the time of removal.
- 25.0 It is critical that Funeral Directors are informed if the deceased presents an infection hazard, and guidance<sup>9</sup> issued to healthcare staff in nursing and residential homes confirms this important point.
- 26.0 Following a risk assessment, where it is still not possible to **clearly** determine if the death is not COVID-19 related, Funeral Directors should exercise caution and wear, as a minimum, the following PPE: disposable gloves, a disposable apron (or disposable long-sleeved water-resistant gown, as detailed in paragraph 20) and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection.
- 27.0 It is recommended that a body bag is used for **all** community deaths in order to prevent leakage during transportation and to help maintain the dignity of the deceased.

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<sup>8</sup> Stay at home: guidance for households with possible coronavirus (COVID-19) infection  
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

<sup>9</sup> GUIDANCE ON DEATH CERTIFICATION DURING THE COVID-19 PANDEMIC  
<https://www.health-ni.gov.uk/sites/default/files/publications/health/HSS%28MD%29-28-2020.pdf>  
COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND  
<https://www.health-ni.gov.uk/publications/covid-19-guidance-nursing-and-residential-care-homes-northern-ireland>

28.0 Funeral Directors will seek to affect removal of the individual as soon as practical.

29.0 There is no requirement to inform the Coroner of a COVID-19 death unless it is required for another reason as per normal circumstances.

### **Removal of Medical Implants**

30.0 Where the deceased has a medical implant device<sup>10</sup>, cremation is not permitted until the device is removed. Where the deceased has a medical device that requires removal prior to cremation this should be done using PPE as detailed in Table 1. Where there is a continuing risk of transmission of the COVID-19 infection (see paragraph 14), such a removal will require agreement with the Funeral Director and must be performed as an AGP, being an invasive procedure.

31.0 When carrying out such a procedure on an individual with possible or confirmed COVID-19, the PPE equipment to be worn is a long sleeved water-resistant disposable gown, gloves, disposable eye protection and a fit tested FFP3 respirator type mask. If FFP3 respirators are not available, face fit tested FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) may be used. In the absence of such a fitted mask, removal of implant devices should not be performed and cremation cannot proceed.

### **Personal Possessions**

32.0 If there is a continuing risk of transmitting COVID-19 infection and in order to spare families any additional distress, consideration must be given to jewellery, religious articles, mementoes and keepsakes. If it is the wish of the deceased and/or family that these items remain on the body, then that can happen. If it is the deceased's and/or the families wish to retain such items, then they should be removed at the

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<sup>10</sup> Medical implants include pacemakers, defibrillators, intramedullary nails or similar devices and certain medical treatments. See Annex B of <https://www.gov.uk/government/publications/funeral-directors-guidance-on-cremation-regulations-and-forms>

time of care immediately after death, and prior to insertion into a body bag. These items will need to undergo appropriate decontamination processes before being returned to the family, unless their composition precludes decontamination. In this case, if these items must be retained by the family, they should be warned of the risks, the items placed in a sealed container which should remain closed for at least 7 days.

- 33.0 The Department of Health (2013) guidance [Environment and sustainability. Health Technical Memorandum. 07-01: Safe management of healthcare waste](#) in conjunction with the HSE guidance '[Managing infection risks when handling the deceased](#)' provides details of the disposal of clinical waste.

## **Cremation**

- 34.0 Funeral Directors are reminded that in order for cremation to be permitted a medical practitioner must complete "Form B". In order to do so, they must comply with the statutory requirement to "see and identify" the deceased before completing the form.
- 35.0 There will be situations where the deceased will be placed in a body bag before the medical practitioner has been able to see and identify them. In such situations it is permissible for the medical practitioner and the Funeral Director to use "video consultation" to enable Form B to be completed. Such video consultation is permitted via Zoom, AccuRx, Skype, WhatsApp or similar secure means of conducting a video call.
- 36.0 Where this may be necessary, the medical practitioner and Funeral Director must be in agreement with this practical solution. Should either party not agree to the video consultation, it may not be possible to have Form B completed and hence it would be necessary to consider burial.
- 37.0 If agreement is reached, the body bag will have to be opened for the medical practitioner to see and identify the deceased. Funeral Directors should ensure that they wear appropriate PPE whilst conducting this task. This will include, as a

minimum, disposable gloves, a disposable apron and a fluid-resistant (type IIR) surgical face mask. If there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids, they should also wear disposable eye protection (which can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent).

38.0 The video consultation must be carried out in “real time” allowing the medical practitioner to see and identify the deceased. The Funeral Director is not permitted to “record” the deceased and send a video file to the medical practitioner and a photograph is not acceptable.

### **Supporting the family**

39.0 It is recognised that in normal circumstances, family and friends of the deceased may wish to view the body and pay their last respects before burial or cremation takes place. This is an important part of the grieving process for many who may not have been able to visit the deceased before they died.

40.0 Due to the current pandemic, some of the traditional rituals and practices are unable to be continued and this may have an impact on the bereaved. Bereavement support and advice for those experiencing grief during the pandemic can be found [here](#).

41.0 For all deaths (COVID-19 and non-COVID-19), Funeral Directors should ensure that there is a single point of contact with the family and it is **recommended that funeral arrangements are made by telephone and NOT in person** at the Funeral Director’s premises or the family home.

### **Preparing the body**

42.0 **Hygienic treatment and embalming is permitted, including for those who have died with a continuing risk of transmitting COVID-19 infection (see paragraph**

**14.0).** Embalming should not take place until the Funeral Director is satisfied that the cause of death is known.

43.0 The processes involved (injection of solution into body cavities, including thoracic, under pressure) can be regarded as [invasive](#)<sup>11</sup> and so are regarded as an Aerosol Generating Procedure, with their inherent risk of airborne transmission. Such procedures should be overseen or undertaken by an appropriately trained funeral director or embalmer<sup>12</sup>, and subject to their agreement and discretion.

44.0 Where the funeral director or embalmer agrees to perform hygienic treatment or embalming, it should be carried out in accordance with the usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) as set out in the HSE guidance: '[Managing infection risks when handling the deceased](#)' and should include using higher infection prevention and control interventions.

45.0 The required PPE (as for all AGPs, as set out for invasive procedures in Table 1) is a fit tested FFP3 respirator mask, long-sleeved water-resistant disposable gown, gloves and disposable eye protection. A fit tested FFP2 or N95 respirator (filtering at least 94% and 95% of airborne particles respectively) may be used if a FFP3 respirator is not available.

## Viewing remains in a funeral home

46.0 Viewing of the body, **including those who have died with a continuing risk of transmitting COVID-19 infection (see paragraph 14.0) is permitted in a funeral home.** Such viewings are subject to the agreement and discretion of the funeral director following their own risk assessment.

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<sup>11</sup> TBPs Guidance for care of deceased during COVID-19 pandemic. RC Pathology. 19<sup>th</sup> March 2020

<sup>12</sup> <http://coshh-tool.hse.gov.uk/assets/live/SR10.pdf>

<https://www.hpsc.ie/a-z/lifestages/modi/File,14302,en.pdf> page 21

<https://www.cremation.org.uk/content/files/BIE%20Guidance%20to%20Embalmers%20COVID-19.pdf>

47.0 It is recommended that:

- All viewing should be by appointment only, with appointment times arranged by telephone;
- All viewing appointments should be discreetly supervised by Funeral Director staff to ensure adherence to these guidelines;
- Viewing times should be kept to a minimum at the discretion of the Funeral Director;
- Contact details of all those attending a viewing appointment should be obtained for “Test, Trace and Protect” purposes. Details must be held for 21 days after the viewing appointment;
- The use of a waiting area inside the funeral parlour is not permitted;
- The numbers attending any viewing are to be determined by the Funeral Director, governed by the ability to ensure at least 2 metres’ social distancing between households in the viewing room;
- Good ventilation of the funeral premises, especially of the viewing room(s), should be ensured e.g. by opening windows and doors where possible, or other means to increase the air room ventilation (air extraction/rotation) to minimise airborne transmission risk;
- Viewers **must** wear a face covering entering, during, and leaving the premises, and Funeral Directors **must** take reasonable measures to promote compliance;
- Viewers **should not** touch the body, the coffin or surrounding surfaces;
- Funeral Director staff must ensure that all hard surfaces are cleaned before and after the viewing;
- Hand hygiene by all those in attendance should be carried out both before and after a viewing.

48.0 Individuals who have had a positive COVID-19 result, those who are COVID-19 symptomatic or awaiting a COVID-19 test result, should not visit a funeral home to view the remains of the deceased.

49.0 Those clinically extremely vulnerable should carefully consider whether they can attend safely.

50.0 The use of appropriate PPE for Funeral Director staff, such as wearing disposable gloves and a face mask within a viewing area, can be considered by those staff supervising the viewing in order to further mitigate infection risk from multiple exposure to staff from visitors.

### **Remains being taken home and viewing in a private dwelling**

51.0 **If the deceased died with a continuing risk of transmitting COVID-19 infection** (see paragraph 14.0) **the remains are not to be taken home and viewing is not permitted in a private dwelling.** In such circumstances viewing is only permitted within a funeral home and subject to the agreement and discretion of the Funeral Director (see paragraphs 46.0 - 50.0).

52.0 Where it is clear that **there is a negligible risk of transmitting COVID-19 infection** (see paragraphs 15.0 – 16.0), **remains are allowed to be taken home and viewing is permitted** in a private dwelling. It is strongly recommended that when returning the remains, Funeral Director staff should ask all those present to vacate the dwelling and should wear a face covering and gloves in order to reduce the possible risk of further transmission of infection between the staff and the family.

53.0 A maximum of 30 people can gather indoors at a private dwelling.

54.0 To facilitate viewings within the home, and to limit the risk of transmission of infection for those visiting, it is strongly recommended that:

- precautions are undertaken to avoid close contact with those from other households;
- there is good ventilation of the room where the viewing is being held, e.g. by opening windows and doors where possible, to minimise airborne transmission risk;

- the viewing room should be on the ground floor;
- viewers **should** wear a face covering when inside;
- viewers **should not** touch the body, the coffin or surrounding surfaces;
- all those viewing the body, should carry out good hand hygiene both before and after the viewing;
- all hard surfaces should be cleaned as appropriate;

55.0 Individuals who have had a positive COVID-19 result, those who are COVID-19 symptomatic or awaiting a COVID-19 test result, should not visit a private dwelling to view the remains of the deceased. Those clinically extremely vulnerable should carefully consider whether they can attend safely.

### **Funeral Services and committals**

57.0 **If the deceased died with a continuing risk of transmitting COVID-19 infection** (see paragraph 14.0) **the remains are not to be taken to a private dwelling for a funeral service.**

58.0 Where it is clear that **there is a negligible risk of transmitting COVID-19 infection** (see paragraphs 15 – 16), remains **are allowed** to be taken to a private dwelling for a funeral service. A maximum of 30 people are permitted to gather indoors at any one time. This number **includes the clergy/officiant.**

59.0 The numbers attending a funeral service or committal at a place of worship, funeral home, the City of Belfast Crematorium or burial ground will be determined by how many people the venue or outdoor space can safely accommodate. This will be based on a risk assessment and the measures put in place to limit the spread of COVID-19. A risk assessment is required for indoor venues if more than 15 are expected to attend (places of worship or funeral homes) and for outdoor venues if more than 30 are expected to attend.

60.0 The funeral service venue operator must ensure that the risk assessment identifies and evaluates the risk of infection, contamination or transmission of the virus and

the reasonable measures needed to avoid, mitigate or eliminate those risks.

Funeral Directors should liaise with the venue operator to understand any relevant issues when making the funeral arrangements at a particular venue.

- 61.0 Funeral Directors should communicate with the family when making the arrangements to ensure they are aware of the numbers permitted to attend and the associated measures in place to reduce the risk of infection, contamination or transmission.
- 62.0 **Face coverings are mandatory when entering and leaving a place of worship for a funeral service. It is strongly recommended that they are worn for the duration of the service, particularly during congregational singing or moving around the premises.**
- 63.0 Funeral homes are not deemed places of worship. **Face coverings are mandatory throughout a service in a funeral home, and Funeral Directors must take reasonable measures to promote compliance.**
- 64.0 All funeral venues (including places of worship and funeral homes) should ensure that doors remain open throughout the funeral service to allow adequate ventilation.
- 65.0 Where possible, **funeral services should be streamed online** for the benefit of those not able to attend the service.

### **Attending funeral services and committals**

- 66.0 Anyone attending a funeral service or committal should take a Lateral Flow Device Test a short time before attending. If **positive**, they **should not attend** and should immediately arrange a PCR test and self-isolate until the result is known.
- 67.0 Families, mourners, and funeral staff in attendance at funerals and committals should ensure, and take individual responsibility, to adhere to and practice the

recommended social distancing measures. To mitigate against the risk of transmission of infection within the community the following is **recommended**:

- precautions are undertaken to avoid close contact with those from other households;
- face coverings are worn;
- avoid touching the face and follow good hand hygiene; and
- avoid physical interactions including shaking hands and hugging.

68.0 Families and mourners should follow the advice on social distancing when travelling to and from the funeral. Wherever possible, **mourners are encouraged to travel in a car by themselves or only with people from their household.**

69.0 Limousines may be used to transport mourners who **must wear a face covering when inside the vehicle**. Windows should remain open when the vehicle is occupied.

70.0 Any mourner who has **tested positive for COVID-19, or who is displaying symptoms of COVID-19** disease **should not** attend a funeral or committal as they pose a significant risk to others.

71.0 It is strongly recommended that **anyone who is self-isolating** on the advice of the contact tracing service or the StopCOVID NI app, **should not attend a funeral but rather do so remotely where this is possible**, to reduce the risk of transmission to other mourners.

72.0 However, if after careful consideration of the risk, they choose to attend in person, they may do so as long as they do not have any symptoms of COVID-19, even if mild, but should:

- advise the Funeral Directors and other mourners that they are self-isolating;
- at all times, maintain a strict 2 metres social distance;
- wear a face covering;
- use their own transport to the funeral; and
- return immediately to the place they are self-isolating.

- 73.0 People who are **clinically extremely vulnerable should attend a funeral remotely, where this is possible. If they do choose to attend in person**, other mourners should be advised that a clinically extremely vulnerable person(s) is attending, to be respectful of the need to avoid close contact at any point, and to maintain appropriate distance at all times. The clinically extremely vulnerable person should wear a face covering, use their own transport and keep social interactions low.
- 74.0 People who are quarantining following international travel are permitted to leave quarantine to attend the funeral of a household member, a close family member or a friend (where neither a household member nor close family member of the deceased will be in attendance). Further details can be found [here](#). However, if they have **tested positive for COVID-19, or who are displaying symptoms of COVID-19** disease they **should not** attend a funeral or committal as they pose a significant risk to others.
- 75.0 Coffin lifts are permitted. It is strongly recommended that pallbearers wear a face covering, particularly when the coffin lift is indoors.

### **Pre/Post Funeral Gatherings**

- 76.0 Pre/Post funeral gatherings are permitted. The numbers allowed to attend will be determined by the size of the particular venue and subject to a risk assessment by the venue operator. Additional restrictions may be applicable to licenced or unlicenced premises. Hugging and handshakes with family and friends are not recommended at funerals or pre/post funeral gatherings in order to reduce the risk of further transmission of infection between family and friends.

### List of resources used for this guidance

- i. [Managing infection risks when handling the deceased](#). Health and Safety Executive (HSE) guidance: 2018.
- ii. [Guidance for care of the deceased with suspected or confirmed coronavirus \(COVID-19\)](#). Public Health England guidance. 15 December 2021.
- iii. [COVID-19: guidance for arranging or attending a funeral during the coronavirus pandemic](#). Public Health England guidance. 16 December 2021.
- iv. [COVID-19: infection prevention and control \(IPC\)](#). Public Health England guidance. 21 December 2021.
- v. [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). Public Health England guidance. 22 December 2021.
- vi. [COVID-19 bereavement resources](#). Public Health Agency guidance. 12 October 2020.
- vii. [Transmission-based precautions Guidance for care of deceased during COVID-19 pandemic](#). RC Pathologists, 19 March 2020.
- viii. [opac-retrieve-file.pl \(koha-ptfs.co.uk\)](#) Public Health England Rapid Review July 2021

Table 1

Guidance for care of deceased during COVID-19 pandemic

	<b>Non-Autopsy procedures including:</b> <ul style="list-style-type: none"> <li>• Admission of deceased</li> <li>• Booking-in of deceased</li> <li>• Preparation for viewing</li> <li>• Release of deceased</li> </ul>	<b>Aerosol generating procedure***</b> <ul style="list-style-type: none"> <li>• other invasive procedures</li> </ul>
<b>Disposable gloves</b>	Yes	Yes
<b>Disposable plastic apron</b>	Yes	Yes
<b>Disposable gown</b>	No	Yes
<b>Fluid-resistant (type IIR) surgical mask</b>	Yes	No
<b>Fit tested FFP3 respirator mask****</b>	No	Yes
<b>Eye protection**</b>	Risk assess* need for eye protection	Yes

\*Risk assess: If a Funeral Director is at risk of coming into contact with splashes, droplets of blood or body fluids, then eye protection is also recommended.

\*\*Eye protection can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent.

\*\*\* Note: what constitutes an AGP in the context of Funeral Directors is currently undergoing a review.

\*\*\*\* If FFP3 masks are not available, FFP2 and N95 respirators may be used as long as the wearer has passed a face fit test.