VERMONT
DEPARTMENT OF HEALTH

Health Advisory
December 23, 2020

TO: Health Care Providers and Facilities
FROM: Office of the Chief Medical Examiner

Coronavirus (COVID-19): Guidelines for Death Certification and Disposition of Remains for Health Care Providers/Facilities
Updates in Red

Introduction:

Deaths from COVID-19 are due to a natural disease process, and although the number of these deaths may become large, they do not fall under OCME statutory authority. Therefore, these deaths may be certified by local physicians (see Death Certification below). As with any fatality, three main processes must be accomplished: Identification of the deceased, Certification of Death and Disposal/Disposition of the remains. The Office of the Chief Medical Examiner (OCME), along with partner agencies, can assist with these processes. It is expected that most persons dying from COVID-19 will die in a hospital or other health care facility (e.g., nursing home or hospice facility). There may be some deaths outside of a health care setting (i.e., "outpatient" deaths). The processes for these two groups of fatalities are as follows.

Health Care/Long-Term Care Facility Deaths:

Since these individuals will presumably be identified and have a known or presumed natural death due to COVID-19, the decedent's physician will be responsible for certifying the death (see Death Certification guidelines below), and the facility will release remains to funeral homes (see Disposition of Remains below).

If COVID-19 is suspected to be the cause or contributory cause of death but testing was not done prior to death, postmortem sample collection performed by the health care/long-term care facility, using the same procedures as for living patients, is encouraged.

Confirmed or suspected COVID19-related deaths must be reported to the Vermont Department of Health, Infectious Disease Epidemiology Program at 802-863-7240 or 800-640-4374 (within Vermont only) from 7:45 a.m. through 4:30 p.m. on business days. An epidemiologist is available 24/7. Both laboratory confirmed and clinical diagnoses (with no testing or pending testing) are reportable within 24 hours.

Outpatient Deaths:

Deaths occurring outside a health care or long-term care facility will come to the attention of authorities by the usual means; typically, a telephone call to local police or emergency services who will then notify the OCME.

- For decedents with NO known (or inferred from scene findings) "flu-like" symptoms or known close contact with symptomatic or COVID-19 positive person, the body may be transported to a local funeral home/crematory with subsequent certification by either the decedent's physician or the OCME (as per routine procedures).

- For decedents with known (or inferred from scene findings) "flu-like" symptoms or known close contact with symptomatic or COVID-19 positive person, the OCME will be notified and assume jurisdiction to determine the need for laboratory confirmation.
- If there is any suggestion of "foul play" or unnatural death, the usual procedures regarding unexpected or violent deaths will proceed, involving Police, State's Attorneys and the OCME.
- If the identity of the decedent cannot be confirmed, the OCME will be notified.

Death Certification:

Deaths related solely to Coronavirus Disease 2019 disease should be certified as such, and whether the diagnosis was laboratory (PCR) confirmed or presumed based on clinical history and/or circumstances should be indicated[1]. Indicating the causal pathway (mechanism) leading to death in Part I of the certificate is encouraged. For example, in cases when COVID-19 infection causes acute respiratory distress syndrome due to pneumonia, these can be included on lines A and B followed by Coronavirus Disease-19 (COVID-19) on line C in Part I (See Example 1 below). If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II (Contributory conditions).

Scenarios and recommended certification examples follow.

1. A patient with fever, respiratory symptoms, and laboratory (PCR) confirmation of Coronavirus (COVID-19) develops pneumonia and acute respiratory distress syndrome and subsequently dies:

   Part I. Cause of Death:

   A. Acute respiratory distress syndrome

   B. Pneumonia

   C. Coronavirus Disease (COVID-19), Laboratory confirmed

   Part II. Contributory conditions: List all relevant underlying diseases that contributed to death.

2. A patient with fever and respiratory symptoms is suspected of having COVID-19 based on clinical evaluation and circumstances (including decedents who were antigen positive and had recent close contact with a COVID-19 positive person), but has NO laboratory PCR confirmation of COVID-19 (or has pending test) at the time of death:

   Part I. Cause of Death: Coronavirus Disease (COVID-19), Probable (or "Test pending" if applicable)

   Part II. Contributory conditions: List all relevant underlying diseases that contributed to death.

Disposition of Remains:

Following proper identification and death certification, remains will be released for final disposition. In accordance with current, routine processes for remains not under jurisdiction of the OCME, the facility where the patient died will facilitate disposition of remains to funeral homes according to wishes of the next of kin or pre-arrangements made by the patient. Inform the funeral director of the COVID-19 status.

If no funeral home is available or next of kin is not available/willing to make disposition, causing the facility to exceed remains storage, the facility may request OCME assistance at 1-888-552-2952. Regional Temporary Mortuaries operated by the OCME may be used in such situations.

Body Handling and Storage:

Most often, spread of Coronavirus between living persons happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes, similar to the spread of influenza. This route of transmission is not a concern when handling deceased human remains outside the setting of autopsy or other activities that may aerosolize potentially infectious tissues or fluids.

Postmortem handling activities should be conducted using Standard Precautions[2], focusing on preventing direct contact with infectious material/fluids and embalming chemicals, percutaneous injury, and the hazards of moving heavy remains. Personal protective equipment (PPE) should include disposable nitrile gloves, a long-sleeved fluid-resistant or impermeable gown, and a plastic face shield or face mask with goggles to protect exposed skin, eyes, nose, and mouth from contact or splashes of potentially infectious bodily fluids is recommended. An N95 mask is not necessary when handling the remains of persons who have died from COVID-19 outside the setting of an autopsy or other aerosol-generating procedure.

Deceased persons should be secured in sealed body bags, which are clearly identified with the deceased demographic information (full name, date of birth and date and place of death). Ideally bodies should be in heavy-duty "trauma bags" which have handles to facilitate body movement. Minimally, medium-duty bags can be used. Disinfect the outside of the body bag with an EPA-registered hospital disinfectant applied according to the manufacturer's recommendations. Wear disposable nitrile gloves when handling a body bag containing remains. After PPE has been removed, wash hands immediately with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains 60-95% alcohol may be used.

Facility staff should refer to the March 23, 2020 Health Advisory "Coronavirus Disease 2019 (COVID-19): Recommendations to Facilitate the Transfer of Deceased Patients from Nursing Homes, Long Term Care Facilities and Hospice Facilities" for additional guidance[3].

[1] Cause of death statements for deaths due to other viruses, such as the influenza virus, should also indicate whether the diagnosis was laboratory confirmed or presumed.
[2] CDC recommendations for Standard Precautions can be found at https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html

[3] https://www.healthvermont.gov/sites/default/files/documents/pdf/HAN-Transfer-DeceasedPatients-LTCF-03.23.20.pdf

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: Provides important information for a specific incident or situation that may not require immediate action.
Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.