

MEMO

DATE: 2020-04-13

TO: Stakeholders and Partners in the Northern Communities

FROM: Dr. Rim Zayed, Deputy Medical Health Officer –Northern Population Health Unit

RE: Interim Simplified Guidelines for Handling Deceased Bodies, Funerals and Burials in Northern Communities

Background

- The current state of Indigenous health, and its potential vulnerability during a pandemic, is increasingly recognised as the result of complex socioeconomic factors and long colonial histories
- In many Indigenous communities there are factors that put people into particular vulnerabilities and cultural factors during death in a pandemic situation.
 1. People are relatively living in remote communities
 2. Housing is often crowded
 3. They have inadequate access to funeral houses that are close to their communities
 4. They have high number of elderly population with compromised health and immune system that put them at risk of high mortality.
 5. Funeral ceremonies for the deceased in terms of wakes, burials often follows mix of Indigenous culture and Christian Church.
- In During the first wave of the H1N1 influenza pandemic in Canada (April-August 2009), Indigenous peoples accounted for nearly 46 per cent of all sickness-related hospital admissions. Despite making up less than five per cent of the nation's population, First Nations, Inuit, and Métis peoples also represented 18 per cent of all confirmed H1N1-related deaths in those early months
- It is important to tailor the pandemic responses to the coronavirus pandemic to the needs of Indigenous communities and use the crisis to close many of the infrastructure gaps that have put First Nation and metis at risk.
- Recommendations are provided in consultations with Indigenous leaders and health officials at the federal, provincial and institutional levels.

The recommendations are real time and ongoing based on:

 1. Previous experiences with H1N1 examining public health COVID-19 outbreak management strategies.
 2. Pandemic preparedness now and the future through culturally appropriate countermeasures
 3. Coping with pandemic and documenting lessons learned

4. Develop and environmental scan of pandemic readiness to be sent to Indigenous communities to identify gaps and respond to needs through WebEx, e-mails and escalating needs through provincial and Integrated Northern-EOC
- Use culturally appropriate language especially among elderly. Avoid the use of words like quarantine that spurs anxiety especially it was related to residential schools and TB sanatorium.
 - Collecting information about community members to prioritize their health.

Infection Prevention and Control Precautions for COVID-19 at Funerals

- Virtual attendance via skype, zoom, Facebook etc. should be encouraged
 - People who are sick with a fever or cough must not attend (even if symptoms appear to be mild or resembling a cold);
 - Recommend anyone at high-risk of severe disease not attend the event (for example, people with immune compromising diseases and chronic conditions)
 - Stagger the time of arrivals and departures and shorten the funeral event to minimize exposure
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- Limit the number of people in the building to a maximum of 10, 5 is ideal. Maintain social distancing of 2 meters apart (6 feet) at all occasions.
 - Provide hand sanitizers for attendees to use when entering and leaving the building and at strategic locations within the building to increase access.
 - When paying last respect to deceased, implement viewing only. The COVID-19 virus can spread from people touching and kissing, therefore attendees should refrain from this.
 - Attendees should minimize singing and cheering as this could contribute to spread of COVID-19
 - Attendees should avoid shaking hands, hugging and touching each other.
 - Attendees should maintain social distancing of 2 meters apart (6 feet) at all occasions
 - If chairs and tables are used, ensure that they are thoroughly wiped and cleaned before and after the event
 - For seating arrangements for chairs and tables, ensure that only two people per table and allow for social distance of 2 meters (6 feet)
 - Make provisions for cleaning and disinfecting frequently touched surfaces, for example, door handles during the event
 - Should there be a need to serve food, attendees should practice hand washing and arrangements to serve Pre-packaged food following food safety precautions for temperature control (keep cold foods below 4C and hot food above 60C) adhered to. Attendees must maintain social distance of 2 meters (6 feet) at all times.

Embalming

Embalming in a funeral house

All individuals who handle bodies of those dying of COVID19 or influenza should use precautions. These precautions are known to and currently used by health care providers and funeral directors, and do not require special adaptations in a pandemic setting.

The actual risk of COVID19 infection spreading from the body of a deceased individual is minimal, with the primary precaution against disease spread being the prevention of exposure to splashes or aerosols of body fluids.

There are no special IPC measures for the handling of persons who have died from COVID19 beyond standard precautions if contact with respiratory secretions is possible.

The body is not considered contagious after death however ensure current guidance is always followed as recommendations change during the course of a pandemic.

Follow current routine precautions to prevent exposure to body fluid (i.e. gloves, gown, and goggles) and appropriate hand washing and disposal of equipment.

Embalmers in addition to gloves, gown, facial/eye protection, should wear an N-95 respirator mask for aerosol generating procedures (for example, open airway suctioning, sputum induction etc.)

Those working with the deceased must be trained in routine Infection and Prevention Control (IPC practices). For more information infection control practice and additional precautions, consult local refer to the *FSAC Funeral Service Guide to Pandemic Planning*.

Ensure the steps of donning (wearing) and duffing (removing) PPE are adequately followed to prevent exposure

Limit the number of embalmers; this is to minimize exposure to body fluids of deceased

The bodies of those dying of COVID19 or influenza should be handled using standard precautions currently employed by health care professionals and the funeral home industry. The actual risk of spread of COVID19 influenza from a deceased individual is minimal.

<https://www.nfda.org/covid-19/practical-guidance-webinars>

Embalming outside a funeral house

While we strongly believes that embalming and viewing the body is an important part of meaningful memorialization. However, we also recognize that the safety of embalmers is paramount. WHO recommendations allowed bodies to be buried or cremated; families should avoid contact (i.e., touching, kissing, etc.) the body of the decedent – however, in case of lack of funeral house two things must be considered:

- Embalming is not recommended to avoid excessive manipulation of the body;
- Adults >60 years and immunosuppressed persons should not directly interact with the body.
- If embalming must be done, the embalmer should be certified and trained in the use of PPE consistent with contact and airborne precautions. This includes a P2/N95 respirator which has been fit-checked, gown, gloves and eye protection.
- Explanting medical devices is not recommended for bodies who died from, or with, COVID-19 as it is not clear whether it is safe to do. Cremation practices should be managed accordingly.

Burials

Transportation of bodies from their place of death to their place of burial in northern and isolated communities requires special considerations. Factors such as: lack of funeral service personnel, difficulties with burials and transportation of remains, long distances for remains, no/poor road access, poor geographic areas for burial, etc. Ensure these issues are addressed with local municipalities.

Once death occurs, registration of death will be issued by local physician or a nursing practitioner. This will be sent to vital statistics to obtain burial permit. In case of death suspected to be caused by covid-19 some more diagnostic processes may be required to confirm the diagnosis prior to death registration.

Cemetery requires either burial permit for casket burial or burial permit and certificate of cremation for cremation. Funeral home provides this.

Rituals of Wake and Funeral Ceremonies and Visitation

The essence of a wake is a corpse in an open coffin surrounded by people who are gathered in an enclosed space for hugs, handshakes, songs and reminiscences – a coming together to bid farewell to the dead. Visiting the family of a person who has died is a social norm. It's a huge social matrix to acknowledge grief and death and move forward.

There is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19.” However, the CDC also notes, **“People should consider not touching the body of someone who has died of COVID-19.”**

A no wake at the dead person's home and parishioners could not enter the church for the funeral service. Maintaining social distancing, People should keep their distance of 2 meters.

Some recommendations from the national funerals directors association (NFDA) can be adapted to help people in grief during funerals:

1. Use public platforms such as Zoom, Facebook Live, Go to Meeting, WebEx, etc. Consult with others who have used any of these platforms or services for advice or tips on what works or pitfalls to avoid.
2. Live Stream with family present with no participants visible on the screen.

Suggestions:

- Give the family a moment to wave and express their thanks to the people who are joining them.
- Ask the participants to express in their wishes or condolences in the chat function and take a few minutes to read or say some words of sympathy them during the funeral.
- Have a video tribute or pictures of the deceased visible on the screen next to the officiant.
- Have a favorite or familiar prayer or song played and put the words on the screen so everyone can sing along.

3. Live Stream with or without family present and participants are visible on the screen

Suggestions:

- Ask the participants to write a note that can be held up to the camera for the family to see.
- Have a ceremony (a few are included) that everyone can do together.
- Have a video tribute or pictures of the deceased visible on the screen next to the officiant.
- Be sure that flowers or mementos or service folders are shown for everyone to see.
- Have a favorite or familiar prayer or song played and put the words on the screen so everyone can sing along.

4. Hold “Outside Services”

- Have a “drive-in” funeral service with everyone staying in their cars.
- Encourage people to drive by the home of the family at a set time, so they can acknowledge their “presence” and wishes.
- Gravesides with family standing by their cars.

Helpful Resources for Indigenous Communities

Saskatchewan Health Authority website

<https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public>

<https://indigenous.link/indigenous-services-canada/> update and information on Corona Virus with different languages

Canada.ca/coronavirus or call the Government of Canada's toll free line at 1-833-784-4397.

Video:

<https://www.youtube.com/watch?v=kEge6tpuVwI&feature=youtu.be>

References

1. Health Canada: Risk informed decision-making for mass gatherings during COVID-19 Pandemic. Available at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/mass-gatherings-risk-assesment.html>
2. Health Canada: Infection Prevention and Control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings. Available at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>
3. Health Canada: Management of mass fatalities: Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector. Available at: <https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/guidelines-for-the-management-of-mass-fatalities-during-an-influenza-pandemic.html#A13>
4. Australia: <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/covid-19-funeral-directors.aspx>
5. Ontario: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/funeral_bereavement_guidance.pdf

Safety | Accountability | Respect | Collaboration | Compassion

With a commitment to a philosophy of Patient and Family Centred Care

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