



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Guidance for care of the deceased person during the COVID-19 pandemic**

May 2021

## Contents

1. Taking a compassionate approach to caring for deceased people .....	4
2. The risk of contracting COVID-19 from a person who is considered infectious at the time of death.....	5
2.1 Cleaning procedures .....	6
3. Care of the deceased person immediately after death .....	6
3.1 Transferring the deceased person to a mortuary, funeral home or other location.....	8
3.2 Care of the deceased person in a mortuary .....	8
4. Care of the deceased person’s personal possessions.....	9
5. Pronouncement of death .....	10
7. Involvement of the Coroner .....	10
7.1 When to report a death to the coroner .....	11
7.2 Reporting a death to a coroner during the pandemic .....	11
7.3 Formal identification of the deceased person if a coroner’s post-mortem is required...	11
7.4 Coroner’s post-mortem .....	11
8. Funeral directors .....	12
8.1 Collecting the deceased person’s body .....	13
8.2 Preparing the deceased person for burial or cremation .....	13
8.2.1 Embalming.....	13
8.2.2 Medical implant devices .....	14
8.2.3 Washing and dressing the deceased person .....	14
8.2.4 Placing the person in a coffin .....	14
8.2.5 Care of the deceased person’s possessions.....	15
8.2.6 Repatriation of a deceased person .....	15
8.3 Viewing or reposing of the deceased person in a mortuary, funeral home or other location .....	15
8.4 Funerals .....	16
9. Bereavement support .....	17
10. Support for staff involved in the care of deceased people .....	18

## Introduction

This guidance aims to clarify the procedures following a death during the COVID-19 pandemic, whether or not the death was related to COVID-19. The guidance applies to staff of hospitals, nursing homes and hospices, people working in community settings, mortuary workers and funeral directors, among others. This document replaces previous Health Protection Surveillance Centre (HPSC) “Guidance for Funeral Directors”.

COVID-19 is likely to remain an issue in Ireland for the foreseeable future. The national vaccination programme should result in less transmission and reduced severity of symptoms but deaths during the infectious stage of the disease are likely to be an ongoing concern.

This guidance aims to ensure that care of the deceased person is performed safely and respectfully for all involved. Knowledge and research into the implications of COVID-19 for policy and practice are evolving. While some procedures are different from before, the aim is still to ensure a safe, dignified and compassionate approach to end of life.

In producing this guidance, the HSE acknowledges with sorrow all the people who have died or been bereaved during the pandemic, whether or not the deaths were related to COVID-19. The guidance aims to support a safe return to some of the familiar practices related to death and bereavement. It is designed to support staff and should be used alongside existing end-of-life care policies.

The guidance in this document may change to align with the evolving provisions of “Resilience and Recovery 2020-2021: Plan for Living with COVID-19”. It is available at <https://www.gov.ie/en/publication/c4876-covid-19-resilience-and-recovery-2021-the-path-ahead/>.

## Key principles

All deaths related to COVID-19 must be reported to the coroner. Aside from this, **standard precautions and practice apply unless the deceased person was considered to be an infection risk for COVID-19 at the time of death.** In this case, all infection prevention and control (IPC) precautions in place while the person was alive should continue after the person has died.

**The period of infectivity is up to 14 days after diagnosis.** If a person with a diagnosis of COVID-19 dies after the infectious period, the usual standard end-of-life care procedures apply.

The following principles underpin the guidance:

- Treat the deceased person with dignity and respect.
- Treat bereaved relatives and friends with kindness and compassion.
- Minimise infection risks and protect staff and others, such as faith leaders and religious personnel, who care for deceased people.

People directly involved in the preparation, handling, transport or treatment of people who have died during the pandemic should follow HPSC guidance on infection control and precaution for healthcare workers. It is available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>. People who are involved in the care of deceased people but who have no direct contact with the body should continue to follow current public health advice.

## How to use this guidance

This document contains technical guidance for staff. Towards the end of the document, section 9 contains a list of resources to support people who are bereaved. Section 10 contains information about support for staff involved in the care of deceased people. Sections 11 and 12 offer information about practical resources that can support quality end-of-life care and resources for communicating in end-of-life care.

The term “relatives and friends” is used throughout this document to denote people who are important to the deceased person, meaning “those closest to the person in knowledge, care and affection”. They may be family members, friends, emergency contacts and/or designated healthcare representatives.

## 1. Taking a compassionate approach to caring for deceased people

This guidance is mainly technical in nature. When carrying out technical tasks, it is critical that everyone:

- treats the deceased person with dignity and respect at all times, always referring to them by name
- respects the deceased person’s religious or cultural preferences (see below)
- ensures that the care provided fulfils any end-of-life wishes that the deceased person may have made known in an Advance Care Plan or verbally
- treats bereaved relatives and friends with compassion
- gently guides bereaved relatives and friends towards useful information and sources of support (see section 9)
- minimise any disruption to established practices related to death and dying

The restrictions and uncertainty resulting from the COVID-19 pandemic can intensify the level of distress and worry for the deceased person's relatives and friends. When communicating with bereaved relatives and friends it helps to be aware that:

- They are dealing with a lot of people, all of whom are both providing and looking for information and decisions – this can be very confusing, particularly when grieving.
- They are likely to be unfamiliar with COVID-19 guidance on the care of the deceased person and the funeral process, and may seek reassurance on many points.
- Grief may make relatives and friends less mindful of the need to protect themselves from possible COVID-19 infection. They may also be less mindful of the importance of protection for you and your colleagues.

Deceased people come from many cultural and religious traditions. Intercultural awareness is particularly important when working with the body of a deceased person, and communicating with their relatives and friends. The HSE's Intercultural Guide offers specific advice for the time of death and its aftermath. It is available at <https://www.hse.ie/eng/services/publications/socialinclusion/interculturalguide/interculturalguide.html>.

Caring for people who have died, and supporting their relatives and friends, can be very rewarding, but it can also be emotionally demanding. See section 10 for guidance on how to look after your general and mental health.

## 2. The risk of contracting COVID-19 from a person who is considered infectious at the time of death

The exact length of time that SARS-CoV2 virus (the coronavirus that causes COVID-19) can remain infectious in body fluids and tissues in a deceased body is as yet unknown. **To date there have been no documented cases of transmission of COVID-19 through handling the bodies of deceased people**, even those who died during the infectious stage of the disease (see section 8.2.1). As a precaution, however, it is prudent to wear appropriate PPE during:

- procedures that may involve the splashing of liquids (for example, while washing the deceased person)
- moving and handling (such as when dressing the deceased person)
- direct contact with the deceased person's clothing, bedding or possessions
- post-mortem examinations
- removing cardiac implants
- the process of embalming.

Any infection prevention and control procedures advised before death should be continued when handling the deceased person after death. However, **if precautions related to COVID-19 transmission were discontinued before death, they are not required afterwards.**

For more information on viral persistence, see <https://hselibrary.ie/how-long-can-the-covid-19-virus-exist-on-surfaces-what-role-do-contaminated-surfaces-play-in-the-chain-of-transmission-what-infection-control-precautions-should-be-implemented/>

## 2.1 Cleaning procedures

Standard infection prevention and control procedures for environmental cleaning continue to apply during the pandemic.

SARS-CoV-2 can persist on surfaces, such as plastic and stainless steel, perhaps for up to 9 days, depending on factors such as the type of surface, temperature, relative humidity and specific strain of the virus. It is important to clean surfaces thoroughly:

- Use soap and water or a detergent to clean surfaces on which the bodies of deceased people have lain.
- Then wipe the surfaces with household bleach (or a disinfectant with a minimum concentration of 0.1% sodium hypochlorite or 70% ethanol).

For Information about washing or cleaning personal items belonging to the deceased person, see section 4.

Follow the guidance of the Health Protection Surveillance Centre (HPSC) on infection control and precautions while the deceased person's body is in your care. Visit [www.hpsc.ie](http://www.hpsc.ie) for the most up-to-date advice.

## 3. Care of the deceased person immediately after death

This section deals with the period immediately after a death has taken place. For related information:

- concerning handling the personal possessions of the deceased person, see section 4
- on verification and pronouncement of death, see section 5
- about completing the Death Notification Form, see section 6
- on the procedures for reporting deaths to the coroner, see section 7
- about practical end-of-life care resources, such as the End-of-Life symbol and drapes, see section 11.

The following guidance applies in all settings, whether clinical or residential:

- The deceased person's relatives and friends should be informed that the person has died, even if they are present at the time of death. Document this in the healthcare record.
- Compassionate communication with relatives and friends is crucial. Take a systematic approach to keeping bereaved relatives and friends informed of what is happening. Guide them gently to useful information and sources of support (see section 9) and encourage them to contact a funeral director.
- Enable access to preferred spiritual care, if requested.
- Prepare the deceased person's body (perform last offices) in accordance with local protocol and the person's wishes, religious and cultural preferences. When carrying out these tasks:
  - If the person died during the infectious stage of COVID-19 (see page 5), wear a long-sleeved gown, gloves, a FFP2 or surgical face mask and eye protection, discarding the PPE afterwards according to standard procedures. If relatives or friends are present, explain the necessity for wearing this PPE.
  - For all other deaths, follow standard infection prevention and control precautions.
- Offer those close to the deceased person the chance to spend time with them, preferably no more than two at a time (though this is at local discretion). Relatives and friends should be advised to wear PPE in accordance with local guidance and protocol. Even when a death occurs during the infectious stage of COVID-19 (see page 5), it is neither appropriate nor practical to try to prevent all physical contact between visitors or with the deceased person. Advise mourners discreetly that they should preferably not kiss the deceased person and should wash their hands after touching them.
- Swabbing for COVID-19 is needed only in specific circumstances and when there is likely to be a post-mortem (see section 7).
- Put two forms of identification on the deceased person, according to local policy.
- The deceased person is now ready to be prepared for transfer to a mortuary, funeral home or other location, as required. See section 3.1 for more information.

### 3.1 Transferring the deceased person to a mortuary, funeral home or other location

This section offers guidance about transferring the body of a deceased person. For related information for funeral directors, see section 8. For information about practical end-of-life care resources, such as the End-of-Life symbol and drapes, see section 11.

Standard operating procedures apply if the person's death was not related to COVID-19 or if they died outside the infectious stage of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5):

- After any relatives and friends have left, place the person in a body bag.
- Wipe the body bag with disinfectant before transfer to a mortuary trolley.
- To carry out these tasks, wear a long-sleeved gown, gloves, a FFP2 or surgical face mask and eye protection, discarding the PPE afterwards according to standard procedures.
- Whilst transferring the deceased person on a trolley or in a coffin, wear a facemask. No other PPE is needed.

### 3.2 Care of the deceased person in a mortuary

Care of the deceased person in the mortuary should follow normal practice to the greatest possible extent. Standard operating procedures apply if the person's death was not related to COVID-19 or if they died outside the infectious stage of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5) and has already been placed in a body bag (inner lining) follow standard procedures.

If the person died during the infectious stage of COVID-19 (see page 5) and has not yet been placed in a body bag (inner lining), wear appropriate PPE (gloves, gown and FFP2 or surgical mask, eye protection) when handling the person's body. Once the deceased person is placed in a trolley or coffin for transfer there is no need for specific PPE, other than a facemask (see section 3.1). Disinfect trolleys after use (see section 2.1).

For information about viewing the deceased person, see section 8.3.



## 4. Care of the deceased person's personal possessions

The personal possessions of the deceased person are part of the memories and experiences of those who were close to them. How they are handed over to relatives and friends is an important reflection of the care and respect shown to the deceased person. See section 11 for information about available End-of-Life resources, such as a keepsake pouch and a family handover bag.

Standard operating procedures apply if the person's death was not related to COVID-19 or if they died outside the infectious stages of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5):

- Those personal possessions which are not going to be buried or cremated with the person should be removed as soon as possible after death.
- Clean jewellery, watches and items like photo frames with a disinfectant wipe. Jewellery can also be washed in hot soapy water, then rinsed and dried with disposable paper towels.
- Wash machine-washable clothing and soft toys at hottest setting that the fabric can withstand.
- If the death took place in a hospital, nursing home or similar:
  - Put items for machine washing in an alginate bag.
  - Put items for hand-washing into a plastic bag and wait for 72 hours before washing.
  - Put books and other items which cannot be wiped into a plastic bag and wait for 72 hours before handling.
  - Put items which are to be discarded into the clinical waste.
  - Following the steps above, small personal items such as jewellery or a watch can be placed in a keepsake pouch and all other items can be placed in a family handover bag (see section 11).
  - Explain necessary infection control precautions when giving the deceased person's belongings to their relatives or friends. Ideally, give written information as well as explaining verbally.
- In domestic settings, put items which are to be discarded into a plastic bag and leave them for 72 hours before putting them out for waste collection.

## 5. Pronouncement of death

For formal pronouncement of death:

- If the death occurs in a hospital, contact a member of the medical team caring for the person.
- If the death occurs in a nursing home or community nursing unit an appropriately trained registered nurse can pronounce the death. The nurse must be satisfied that death has occurred and that a record has been made as evidence of verification of death. Visit [https://hse.drsteevenslibrary.ie/ld.php?content\\_id=33357762](https://hse.drsteevenslibrary.ie/ld.php?content_id=33357762) for more information.
- If an expected death occurs in a private home, contact the local GP or out-of-hours GP service.
- For an unexpected death, paramedics and advanced paramedics registered with the Pre-Hospital Emergency Care Council (PHECC) are trained to verify deaths. During the pandemic, when paramedics attend the scene of a death they are not required to call a registered medical practitioner to pronounce death, as a member of An Garda Síochána can accept, on behalf of the coroner, a duly completed and signed PHECC Verification of Death Record Form as evidence of the pronouncement of death.

Assessment of the circumstances surrounding a death, if relevant, remains the responsibility of An Garda Síochána.

## 6. Completion of a death notification form

A registered medical practitioner should complete a death notification form according to local protocol unless the coroner is proceeding with further investigation. In this case the coroner's office will issue the death notification form.

## 7. Involvement of the Coroner

**All confirmed or possible COVID-19 related deaths must be reported to the District Coroner.** They are, however, considered to be natural deaths for which the cause of death is known or can be established easily, meaning that there is no legal requirement for a post-mortem examination. Coroners Society of Ireland guidance which seeks to minimise the need for post-mortem examinations and post-mortem swabbing is available at <http://www.coroners.ie/en/COR/Coroners%20Service%20Guidance%20Covid-19%20Version%206%20FINAL%20190420.pdf/Files/Coroners%20Service%20Guidance%20Covid-19%20Version%206%20FINAL%20190420.pdf>.

## 7.1 When to report a death to the coroner

In addition to the usual reasons for reporting a death to a coroner, deaths which occur in the following circumstances related to COVID-19 must also be reported:

- A person with a confirmed diagnosis of COVID-19 dies.
- A person with suspected or possible COVID-19 dies.
- A person dies in hospital from respiratory failure or adult respiratory distress syndrome before COVID-19 investigation can take place.
- A person dies in a nursing home, community hospital or other congregated residential setting which has experienced an outbreak of COVID-19 but the person was not tested for the virus before they died.
- A person dies in a nursing home, community hospital, private home or other place having been tested for COVID-19 before they died, but the results are not yet available.

For more detailed guidance see

<http://www.coroners.ie/en/COR/Coroners%20Service%20Guidance%20Covid-19%20Version%206%20FINAL%20190420.pdf/Files/Coroners%20Service%20Guidance%20Covid-19%20Version%206%20FINAL%20190420.pdf>.

## 7.2 Reporting a death to a coroner during the pandemic

A registered medical practitioner pronouncing death is a necessary and integral part of the coroner's inquiry and its legal safeguards. In certain circumstances during the COVID-19 pandemic, however, coroners will accept pronouncement of death by other competent, trained healthcare professionals. See section 5 for more information.

## 7.3 Formal identification of the deceased person if a coroner's post-mortem is required

The identity of the deceased person must be established positively before a coroner's post-mortem can take place. The coroner directs the identification process. Consult your local coroner's office about specific requirements.

## 7.4 Coroner's post-mortem

In most cases, **if a clinical assessment of COVID-19 can be made, there is no need for post-mortem examination or post-mortem swabbing.** Post-mortem examinations are still needed, however, in certain circumstances, such as when the cause of death is not known, for trauma-related deaths and suspicious deaths. If the deceased person tests positive for

COVID-19, the local coroner will determine in which mortuary the post-mortem will take place.

Coroners aim to avoid invasive post-mortems whenever possible, with options such as critical review of medical notes, external examination, toxicology and/or post-mortem imaging being used instead. In some cases, following discussion with the relevant coroner, a modified examination may be possible. Guidance on such post-mortem examinations is available from the Royal College of Physicians in Ireland at <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2020/05/Faculty-of-Pathology-Autopsy-Guidelines-during-Covid-19-Pandemic.pdf>.

If the coroner requests a post-mortem COVID-19 swab, the GP or public health team should inform the deceased person's close contacts as soon as possible, so that they can self-isolate until they are informed of the results.

If the swab is positive, the coroner will inform the public health service about the diagnosis so that contact tracing can begin. This information should form part of the standard discharge letter to the deceased person's GP.

Post-mortem examinations are often a distressing and sensitive issue for the relatives and friends of the deceased person. Guidance on how best to discuss this issue form part of the Irish Hospice Foundation's "Toolkit for Compassionate End-of-Life Care". See section 11 for more information.

## 8. Funeral directors

**Standard procedures and practice apply unless the deceased person was considered to be an infection risk for COVID-19 at the time of death.** Any infection prevention and control (IPC) precautions in place while the person was alive should remain after the person has died. **The period of infectivity is up to 14 days after diagnosis.** If a person with a diagnosis of COVID-19 dies after the infectious period, standard procedures apply.

There are, however, specific Government regulations concerning the management of funerals during the pandemic (see section 8.4). The maximum number of people allowed to attend funerals and various premises, including funeral homes, is detailed in "Resilience and Recovery 2020-2021: Plan for Living with COVID-19". It is available at <https://www.gov.ie/en/publication/c4876-covid-19-resilience-and-recovery-2021-the-path-ahead/>.

## 8.1 Collecting the deceased person's body

Standard operating procedures apply if the person's death was not related to COVID-19 or if they died outside the infectious stage of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5):

- If the person has already been placed in a body bag (inner lining), follow standard procedures.
- If the person has not yet been placed in a body bag, wear appropriate PPE (gloves, gown and FFP2 or surgical mask, eye protection) when handling the person's body.
- There is unlikely to be any significant contamination of the removal vehicle as the deceased person will be inside a body bag and, in most cases, a coffin. Clean the removal vehicle in the usual way after the person's body has been removed.

## 8.2 Preparing the deceased person for burial or cremation

### 8.2.1 Embalming

HSE advice does not prevent the embalming of a person who died with a confirmed or suspected diagnosis of COVID-19, if it is performed with all necessary safety precautions in place. There may, however, be other reasons why embalming is not advisable or desired.

Previous guidance for funeral directors did not recommend the practice of embalming. However, evidence has accumulated and there have been no confirmed reports of SARS-CoV-2 transmission from a dead body to a living host, including among persons with high levels of exposure, such as autopsy personnel<sup>1</sup> (see section 2).

Standard operating procedures for embalming apply if the person's death was not related to COVID-19 or they died outside the infectious stage of COVID-19 (see page 5).

The Health and Safety Authority of Ireland (HSA) has classified SARS-CoV-2, the virus that causes COVID-19, as a risk group 3 biological agent.<sup>2</sup> Since guidance on embalming varies internationally, practitioners should undertake appropriate risk assessment to evaluate and formalise their decision to provide this service. Funeral directors should consult the HSA's [Guidelines](#) and [Code of Practice](#) in order to risk assess their own facilities concerning the recommended minimum safety practices required for embalming. Embalming is not considered by the HSA to be a laboratory or industrial processes and as such, embalming

---

<sup>1</sup> O'Keeffe, J. Field inquiry: COVID-19 risks from handling the deceased. Vancouver, BC: National Collaborating Centre for Environmental Health. 2021 Feb.

<sup>2</sup>[https://www.hsa.ie/eng/topics/biological\\_agents/biological\\_agents\\_introduction/classification\\_of\\_biological\\_agents/final\\_statement\\_covid\\_19.pdf](https://www.hsa.ie/eng/topics/biological_agents/biological_agents_introduction/classification_of_biological_agents/final_statement_covid_19.pdf)

practices can be employed in line with standard safety measures and risk assessment / mitigation actions.

In assessing embalming services, it may also be helpful to refer to the HPSC's "[Guidelines for the Management of Deceased Individuals Harboring Infectious Disease](#)" which set out practice and facility / premise related guidance including those for embalmers.

It may be that, after assessing risk, some providers may decide not to provide embalming services. Referring to this document may help Funeral Directors to explain the reasons for their decision to the deceased person's relatives and friends.

### 8.2.2 Medical implant devices

Remove implantable cardiac devices before cremation. If the person died during the infectious stage of COVID-19 (see page 5), wear a long-sleeved gown, gloves, a FFP2 or surgical face mask and eye protection. In all other cases, follow standard procedures.

### 8.2.3 Washing and dressing the deceased person

Standard operating procedures apply if the person's death was not related to COVID-19 or if they died outside the infectious stages of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5):

- While preparing the deceased person's body in accordance with their wishes, religious and cultural preferences, wear a long-sleeved gown, gloves, a FFP2 or surgical face mask and eye protection.
- Put a cloth or facemask over the person's mouth to prevent the dispersal of droplets from their respiratory tract.
- When turning and moving a deceased person, put minimal pressure on the abdomen and chest to prevent expulsion of air or other substances from the nose, mouth or elsewhere.
- Bathing is the best way of washing the deceased person. If running water is essential, follow standard practice and keep the water pressure low to avoid splashing.
- Follow standard practice when dressing the deceased person in their chosen clothes.
- Follow standard practice when removing PPE. Wash your hands afterwards.

### 8.2.4 Placing the person in a coffin

Standard operating procedures apply if the person's death was not related to COVID-19 or if they died outside the infectious stage of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5):

- The body bag may be used as the inner lining for a coffin (see section 8.1).

- Once the deceased person is in a closed coffin, PPE is not required for any other part of the process. The unnecessary wearing of PPE can cause significant distress to relatives and friends, and should be avoided.

#### 8.2.5 Care of the deceased person's possessions

See section 4 for guidance on the care of the deceased person's personal possessions.

#### 8.2.6 Repatriation of a deceased person

Consult with the Irish Association of Funeral Directors for guidance on the repatriation of a deceased person from Ireland to another country.

### 8.3 Viewing or reposing of the deceased person in a mortuary, funeral home or other location

Saying a final goodbye is important. Not having the opportunity to spend time with or say goodbye to a loved one can cause considerable distress to bereaved people and can impact negatively on their grieving process.

Standard operating procedures, including allowing an open coffin, apply if the person's death was not related to COVID-19 or if they died outside the infectious stage of COVID-19 (see page 5).

If the person died during the infectious stage of COVID-19 (see page 5), the decision to allow an open coffin should be based on an assessment of the potential distress caused to bereaved relatives and friends from not being able to say goodbye, and the potential infection risk (see section 2). Other reasons as to why an open coffin is not advisable may also form part of the risk assessment and decision-making process.

In general, **wherever possible, facilitate relatives and friends who wish to view the deceased person.** If the person died during the infectious stage of COVID-19 (see page 5):

- Wear appropriate PPE (gloves, apron and FFP2 or surgical mask, eye protection) when preparing the deceased person for viewing.
- Advise mourners discreetly that they should preferably not kiss the deceased person and should clean their hands after touching them.
- Ensure that tissues, hand sanitiser and waste bins are available.
- Clean all surfaces when the viewing has finished.

In all places where viewing or reposing of the deceased person takes place, whether public or private, everyone must follow Government guidance on social distancing, wearing face-coverings and observing hand and respiratory hygiene, in order to reduce the risk of infection from close contact between mourners. People who have COVID-19, who have symptoms and are awaiting the results of a COVID-19 test or who have been in close contact

with a person who has COVID-19, should not attend. Ensure adequate ventilation in the viewing/reposing room by opening windows for a time before and after viewing and keeping doors open if this does not compromise privacy.

Published death notices should not give details of viewing times. See section 8.4 for guidance on wording for death notices.

While relatives, friends or others may be involved in preparing and dressing the deceased person for burial or cremation, overall responsibility for this lies with the funeral director or funeral organiser. Some faith communities may choose to organise this aspect themselves. See section 8.2.3 for guidance on washing and dressing the person. For guidance on care of the personal possessions of the deceased person, see section 4.

## 8.4 Funerals

Everyone present at a funeral must follow Government guidance on social distancing, wearing face-coverings and hand and respiratory hygiene, in order to reduce the risk of infection from close contact between mourners. People who have COVID-19, who have symptoms and are awaiting the results of a COVID-19 test or who have been in close contact with a person who has COVID-19, should not attend.

The maximum number of people allowed to attend funerals is subject to change. Visit <https://www.gov.ie/en/publication/e5175-resilience-and-recovery-2020-2021-plan-for-living-with-covid-19/> for regular updates. HPSC guidance for the conduct of funerals during the pandemic is available at [https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/funeraldirectorsguidance/COVID\\_religious%20settings.pdf](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/funeraldirectorsguidance/COVID_religious%20settings.pdf). This guidance applies to all funerals, whether religious or not. Keep the chief mourners informed about the restrictions current at the time of the funeral.

Arrangements notified in newspapers and online should discourage attendance in person, and instead encourage people who wish to pay their respects to follow the service online, where available, and to leave condolence messages online. The chief mourners can advise relatives and friends privately of the funeral arrangements.

Published death notices should not give details of viewing times. Suggested wording for funeral notices could include:

*A private funeral will take place in line with current Government public health restrictions. Gatherings associated with funerals are not possible at this time. Those who would have liked to attend the funeral, but due to current restrictions cannot, can follow the livestream on {day} at {time} via {link} Personal messages of condolence can be left at {link}*



*{person's name}'s Funeral cortège will travel from {Place name - not building reference for the place of private repose} at {time} en route to location {place}. Local residents along this route are welcome to show their support for the family. All public health guidance should be adhered to.*

In addition:

- Avoid the use of handwritten condolence books during the pandemic.
- Where possible, encourage mourners not to share cars, but instead to travel by themselves or with people from their household.
- Discreetly discourage mourners from carrying the coffin, as it requires 4-6 people to stand close together.
- Burial of bodies in shrouds is permitted. Those handling the deceased person should wash their hands afterwards.
- Gently discourage mourners from physical contact, such as hugging and shaking hands to offer condolences. Ensure that hand sanitiser is available for people who do make physical contact.

## 8.5 Cremation

Cremation is not required for infection prevention and control during the pandemic but can continue as usual. If the death of the person to be cremated was related to COVID-19, the coroner will provide a completed Form D, and a Form C will not be required. In all other cases, standard procedures apply.

For information on removing implantable cardiac devices before cremation, see section 8.2.2.

## 9. Bereavement support

Coping with the loss of a loved one is one of life's biggest challenges. The conditions and restrictions of the pandemic make it even more important than usual to ensure that surviving relatives and friends receive quality information and support. Available resources include:

- "A Guide for the Bereaved during the COVID-19 Pandemic", a Government publication, aims to provide clear advice for bereaved people between the time a death occurs up to the burial or cremation. You can access it at <https://www.gov.ie/en/publication/f43301-covid-19-coronavirus-a-guide-for-the-bereaved/>.
- The Citizens Information website provides practical resources for bereaved people, as well as information about bereavement counselling and support. You can access it at <https://www.citizensinformation.ie/en/death/>.
- Irish Hospice Foundation operates a bereavement support phone line for people experiencing grief and loss. Run in partnership with the HSE, the line is available

10am to 1pm, Monday to Friday, on Freephone 1800 80 70 77. The service is open to people who:

- have been recently bereaved, whether or not COVID-19 was the cause of death
- are concerned about somebody else who has been bereaved
- find that a previous bereavement feels more difficult at this time
- want to ensure that their employer or other organisation offers appropriate support to bereaved colleagues.

You can find out more about the Bereavement Support Line on

<https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/bereavement-support-line/>.

- “Planning a funeral in exceptional times”, and many other resources for people who are bereaved, including some specific to grief and loss during the pandemic, are available on the Irish Hospice Foundation’s website at <https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/grieving-during-covid-19>
- Local resources and information may also be available.

## 10. Support for staff involved in the care of deceased people

Caring for deceased people, and supporting those who are bereaved, can be rewarding but it can also be emotionally challenging, especially during the pandemic. It is normal for staff to experience grief in relation to the people that they care for, so providing appropriate support is important. Information and support for staff who feel affected or experience changes in their own mental health includes:

- [HSE Guidance for Staff on Minding Your Mental Health During the Coronavirus Outbreak](#)
- Local HSE Psychosocial Response supports, including:
  - a Psychological First Aid Call Back Service for healthcare workers, and some targeted groups of the public, who may be feeling stressed or anxious about the impact of COVID-19
  - trained psychosocial responders who can provide a brief telephone contact to help callers to cope with daily challenges.

For information on the support available in your local area see

<https://www.hse.ie/eng/services/list/4/mental-health-services/psychosocial-response-group/>.

- The HSE Employee Assistance Programme provides access to counsellors and therapists. You can apply yourself or by referral through your manager or HSE Occupational Health services.
- Healthy Ireland’s “Keep Well” campaign offers advice on how everyone can mind their physical and mental health and wellbeing during the pandemic through small

changes to their daily and weekly routines. It is available at <https://www.gov.ie/en/campaigns/healthy-ireland> .

- For information on how to support staff who are grieving see <https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/grieving-during-covid-19/supporting-bereaved-staff-during-covid-19/> .
- The Irish Hospice Foundation’s “Toolkit for Compassionate End-of-Life Care” includes information on self-care for teams and individuals who work in end-of-life services. It is available at <https://hospicefoundation.ie/wp-content/uploads/2021/01/IHF-Toolkit-for-compassionate-end-of-life-care.pdf>.
- The Irish Hospice Foundation’s bereavement support phone line for people experiencing grief and loss, run in partnership with the HSE, is open to staff as well as members of the public. The line is available 10am to 1pm, Monday to Friday, on Freephone 1800 80 70 77.
- Your workplace may also offer support services. Contact your manager or occupational health department for information.

## 11. Practical resources for respectful end-of-life care in hospitals and community facilities

The use of appropriate End-of-Life resources can help to create a respectful atmosphere in a hospital or community facility when someone has died. These include the End-of-Life Symbol, keepsake pouches, family handover bags, mortuary trolley drapes and bedside lockers. More information on these resources can be found at [HFH Resources - Irish Hospice Foundation](#).



## 12. Resources to support communication in end-of-life care

When communicating with a deceased person's relatives and friends it is important to:

- Treat bereaved relatives and friends with kindness and compassion.
- Acknowledge the extra stress that the pandemic is creating for them.
- Give them the opportunity to ask questions.
- Gently guide them towards useful information and sources of support (see section 9).

The HSE National Healthcare Communication Programme includes guidance on how to conduct difficult conversations (<https://www.hse.ie/eng/about/our-health-service/healthcare-communication/nhcp-guidance-for-difficult-conversations.pdf>).

Irish Hospice Foundation's "Toolkit for Compassionate End-of-Life Care" provides advice for healthcare workers when communicating with deceased people's relatives and friends. It is available at <https://hospicefoundation.ie/wp-content/uploads/2021/01/IHF-Toolkit-for-compassionate-end-of-life-care.pdf>.