



OACFP

ONTARIO ASSOCIATION OF CEMETERY
AND FUNERAL PROFESSIONALS

Q & A from March 23, 2020 Webinar – Updated March 29, 2020

******Please note – This is a rapidly evolving situation and this information may become out of date in coming days and weeks. The answers to these questions represent the best advice of OACFP, the BAO and Dr. Coomes and others under the current circumstances. ******

Infectious Disease questions and protocols

1. **If one of our employees is infected and enters the 14-day quarantine, would everyone in the workplace be required to go in quarantine or only if they start exhibiting symptoms?**

CDC: “If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The fellow employees should then self-monitor for [symptoms](#) (i.e., fever, cough, or shortness of breath).”

Rudner Law: <https://www.rudnerlaw.ca/coronavirus-pandemic-frequently-asked-employment-law-questions/>

Dr. Coomes: There are lots of terms being used to describe control approaches for COVID-19. Lets briefly review them:

- 1) Quarantine sequesters healthy, asymptomatic people exposed to an infectious disease for the duration of the incubation period, to contain the spread of the disease.
- 2) Isolation refers to separating patients with active infection from healthy, unexposed people, to prevent transmission.

However, in the lay press and in many documents these terms are being used interchangeably.

What contacts require self-quarantine or self-isolation?

Recommendations depend on the intensity of contact and presence of symptoms.

1) **Symptomatic persons** - self-isolate, contact health provider.

2) Asymptomatic persons:

a) **High risk contact** = self-quarantine x 14 days

- Provided care without personal protective equipment
- Lived with or had prolonged close contact (within 2 meters) with COVID case
- Had unprotected contact with body fluids of COVID case

b) **Moderate risk contact** = monitor for symptoms

- Provided care WITH personal protective symptoms
- Lived with or had prolonged contact but remains more than 2 meters from COVID case

c) **Low risk contact** = no special action required

- Transiently walked by case

As the evidence and recommendations may change, please refer to this Canadian government document regarding the definitions and suggestions for close contacts:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html#co>

2. Should we be isolating from our families?

Dr. Coomes: As with social contacts, where possible consideration should be given to physical distancing and frequent hand washing. However, direct household contacts and caregivers are anticipated to require a higher degree of close contact, and this is okay.

However, if the household contact has COVID-19 then additional precautions are required. If someone is under self-quarantine after a high-risk exposure or is under self-isolation due to symptoms or diagnosis of COVID-19, then isolation from family members is recommended. In this situation, maintain at least 2 meters of contact from others, including household members. Consider the use of separate bathrooms and physical

spaces and avoid overlap. If interactions within 2 meters are unavoidable, due to requirement for care, the patient with COVID-19 should wear a procedural mask.

3. How long does the virus lasts on bodies and surfaces?

Dr. Coomes: Coronaviruses (not SARS-CoV-2) can survive up to 9 days on inanimate surfaces (cadavers) at room temperature. However, at 4 degrees C (temperature of most morgues) coronaviruses can persist greater than 28 days.

SARS-CoV-2 survival at room temperature on inanimate surfaces for up to 3 days. Viable virus was detected up to 72 hours after application on inanimate surfaces

- Virus titer was markedly reduced after 48 hours and stainless steel
- No viable virus was measured after 4 hours on copper or 24 hours on cardboard
- More stable on plastic and steel than copper and cardboard.

4. What other products can be used besides hand-sanitizers and disinfectant wipes given the shortages. For example, are there any sprays that could replace wipes?

According to the [CDC website](#): For household disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- o Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Dr. Coombes: Check product label for activity against coronavirus. Coronaviruses can be efficiently inactivated by surface disinfection procedures with:

- 62-71% Ethanol
- 0.5% hydrogen peroxide
- 0.1% sodium hypochlorite

He also confirmed that bleach solutions were being used in hospital settings.

5. **If a person were to die of COVID -19 what steps are the hospitals taking in order to.....1. Let the Funeral Homes know2. Are they double pouching and 3. Will it be listed anywhere on the Medical, even if it might not be a cause of death?**

Dr. Coomes: If known COVID -19 will be listed on the Medical Certificate of Death. If cause of death is listed as pneumonia or respiratory infection assume COVID – 19. Best practice dictates that every decedent has the potential to be infectious.

Unable to comment on double pouching question.

6. **If we were to use Reusable/washable gowns for embalming, is there a special product we should be using to wash them?**

Dr. Coomes: Launder exposed items separately from non exposed items. Place in clothes dryer on high heat settings.

7. **Can COVID-19 in a deceased still cause illness to those near or handling the body?**

Yes, there is potential for illness for those handling the body. Transmission is via droplet and contact.

Guidelines for protection:

Dr. Coomes: The most powerful and effective measure is hand hygiene before and after touching the deceased. Washing hands will kill the virus.

Gloves to be used if hands in contact with mucous membranes, non-intact skin, bodily fluids, contaminated equipment/surfaces. Clean hands before putting on gloves and do not reuse gloves.

Gowns + Mask + Eye Protection when the procedure is likely to generate splashes of blood, body fluids, secretions, or excretions.

CDC Advice: Direct contact with the deceased:

- Nitrile gloves when handling potentially infectious materials (deceased/fluids)
- Long-sleeved fluid-resistant or impermeable gown to protect skin and clothing
- Plastic face shield or face mask + goggles.

Transport of the deceased

- Nitrile gloves “workers receiving the biological specimen bag outside the autopsy suite or anteroom should wear disposable nitrile gloves”

BAO: The BAO strongly reminds funeral professionals to wear your PPE and follow precautions, as you do for embalming and preparation of the deceased. There is no known evidence of post-mortem spread of the virus. There is also no known risk associated with being in the same room with the body of someone who has died of COVID-19.

8. Can you confirm viruses killed by cremation procedure?

Dr. Coomes: Heat is highly active at destroying virus. Heat at 56 degrees C kills the SARS coronavirus quickly. Cremation occurs at ~ 1000 degrees C – the virus would be eradicated under such conditions.

9. Ozone generators and UVC lights can they kill covid-19??

Dr. Coomes: We would advise the use of recommended cleaning products for COVID-19, including bleach (sodium hypochlorite 5.25%) or hydrogen peroxide 0.5%.

Taken from: <https://news.engineering.utoronto.ca/air-filtration-and-covid-19-indoor-air-quality-expert-explains-how-to-keep-you-and-your-building-safe/>

Ultraviolet (UV) lamps: A properly designed and maintained UV system, often in concert with filtration, humidity control, and airflow management, has been shown to reduce infections from other viruses. However, the details of the system are very important (e.g., design of fixtures, lamp type, lamp placement, airflow amount and mixing, etc.). Simply adding UV to an existing system without consideration of these factors has not been demonstrated to have a benefit. **What about ionizers, ozone generators, plasma, and other air cleaning technologies:** None of these technologies have been proven to reduce infection in real buildings, even if they have promise based on tests in a laboratory or other idealized settings. Some of them have substantial concerns about secondary issues (such as production of ozone, a respiratory irritant).

10. What are the most effective ingredients to look for in disinfecting agents?

Dr. Coomes: Check product label for activity against coronavirus. Coronaviruses can be efficiently inactivated by surface disinfection procedures with:

- 62-71% Ethanol

- 0.5% hydrogen peroxide
- 0.1% sodium hypochlorite

He also confirmed that bleach solutions were being used in hospital settings.

11. Is blood contagious or just respiratory fluids/saliva are contagious? How can the virus live in a dead person?

Dr. Coomes: Transmission is through droplet (sneezing) and contact by secretions & excretions

- Oral (saliva)
- Respiratory secretions (cough/sputum)
- Unknown – blood, fecal-oral

Coronaviruses (not SARS-CoV-2) can survive up to 9 days on inanimate surfaces (cadavers) at room temperature. However, at 4 degrees C (temperature of most morgues) coronaviruses can persist greater than 28 days.

Airborne transmission may occur in the setting of aerosol generating procedures – use N95 (i.e. use of oscillating saw, manipulation of the airway) Gowns + Surgical Mask + Eye Protection when the procedure is likely to generate splashes of blood, body fluids, secretions, or excretions.

According to Dr. Sidney Siu, the main concern during the embalming process is during aspiration. Aspiration is an “aerosol generating procedure.” It is advised to install a plexi- glass shield surrounding the aspiration area and disposal area. Use universal precautions at all times. Medicals often don’t reflect the cause of death or all contributing factors. N95 masks are definitely required during this procedure.

Refer to [Routine Practices in the Bereavement Care Setting](#) and [Additional Precautions in the Bereavement Care Setting](#) on the BAO website. The BAO’s homepage has several valuable links, including its COVID-19 web post on the top right. <https://thebao.ca/>

12. Does aspiration of a deceased create aerosolization of the COVID-19 virus and should this be handled in a different way?

Dr. Coomes: If this is using vacuum/high flow suctioning techniques, this may be a potential aerosol generating procedure. Consideration should be given to avoidance of

such procedures if not required. If necessary, should use additional N95 respiratory as a precaution.

Karl Wenzel*: Aspiration can very easily cause aerosolization depending on the equipment used and setup you have at your facility. Ideally you have a system that automatically “feeds the drain.” This means that the waste isn’t discarded into a commode/toilet or open sink, but instead the discharge tube feeds directly into the drain and out-of-sight, which is the ideal setup. I recommend running water into the closed drain while aspirating to prevent any back splashing that may occur from the drain.

If you do use a commode/toilet as your discharge point, then cover the area up with something that can be discarded or sanitized after each use. Another suggestion to reduce the risk of any aerosolization coming from the aspiration procedure is to place a cloth which has been soaked in a disinfectant around the aspiration point to reduce any splashing or spraying from the site.

Currently, there are several experts that are recommending to either delay aspiration or not aspirate at all. These suggested practices do offer some positive benefits, and you may want to consider them as they can help further limit aerosolization, as well potentially allowing the virus to die before potential exposure. In general, it is important to be extra smart and think of how you can prevent droplet or aerosolization throughout the aspiration and embalming procedure

*Information provided by Karl Wenzel, Founder of the Canadian School of Advanced PREP courtesy of the International Cemetery, Cremation and Funeral Association (ICCF).

13. Does the virus live on employee clothing? What clothing requirements should our funeral home be mandating?

Dr. Coomes: Virus can live on clothing up to 72 hours (inanimate surfaces). Regular laundering using a high temperature dryer should eliminate the virus. Separate virus contaminated clothing from regular clothing for laundering.

To prevent clothing from being contaminated: Gloves to be used if hands in contact with mucous membranes, non-intact skin, bodily fluids, contaminated equipment/surfaces. Clean hands before putting on gloves and do not reuse gloves.

Gowns + Surgical Mask + Eye Protection when the procedure is likely to generate splashes of blood, body fluids, secretions, or excretions.

CDC Advice: Direct contact with the deceased:

- Nitrile gloves when handling potentially infectious materials (deceased/fluids)
- Long-sleeved fluid-resistant or impermeable gown to protect skin and clothing

- Plastic face shield or face mask + goggles.

Transport of the deceased

- Nitrile gloves “workers receiving the biological specimen bag outside the autopsy suite or anteroom should wear disposable nitrile gloves”

PPE for cleaning area which had direct contact with deceased (or fluids)

- Gloves
- Clean, long-sleeved fluid resistant gown
- Eye protection
- Surgical mask

Do not use compressed air or water pressure (power washer) that cause aerosolization

Use disinfectants with label claims against human coronaviruses.

14. At what temperature does the virus die?

Dr. Coomes: 56 degrees C kills the SARS coronavirus quickly.

15. Is Covid 19 here to stay?

Dr. Coomes: COVID-19 could become a seasonal infection. Hopefully the community will develop some immunity to the virus (the first year is always the worst) and time will allow for development of vaccines.

16. Is a hand moisturizer acceptable to use after rigorous hand cleaning?

Dr. Coomes: Yes – after hands have dried.

17. If a person dies of COVID-19 what appears on the Medical Certificate of Death and do we acknowledge that COVID 19 is a contagious disease as asked on most cremation applications?

Dr. Coomes: If known COVID -19 will be listed on the Medical Certificate of Death. If cause of death is listed as pneumonia or respiratory infection assume COVID – 19. Best practices dictate that every decedent has the potential to be infectious.

BAO: Chief Coroner of Ontario has assures us you will be informed.

COVID-19 is a contagious disease and should be acknowledged on cremation applications.

18. Pregnant funeral directors... what procedures should they take?

Dr. Coomes: There is no evidence of vertical transmission of virus from mother to fetus. Refer to [*Routine Practices in the Bereavement Care Setting*](#) and [*Additional Precautions in the Bereavement Care Setting*](#)

NFDA: Refer to guidelines for Pregnancy and Breastfeeding <https://www.nfda.org/covid-19/frequently-asked-questions/technical-questions>

19. I have read and heard numerous times that this Virus was man made in a lab, is there any proof to this so-called story?

Dr. Coomes: SARS and COVID-19 epidemics started at a Chinese wildlife market.

20. How many layers on top of the capsid does the COVID-19 virus have?

There is no information available at this time.

21. Can someone get infected twice?

Dr. Coomes: We do not have a full body of research on this topic as yet.

22. You mentioned disinfecting with hydrogen peroxide - what about bleach?

CDC: Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Dr. Coomes: Bleach is typically viricidal and should be effective.

23. Is there a concern with blood/bodily fluids during the embalming process as these fluids are flushed into the public sanitary sewer system?

Dr. Coomes: Currently we do not have any guidance regarding the sewer systems and so our routine practices for disposal continue. It seems unlikely that the virus would be transmitted through our waste or water systems.

24. You said N95 Masks are only needed in the Prep room, perhaps when aspirating. Dr. Siu said we should wear masks, gowns and gloves when we go to residences and nursing homes. What kind of masks should we be wearing?

Dr. Coomes: Surgical masks are more than adequate if procedures are non aerosol generating.

25. Is using a higher concentration alcohol (above 71%) less effective?

Dr. Coomes: A higher concentration is fine. At issue would be alcohol with a lower concentration.

26. If you have had COVID 19 and have recovered, are you able to get it again?

Dr. Coomes: We do not have a full body of research on this topic yet. 80% of people who contract the virus have mild infections. Whether having a mild Covid-19 infection brings secondary immunity is not know at this point.

27. I read somewhere that the use of a hair dryer set at a high enough temperature that that heat would kill the virus. Yes or no?

Dr. Coomes: No. Hand dryers are not effective in killing SARS-CoV-2.

There are many myths about COVID-19 that are circulating online. This resource from the WHO provides excellent answers regarding common myths:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

28. If you get a mild virus experience are you now immune?

Dr. Coomes: We do not have a full body of research on this topic yet. 80% of people who contract the virus have mild infections. Whether having a mild Covid-19 infection brings secondary immunity is not known at this point.

29. What are the best disinfect products available to protect the family and staff?

Dr. Coomes: Check product label for activity against coronavirus. Coronaviruses can be efficiently inactivated by surface disinfection procedures with:

- 62-71% Ethanol
- 0.5% hydrogen peroxide
- 0.1% sodium hypochlorite

He also confirmed that bleach solutions were being used in hospital settings. Bleach is typically viricidal and should be effective.

30. Can the virus prolong in bodies of water ranging in size from bowls or buckets to ponds or lakes?

Dr. Coomes: Refer to virus survival on inanimate surfaces:

SARS-CoV-2 survival at room temperature on inanimate surfaces for up to 3 days. Viable virus was detected up to 72 hours after application on inanimate surfaces

- Virus titer was markedly reduced after 48 hours on stainless steel
- No viable virus was measured after 4 hours on copper or 24 hours on cardboard
- More stable on plastic and steel than copper and cardboard.

31. What is the most recent information about transmission of COVID – 19 from human remains to staff handling the remains?

This interim guidance is based on what is currently known about coronavirus disease 2019 (COVID-19). Current knowledge about the disease and transmission is based on preliminary data and on what is known about similar coronaviruses. Most often, spread from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. This route of transmission is not a concern when handling human remains or performing post-mortem procedures. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the

main way the virus spreads. CDC will update this interim guidance as additional information becomes available.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

Cemetery & Crematorium Questions

32. Any specific procedures for earth burials, including spring burials?

Dr. Coomes: If in direct contact with body or bodily fluids then there is potential for transmission. Consider disinfection of external surfaces of caskets. If handling surfaces that have been in direct contact with body or bodily fluids, wear gloves for PPE.

BAO expects that cemetery operators will:

- * Use all precautions when allowing burials.
- * Ensure that attendees are less than 50 in number and encourage safe distancing from each other during grave side service.
- * Ensure that cemetery staff stay a safe distance from the Funeral Establishment staff and attendees.
- * Ensure that casket/container is disinfected prior to being placed on the lowering device.
- * Cemetery staff to attend graveside once all family & funeral staff are a safe distance away.

33. Can anything be addressed about cremation operators? Receiving bodies, PPE, opening retort to rake remains?

Dr. Coomes: Transportation before cremation should follow routine procedures. Gloves to be used if hands in contact with contaminated equipment/surfaces. Clean hands before putting on gloves and do not reuse gloves. Heat is highly active at destroying virus. Heat at 56 degrees C kills the SARS coronavirus quickly. Cremation occurs at ~ 1000 degrees C – the virus would be eradicated under such conditions.

Refer to [*Routine Practices in the Bereavement Care Setting*](#) and [*Additional Precautions in the Bereavement Care Setting*](#) on the BAO website. There is a specific section for ***Handling of the Deceased at the Crematorium.*** <https://thebao.ca/>

34. Safety for cemetery staff performing burials and does the virus survive the body or on surfaces like the casket and flowers?

Dr. Coomes: If in direct contact with body or bodily fluids then there is potential for transmission. Consider disinfection of external surfaces of caskets. If handling surfaces that have been in direct contact with body or bodily fluids, wear gloves for PPE.

Refer to [*Routine Practices in the Bereavement Care Setting*](#) and [*Additional Precautions in the Bereavement Care Setting*](#) on the BAO website. There is a specific section for *Handling of the Deceased at the Cemetery*. <https://thebao.ca/>

35. With bodies arriving at crematoriums already in a container (generally wood or cardboard) do the crematorium staff face any significant risk of infection?

Dr. Coomes: Transportation before cremation should follow routine procedures. Gloves to be used if hands in contact with contaminated equipment/surfaces. Clean hands before putting on gloves and do not reuse gloves. Heat is highly active at destroying virus. Heat at 56 degrees C kills the SARS coronavirus quickly. Cremation occurs at ~ 1000 degrees C – the virus would be eradicated under such conditions.

Refer to [*Routine Practices in the Bereavement Care Setting*](#) and [*Additional Precautions in the Bereavement Care Setting*](#) on the BAO website. There is a specific section for *Handling of the Deceased at the Crematorium*. <https://thebao.ca/>

**36. Spring Interments re vault storage, best before date?
Is there a deadline such as the May 15 rule in Quebec?**

The BAO has instructed all cemetery operators to begin burials as soon as possible. Refer to [BAO March 24 directive](#).

37. Will deaths related to corona virus and potential exposure to next of kin who front line cemetery directors are working with to make arrangements also be notified regarding next of kin exposure?

Consider screening client families over the phone or by email before meeting in person. This would open the door to a conversation that could provide answers to potential exposure from next of kin. The COVID-19 assessment from the Government of Ontario is on <https://www.ontario.ca/page/2019-novel-coronavirus> .

38. I am in a rural area that the cemeteries do not bury all year, I have reached out to our most commonly used cemeteries to ask if burials can begin and they are saying no it will make too much of a mess. Will the BAO be sending out a mandate to cemeteries in these areas that they must start full casket burials?

Yes, BAO issued this directive March 24. [BAO March 24 directive](#).

39. Families are postponing full casket interments. Would it not be better to NOT postpone burials as we don't know what to expect. We might have interments with NO families if we wait.

The BAO has instructed all operators to proceed with interments without delay. These are unprecedented times and operators should be prepared to perform burials without delay as per the [BAO Directive March 23](#).

40. Is it safe for funeral attendees to grab a handful of soil to put in the grave?

Dr. Coomes: Yes, as long as soil has not come into contact with bodily fluids of the deceased.

41. Will you change hours of operations in the by-laws for crematoriums (currently 9am-9pm)

As instructed by the BAO, all operators should be prepared for an increase in activity and, as such should be prepared to extend operations beyond normal operating hours. Under the directive ([BAO March 24 directive](#).) from the BAO there is no need to change by-laws under these circumstances.

Questions about PPE specifics

Refer to: [Routine Practices in the Bereavement Care Setting](#) and [Additional Precautions in the Bereavement Care Setting](#) on the BAO website. <https://thebao.ca/>

NFDA frequently asked questions <https://www.nfda.org/covid-19/frequently-asked-questions/personal-protective-equipment-ppe>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

42. Is a half face fit test respirator with chemical (formaldehyde) filter effective for embalming a COVID-19 remains as opposed to using an N95 filter mask?

Please contact the supplier for information.

43. Any resources/contact info for re-supply of PPE in sight?

OACFP Supplier Member firms are presently working on this situation and will resupply as soon as possible. We have also been given the following companies and potential leads.

We have obviously not been able to vet the reliability or quality of the product and are making no recommendations. However, these options may be available.

Mediguard (Canada) Inc. - 905 793 4545

[Boss Promotions - Info in Link.](#)

[Cambridge Environmental Products](#)

[Made2measure](#)

44. Are there several different masks that can be used during embalming?

Dr. Coomes: Airborne transmission may occur in the setting of aerosol generating procedures – use N95 (i.e. use of oscillating saw)

Gowns + Surgical Mask + Eye Protection when the procedure is likely to generate splashes of blood, body fluids, secretions, or excretions.

45. Is it true that the COVID-19 anatomically sizer is smaller than the rating for the N95 mask?

Dr. Coomes: An N95 is not required during most interactions with a person with COVID-19. A surgical or procedural mask is adequate as the virus is transmitted via droplets.

If an aerosol generating procedure is being performed (i.e. use of an oscillating saw), then an N95 would provide additional protection against the potential risk of aerosolization. We cannot use a direct comparison of the size of the virus itself in this setting. What is relevant is the size of the droplets that are produced which contain the virus. A fit-test and seal checked N95 would be effective to prevent transmission in the setting of an aerosol generating medical procedure.

46. What do we do if we run out of PPE?

The BAO and government agencies are presently working on the shortage of supplies. Guidance may be available should supplies not be replenished.

47. What happens if we can't access appropriate PPE?

The BAO and government agencies are presently working on the shortage of supplies. Guidance may be available should supplies not be replenished.

48. What to do about the shortage of supplies, ie masks, protective equipment?

As the Registrar said in the March 18, 2020 webinar, funeral homes must use their supplies and PPE prudently during this time to ensure they have them available throughout the pandemic. Restrict the use of N95 masks, to circumstances in which they are necessary. This will help preserve your supply. Support your nearby colleagues at other funeral homes if/when they run short of supplies. Share what you can with other funeral homes, and they will return the favour in the future. Suppliers will restock as soon as they can. Prepare yourselves now, to be ready with your staff and supplies when the virus spreads in coming days and weeks.

49. What about house calls/nursing home transfers where the person has passed away and not in a body bag? What is the appropriate PPE to wear? Full gown?

CDC Advice: Direct contact with the deceased:

- Nitrile gloves when handling potentially infectious materials (deceased/fluids)
- Long-sleeved fluid-resistant or impermeable gown to protect skin and clothing
- Plastic face shield or face mask + goggles.

50. Please remind everyone about shoes and walking into other rooms to and from prep room. The virus would spread am I wrong?

Dr. Coomes: Advised that shoe covers are good practice. Having a pair of prep room specific shoes is also good idea such that you are not contaminating the rest of the fh and other places you travel.

51. Due to shortage of disposable masks, could we consider homemade masks made of fabric safe?

Dr. Coomes: No.

52. Is it true that the COVID-19 anatomical size is smaller than the rating for the N95 masks?

Dr. Coomes: An N95 is not required during most interactions with a person with COVID-19. A surgical or procedural mask is adequate as the virus is transmitted via droplets.

53. Should masks be reused?

Dr. Coomes: If you have to take the mask off, no. If necessary, mask reuse should be limited to multiple procedures performed back-to-back.

Social Distancing Questions

54. Should it be mandatory to have distance arrangements (ex. Phone, email) given the potential risk of close proximity to family members?

At this time, the government has not mandated that in-person arrangements are prohibited. Social distancing is important. Use a larger office/space to make arrangements. Maintain distance between those participating in the arrangement. Limit number of family members involved in the arrangement interview. Refrain from sharing items like pens. Remove any unnecessary items that could be shared ie, magazines, brochures, candy bowls. Disinfect shared items and hands after use ie., catalogues, door handles, tables, phones. Keep arrangement office door open, open a window. Ideally, arrangements could be made over the phone, Skype/Facetime/ZoomCall, by email or fax.

55. We are hearing that wearing a mask is not necessary, when making arrangements despite the safe distance practice, how do we ensure our staff feel safe in a room in the event someone innocently coughs. Should we consider the use of masks or is there really no need? The concern is about the droplets in the air which can move past the safe distance protocol during an arrangement.

Consider screening guests entering the funeral home – require that they sanitize their hands and allow for screening questions. Limit number of family members permitted in arrangement conference. Open doors and windows. Use a larger office or space to increase distance between staff and client families. Consider conducting arrangement conferences over the phone, use Skype/Facetime/ZoomCall or email. Business decision for company regarding use of masks.

56. In regard to the 10 ppl limit, what if we have a small chapel and can't have people 6ft apart with 10 people? Do we lower the number of people?

[Directive from the BAO March 28, 2020](#): All funerals, as of now, must be limited to the maximum number of 10 and only if that number can be accommodated by facilities that are large enough to permit people to maintain a distance of two metres (six feet) apart at all times.

[The provincial maximum for gatherings is 5](#), with an exception being made for funerals of 10 people.

Consider alternatives to in-person services such as webcasting, which some have started to do. (Kudos to you if you have already.)

Social distancing is important and mandated by the government. Grocery stores are now limiting numbers of customers in their doors and putting procedures in place to enforce social distancing. Are you able to stream the ceremony live? Are you able to stagger visitors? Do you have an overflow room where the service could be broadcast? Could the ceremony be for family only with a larger gathering hosted at a later time?

NFDA: See webinar “Communicating with the Public & Using Technology to Serve Families” for advice on how to stream the ceremony. <https://www.nfda.org/covid-19/practical-guidance-webinars>

57. What do we do if our funeral home is not honouring suggested protocol; numbers allowed to gather, time frame in the building, and closure of food service areas?

BAO: Reach out to the Registrar by email.

58. Max 10 people at a funeral service, does that also count for the interment at the cemetery?

[Directive from the BAO March 28, 2020](#): All funerals, as of now, must be limited to the maximum number of 10 and only if that number can be accommodated by facilities that are large enough to permit people to maintain a distance of two metres (six feet) apart at all times.

59. My employer was concerned about pallbearers being in closer contact with one another. Should they be doing something different or will they be alright for the amount of time they are together?

Dr. Coomes: Make sure that all the pallbearers are free of symptoms. Is there a way to have fewer pallbearers than usual? (Perhaps 6 rather than 8 or 4 rather than 6). Since they will be carrying the casket for such a short time this practice should be acceptable.

60. The provincial limit on gatherings no greater than 10 people remains in effect at the present time.

[Directive from the BAO March 28, 2020](#): All funerals, as of now, must be limited to the maximum number of 10 and only if that number can be accommodated by facilities that are large enough to permit people to maintain a distance of two metres (six feet) apart at all times.

61. When will the BOA set the regulation for 10 people or less?

[Directive from the BAO March 28, 2020](#): All funerals, as of now, must be limited to the maximum number of 10 and only if that number can be accommodated by facilities that are large enough to permit people to maintain a distance of two metres (six feet) apart at all times.

62. Can you please review the directive regarding # of people permitted at a gathering - is it simply a recommendation at this point, or something we should be enforcing as much as possible?

[Directive from the BAO March 28, 2020](#): All funerals, as of now, must be limited to the maximum number of 10 and only if that number can be accommodated by facilities that are large enough to permit people to maintain a distance of two metres (six feet) apart at all times.

Pandemic Preparedness Questions

63. Are we prepared if numbers increase to those seen in Italy?

Dr. Coomes: Please refer to slide 19 of the webinar which explains the importance of early counter measures in order to ensure that the health system is not overwhelmed.

64. Is the profession working with the city of Toronto Health Department to examine alternatives for storing human remains in the event that the various crematoriums and cemeteries cannot accommodate increases in demand. During the 9/11 situation in New York City the various coroners' offices had refrigerated transport trailers parked in side streets full of deceased persons and body parts awaiting examination for cause of death and identification plus they used local arenas. Might such plans be considered if extreme measures call for such? Hospitals, morgues, seniors' residents and even Mac & Bowes won't want or be capable of holding remains for any extended periods of time so hence the need for a plan of action.

Yes, the OACFP, OFSA and the BAO are working together with government to evaluate all options should a surge in activity be seen.

65. What is the status of our profession being listed as an essential service?

From the BAO:

March 23, 2020 – Tonight the Ontario government announced its list of [Essential Workplaces](#), and we're on it.

The bereavement sector and any related goods and products are listed as essential (number 66), as are administrative authorities such as the BAO (number 74).

Now that this has been announced, I will be reinforcing to government our sector's need for personal protective equipment (PPE) and supplies in the bereavement sector. Let's also fully realize that such supplies, including PPE, are in short supply for hospitals and all sectors right now.

I will be in touch with more information tomorrow and continually as the COVID-19 pandemic impacts our province, country and the world.

Continue practising your precautions, as per my earlier message today and in previous days.

As always, the [BAO's website](#) has this information at the ready for you.

-Carey Smith, CEO/Registrar, BAO

66. What do staff do if the manager or owner of the funeral home does not want to limit attendance to 10 people or fewer?

BAO: Reach out to the Registrar via email.

67. Death at home, Dr's refusing to attend and sign the medical, medical being made available within 24 hrs? Is this practice safe and if not, can the Registrar General instruct Dr's to have medical accompany the deceased?

Dr. Coomes: Reach out to Public Health

BAO: Reach out to the Registrar who could discuss with Office of the Chief Coroner.

Embalming & Transfers Questions

Refer to: [What Should Deathcare Providers Be Doing Right Now? Q & A with Karl Wenzel](https://iccf.com/wp-content/uploads/COVID19_ICCFA_Wenzel.pdf)
https://iccf.com/wp-content/uploads/COVID19_ICCFA_Wenzel.pdf

Refer to: ***Routine Practices in the Bereavement Care Setting*** and ***Additional Precautions in the Bereavement Care Setting*** on the BAO website. <https://thebao.ca/>

Refer to: <https://www.nfda.org/covid-19/frequently-asked-questions/technical-questions>
and <https://www.nfda.org/covid-19>

68. Chemicals needed for preparing COVID-19 decedents?

<https://www.nfda.org/covid-19/frequently-asked-questions/technical-questions> and
<https://www.nfda.org/covid-19>

69. Embalming specific precautions?

<https://www.nfda.org/covid-19/frequently-asked-questions/technical-questions> and
<https://www.nfda.org/covid-19>

70. Pregnant funeral directors- procedures and Precautions?

<https://www.nfda.org/covid-19/frequently-asked-questions/technical-questions> and
<https://www.nfda.org/covid-19>

71. Are personnel subject to quarantine if they conduct a removal from a contaminated environment such as a house or nursing facility that is under quarantine? Does wearing proper fitting personal protective equipment (PPE) serve as a barrier to protect the person doing the removal and negate the need for quarantine?

Karl Wenzel*: If the team doing the removal of a suspected or confirmed case of COVID-19 wears all the proper PPE equipment (see list below), then this should serve as a barrier and negate the need for the removal personnel to be quarantined.

Here is a suggested process of how to handle the removal of a quarantined death. PLEASE NOTE that local and state agencies may also require additional procedures. These suggestions serve as a guideline only:

1. The family should be prepared by the funeral home that upon arrival of their staff at the place of death they will be donning their full protective equipment before entering the residence and that no family members should meet them outside upon arrival. We must ensure no family members who are present greet the staff outside or before they are “suited up” in their PPE.
2. Upon entering the residence, best practice would be to request family to respect the “social distance” recommended of 6 feet (2 meters). The removal team should refrain from unnecessarily touching any surface inside the house. When dealing with the remains, make sure you spray the remains down with a strong disinfectant and cover the facial area with a cloth soaked in disinfectant before moving the remains. The remains must be placed inside a body pouch and upon closing the pouch the outside of the pouch must be sprayed with disinfectant. Once the remains are closed and, on the gurney, remove yourself and remains from the house.
3. Once the remains are loaded into the removal vehicle and the family have returned to inside the residence, then the PPE may be removed following proper procedures of doffing equipment. The used PPE must be bagged in a bio-hazard bag, sealed and disposed of accordingly. Remember, when returning to the funeral home with the remains the gurney should not be touched until you have once again donned appropriate PPE. It is heavily suggested that the entire removal vehicle and gurney be disinfected before next use.
4. Remember that the PPE we wear is to protect us and keep us from exposure and reduce risk of contamination. If PPE is properly worn, there is no reason for us to have to go into quarantine after making the removal of a quarantined death. If that were the case,

every healthcare professional caring for the sick in this situation would have to stop working and self-quarantine.

Suggested list for proper PPE for a safe removal:

- Disinfectant spray (know your product and its effectiveness to work on COVID-19)
- Full Tyvek suit
- N95 mask or greater
- Facial shield or goggles
- Long cuffed gloves
- Shoe covers
- Bio-hazard bag (for disposal of PPE when completed)
- Hand sanitizer to disinfect hands prior to removal of N95 mask

Donning and doffing PPE by CDC standard -

<https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf>

*Information provided by Karl Wenzel, Founder of the Canadian School of Advanced PREP courtesy of the International Cemetery, Cremation and Funeral Association (ICCF).

72. When transporting a deceased person with Coronavirus, I've seen it suggested to put a mask on them. Masks are low now and that seems wasteful, what are other good and safe alternatives? ALSO, how do you suggest we lift an obese person say off of the floor, etc. To minimize contact and prevent too much movement of the decedent that could lead to aerosolization?

NFDA: refer to Transfers and Embalming Guidance <https://www.nfda.org/covid-19>

73. Does embalming kill the virus?

Dr. Coomes: There is inadequate evidence to answer this question. During the embalming procedure additional personal protective equipment should be used (as described for those with direct contact with the deceased).

[Dodgeco.com](https://www.dodgeco.com) suggests at least a 5% formaldehyde solution for your arterial embalming. "Formalin is a 37% solution of formaldehyde gas in water. Diluted to 5% formaldehyde it is an effective disinfectant; at 0.2% - 0.4% it can inactivate bacteria and viruses. Unlike

chlorine, formalin does not corrode stainless steel. It has a pungent, irritating odor; exposures must be limited due to its toxicity and carcinogenicity.”

<https://www.memphis.edu/ehs/pdfs/disinfectant.pdf>

Disinfection - Body: For purposes of topical disinfection of a deceased person (skin surfaces), Dis-Spray* meets the level of alcohol percentage recommended by the CDC of 60% to be effective on skin. While the SDS of Dis-Spray states a range of isopropyl alcohol between 50%-70%, it is over 60%. Dis-Spray* should NOT be used on living tissue.

https://www.cdc.gov/coronavirus/2019ncov/about/prevention.html?CDC_AA_refVal=http%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019ncov%2Fabout%2Fprevention-treatment.html

CDC also mentions that environmental surfaces should be disinfected with either an EPA registered disinfectant or an alcohol-based disinfectant of 70% or above alcohol percentage. The difference of 10% for skin tissue compared to environmental surfaces is difficult to understand, but it is the information that the CDC has published. Dis-Spray* is slightly under 70%, however customers may make the decision to use it for their peace of mind if another product is not available. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaningdisinfection.html>

*Other guidance and products may be available from Eckles or other suppliers.

74. Most recent embalming guidance from the [NFDA and CDC](#):

Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Follow [standard precautions, including donning PPE \(mask, gloves, disposable gown\)](#).

- i. If you anticipate splashing or aerosolization of fluids, consider additional PPE (e.g., faceshield or goggles and facemask; respiratory protection).
- ii. Wear appropriate respiratory protection if any procedures will generate aerosols or if required for chemicals used in accordance with the manufacturer’s label.
- iii. Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin.
- iv. See [CDC recommendations about selecting appropriate PPE](#).

Prepare and embalm as normal (e.g., washing, setting features, arterial and aspiration/cavity embalming, etc.), taking care to minimize splashing and aerosolization of fluids.

Take steps to safely conduct aerosol-generating procedures; see [CDC Postmortem Guidance](#).
[Doff \(take off\) your PPE](#).

Fresh PPE should be donned for other preparation and for cleaning the prep room after embalming has taken place.

Perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

For other preparation (e.g., dressing, styling hair, applying cosmetics and casketing), appropriate PPE should be used. See [CDC recommendations about selecting appropriate PPE](#).

The [CDC guidance](#) represents the *minimum precautions* a funeral professional should take while caring for the body of someone who died of confirmed or suspected COVID-19. You should use your best professional judgement to determine whether you should take additional precautions beyond what is recommended by the CDC.

75. When making removals: should we use plastic pouch?

NFDA: Updated: March 23, 2020

According to the CDC, bodies of those who die of confirmed or suspected COVID-19 can safely be transported and embalmed. The CDC guidance for funeral home staff emphasizes:

Transporting bodies in a body bag and disinfecting the bag with a product that contains [EPA-approved emerging viral pathogens claims](#).

- The guidance states: "If it is necessary to transfer a body to a bag, follow Standard Precautions, including additional personal protective equipment (PPE) if splashing of fluids is expected." This guidance also about the use of Standard Precautions, including additional PPE if splashing is involved also applies to embalming.
- Disinfecting contaminated surfaces using products with EPA-approved emerging viral pathogens claims is of utmost importance.

Refer to: [What Should Deathcare Providers Be Doing Right Now? Q & A with Karl Wenzel](#)
https://iccf.com/wp-content/uploads/COVID19_ICCFA_Wenzel.pdf

76. How should transfer operators make sure they are safe when picking up a body? How do they request homeowners / nursing homes / to practice safe social distancing?

Dr. Coomes: Gloves to be used if hands in contact with mucous membranes, non-intact skin, bodily fluids, contaminated equipment/surfaces. Clean hands before putting on gloves and do not reuse gloves.

Gowns + Surgical Mask + Eye Protection when the procedure is likely to generate splashes of blood, body fluids, secretions, or excretions.

CDC Advice: Direct contact with the deceased:

- Nitrile gloves when handling potentially infectious materials (deceased/fluids)
- Long-sleeved fluid-resistant or impermeable gown to protect skin and clothing
- Plastic face shield or face mask + goggles.

Transport of the deceased

- Nitrile gloves “workers receiving the biological specimen bag outside the autopsy suite or anteroom should wear disposable nitrile gloves”

When the first call is taken from the family have a discussion about social distancing and how you will proceed when you arrive at their home i.e, “we will knock on the door and wait 6ft back for you to answer the door” Have the same type of discussion with the nursing home. NHs will likely have a set protocol in place for allowing people in from the outside.

77. What about ship outs? Can we or should we be holding these bodies?

Refer to local public health and coroner.

****** Please note – This is a rapidly evolving situation and this information may become out of date in coming days and weeks. The answers to these questions represent the best advice of OACFP, the BAO and Dr. Coomes and others under the current circumstances. ******