

What Should Deathcare Providers Be Doing Right Now?

Q & A with Karl Wenzel

The following is based on information available as of March 16, 2020.

As it pertains to those who pick up and/or handle the deceased - what do you recommend?

Use appropriate PPE and proper techniques in the donning and doffing of that equipment. Practical procedures on handling the dead should have be very strict, regardless of the circumstances of their death.

- As of March 16, 2020, the CDC recommends a N95 mask or greater be used when aerosolization could occur. I have seen documentation that states droplet precaution should be taken for routine care of patients with suspected and confirmed cases of COVID-19 and airborne precautions taken when aerosol generating procedures are performed. In our world as morticians that would include aspiration and cleaning the mouth, eyes and anything else that may cause aerosolization of bodily fluids.
- Proper PPE must be worn at all times, meaning long sleeved, fluid repellant gowns; long cuffed gloves; an N95 or greater mask (fit tested), and eye protection that includes a full-face visor. You must use a face shield -- goggles are not enough. This also means wearing scrubs or something that can be laundered immediately afterward, not your funeral suit or other clothing.

Unfortunately, it takes an event like this for us to ponder our methods and personal safety. I have been embalming for 25 years and I know I have embalmed cases that had significant transmissible infections that played a major role in their untimely death. Never once have I refused postmortem care. Again, it is always the fear of the unknown that dictates our drastic decisions. Just take a look at the grocery stores and the craze for toilet paper. It is all generated from the unknown fear of what tomorrow will bring.

Removals and actively handling the deceased

COVID-19 is transmissible from person-to-person by droplet spray (sneezing and coughing) and close contact with someone who is infected. This is not an airborne illness like TB or measles. With just that knowledge we know that we cannot contract this virus by simply walking into the room of the deceased or an infected individual. The deceased is no longer coughing or sneezing, therefore no droplet contact is a risk.

- Use your PPE, which would include a N95 mask and face shield along with all other PPE. I recommend no funeral suits be worn as not to transmit anything that may come in contact with the fabric. It is important to notify the family in advance that the removal team will be wearing complete protective equipment, so the family is prepared.

- Actively disinfect your equipment after every use. We should this to a higher level now and begin to disinfect the service vehicles after each use. We can do this with chlorine bleach diluted at a 1:10 ratio. An example of that would be 1.5 cups of chlorine bleach to 1 gallon of water. This is also effective inside the preparation room for cupboards and tabletops. Just remember that chlorine bleach and formaldehyde are to be kept away from one another. Do not mix the two together, but you most certainly can wipe things down and mope the floor using the 1:10 mixture of chlorine bleach and water.

- Properly train those that do removals on what is expected of them in controlling the spread of “any virus or transmissible disease.” I say that because it happens all too frequently that those doing removals are untrained retirees or new students entering the profession.

- Gloves MUST be worn during the transfer. I know many are worried about the “appearance” of wearing gloves if the family is present, but we need stop this and act professionally for the health and safety of all. Gloves and appropriate PPE should always be worn. Disinfection using appropriate disinfecting sprays should always take place before and after moving the deceased. We are unsure of the length the COVID-19 virus lives on surfaces. The risk here is before death the deceased may have spread the virus throughout the room by coughing into his/her hand and touching items. Again, proper Universal precautions resolve this risk. In my opinion the greater risk comes from the family surrounding those remains.

- Cover the nasal and mouth area of the deceased with a barrier to eliminate the aerosolizing of particulates from the lungs during movement is imperative.

Guidelines recommend the use of a N-95/droplet/contact precautions for routine care

The CDC (MMWR) recently wrote a paper on the risk of infection for close quarters contact with confirmed COVID-19 cases. The risk is significantly low at 0.45%. However, the risk for those living in the same household is 10.5%. These individuals did not wear PPE.

As professionals who properly wear our PPE, use proper techniques and practice good hand hygiene, we fall into the reduced risk of infection category.

- Unfortunately, in the deathcare profession very few of us have been properly fit tested to ensure the size of the N95 mask we use is the proper one for our facial structure. A mask that does not fit the individual correctly still puts that individual at risk for droplet spray. This is more of a concern for the embalmer who may create that risk during the embalming procedure.
- I think it is imperative that funeral homes inspect their PPE, fit test all employees and implement proper procedures for removal staff and mortuary operators. No more wearing your funeral suit in the preparation room. There should be designated attire for the preparation room and the mandatory PPE should be worn at all times when handling remains. It is time to smarten up and protect ourselves properly and use hospital-grade disinfectants everywhere throughout.

What concentration of chemicals should be used when embalming COVID-19 cases?

People are asking about embalming these remains and the concentrations of the chemicals they use. I, along with several others, recommend we strengthen our chemical mixtures to a level between 3%-4% for your typical case. We can go higher pending the situation, but I believe for the unforeseen future embalmers should use nothing less than a 3% solution. Following the embalming procedure, the remains should be completely disinfected using a strong hospital-grade disinfectant. The COVID-19 virus is a lipid envelope and susceptible to a wide range of disinfectants. Remember, enveloped viruses are the least resistant to inactivation by disinfection.

Deathcare professionals will be in front of the families that may have been in close contact with a loved one who died from the COVID-19 virus. What do we do to protect ourselves as well as our community?

There is that old saying, "We should fear the living, not the dead." For funeral homes and cemeteries, the families that come into our facility to make arrangements are potentially the families and friends who have surrounded the infected patient in their final days. These are the major concerns of transmission now. We need to become very vigilant in keeping our distance (current suggestion is 6 feet or 2 meters), no handshakes, disinfecting everything between family visits. Some areas have mandatory reduced community gatherings and events. However, in the world of funeral service, we still have gatherings. In our profession, unless mandated by local, state, or provincial governments, we will continue on, but to do so we need to begin a different regime of cleaning, as well as providing other options to our families for services.

Cleaning: Most funeral homes clean by vacuuming and emptying the trash, cleaning the rest rooms and refilling disposable items throughout. We now need to continuously wipe and disinfect everything in reach with a hospital-grade disinfectant. We need to reduce all risk by stepping things up. If your firm has someone continually wiping things down throughout the visitation and gatherings it reduces risk, but also gives everyone a sense of calm in these heightened times.

- **Services:** Consider online and virtual options, not only for the service itself, but also for the arrangements. If you do not have the technology built into your operation, get creative. FaceTime allows an in-person meeting without the need to be in-person. With the ever-changing recommendations of how many can be gathered at an event, consider limiting indoor events when possible to immediate family or only allowing outdoor events. Consider postponing services and hosting memorial services at a later time. None of these options are ideal, but with more and more limitations coming from governmental mandates, it will be up to the funeral profession to have optional plans for funeral services.
- **Communication:** Additionally, make sure that you communicate with the families you serve. Make sure families understand what to expect when they come to your business. If they are coming to make arrangements, let them know that you will be practicing social distancing, which means no handshakes or hugs - something many deathcare providers do out of habit. Talk to them about their concerns and allow other options to reduce the time they have to be in your presence. Again, make sure they know what to expect. It is through your communication that they will be educated on what they can and can't do.

- Staff schedules: Think about rescheduling your staff so you have two shifts that never work with each other. This could reduce your potential risk if one person on staff is exposed to COVID-19 and quarantine measures need to be enforced for everyone on that shift. that your facility has all staff quarantined.

Any last thoughts on how we should be preparing and handling this issue?

We should be preparing by working smarter. Cover things in the preparation room that may create an aerosolized situation. If you use a hydro-aspirator that feeds into a commode, then cover that commode with something to prevent spray back or splashing.

Be on heightened alert and think it through before you react.

Take your time, slow down and be safe. We are an essential service during this event.

People are going to continue to die from natural causes as well as the COVID-19 virus and we will have to continue to serve our communities.

If we become ill or have to self-quarantine, we can create even more social panic. Take all the necessary precautions possible to prevent exposure. Continue to do what you were trained to do. Meet with staff and provide facts, create protocols on handling COVID-19 deaths and families. Remember, the community entrusts us to be the deathcare professionals and to help them through this. We just need to work smarter and take every necessary precaution moving forward.



A special thank you to Karl Wenzel, Founder of the Canadian School of Advanced PREP, for providing this information. Karl has been in the funeral profession for 25 years. For the last 12 years Karl has been heavily involved in the preparation room and education surrounding the handling of human remains both safely, and with the outcome that families deserve for viewing purposes. Karl speaks nationally and internationally on topics that involve proper techniques and care of handling remains. Karl puts a lot of effort into the health and safety of embalmers and how they can effectively do their job for the families, yet also focus on personal risks and how to handle them. He founded the Canadian School of Advanced PREP which focuses in on handling difficult case embalming, and in late 2019 he launched Genelyn Canada Inc. (genelyn.ca) and began to distribute a new form of less toxic, low fuming, formaldehyde based embalming chemical to funeral homes.