

Guidelines for Safe Handling of Human Remains of Ebola Patients

These guidelines have been prepared by the Directorate General of Health Services, MOHFW, after considering the guidelines & recommendations by the WHO, CDC-Atlanta & other relevant & related documents for the safe handling of the Human Remains of Ebola patient.

The Human Remains (HRs) here means the dead body and the exhumed body (these do not include ashes of person) of Confirmed/Suspected Ebola Virus Disease (EVD) patients.

Guidelines:-

1. The HRs of Confirmed/Suspected EVD cases.

The cross border transportation of the HRs of Confirmed/Suspected EVD case into India is prohibited.

2. Issuance of No objection certificate (NOC) i.e. Public Health clearance to Human Remains by the APHO, (in unavoidable circumstances) - In the event that, the HRs of Confirmed/Suspected EVD case have been brought at the airport, following procedure will be followed by the Airport health officer:

A.) Documents to be inspected /examined:

- a. Death certificate mentioning the cause of death as confirmed EVD/Suspected EVD.
- b. No objection certificate (NOC) for the transportation of HRs of the deceased issued by the Indian High commission in the country.
- c. Embalming certificate: In such confirmed EVD/ EVD suspect cases the Embalming certificate is not required /mandatory.

B.) Examination of Packaging of HRs -

- i. The HRs are to be **packed hermetically (Air Tight)** in leak & puncture proof packing (plastic sheet of 150 micro meter thick).
- ii. The leak-proof packing is again packed in coffin as per the international norms (enclosed hermetically sealed in zinc or tin—lined wooden packing case filled with saw—dust impregnated with carbolic powder) for the transportation of the human remains.

Note: The certificate for both above mentioned packing has to be presented to the APHO with the HRs.

The transporter/ Airline have to submit to APHO all the above documents preferably before transportation of dead body into India. The APHO will examine all the documents & only after permission of the APHO the transporters will bring the HRs to India.

C.) Such bodies will be cremated under supervision/ guidance of APHO with the help of local Police Officer.

3. On Board Death of Confirmed/Suspected EVD case -The Role of APHO

- a. The pilot in command of the Aircraft has to inform about the death on board to APHO for taking appropriate measures.

- b. The pilot in command of the Aircraft has to inform the details of any illness / symptoms reported / experienced by the deceased prior to death.
- c. Airlines crew should note the details of the passengers seated nearby the deceased and convey the list of contacts to the APHO. (Including the Contact details of other staff/crew involved in serving and cleaning)
- d. All these contacts will be kept under surveillance by the IDSP staff for next 30 days.
- e. While inspecting/examining the deceased, doctors & other supportive staff should wear proper PPEs (Non permeable gown-Head Gear-shoe cover-gloves-Eye goggles; so that no part of the body is left uncovered/unprotected).
- f. The Death Certification is to be given by APHO as per the case definition for EVD (confirmed/ suspect) EVD case.
- g. The HRs has to be packed hermetically as mentioned above.
- h. Label the packing as highly infectious material.
- i. The surface Disinfection & decontamination of the Aircraft is to be done by the approved disinfectants.
- j. The Local Police officer and relatives of the deceased to be informed immediately.
- k. The dead Body of suspect EVD case will be required to be sent to the Forensic Experts for essential evaluation. For this purpose a task force of forensic experts for the purpose should be formed at every port of entry.

4. Death of Confirmed/Suspected EVD case in Hospital -

- a. The dealing physician will certify the death and follow required norms for issue of Death certificate. Details of all the Contacts, dealing doctors & other supportive staff have to be noted and communicated to IDSP officers for follow-up.
- b. The proper PPEs are to be used by doctors & other supportive staff.
- c. The HRs will be packed hermetically as mentioned above.
- d. Label the packing as highly infectious material.
- e. The local Police Officer and relatives have to be informed immediately.
- f. The Body will be sent to the Forensic Experts for essential evaluation. A task force of forensic experts for the purpose should be formed at identified hospital for EVD.

5. The transportation of the ASHES of the cremated person died of Confirmed/Suspected EVD case-

- a. If the dead body or human remains have been properly cremated, the cremated ashes shall be placed in a hermitically sealed urn or a similar container prior to transportation.

6. In India, on Road Transportation of the HRs Confirmed/Suspected EVD case-

- a. The HRs are to be transported without tempering/changing any part of the packing-
- b. Use of PPE not necessary for the driver and other travellers who would not touch the dead body or are not likely to come in contact with any of the body secretions/discharges/washings.
- c. The surface disinfection of the vehicle and all infected materials is to be done, by Sodium hypochlorite 1%.

7. Advise for the family members of the deceased-

- a. The APHO should properly counsel the family members/ DSO (District Surveillance Officer) & Local Police officer, for careful handling and not to damage/temper/change the packaging of the HRs.

- b. Washing the dead body is strictly prohibited in such cases.
- c. Not to open the sealed packs and not to perform any rites that involve bathing, touching and kissing etc of dead body.

8. Disposals of HRs- Burial specification/Fire cremation Ceremony

- a. The person directly involved in the burial/ fire cremation ceremony have to use the PPEs
- b. At no stage the leak-proof packaging is to be damaged. The local traditions of bathing, touching and kissing the dead body are prohibited.
- c. **The burial dig dimension should be- 2 metres deep, and the persons in attendance without PPE should maintain distance of 50 mts.**

9. Role of Local Police Officer -The counselling of the Family Members, to ensure that the packaging of the HRs is not damaged/changed/tempered to avoid leakage at any stage.

10. Role of DSO (District Surveillance Officer) - The counselling of the family members, collecting list of all possible contacts & keeping them under surveillance for a period of 30 days.

11. The disposal of PPEs-

- a. All the PPEs are to be removed as per the standard procedure (at no time touching the external/outer surface of the PPEs while removing it).
- b. The PPEs are to be kept **soaked for thirty minutes in the 1% solution of Sodium Hypochlorite** before sending them for the incineration.

12. Surface Disinfection –

- a. Spray the surface with **0.5% to 1% solution of Sodium Hypochlorite.**
- b. The contact period of the chemical with the surface should be min. of **30 Minutes.**

13. Personal protection of the Direct Contacts-

- a. Use PPEs
- b. While removing the PPEs, at no time touch the external surface of PPEs
- c. Soak the removed PPEs in 1% Sod. Hypochlorite for a contact period of 30 minutes.
- d. **Hand Sanitization**
- e. Thorough Hand Washing with Soap & water

14. Protection in case of contamination with body fluids-

- a. Remove the contaminated clothes immediately in such a way that it should not touch the mucus membrane/ cut/abraded skin of the body.
- b. The Contaminated part of the body should not touch the mucus membrane/ cut/abraded skin of the body.
- c. The removed clothes are to be soaked for 30 min in 1% sod Hypochlorite solution
- d. **Hand Sanitization**
- e. Thorough Hand Washing with Soap & water

Note:

- 1. Any death of a traveler (on board the aircraft) arriving from or having transited from EVD affected countries during past 21 days should be treated as suspect for EVD.

2. The task force of Forensic experts to be constituted for each international airport involving at least 2 experts from medical college and local govt. hospital forensic departments for making any decision on post-mortem examinations.
3. Post-mortem examination of Ebola Haemorrhagic Fever patient remains should be limited to essential evaluations only and should be performed by trained personnel. Personnel performing autopsies of known or suspected EVD patients should wear a particulate respirator (e.g., FFP2, or EN certified equivalent or US NIOSH-certified N95).