Suggestions for improvement in the burial procedure of a Covid-19 (corona) affected deceased

(Prepared by a group of doctors of Pakistan Islamic Medical Association (PIMA) and Indus Hospital Karachi, in consultation with Ulema)

Objective:

To devise a methodology which is both safe to all, as well as convenient for those involved in the process of burial, avoiding unnecessary hassle. This is to be presented to the relevant authorities for appropriate adjustment.

Background:

The burial procedure carried out in Pakistan at present has several technical and ethical problems causing hardship, grief and misery to the relatives. Failure to handle the body, see his face, give him/her ghusl and shrouding (kafan), pray janaza and participate in the actual burial, all cause unimaginable heartaches to the beloved ones.

The burial guidelines of a patient of Covid-19 are adequately explained by variousinstitutions including Indus Hospital; they areapproved by senior scholars including Mufti TaqiUsmani as shariyah compliant. (attached).

There is a need to re visit the whole procedure to make it friendly and convenient apart from being safe.

What is followed at present?

The usual protocol is that after the death of a Covid-19 patient, the body is given in custody of agovernment approved administrative officer (THO, AC etc). The body is given ghusl and shrouded by voluntary organizations. The burial usually takes placeat a graveyard designated by the government after a nominal funeral prayers (janaza). During the whole procedure, the relatives are almost bystanders.

Major points in the process that need to be addressed: (suggestedSOPs)

1. Death to be declared by a registered medical practitioner, with Covid-19 as the cause of death based on positive PCR test (nasopharyngeal swabbing) done in patient's life.
2. Handling of the body: the body may be as source of infection spread up to a limited time after death. Up to the point of shrouding (kafan), handling of the body should be done only bypersons, designated by the local govt. who are trained in the procedure and safety protocols.

3. At the place of death: After removal of any tubes, catheters etc. by hospital staff under aseptic precautions, the body should be wrapped in a plastic and simple cloth sheet, to be transferred to the place of ghusl (washing). Handling and transfer to be done by ghusl staff. The body should not be taken to deceased house or any other place except where ghusl is to be performed.
4. Places for ghusl should be designated in major cities; they can be within the hospital where Corona patients are dealt with; or social organizations like Alkhidmat, Edhi or others. Specific persons should be trained in the ghusl procedure by the government (both Islamic method of ghusl as well as infection control).If relatives of the deceased want to participate in the ghusl, one person may be allowed with same precautions as for the staff (as described below). Females should be present at the death of a female and wise versa.
5. During the ghusl, to avoid a possible risk of cross infection by virus, safety precautions should be taken by designated staff. Wearing personal protective equipment (PPE) is mandatory, along with education in their use, for those performing the procedure.(PPEs needed in ghusl are mentioned in the attached guidelines)
6. Shrouding (kafan) of the cleaned and dried body in simple cloth (kafan) may be sufficient. Additional wrapping in plastic sheet may be appropriate where there is possibility of leakage of secretions, though not necessary in all cases.
7. After shrouding, there is virtually no risk of infection transmission; the virus is neither transmissible by touching (body is already under layers of clothes), nor there is any chance of aerosol transmission by the deceased being unable to cough.
   Face of the deceased maybe seen;carrying bodyin stretcher or other formal carriers on shoulders; praying janaaza by standing near to him; and loweringit into the grave, all seem to be safe procedures not requiring the hassle that is currently observed.
8. The Janaza prayers may however be a source of person to person spread like in any other gathering. Limiting the numbers of those praying and distancing of 6 feet, to be maintained. The prayers may be offered at usual mosque with above precautions, or at the graveyard as convenient.
9. Burial place should be in the common graveyards, in the usual graves, in the routine manner as for other dead bodies; no special type or depth of grave is needed as there is no evidence of spread of virus after burial in the grave. It has been reported that rather than closing the grave with slabs, the mud is directly put inside the grave! This is highly disturbing and completely unwarranted.

10. Time lag between death and burial is to be curtailed as far as possible. It should be the responsibility of the govt official to maintain it;
    a. Clear SOPs for burial of Covid patients should be given to hospitals in advance.
    b. Hospital staff should expedite the cleaning procedure
    c. The govt officials should reach the place of death within an hour
    d. Place of ghusl and burial site notified within an hour after death.
    e. Availability of vehicle etc. should all be done within an hour.

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