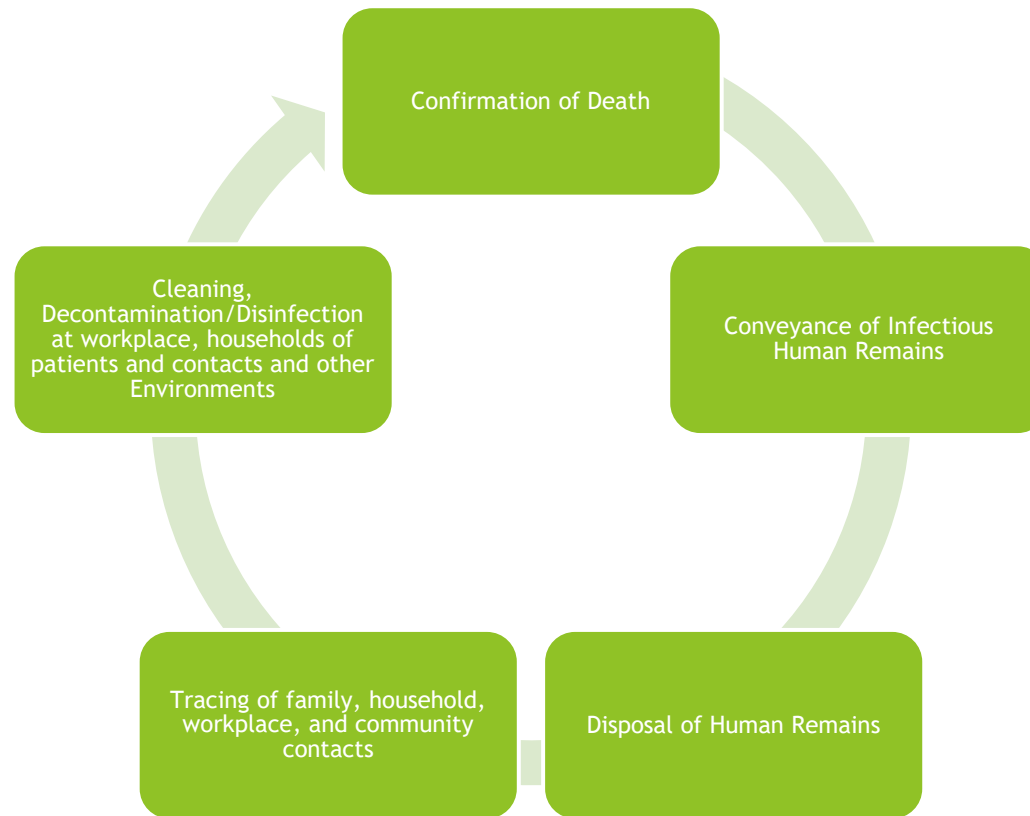


HUMAN REMAINS HANDLING PROCESS FLOW

PURPOSE

- ▶ The Human Remains Process Flow serves as summative guideline of layout of handling of corpses, facility management and compliance to Covid-19 regulations.
- ▶ The Process Flow provides a standardized administration of all deaths across the city and its regions.

Primary Layout of the Process Flow



1. Confirmation of Death

Step 1

- A body bag should be used for transferring the body to the mortuary and those handling the body at this point should use full PPE.

Step 2

- The outer surface of the body bag should be decontaminated immediately before the body bag leaves the ward of the anteroom area. This might require 2 personnel's wearing the appropriate PPE when conducting this process.

Step 3

- The trolley carrying the body bag must be disinfected prior to leaving the ward or anteroom area.

Confirmation of Death, continued...

Step 4

- The staff must also remove their PPE prior to leaving the ward or anteroom.

Step 5

- Once in the hospital or private mortuary, it would be accepted to open the body bag for family viewing. The mortuary attendant to wear full PPE and the family provided with the mask and gloves, but should not be allowed to kiss the corpse.

Step 6

- Washing or preparing the body is allowed if those carrying out the task wear full PPE. Mortuary staff and funeral directors should be advised by the Environment Health Practitioner about the biohazard risk.

Confirmation of Death, continued...

Step 7

- If a postmortem is required, safe working techniques (such as manual instead of power tools) should be used and full PPE worn.

Step 8

- The embalming of human remains does not pose any risk, however, the embalmer must wear full PPE.

Step 98

- After use, body bags should be treated or disposed of as health care waste risk.

2. Conveyance of Infectious Human Remains

The human remains of a person who, at the time of his or her death suffered from a disease or a condition which is capable of transmitting an illness even after death and in the opinion of the healthcare authority concerned, may pose a health hazard or endanger public health in one way or the other, may not be conveyed in public in any way, unless:



Such human waste are placed in a polythene bag, sealed in an airtight container, placed in a steady non-transparent coffin, embalmed and or the total surface of the body covered with a 5cm of wood sawdust or other absorbent material which is treated with disinfectant.



A medical practitioner declares in writing that in his or her opinion the conveyance of such human remains will not cause a health hazard.

No person other than the attending medical practitioner or attending forensic pathologist or a medical practitioner who can prove that they have treated the deceased during illness may certify that that person did not die of and infectious disease:



Such declarations must accompany the human remains at all times during the conveyance and up to the burial.



Such declaration shall be shown to an EHP on demand by the person responsible for the conveyance of human remains.

3. Disposal of Human Remains

The burial or cremation of human remains shall be carried out as per the By-Law of the City of Tshwane Metropolitan Municipality.



These guidelines must be read in conjunction with the Regulations Relating to Management of Human Remains, Regulation No. R. 363 of 22 May 2013 as framed in terms of the National Health Act, 2003 (Act No. 61 of 2003)

5. Tracing of family, household, workplace, and community contacts

- ▶ The relevant provincial Communicable Disease Coordinator (CDC) with assistance of Environmental Health will be responsible for collating the list of family, household, workplace and community contacts that were exposed to the covid-19 patient.

6. Cleaning, Decontamination/Disinfection at workplace, households of patients and contacts and other Environments

Patients Home

- EH CDC to ensure decontamination and disinfection of patient homes are carried out as follows:
- Clean and disinfect bathrooms and toilet surfaces at least once daily. Regular soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied;
- Clean the patient's clothes, bed linen, and bath and hand towel using regular laundry soap and water or machine wash at 60-90°C with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.
- Gloves and protective clothing (e.g plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled by body fluids. Depending on the context, either utility or single-use gloves can be used. After use, utility gloves should be cleaned with soap and water and decontaminated with 0.5% hypochlorite solution. Single-use gloves (e.g Nitrile or Latex) should be discarded after each use.
- Perform Hand hygiene before and after removing gloves.
- Gloves, masks and other waste generated during at-home patient care should be placed into a waste bin with a lid or suitable HCRW receptacle in the patient's room before disposed of as infectious waste.
- Avoid other types of exposure to contaminated items from the patients immediate environment (e.g do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths or bed linen)

Workplace disinfection

- Workplaces must be kept clean and hygienic at all times
- Surfaces (e.g desks and tables) and objects (e.g telephones, keyboards) must be wiped with disinfectant.
- Gloves and protecting clothing (e.g plastic aprons) should be used when cleaning surfaces, either utility or single-use gloves can be used. After use, utility gloves should be washed soap and water and disinfected with 0.5% sodium hypochlorite solution. Single-use gloves (nitrile or latex) should be discarded after each use.
- Perform hand hygiene before and after removing gloves.
- Avoid other types of exposure to contaminated items from the patients work environment (e.g pens, computers, eating utensils, dishes)
- Promote regular and thorough hand-washing by employees, contractors and customers.
- Brief your employees, contractors and customers that if Covid-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 °C or more) needs to stay at home. They should stay at home (or work from home) if they have had to take simple medication, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection.

Reference

- ▶ Covid-19 Environmental Health Guideline
- ▶ Regulations Relating to Management of Human Remains, Regulation No. R. 363 of 22 May 2013 as framed in terms of the National Health Act, 2003 (Act No. 61 of 2003)
- ▶ Draft Guidelines On Management Of Funerals And Multiple (Mass) Burials
- ▶ Disaster Management Act 2002, (Act No. 57 of 2002)
- ▶ National Environmental Management Act, 1998 (Act No.107 of 1998)
- ▶ National Environmental Management: Air Quality Act No.39 of 2004.