

Guidelines for Safe Handling of Human Remains of Ebola Patients

The guidelines have been prepared by the MoHFW (Dte. GHS) 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, the exhumed body of deceased, these do not include ashes of person died from Confirmed/Suspected Ebola Virus Disease (EVD).

The Guideline by Dte. GHS, MoHFW, Govt. of India-

- 1. The HRs of Confirmed/Suspected EVD cases.¹**
 - a. The cross border transportation of the HRs of Confirmed/Suspected EVD case into India is prohibited.
 - b. The necessary communication has to be made by the Min. of Health & Family Welfare to the Min. of External Affairs for issue of necessary instruction to the Indian High Commission in the EVD endemic Countries.
- 2. Issuance of Public Health NOC to Human Remains by the APHO, in unavoidable circumstances,- Even after following strict observance of the guidelines at point no. 1, in the event that, the HRs of Confirmed/Suspected EVD case has been brought by to India.**

Even though the transportation of HRs of suspect or diagnosed case of EVD is prohibited, unless authorized in accordance with recognized international biosafety provisions, **The APHO should see the following documents:**

- a. The certificate mentioning the cause of death as confirmed EVD/Suspected EVD.
- b. The NOC for the transportation of HRs of the deceased by the Indian High commission in the country.
- c. In such EVD/ EVD suspect cases the Embalming certificate is not mandatory.
- d. The packaging of HRs in such case, should be ensured that it is as per the recognised international bio-safety measures-**
 - 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.
 - iii. The certificate for both the above mentioned packing measures should be submitted to the APHO.

The transporter/ Airline should submit the documents mentioned at the point a, b, & d of point 2 to APHO before transportation of dead body into India. The HR's should be transported to India only after receiving permission from APHO.

- iv. 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 case¹-The Role of APHO

- a. The pilot in command of the Aircraft has to inform of death on board, and APHO is to ensure that appropriate measures have been taken.
- b. The details of the passengers seated one row in front, one row behind and also in the same row next to the diseased passengers should be collected and submitted to APHO. Contact details of the staff involved in cleaning and crew should also be noted, for keeping them under surveillance for 21 days by the IDSP staff.
- c. The proper PPEs (Non permeable gown-Head Gear-shoe cover-gloves-Eye goggles; no part of the body should be uncovered/unprotected) should be used by doctors & other supportive staff at APHO.
- d. The Death Certification is to be done by APHO as per the case definition for EVD and suspect EVD case.
- e. The HRs has to be packed hermetically as mentioned above.
- f. Label the packing as highly infectious material.
- g. The surface Disinfection & decontamination of the Aircraft should be done by the approved disinfectants.
- h. The Local Police officer should be informed.
- i. The dead Body of suspect EVD case should be sent to the Forensic Experts² for essential evaluation. For this purpose, a task force of forensic experts should be formed at every port of entry.

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

- a. The details of the doctors & other supportive staff should be collected and shared with DSO.
- b. The proper PPEs are to be used by doctors & other supportive staff.
- c. The Death Declaration/Certification should be done as per norms.
- d. The HRs will be packed hermetically as mentioned above.
- e. Label the packing as highly infectious material.
- f. The local Police Officer should be informed.
- g. 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 every port of entry.

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 ashes should be placed in a hermitically sealed urn or a similar container.

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 is not necessary for the driver and other travellers (who would not touch the dead body).
- c. The surface disinfection of the vehicle is to be done, by Sodium hypochlorite 1%.

7. Advise for the family members of the deceased-

- a. The family members should be properly counselled, by the APHO/ DSO (District Surveillance Officer) & Local Police officer, to not to damage/temper/change the packaging of the HRs.
- b. 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 21 days.

11. The disposal of PPEs-

- a. All the PPEs should be removed as per the standard procedure (at no time the external/outer surface of the PPEs should be touched while removing it). Follow the recommended hand hygiene after removing the PPE.
- b. The PPEs should 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 minimum 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 should be soaked for 30 min in 1% sod Hypochlorite solution
 - d. Hand Sanitization**
 - e. Thorough Hand Washing with Soap & water
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Subscribed numbers indicated in the text of the guidelines is as follows:

- i. *Any death of a traveler (on board the aircraft) arriving or having transited from EVD affected countries during past 21 days should be treated as suspect for EVD.*
- ii. *The task force of Forensic experts constituted for the purpose will make any decision on post-mortem examinations. 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) or a PAPR. The guidelines for post mortem of EVD case should be with the task force of forensic experts.*