

## Peri and Post-death COVID-19 care at home

### INTRODUCTION

This summary document aims to provide information to support healthcare professional in the community, and to outline advice that can be provided to carers of people dying with COVID-19. It also includes advice for palliative care services and funeral services to manage the care of deceased persons (confirmed or suspected COVID-19) at home. While some issues relating to caring at home have changed due to COVID-19, many have not. The following sections will provide information and introduce useful resources including those specific to COVID-19 where available and necessary.

### PERI-DEATH CARE ADVICE FOR PEOPLE WITH COVID-19:

#### Advice for professional community care providers

- Providing professional home care services to people in the terminal phase of their illness during the COVID-19 pandemic is important but challenging.
- National advice to home care providers outlines how care should be delivered during the COVID-19 pandemic. This advice can be found below:
  - [COVID-19 guide for home care providers](#)
  - [COVID-19 information for home care workers](#)

Local guidelines may vary in the provision of community palliative care services for COVID-19 positive patients, but public health responsibilities take priority (see Appendix 1). Risk stratification should be incorporated into the operational practices of in-home services when managing these palliative care patients and their families.

- Advice regarding care provision within aged care facilities is affected by multiple factors, e.g. jurisdictional differences and in how facilities interpret the advice. National advice is available below:
  - [Department of Health. COVID-19 advice for aged care sector](#)
- Additional information for specific states and territories is becoming available. The following links relate to advice available at the time of writing this document:
  - [New South Wales health. Advice for aged care](#)
  - [Victoria State Government. Aged care sector COVID-19](#)
- Use of telehealth and remote prescribing can be critical in providing community healthcare within the COVID-19 pandemic. Further information for services, to support the use of these interventions where applicable are listed below:
  - [COVID-19 Home Medicines Service](#)
  - [Department of Health. Electronic prescribing-Guide for prescribers](#)
  - [Electronic prescribing- Guide for patients](#)
  - [Department of health. Telehealth](#)
  - [Health direct video call](#)

**NOTICE:** This ANZSPM guidance document has been prepared by the ANZSPM COVID-19 SIG. It is subject to regular review and revision in response to the changing COVID-19 environment. Check anzspm.org.au for updates and speak to your local Palliative Care Team.

## Advice for home caregivers

A home caregiver is a person who is providing care for a person at home, and may include family members, friends, colleagues, or neighbors. These caregivers may have limited knowledge about how to provide the care that is required, particularly in the context of the COVID-19 pandemic. Information and advice about how to provide care to dying people can therefore make a great difference to the caregiver and the care that is provided. (1) The following advice is offered as a supplement to the usual resources that healthcare services may provide to people caring for the dying person at home.

- General advice for home caregivers of COVID-19 positive people who are dying can be found via these resources:
  - [Carer help: A guide to end of life caring](#)
  - [Carer help. Death & Dying](#)
  - [Care Search. How to care](#)
- Acting as a home caregiver for a COVID-19 positive person requires additional considerations, such as avoiding risks to the carer contracting the virus, or the virus being transmitted to others in the household. Managing these risks should be informed by national public health advice, as below:
  - [Department of Health, Australian Government. Information for closed contacts of a confirmed case](#)
- Decision-making advice when providing care at home can be found here:
  - [Government of Canada. How to care for a person with COVID-19 at home](#)

## Advice for home caregivers about dying from COVID-19 (2-5)

You may wish to provide the following information to people acting as home caregivers for someone with COVID-19 who may die of this disease, as a supplement to the resources that you usually provide:

- Dying may follow even a mild early illness and is more likely to occur in older people with other illnesses
- The time until death from COVID-19 is variable, but it may be several weeks (10-14 days) after the beginning of symptoms.
- A rapid deterioration with increased symptoms is common when dying from COVID-19.
- Symptoms such as shortness of breath, cough, fever, and agitation and confusion can be common close to dying from COVID-19. Symptom management guidelines can be found:
  - ANZSPM Guidance documents - [Palliative care in the COVID-19 context](#)
  - Cicely Saunders International. [Managing breathlessness at home during the COVID-19 outbreak](#)
  - Hospice UK: Symptom management at home. [Caring for your dying relative at home with COVID-19](#)
  - Helix Centre. [What you can do to practically care for someone who is in their last days and hours of life](#)
  - Helix Centre. [Carer administration of as-needed subcutaneous medicines](#)
  - Scottish Palliative Care Guidelines. [End of Life Care Guidance when a Person is Imminently Dying from COVID-19 Lung Disease](#)
- Additional advice is available:
  - [Hospice UK. Caring for your dying relative at home with COVID-19](#)
  - Oxford Medicine Online. [Care of the dying patient](#)
- Home caregivers and the person dying from COVID-19 may benefit from the support of additional family, friends and other members of the community, e.g. clergy being present during this period. Preventing

the spread of COVID-19 is important and recommendations relating to quarantine and isolation should be maintained. The implications of transmission to others who wish to visit (and the potential need for them to isolate afterwards) will be an important consideration. Utilising technology to involve and connect people, such as phone and video supports, may be a helpful solution in some cases during this period.

## Advice for recognising dying for home caregivers

A number of resources are available to support home caregivers to recognise that the person they are caring for is dying. While these resources are not all specific to COVID-19 they continue to be applicable in this context. These include:

- [Care Search. Changes at the time of death](#)
- [Palliative care Australia. The dying process](#)
- [Canadian Virtual Hospice. When death is near](#)
- [Helix Centre. End-of-life care toolkits for carers at home](#)
- [Carer Help: Death and dying](#)

Advice that is more specific to COVID-19 care issues and caring for the dying as a home caregiver is available here:

- [Hospice UK. Caring for your dying relative at home with COVID-19](#)

## Advice for the time immediately after death for home caregivers <sup>(4-7)</sup>

In addition to the usual advice you provide about what should be done at and after the time of death, you may find the following ideas and resources useful. Consider telling the home caregiver:

- To write down the time they become aware that the person they are caring for has died.
- Not to feel that there is a rush to do or organise something when the person dies. If it feels right for them, they may want to spend some time alone, or with the person who has died, before calling anyone.
- It is normal to feel very tired, both physically and emotionally, after the provision of care for someone ends. Having an action plan may be useful for when the death happens and may make things easier if you prefer to cope in this way. This could include a list of things to do, and names and phone numbers of people who need to be informed. Some people may not want to do anything at the time of death, but express their emotions either alone or with others.
- Ring the community nurse or doctor who has been supporting you the care at home. They will be involved in verifying that the person has died and certifying their death.
- If the death has occurred overnight, it is possible to wait until morning to call the doctor who will certify the death.
- Further general information is also available here:
  - [Better Health Channel. What to do after someone dies](#)

## **POST DEATH CARE ADVICE FOR PEOPLE WITH COVID-19:**

### General post-death care advice

- As a precaution, personal protective equipment (PPE) should be worn by home caregivers, healthcare workers and funeral workers for performing physical care after death. Additional information regarding the safe and proper use of PPE is available:
  - [Australian Government, Department of Health: Safe Use of PPE](#)

- The dignity of the person and their family, noting their adherence to cultural and religious traditions, should be respected and protected throughout care. (6)

## Post-death care advice for home caregivers of people with COVID-19

The following advice and resources may be a useful supplement to the advice that you usually provide home caregivers in your setting. Consider advising the home caregiver that:

- As a close contact of the person who has died, they will be considered a 'suspected' COVID-19 case and will be required to self-isolate for 14 days since their last contact with that person. This may make grieving more challenging. Frequent phone or video contact with friends, family or others supports may be important during this time.
- Mementoes and keep sakes (lock of hair, handprints etc.) can be taken at the time of death. These mementoes should then be placed in a sealed bag and not be opened for 7 days
- The COVID-19 virus may survive on surfaces and in deceased bodies for up to 7 days; however, the risk of droplet and aerosol transmission from deceased patients are thought to be low (6)
- Advice about cleaning and disinfecting homes are available:
  - [Department of Health, Australian Government. Cleaning and disinfection in the community](#)
  - [CDC. Cleaning and disinfection of households](#)

## **VERIFICATION AND CERTIFICATION OF DEATH FOR PEOPLE DYING WITH COVID-19 (8-11)**

- Death at home should be verified by appropriately trained healthcare professionals wearing the required PPE and maintaining infection prevention measures.
  - [Australian Government, Department of Health: Safe Use of PPE](#)
- An appropriate doctor must complete the Medical Certificate Cause of Death (MCCD) form. This is usually the General Practitioner of the person who has died.
- COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the MCCD form.
- COVID-19 is a notifiable disease but is not a reason on its own to refer a death to Coroner's office.
- If a referral to Coroner is required for another reason, a telephone conversation should take place as soon as possible.

## **FUNERAL ADVICE FOR PEOPLE DYING WITH COVID-19 (6, 10, 12)**

- The deceased can be buried or cremated. (10, 12)
- If a pacemaker or defibrillator is in situ, the deceased will require burial due to unnecessary risk to mortuary staff to facilitate removal.
- It is not clear whether embalming the body is safe for deaths involving COVID-19 infection, but it is not currently recommended. If embalming must be done, the embalmer should be certified and trained in the use of personal protective equipment (PPE).
- Funeral workers, having contact with the body of a person suspected of having, or confirmed to have COVID-19, must wear appropriate PPE. Handling of bodies, including transportation and disposal, should occur in line with the relevant legislation.
- When transporting the deceased, the body must be placed and secured in a leak-proof body bag to prevent leakage of body fluids.
- Funeral directors may also allow religious rituals for the care of the body to occur. However, these must be carried out in the presence of staff who will give direction to anyone present on the correct PPE requirements.

- Persons who closely handle the deceased, wash and/or wrap the deceased, or conduct any practices which involve purging the stomach contents of the deceased must wash their hands with liquid soap and water immediately after removing PPE. Purging the stomach contents of the deceased, close handling of the body of deceased, washing and/or wrapping by the family or members of the community is not recommended to reduce the risk of infection.
- Additional advice regarding these points is available:
  - Australian Department of Health [COVID-19 advice for funeral directors](#)
  - NZ Department of Health [COVID-19 deaths funerals and tangihanga](#)

## PREVENTING THE SPREAD OF COVID-19 AT A FUNERAL (9, 10, 12)

- There is potential for transmission of viruses between those attending a funeral, and consideration should be given those who are, or a likely to have been, contacts of patients with COVID-19. Public health advice about testing, self-quarantine or isolation should followed.
- Funeral directors should consider delaying the service so that family members or critical attendees who require quarantine or isolation for COVID-19 can attend.
- To minimize transmission of COVID-19, the funeral director must comply with the Government and State or Territory public health direction on public gatherings and should consider the type and size of the gathering.
- Good hand and respiratory hygiene should be followed. The gathering should be held in an open-air venue instead of an enclosed space, or alternative ways to conduct services may be considered such as via video link.
- National guidelines on public gathering should be taken into account and are available here:
  - [Australian Department of Health](#)
  - [NZ Department of Health](#)

## VIEWING A PERSON'S BODY AFTER DEATH WITH COVID-19 (6, 9, 10, 12)

- Family and friends may view the body after it has been prepared for burial, as per customs, but subject to limitations on the number of people permitted via current local government restrictions.
  - Further information is available from:
    - [Australian Department of Health. Limits on public gatherings for coronavirus \(COVID-19\)](#)
- Anyone who has had close contact with a person with confirmed COVID-19, or who has been diagnosed with COVID-19, should follow public health advice about quarantine or isolation and should not attend the mortuary.
- Apply the principles of religious and cultural sensitivity and ensure that family members reduce their exposure as much as possible.
- Family should not touch or kiss the body and should wash hands thoroughly with soap and water or alcohol-based hand rub after the viewing. Children, adults > 60 years, and immunosuppressed persons should not directly interact with the body.
- Those tasked with handling the body, e.g. placing the body in the grave, should wear gloves and wash their hands with soap and water after removal of the gloves.
- The relevant WHO and Department of Health recommendations regarding viewing bodies within the pandemic can be found at:
  - Australian Department of Health [COVID-19 advice for funeral directors](#)
  - World Health Organization [Infection prevention and control for the safe management of a dead body in the context of COVID-19: interim guidance, 24 March 2020](#)

## ADVICE FOR THE BELONGINGS OF PEOPLE WHO DIE WITH COVID-19 <sup>(13, 14)</sup>

- The belongings of the deceased person do not need to be burned or otherwise disposed of. However, they should be handled with gloves and cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% bleach.
- Clothing and other fabric belonging to the deceased should be machine washed with warm water at 60–90°C (140–194°F) and laundry detergent.
  - Additional advice regarding this can be found at:
    - [World Health Organization. Infection prevention and control for the safe management of a dead body in the context of COVID-19: interim guidance, 24 March 2020](#)
    - CDC [How to clean and disinfect your home](#)

THIS INFORMATION IS OF A GENERAL NATURE AND SHOULD BE ADAPTED DEPENDING ON LOCAL PROTOCOLS.

For further assistance, please contact THE PALLIATIVE CARE TEAM on \_\_\_\_\_.

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## Appendix 1:<sup>(15-18)</sup>

### Stratifying risks of in-home service for people and families living with palliative care needs with current COVID-19 public health responsibilities

	Households with no risk of COVID-19 exposure	Households that may have risk of COVID-19 exposure	Households pending confirmation of COVID-19 exposure	Households confirmed to have COVID-19 exposure
<b>Criteria</b>	No member / visitor has new symptoms* (within the past 3 days) <b>AND</b> No member / visitor fulfilling <u>current self-quarantine / testing criteria</u> (within the last 14 days)	Had visitors with new symptoms* (within the past 3 days) <b>BUT</b> No member has new symptoms* (within the past 3 days) <b>AND</b> No member / visitor fulfilling <u>current self-quarantine / testing criteria</u> (within the last 14 days)	Had members with new symptoms* (within the past 3 days) <b>OR</b> Had members / visitors fulfilling <u>current self-quarantine / testing criteria</u> (within the last 14 days)	Had members confirmed to have COVID-19 until formal medical clearance <b>OR</b> Had visitors confirmed to have COVID-19 (within the last 14 days)
*Headache, myalgia, runny or stuffy nose, anosmia, nausea, vomiting, diarrhoea, fever, chills, dyspnoea and sore throat. <u>Current self-quarantine / testing criteria</u> : Close contacts of confirmed cases; returned overseas travellers; fever or chills in the absence of an alternative diagnosis that explains the clinical presentation; OR acute respiratory infection that is characterised by cough, sore throat or shortness of breath.				
<b>Eligibility for telephone / telehealth contacts</b>	Yes	Yes	Yes	Yes
<b>Eligibility for face to face contacts</b>	Yes	Yes	Yes <b>PLUS</b> mandatory participation to testing of members / visitors	Yes <b>PLUS</b> case by case risk assessment
<b>Outside the door consultation / intervention (e.g. drawing up meds)</b>	N/A	As much as possible	As much as possible	As much as possible
<b>Proportion of phone to face to face contacts</b>	No adjustment required	Phone contacts as long as possible	Phone contacts as long as possible	Phone contacts as long as possible + case by case risk assessment
<b>PPE requirements</b>	Current standard infection control precautions	Use of Surgical masks	Full PPE including mask on household members in vicinity	Full PPE including mask on household members in vicinity
<b>Action for delayed identification during face to face contact (i.e. doorway / in house identification)</b>	N/A	Attempt to reduce visit to within 15 minutes; adopt surgical masks if using	Abort face to face contact immediately, schedule revisit with full PPE if required	Abort face to face contact immediately, initiate case by case risk assessment, schedule and revisit with full PPE if required and safe

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