

Coronavirus (COVID-19)

Guidance for funeral directors on managing infection risks
when handling the deceased and funeral services

Health Protection Division, Scottish Government

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1. Introduction

1.1 Key principles

This guidance is primarily designed to assist funeral directors in Scotland in the management of the deceased and the organisation of funeral services during the COVID-19 pandemic.

This guidance has been developed to ensure that:

- Those who have died during the pandemic and their family are treated with sensitivity, dignity and respect.
- The differing cultural practices and rites of passage observed in Scotland by a variety of communities/ faiths are respected and adhered to as closely as circumstances permit, with safety being paramount.
- A safe and healthy working environment continues to be provided for staff working in a funeral director business.
- Funeral directors work as safely as possible, bearing in mind the challenges of transporting and caring for the deceased.
- Funeral directors are supported in the management of family expectations around funeral arrangements, bereavement and the grieving process; which will be especially difficult during this pandemic.

1.2 Status of this guidance

As the current COVID-19 pandemic progresses, alongside our understanding of the disease and a greater evidence base, further lessons are likely to be learned with best practice developed.

This guidance will remain under review in response to such information and be consistent with relevant legislation, NHS Inform and Public Health Scotland documentation.

1.3 Background

In January 2020, coronavirus (COVID-19) was classified in the UK as a 'high consequence infectious disease' (HCID). In March 2020, when more was understood about the behaviour of the virus and its clinical outcomes, the four nations agreed that COVID-19 should no longer be classified as a HCID.¹ As a result of this and a review of the evidence regarding what infection control measures were required, that guidance was updated to reclassify it as Hazard Group HG3.²

¹ <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#classification-of-hcids>

² <https://mrc.ukri.org/documents/pdf/working-with-biological-agents/>, page 23

The virus (SARS-CoV-2) that causes the disease (COVID-19) is understood to be spread from person to person through:³

- Droplet transmission: droplets from the nose or mouth of a person infected with the virus. Droplets are produced when a person coughs or sneezes and only travel a short distance through the air. The risk of infection increases the longer someone has close contact with an infected person.
- Contact transmission: contact with contaminated surfaces, including skin (e.g. hands), which can then subsequently be transmitted through touch to the facial mucosal membranes (e.g. touching eyes, nose and mouth).
- Aerosol transmission: spread through smaller droplets and particles that are suspended in the air over longer distances and time than droplet transmission.

2. Certification and registration of death

2.1 Certification of death

When doctors complete the Medical Certificate of Cause of Death (MCCD), also known as the Form 11, they will consider a range of factors in order to determine whether, on balance, “COVID-19 Disease” or “presumed COVID-19 Disease” can legitimately be recorded as the cause of death. The hazards box on the MCCD/Form 11 (DH1) will then be ticked

On 20 May 2020, the Chief Medical Officer issued [Updated Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic](#). This sets out that the Lord Advocate has directed that any death due to COVID-19 or presumed COVID-19, either where the person was resident in a care home when the virus was contracted, or where there are reasonable grounds to suspect that a person contracted the disease in the course of their employment or occupation, must be reported by medical practitioners to the Procurator Fiscal.

There remain other situations when the death of a person with COVID-19 disease or presumed COVID-19 disease must be reported to the Procurator Fiscal, for example, where the death is suspicious. These situations are listed in the guidance linked above. Post mortem examinations will be considered on a case-by-case basis.

The CMO letter is also accompanied by [supplementary guidance](#), which sets out how certifying doctors are to complete and return the MCCD to a Registrar.

³ Joint Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency Northern Ireland (PHANI), Health Protection Scotland (HPS) and Public Health England (PHE) guidance [Transmission characteristics and principles of infection prevention and control](#) section 1 ‘routes of transmission’.

2.2 Registration of death

Following commencement of emergency provisions in the UK Coronavirus Act 2020 on Thursday 26 March 2020, all registrar services in Scotland began remote registrations of death and issuing of the Certificate of Registration of Death (Form 14).

As the configuration of services is a matter for each local authority, hours are designed to best meet local need and may be subject to change. It is advised to regularly check your local authority's website or contact your local registration office(s) to confirm opening hours.

Further information on remote registration services is provided on the [National Records of Scotland](#) website.

3. COVID-19 infection risk from deceased individuals

Current evidence indicates that there does remain a small risk of COVID-19 infection from deceased individuals, particularly the recently deceased.⁴ As a result, the usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs)⁵ apply for bodies that are presumed to be infected with coronavirus (COVID-19).

Funeral directors should be aware that in Scotland medical information continues to be confidential after death and there is a legal restriction on releasing details.⁶

Those who are involved in handling a body will need to know if there is a risk of infection and what level of personal protective equipment (PPE) is appropriate to use. This is not specific to COVID-19, but applies to any infection risk from any disease. If the hazards box is ticked on the MCCD/Form 11, the Form 14 and/or the cremation application form and COVID-19 infection is presumed, funeral directors should take protective measures, such as wearing appropriate PPE, as set out below.

Those working in the funeral industry should continue to assess the risk in each case, taking account of any information provided by first responders, the family or carers, etc. to inform their response.

⁴ PHE, [Guidance for care of the deceased with suspected or confirmed coronavirus](#), subheading 'risk of transmission of COVID-19 from an infected body'

⁵ Health and Safety Executive (HSE), [Managing infection risks when handling the deceased](#), page 17-22

⁶ Section 38(1) (d) of the Freedom of Information (Scotland) Act 2002 (FOISA) states that the deceased's health record is exempt from being released as it is personal information. Sections 90 and 91 of the Public Health (Scotland) Act 2008 provide that the health board is to tell the person disposing of the body "the nature of the risk" and "any precautions the board considers should be taken".⁶

3.2 Handling and care of deceased

Any infection risk from people who have died as a result of confirmed or presumed COVID-19 will primarily arise as a result of droplets or aerosols generated in post-mortem handling of the body, or by coming into contact with contaminated surfaces.

There is also likely to be a continuing risk of infection from the body fluids/tissues of the deceased where COVID-19 infection is a possibility. This will also present a residual hazard to those handling the deceased.

There are currently no reliable data on how long the virus can persist under refrigeration conditions. Refrigeration should still be used, and the deceased should be considered a potential source of infection while they remain in the care environment whether refrigerated or not. The appropriate PPE should be worn whenever handling the deceased.

3.3 The environment

Current evidence indicates that infectious droplets or aerosols transmitting SARS-CoV-2 can remain on environmental surfaces for up to 72 hours.⁷ Other human coronaviruses have been identified on environmental surfaces for up to nine days.⁸ Therefore, cleaning environmental surfaces is essential.

For more information see WHO: [Infection prevention and control for the safe management of a dead body in the context of COVID-19](#).

3.4 Other post-mortem action

No additional precautions are needed unless invasive post-mortem procedures are being undertaken, particularly with high speed devices, which would be considered an aerosol generating procedure. Further information is set out below.

4. Infection control precautions

4.1 Handling and care of deceased - precautions to take

Those in direct contact with confirmed or presumed COVID-19 deceased should be protected from exposure to infected bodily fluids, contaminated objects or other contaminated environmental surfaces. This should be achieved through:

- The wearing of PPE that should include disposable gloves, fluid resistant face mask, water-resistant apron and disposable eye protection (can be achieved by use of a surgical mask with integrated visor, full face shield/visor, or polycarbonate safety glasses or equivalent);

⁷ WHO, *Infection prevention and control for the safe management of a dead body in the context of COVID-19*, Interim Guidance, 4 September 2020

⁸ PHE, [Guidance for care of the deceased with suspected or confirmed coronavirus](#), subheading 'Characteristics of the virus that causes COVID-19' and Joint UK guidance [Transmission characteristics and principles of infection prevention and control](#) section 3 'survival in the environment'.

- Following all standard SICPs and TBP as set out by the Health and Safety Executive.⁹

In each case, a risk assessment should be undertaken to determine the likelihood a deceased individual may present a COVID-19 risk. Following the outcome of this risk assessment, the use of appropriate PPE should then be used and maintained in the mortuary environment until such times as the potential transmission of infection is negligible i.e. once the deceased is in a sealed coffin.

4.2 PPE - Transmission-based precautions for coronavirus (COVID-19)

The Royal College of Pathologists has issued the following guidance - [Transmission based precautions: guidance for care of deceased during COVID-19 pandemic](#), which sets out the required PPE for all those who may handle bodies during this pandemic. The table below is extracted from it.

	Non post-mortem procedures. This includes admission of deceased, booking-in of deceased, preparation for viewing, release of deceased (if not coffined)	Post-mortem procedures, including where high speed devices are used
Disposable gloves	Yes	Yes
Disposable plastic apron	Yes	Yes
Disposable gown	No	Yes
Fluid-resistant (Type IIR) surgical mask (FRSM)	Yes	No
Filtering face piece (class 3) (FFP3) respirator	No	Yes
Disposable eye protection	Yes*	Yes

*This may be single or reusable face/eye protection/full face visor or goggles.

Funeral directors and their staff should remove any PPE and contaminated clothing when they leave a work area where it is required e.g. the mortuary space. This information is directly based upon and adapted from joint UK guidance issued by the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland and Public Health England.

4.3 Other mitigating action

It is possible that the act of moving or handling a body might be sufficient to expel a very small amount of air and viral droplets from the lungs and, thereby, present a minor risk of transmission. Management of this hazard will substantially reduce the risk of potential infection from the body. Placing a covering on the body, including the face (such as a cloth), to help prevent the release of aerosols can help reduce risk.

⁹ HSE, [Managing infection risks when handling the deceased](#), page 17-22

4.4 Collecting a body where COVID-19 infection is presumed

Hospital setting

When notified of a death in a hospital setting, funeral directors should seek to determine if the deceased may be infected with a potential hazard, or was present in settings where COVID-19 infections were being treated. Where there is no confirmation that the deceased may be an infection risk, funeral directors should undertake their own risk assessments to determine if appropriate PPE, as set out above, needs to be worn to collect the deceased from the hospital mortuary.

Community setting

Funeral directors who manage the deceased in the community should have access to PPE as set out above for non-post-mortem procedures. This will be required for collection of the body from a private residence or care home setting where COVID-19 infection may be present. This is particularly important if funeral directors have reason to presume that the deceased may have been exposed to COVID-19.

Where there is no confirmation that the deceased may be an infection risk in a household or similar setting, funeral directors should undertake their own risk assessment to determine if appropriate PPE, as set out above, needs to be worn. This will include if healthcare staff, first responders (such as the police) and families are willing to provide information about the circumstances before death. This could include establishing if:

- the deceased was displaying any [COVID-19 symptoms](#);
- a COVID-19 test was carried out;
- other members of a household are showing symptoms of COVID-19, or if COVID-19 infection is known to be present in the setting during the past 10 days.

If the presence of COVID-19 is presumed, appropriate PPE should be worn and all principles of SICPs and TBPs followed to collect the body. If unknown, appropriate caution should be exercised and action taken accordingly.

4.5 Transporting the deceased

As part of following the principles of SICPs and TBPs this will likely include the use of a body bag to safely transport the body. Based on current medical advice there is no specific requirement for presumed COVID-19 deceased to be placed in a body bag if all other standard infection prevention and control measures are followed, including the wearing of appropriate PPE. However, it is noted that a body bag should continue to be used following usual practice e.g. for safely transporting the body.

Placing in the coffin or body bag

If used, after sealing, the exterior of a body bag (or other transporting mechanism, such as a coffin) can be decontaminated, using a combined detergent/disinfectant solution at 1,000ppm available chlorine to mitigate any residual risk of surface contamination. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.

If the deceased due to be collected is already placed within a body bag prior to arrival, this precaution can continue to be taken to mitigate any potential surface contamination. Funeral directors should seek to affect removal as soon as practical.

Vehicles

Private ambulances or other vehicle used to collect and transport bodies should continue to be cleaned regularly, following normal procedures. This should involve using a combined detergent/disinfectant solution at 1,000ppm available chlorine to mitigate any residual risk of surface contamination. If body fluid or blood spillage is present, use a spill kit.¹⁰

5. Preparation of body for burial or cremation

5.1 Aerosol transmission and aerosol generating procedures

Aerosol transmission refers to the presence of particles which can remain in the air for long periods of time and be transmitted to others over distances greater than 1 metre.

Certain activities can result in the release of aerosols that may carry disease, including COVID-19. These are known as aerosol generating procedures (AGPs). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission, therefore, additional precautions are required.¹¹

Awareness of AGPs is required for funeral directors who are embalming presumed COVID-19 deceased, and where any action might involve high speed devices. A risk assessment must be undertaken to establish what precautions will need to be taken, taking into account appropriate PPE, SICPs requirements and wider guidance on embalming, as set out by HSE.¹²

Manual handling of a body, removal of a pacemaker or embalming without high speed devices is not considered an AGP.

Aerosol transmission can also occur in the absence of AGPs, in specific settings, particularly in indoor, crowded and inadequately ventilated spaces, where infected person(s) spend long periods of time with others.¹³

5.2 First offices and embalming

In cases of presumed COVID-19 infection of the deceased, all routine preparations which would include first offices, as well as embalming and viewing of the deceased by family, may continue, subject to appropriate mitigations and standard SICPs and

¹⁰ HPS, [COVID-19 Guidance for non-healthcare settings](#), page 18.

¹¹ For further context on AGPs see joint PHS/PHE guidance, [COVID-19: infection prevention and control guidance](#), page 32.

¹² HSE, [Managing infection risks when handling the deceased](#), pages 17-22, 37-43.

¹³ World Health Organisation, [Coronavirus disease \(COVID-19\): How is it transmitted?](#), 20 October 2020

TBPs being in place.¹⁴ If embalming is carried out, the correct PPE should be worn and other standard infection control procedures followed.¹⁵

5.3 Clinical waste

Clinical waste should continue to be managed following normal processes and procedures.¹⁶ Funeral directors can consult with their contracted waste company of any further precautions that company may have in place at this time.

5.4 Medical implants

Where the deceased has a medical implant device, such as a pacemaker, cremation should not go ahead until the device is removed. Medical implants can continue to be removed safely from presumed COVID-19 deceased.¹⁷

A funeral director must always make a risk assessment before carrying out any invasive procedure and ensure that all required infection control procedures are in place. In the absence of the correct PPE or required infection control measures being in place, removal of implant devices should not be performed. This will mean cremation cannot proceed.

5.5 Faith or cultural considerations

Specific practices observed by any faith group can continue for presumed COVID-19 deceased. However, they must only be carried out subject to all required infection prevention and control procedures being in place. If approached, a funeral director should seek to safely fulfil the requests of any faith or cultural group for the deceased in their care.

However, subject to an appropriate risk assessment, and if it is the view of the funeral director these requests cannot be safely fulfilled, for example due to a lack of appropriate PPE being available for all those who may wish to handle the body, then a sensitive discussion will need to take place with the family regarding any request.

¹⁴ PHE, [Guidance for care of the deceased with suspected or confirmed coronavirus](#), subheading 'risk of transmission of COVID-19 from an infected body' and HSE, [Managing infection risks when handling the deceased](#), page 17-22, 37-43

¹⁵ Managing the environment of the funeral home and managing infection risks within embalming spaces is set out in detail in HSE [Managing infection risks when handling the deceased](#), from page 39

¹⁶ Joint UK publication, [COVID-19 Infection prevention and control guidance](#), section 4.10. NHS Scotland have also published a [National Infection Prevention and Control Manual](#). Aimed at a healthcare setting Section 1.9, safe disposal of waste, may help inform processes in the mortuary environment if not already in place.

¹⁷ If the deceased has a micro pacemaker implanted and it is not possible to remove in advance of cremation, due to its size or position within the deceased, funeral directors should consult their cremation authority. The cremation authority will be able to advise if cremation can safely proceed with the micro pacemaker in situ, following consultation with their cremator manufacturer.

5.6 Viewing

Attendance

Any viewing of the deceased in a funeral director premises can take place, as long as [physical distancing](#) and [mandatory face covering](#) requirements are strictly adhered to by all attending.

People who have tested positive for COVID-19 or are symptomatic with COVID-19 should not attend. Those who are considered a [higher risk](#) or are [shielding](#) must carefully consider if they can attend safely, in line with public health advice applicable to them available on NHS Inform.

People who are not symptomatic or have not tested positive with COVID-19, but are self-isolating due to another member of their household either showing symptoms of COVID-19 or has tested positive with COVID-19, should not attend a funeral service in person. They should instead continue to follow household [self-isolation advice](#).

The viewing

In line with wider public health advice, viewings should be kept to the minimum number of attendees possible, and no more than the [indoor gathering rules at a single time](#).

Taking account of similar restrictions in place for funeral services, visitors attending a viewing who do not live together should maintain at least a 2 metres distance from each other (except where they are from the same household, or are a carer and the person who is assisted by the carer).

Appropriate PPE for funeral director staff, such as wearing disposable gloves in a viewing area or a surgical face mask/visor, can be used to further mitigate infection risk to staff from visitors. Visitors must wear face coverings (see below, section 6), to help mitigate potential risk of their spreading infection within the viewing area.

It is not advisable for the family to touch the deceased or coffin during a viewing, unless wearing appropriate PPE such as disposable gloves/apron and if the funeral director can safely facilitate this request.¹⁸ Hand hygiene by all those in attendance should be carried out both before and after a viewing. Further information on effective hand hygiene is set out below.

Viewing at home

If the deceased are taken to family homes for viewings, the general rules of meeting indoors at all Protection Levels are to be observed. Funeral directors or others carrying the coffin in and out of the home, who are not part of the household, should wear PPE and take all other public health precautions. To further minimise any risk of infection, the coffin should remain closed if the following hazard boxes are ticked

¹⁸ European Centre for Disease Prevention and Control, [Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19](#), page 3, 'storage and preparation of body before burial or cremation'.

on the Certificate of Registration of Death (risk to public health from an (1) infectious disease and/or (2) from radioactive material or hazardous implant).

In order to reduce the risk of transmission of COVID-19, it is recommended that all viewings should be undertaken at a funeral director premises when possible, overseen by and kept under the control of funeral directors and/ or trained staff.

5.7 Personal possessions, including clothing

In order to spare families any additional distress, consideration must be given to jewellery, religious articles, mementoes and keepsakes. If it was the deceased's and/or the family's wish to retain such items, then they should be removed as soon as possible after death, and prior to insertion into a body bag or coffin. Families should be informed that these items will need to undergo appropriate disinfection processes before being returned to them.

Items can be cleaned with a household detergent and disinfected with a household bleach solution. Any items of clothing should be placed in a bag and taken home by the family who should be advised that the items should be washed separately from other household members' items, in accordance with the manufactures instructions using the hottest water setting. If families do not have access to their own washing machine, items should be kept bagged for 72 hours and can then be taken to a laundrette.

However, families need to be sensitively reminded that it might not be possible for all items requested to be removed, as some items may not be able to be disinfected due to their composition. Should this be the case, then the removed items will remain with the deceased and will be buried or cremated with them.

If it is the wish that they remain on the body, and cremation is requested, consideration of cremation requirements and associated potential hazards should be considered by the funeral director before placing an object with the deceased. If in any doubt, you should contact your local crematorium to discuss this.

5.8 Environmental cleaning – mortuary

Regular cleaning of the mortuary environment in line with routine SICPs, should continue.¹⁹ This will include cleaning of surfaces with a chlorine based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.

¹⁹ Practical steps to help manage mortuary environments safely are set out in HSE [Managing infection risks when handling the deceased](#), pages 17-22, 27-34, 37-43

6. Management of non-mortuary spaces

6.1 Face coverings

The wearing of face coverings is mandatory in a variety of shops and retail settings. This includes for those visiting funeral director businesses and for funeral director staff. Relevant guidance, also setting out exemptions and your obligations, is available on the [Scottish Government website](#).

Everyone attending an indoor funeral service is required by law to wear a face covering. For more information, including exemptions, see the [Funeral Services Guidance](#).

6.2 Hand hygiene

It is important to note that in non-mortuary spaces, the use of PPE (such as wearing of gloves) does not act as a substitute for regular hand hygiene. All staff should frequently perform hand hygiene using soap and water, or hand sanitiser, in accordance with NHS advice.²⁰ This requirement extends to visitors to funeral director businesses i.e. clients entering the premises to discuss arrangements.

6.3 Environmental cleaning

Public spaces within the premises should be regularly cleaned, particularly after a viewing.²¹

6.4 Safer workplaces

Carrying out a robust risk assessment with full workforce involvement will identify the practical measures that can be put in place to minimise the spread of the virus at a workplace level.

Risk assessments and safe systems of work, taking account of physical distancing, hand washing, surface cleaning and fair work principles, will allow safe operation while protecting employee health and well-being. See the [Coronavirus \(COVID-19\): general guidance for safer workplaces](#), Health Protection Scotland's [COVID-19 - guidance for non-healthcare settings](#) and the [Health and Safety Executive website](#) for further information.

²⁰ Information graphics on the correct use of [soap and water](#) and [hand sanitiser](#) are available. NHS 24 have also [published a video](#) advising how hands are washed correctly.

²¹ This should be carried out in line with Health Protection Scotland's [COVID-19 - guidance for non-healthcare settings](#), from section 2.5, page 17

7. Current legislative provisions for burial or cremation

7.1 Application for cremation – emergency legislative provision

The UK Coronavirus Act 2020 allows Scottish Ministers to suspend the effect of certain provisions the Burial and Cremation (Scotland) Act 2016 (“the 2016 Act”) and the Cremation (Scotland) Regulations 2019. On 8 April 2020, the Scottish Ministers published a determination, under the UK Coronavirus Act 2020.²²

This means that anyone on the statutory hierarchy can make arrangements for cremation, regardless of where they are placed in the hierarchy set out at section 65 and section 66 of the 2016 Act. The applicant still has to be one of those in the hierarchy, and the hierarchy should be followed wherever possible. The suspension aims to provide flexibility in the event that close relatives of the deceased are unwell and unable to complete the cremation application form, and allows funeral arrangements to progress.

The cremation application form should be completed by the applicant. While it is understood that there will be a few occasions where an applicant will be unable to complete the form themselves, funeral directors should not routinely complete the form. Only where the applicant is unable to do so should the funeral director act as a scribe for the applicant and complete the answers to the questions on the form.

This emergency provision came into force on Wednesday 8 April 2020. This change will remain in place until revoked by a subsequent determination of the Scottish Ministers under schedule 14 of the 2020 Act.

7.2 Application for cremation – supplementary form

It is not permitted for a funeral director to sign a cremation application form on behalf of an applicant. If an applicant cannot sign a cremation application due to adherence to restrictions or NHS advice on staying at home, physical distancing or shielding, a supplementary form has been produced for use by funeral directors and cremation authorities to ensure arrangements can continue and an audit trail of this action captured and ensure the cremation can proceed. This form is available on the [Scottish Government website](#).

It is anticipated that as the Covid restrictions ease, so will the need to use the supplementary form.

7.3 Application for burial

There is no statutory application form for burial and funeral directors should contact their local burial authority to confirm whether any specific arrangements may be in place.

²² <https://www.gov.scot/publications/coronavirus-act-2020-c-7-direction-under-paragraph-81-of-schedule-14/>

8. Funeral services and supporting the family

8.1 Supporting the family

Where close contacts of the deceased may have been exposed to COVID-19 infection, they will be required to self-isolate in line with current NHS guidance available on [NHS Inform stay at home advice](#). Funeral directors should limit their interactions with these individuals and carry out any funeral arrangements preferably by telephone or by other electronic means.

Although not recommended where it may be required to meet to discuss funeral arrangements, funeral directors should ensure that there is a single point of contact with the family and that this person should not have been in close contact with the deceased who was either presumed or confirmed to have COVID-19 or they themselves are awaiting test results, displaying symptoms or are currently self-isolating.

Guidance on working in other people's homes is available [here](#). If required or requested, information on bereavement support is available on the [mygov.scot](#) website.

Suggestions for supporting families to manage numbers

Funerals are important and unique events, when many family and friends will wish to pay their respects. In some instances families may find it difficult to manage the maximum numbers permitted at the funeral of their loved one and may seek advice on how to do so from their funeral director.

While the examples here are not in any way requirements, the funeral sector has helpfully provided these suggestions as a way of supporting families who are finding it difficult to manage numbers. For example, families looking for ways of managing who attends a funeral may wish to consider issuing informal invitations (if time allows), or refraining from advertising the date and time of the funeral when posting the death notice.

8.2 Funeral services

Separate [guidance](#) has been published on the Scottish Government website setting out current public health measures applicable to funeral services. This includes the restrictions on maximum numbers of attendees for funeral services (physical distancing permitting) and post-funeral gatherings for each level set out in the local protection levels published on 13 April 2021. Children of all ages are counted in the maximum. You can find out the COVID protection level for each local area [here](#).

The maximum attendance limits (with physical distancing) at each of the Protection Levels are:

- Level 4 – funeral services 20; no post-funeral gatherings
- Level 3 – funeral services 50; post-funeral gatherings 50
- Level 2 – funeral services 50; post-funeral gatherings 50
- Level 1 – funeral services 100; post-funeral gatherings 100
- Level 0 – funeral services 200; post-funeral gatherings 200

Guidance on how to work out the maximum number of people who can physically distance within a public setting, including a funeral director premises is available [here](#).

Burial ground, crematorium or place of worship requirements

It is the responsibility of cremation authorities, burial authorities and places of worship to implement policies regarding the required conduct of visitors for a funeral service in their crematorium, burial ground or place of worship during this pandemic, in line with national restrictions and wider public health requirements. See our [burial and cremation authority guidance](#) and the [places of worship guidance](#) for further information.

Funeral directors should engage and regularly communicate with their local burial and cremation authorities and places of worship in order to continue to help funeral services be delivered in as safe a way as possible, and to be aware of any specific local action taken so they can advise their clients accordingly.

8.3 Delay to a funeral service

Funeral services should not generally be delayed at this time, in the hope of restrictions easing further, allowing more people to attend. If necessary and appropriate, the funeral services guidance linked to above can be referenced, in order to assist sensitive conversations with bereaved families.

8.4 Funeral service transport

Wherever possible, funeral service attendees should travel to the venue in a car by themselves or with people from their household group. If this is not possible and funeral transport e.g. provision of cars or limousines is required or chosen:

- the number of people in each car should be kept as low as possible;
- there should be good ventilation (keep the windows open, where possible);
- passengers and drivers (unless the driver is separated by a screen or other mitigation) must wear face coverings;²³
- if possible, maintain physical distance between passengers, maximising the distance through appropriate seating positions;
- vehicles should be cleaned regularly with standard cleaning products, with particular emphasis on handles and other surfaces that passengers may touch;
- the driver and passengers should wash their hands with soap and water for at least 20 seconds before and after the journey or use hand sanitiser. Drivers and passengers should be asked to cover their mouth and nose with disposable tissues if they need to cough or sneeze, or with the crook of their elbow if no tissues are available; and

²³ Face coverings are now mandatory across many transport options in Scotland. This includes private hire vehicles (e.g. limousines). Exemptions to wearing of a face covering are set out in [Scottish Government guidance](#).

- they should avoid touching their faces and face coverings and dispose of used tissues in a bin immediately.²⁴

If public transport is used, clients can be reminded that wearing a face covering is also mandatory on public transport in Scotland, barring any specific exemption set out in [Scottish Government guidance](#).

9. Collection of ashes

9.1 Ashes handling - emergency legislative provisions

The Scottish Ministers published a determination under the UK Coronavirus Act 2020 on 8 April 2020²⁵ which suspends the effect of sections 53 to 55 of the 2016 Act and certain provisions of the Cremation (Scotland) Regulations 2019 in connection with duties for the handling of uncollected ashes.

The determination provides that the duties in relation to uncollected ashes by cremation authorities and funeral directors (e.g. contacting applicants within certain timeframes) are suspended. The purpose of this suspension is to remove some of the administrative duties on cremation authorities and funeral directors, and also gives families more time to make their wishes known for the ashes before they are otherwise dispersed. For the duration of the determination, cremation authorities and funeral directors must retain any uncollected ashes, until they are either collected by the applicant or the determination is revoked. Once the suspension is lifted by Scottish Ministers, normal duties will resume for retained ashes.

Cremation authorities and funeral directors can, of course, continue to contact applicants about uncollected ashes in the normal way, and within the set timeframes, if circumstances allow.

Where a local authority is making arrangements for cremation under section 87 of the 2016 Act, we have introduced temporary changes to allow a local authority to make the decision not to take steps to ascertain how the ashes are to be disposed of. They can choose to submit the cremation application form without making any declaration to that effect but still have the option to ask the next of kin about their wishes for the ashes. The local authority will be required to retain the ashes for the duration of the suspension and then attempt to trace family members to ascertain their wishes for the ashes, when the suspension is lifted.

These emergency provisions came into force on Wednesday 8 April 2020. These changes will remain in place until revoked by a subsequent determination of the Scottish Ministers under schedule 14 of the 2020 Act.

9.2 Crematoriums, collection of ashes and dispersal

²⁴ Drawn from PHE, [Guidance for care of the deceased with suspected or confirmed coronavirus](#), subheading 'transport to and from a funeral'.

²⁵ <https://www.gov.scot/publications/coronavirus-act-2020-c-7-direction-under-paragraph-91-of-part-2-of-schedule-14/>

As with all circumstances, collection of any ashes by funeral directors or individuals from the crematorium must be in adherence to advice on [physical distancing](#).

Provision for ashes collection will be in agreement between the cremation authority and funeral director or individual.

Dispersal of ashes

Ashes can also continue to be dispersed in gardens of remembrance. This is subject to staff availability and applicant instruction to disperse in the garden of remembrance.

10. Test and Protect

10.1 Test, Trace, Isolate, Support - “Test and Protect”

Test and Protect, is a public health measure designed to break chains of transmission of coronavirus (COVID-19) in the community. A full suite of guidance is available on the Scottish Government’s website [here](#).

Advice for employers on [helping staff who need to self-isolate](#) is also available.

10.2 Workplace setting

In non-health and social care workplace settings, where Infection Prevention Control measures have been utilised, such as use of protective screens or use of PPE (visors, masks, gloves etc.) the contact tracer will conduct a risk assessment based on the level of PPE used, the level of exposure and whether the case, contact, or both, were wearing PPE, to decide whether an exposure should result in the recommendation of isolation of a contact. The priority of Test and Protect is public health and to break the chain of transmission of COVID-19.

We cannot offer blanket assurances that certain workforces can be exempt from isolation, but if co-workers have been maintaining physical distancing, then they may have no or few close contacts. This is part of the discussion which takes place between a contact tracer and someone who has tested positive. If someone is within 2 metres without wearing a fluid resistant surgical mask, for a cumulative period of 15 minutes, or within 1 metre without respiratory protection for any length of time, they are at risk of infection and therefore within scope of being identified by contact tracers as a close contact of a positive case.

For more information, see Health Protection Scotland’s [COVID-19 Contact Tracing in complex settings](#).

10.3 Collection of Customer and Visitor Contact Details

Multi-sector guidance has been published [here](#).

Burial authorities, cremation authorities and funeral directors are advised to collect Test and Protect details from all funeral attendees.

Resources have been developed to be used by premises to make members of the public aware of their duty to provide contact details, and to make them aware of how their data will be used. A poster and privacy notice have been published as supporting documents to this guidance, and are available under 'Supporting files'.

Burial and Cremation Authorities may wish to consider creating a Check In Scotland QR code poster to enable details to be taken quickly. Information about the Check In Scotland App is in the guidance linked above and additional, extended guidance around Check In Scotland is available [here](#).

11. Vaccination

Those who are initially eligible for COVID-19 vaccination can be found in the CMO [list](#), which is illustrative but not exhaustive and additional information can be found in the [Joint Committee on Vaccination and Immunisation \(JCVI\) Priority Group 2 statement](#).

The objective of the COVID-19 immunisation programme is to protect individuals at highest risk from serious illness or death. The objective of occupational immunisation of frontline health and social care staff is to protect workers at high risk of exposure who provide care to vulnerable individuals.

When defining "*Laboratory and Pathology Staff*", the JCVI prioritised frontline funeral operatives and mortuary technicians/embalmers as being *both at risk of exposure and likely to spend a considerable amount of time in care homes and hospital settings where they may also expose multiple patients*.

On the basis of clinical advice, the important principle is therefore that those within the funeral sector who come in contact with the deceased and who spend time in care homes and/or hospital settings should be prioritised for vaccination. The list below has been developed to assist in defining who in the funeral sector should be taken into account for vaccination.

- Funeral director staff who handle, assist in the removal of, or have direct contact with the deceased's remains or personal effects
- Funeral director staff who may routinely have close contact with the deceased within the funeral home setting
- Funeral director staff who routinely clean those areas of their premises which come into direct contact with the deceased (e.g. surfaces where the deceased have been stored or otherwise handled), or private ambulances or similar vehicles used to transport the deceased prior to being coffined
- Mortuary technicians and embalmers

Crematorium and burial ground staff are not covered by this definition and would therefore not be entitled to be prioritised for vaccination.

The proper use of non-pharmaceutical interventions remains crucial in reducing the spread of COVID-19. The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness.

- Follow the **physical distancing** advice.
- Follow the guidance to **self-isolate** if you or a household member has symptoms of COVID-19 or have a COVID-19 diagnosis
- Follow **Test and Protect** advice.
- Follow **hand hygiene** and **respiratory hygiene** advice.
- Proper use of **PPE** where necessary
- Regular **cleaning** of environmental surfaces (e.g. coffins) and public spaces

It is important to note that at the time of providing this advice it is not known if the vaccines that are currently available for COVID-19 stop transmission. Even if an individual has been vaccinated, this will not negate the requirement for self-isolation should they be identified as a close contact. COVID-19 vaccination should not be a consideration when planning staffing levels or business continuity arrangements.

12. Conclusion

The Scottish Government acknowledges that this continues to be a difficult time for families and all organisations working to care for those who have died and provide funeral services throughout the current pandemic. We continue to review current procedures and will issue updates as soon as they are available.

Funeral director businesses can choose to register their business/organisation details via our [Funeral Industry Blog](#), in order to receive notification of any future changes relevant to their work.

Annex A: Updates to guidance

Version	Date	Summary of changes
1.0	13/04/20	First publication.
1.1	15/04/20	<ul style="list-style-type: none"> - Greater clarity and context provided for aerosol generating procedures. - Addition of further information for safe return of possessions to family. - Further emphasis placed on importance of hand hygiene in workplace. - Minor grammatical edit or clarifications throughout.
1.2	20/04/20	<ul style="list-style-type: none"> - Clarity that symptomatic individuals should not attend funeral services.
1.3	30/04/20	<ul style="list-style-type: none"> - Reformatting and refinement of document for easier reading and navigation. - Refinement of information regarding infection risk presumed COVID-19 deceased can present to those handling deceased. - Addition of previously published information for certification of death and also making clear registration services have moved to a 7-day week where possible. - Addition of information on clinical waste - Addition of information advising on steps to take if micro-pacemaker present. - Small expansion of advice on managing viewings of deceased. - Addition of '<i>infection control for non-mortuary spaces</i>' section, emphasising hand hygiene process and relevant HPS non-healthcare setting guidance. - Changing 'social distancing' to 'physical distancing' in line with NHS Inform update.
1.4	13/05/20	<ul style="list-style-type: none"> - Update to clarify infection risk and associated risk assessment when caring for deceased individuals, in line with updated PHE guidance.
1.5	04/06/20	<ul style="list-style-type: none"> - Update to death certification and MCCD section, including link to updated CMO letter. - Inclusion of further information relating to assessing infection risk. - Removal of funeral service guidance and linking out to gov.scot. - Updating of SG funeral industry blog links.
1.6	26/06/20	<ul style="list-style-type: none"> - Addition of section on Test and Protect
1.7	15/07/20	<ul style="list-style-type: none"> - Reformatting and refinement of document for easier reading and navigation - Refinement and renaming of Section 6 from 'Infection control for non-mortuary spaces'. - Updating relevant sections to take account of 'phase 3' changes. - Addition of information related to transport to a funeral service.
1.8	07/08/2020	<ul style="list-style-type: none"> - Updated for mandatory face coverings and home viewings
1.9	28/10/2020	<ul style="list-style-type: none"> - General review and update. Addition of new level restrictions
2.0	25/11/20	<ul style="list-style-type: none"> - Link to guidance on working in people's homes
2.1	05/01/21	<ul style="list-style-type: none"> - General update following HPS review - Updated in line with new lockdown restrictions
2.2	21/01/21	<ul style="list-style-type: none"> - Changes to protection level of some islands.
2.3	29/01/21	<ul style="list-style-type: none"> - Addition of section on vaccination
2.4	26/04/21	Change to attendance maximums at funeral services and at wakes – new levels from 26 April, taking body home for viewing and cremation application forms.
2.5	19/05/21	Changes to levels on 17 May and updated Test and Protect section
2.6	09/06/21	Adding link to Coronavirus (COVID-19): calculating physical distancing capacity in public settings

Annex B: List of resources used for this guidance

[*Infection prevention and control guidance for pandemic coronavirus*](#). Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland and Public Health England, 02 April 2020.

[*Managing infection risks when handling the deceased*](#). Health and Safety Executive (HSE) guidance, July 2018.

[*Considerations related to the safe handling of bodies of deceased persons with suspected or presumed COVID-19*](#). European Centre for Disease Prevention and Control, 23 March 2020.

[*Guidance for care of deceased with suspected or presumed coronavirus \(COVID-19\)*](#), Public Health England, 31 March 2020

[*COVID-19: Guidelines for Funeral Directors on managing infection risks when handling the deceased*](#), Department of Health (Northern Ireland), 1 April 2020

[*Transmission-based precautions Guidance for care of deceased during COVID-19 pandemic*](#). The Royal College of Pathologists, 19 March 2020.

[*COVID-19 Guidance for non-healthcare settings*](#), Health Protection Scotland, 3 March 2020.

[*Infections and Poisonings: Coronavirus \(COVID-19\)*](#), NHS Inform, March 2020

[*Staying safe and protecting others*](#), Scottish Government, July 2020