

How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola or Marburg virus disease

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Introduction and Background

WHO has developed a protocol to provide information on the safe management of burial of patients who died from suspected or confirmed Ebola or Marburg virus disease. These measures should be applied not only by medical personnel but by anyone involved in the management of burial of suspected or confirmed Ebola or Marburg patients.

Twelve steps have been identified describing the different phases Burial Teams have to follow to ensure safe burials, starting from the moment the teams arrive in the village up to their return to the hospital or team headquarters after burial and disinfection procedures. These steps are based on tested experiences from the field.

The handling of human remains should be kept to a minimum. Always take into account cultural and religious concerns. Only trained personnel should handle remains during the outbreak.

The burial process is very sensitive for the family and the community and can be the source of trouble or even open conflict. Before starting any procedure the family must be fully informed about the dignified burial process and their religious and personal rights to show respect for the deceased. Ensure that the formal agreement of the family has been given before starting the burial. **No burial should begin until family agreement has been obtained.**

- Step 1: Prior to departure: Team composition and preparation of disinfectants**
- Step 2: Assemble all necessary equipment**
- Step 3: Arrival at deceased patient home: prepare burial with family and evaluate risks**
- Step 4: Put on all Personal Protective Equipment (PPE)**
- Step 5: Placement of the body in the body bag**
- Step 6: Placement of the body bag in a coffin where culturally appropriate**
- Step 7: Sanitize family's environment**
- Step 8: Remove PPE, manage waste and perform hand hygiene**
- Step 9: Transport the coffin or the body bag to the cemetery**
- Step 10: Burial at the cemetery : place coffin or body bag into the grave.**
- Step 11: Burial at the cemetery : engaging community for prayers to dissipates tensions and provide respectful time.**
- Step 12: Return to the hospital or team headquarters**

Step 1: Prior to departure, team composition and preparation of disinfectants

DO NOT ENTER THE PATIENT AREA IF YOU DO NOT HAVE ALL PROTECTIVE GEAR ON



Full PPE in field situation



Sprayer & Supervisor



Communicator

Prior to departure

One team should comprise:

- **4 members, wearing full PPE for field situation**
- **1 sprayer, wearing full PPE for field situation**
- **1 technical supervisor, not wearing PPE**
- **1 communicator, a person who interact with family and community, not wearing PPE**
- **1 religious representative, not wearing PPE**

All burial management team members should be clear on their roles and responsibilities, including who is the technical supervisor.

Disinfectant solutions must be prepared for the same day:

- 0.05% chlorine solution for hand hygiene
- 0.5% chlorine solution for disinfection of object and surfaces

Step 2: Assemble all necessary equipment

❑ Assemble body bag to hold the body of the deceased

- Impermeable, vinyl, minimum thickness 400 microns
- Should be able to hold 100-125 kilos (200-250 lbs)
- At least 4 handles included in the body bag to allow safe hand carry
- Provide full containment of blood borne pathogens

❑ Assemble all necessary equipment to prevent infections

Hand hygiene

- Alcohol-based handrub solution (recommended) **OR**
- Clean running water, soap and towels (recommended) **OR**
- Chlorine solution 0.05% (when option above are not available)

Personal Protective Equipment (PPE)

- One pair of disposable gloves (non-sterile, ambidextrous)
- One pair of heavy duty gloves
- Disposable coverall suit (e.g. Tyvec suit) + impermeable plastic apron
- Face protection: goggles and mask
- Footwear:
 - rubber boots (recommended) **OR** if not available
 - shoes with puncture-resistant soles and disposable overshoes



Waste management materials

- Disinfectant:
 - ✓ One hand sprayer (0.05% chlorine solution)
 - ✓ One back sprayer (0.5% chlorine solution)
- Leak-proof and puncture resistant sharps container



- Two leak-proof infectious waste bags: one for disposable material (destruction) and one for reusable materials (disinfection)



Step 3: Arrival : prepare burial with family and evaluate risks



1. Prior to departure the team leader must brief the burial team about how to conduct a dignified burial in this particular religious and social context.
2. Arrival of the burial team from the Red Cross Society, Ministry of Health, WHO or MSF.
3. The staff should not be wearing PPE upon arrival.
4. Greet the family and offer your condolences before unloading the necessary material from the vehicles. Request respectfully for a family representative.
5. The communicator should contact a local faith representative at the request of the family members to arrange to meet at the place of collection for the burial of the deceased. If a local faith representative is not available the team leader can use the list provided of phone contacts, with the agreement of the family.
6. The communicator and the faith representative should work together with the family witness (such as a paternal uncle), to make sure that the burial is carried out in a dignified manner.
7. Burial team to wait whilst the faith representative and family witness can be called and have completed their discussion with the communicator about the safe and dignified burial.
8. The Burial team leader should ensure that the family witness and other family members have understood these procedures. **Obtain the formal agreement of the family's representative before proceeding.**

Step 3: Arrival : prepare burial with family and evaluate risks (continued)



9. Burial team to refer to separate guidelines for the dignified burial of Muslim and Christian patients.
10. Identify the family members who will be participating in the burial rituals (prayers, orations, closing of the coffin, ...). If the family has prepared a coffin, identify 4 family members to carry the coffin.
11. Verify that the grave is dug. If this is not the case, send selected people to dig the grave at the cemetery or at the area identified by the family . This site should be agreed upon by the local authorities and neighbours.
12. Propose to one or two family members to witness the preparation activities of the body of the deceased patient on behalf of the other family members.
13. Ask the family witness if there are any specific requests from the family or community, for example, about the personal effects of the deceased. The family should decide what to do with the personal effects of the deceased (burn, bury in the grave or disinfect).
14. Allow the family witness, family members to take pictures of the preparation and burial. At the request of the family, the Burial team may take pictures on their behalf.
15. Ask the family if they want to prepare a civil, cultural or religious item (e.g. identity plaque, cross, picture of deceased) for the identification of the grave.

Procedure for the dignified burial of a Christian patient

- Ask the family if there are any specific requests with regard to a dignified burial. Explain the process of a dignified Christian burial to the family members
- Give the family opportunity to view and an alternative to touching and bathing the body- e.g. sprinkling of water over the body or reading a scripture- placing the written scripture verse on the body before closing the body bag... their needs to be locally adapted and discussed
- Provide a symbol of dignity and clothing - e.g. a white cloth
- Identify a religious leader known or accepted by the family.
 - ✓ Burial teams should have lists and contact details of local religious leaders to offer to the family if they do not have their own priest
- The priest, can offer spiritual consolation, can pray with the family and read appropriate scriptures.
 - ✓ Prayer, blessing and sprinkling of the body with blessed water can be given without the need for physical contact.
 - ✓ Giving thanks for the life of the person
- Identify a burial site the family can accept and ensure the grave is appropriately labelled.
 - ✓ Allow the family members the opportunity to be involved in the digging/preparation of the grave, if that is their custom or preference.
 - ✓ Once the body/coffin is in the grave, allow the family members the option to throw the first soil in/on the grave according to local practice, hierarchy or tradition.
 - ✓ If the family would like certain items to be buried with the deceased, they should identify them to the Burial Team who will ensure this is done. (Family must not handle items themselves that have been in recent close contact with the deceased).
 - ✓ Invite the family to prepare or place the label / religious symbol at the grave e.g. a cross.
- A memorial service can be held at a later date, as per custom and /or preference

Procedure for the dignified burial of a Muslim patient

An information card that uses the steps below, endorsed (signed) by a local Imam or Muslim representative, could be used to perform the dignified burial of a patient who has died from suspected or confirmed Ebola or Marburg virus disease.

- The team leader will explain the safe and dignified process of burial.
- Ask the family if there are any specific requests in regard to the process of a dignified burial, for example, do they want to perform a dry ablution on the body prior to burial?
- Deceased Muslims should not be cremated or placed in the body bag naked.
- A dry ablution can be performed by a Muslim member of the burial team on the deceased patient before being placed in the body bag. Otherwise a Muslim person/family member can perform this simple procedure once they have been placed in the body bag (see next page information for dry ablution).
- The deceased patient is shrouded by wrapping in a plain white cotton sheet before being placed in the body bag. The shroud should be knotted at both ends. The BMT should provide a shroud for the family or they provide one themselves.
- If there are female members of the Burial team, they should shroud deceased female patients prior to placing in a body bag (see next page information for shrouding).
- Permission can be sought in advance from the Imam that the body bag can be used to represent a shroud. White body bags should be used for Muslim patients.

Procedure for the dignified burial of a Muslim patient (continued)

Dry ablution

(To be only carried out by a Muslim person or Muslim faith representative).

- A short Arabic prayer of intention is said over the deceased.
- The hand of the Muslim Burial team member carrying out the dry ablution (in PPE), softly strikes their hands on clean sand or stone and then gently passes over the hands and then the face of the deceased. This symbolically represents the ablution that would normally have been done with water.
- A short Arabic prayer is said over the deceased.
- The body bag is closed if no request for shrouding has been made.
- Dry ablution can also be carried out over the deceased in the body bag if a Muslim Burial team member is not available and it was not possible to perform directly on the body.
- This process takes about 1-2 minutes only.

Shrouding

- A plain unstitched white cotton sheet (scented with musk, camphor or perfumed) is placed on top of the opened body bag.
- The deceased is lifted by the Burial team and placed on top of the shroud.
- The extended side edges of the shroud are pulled over the top of the deceased to cover the head, body, legs and feet.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_27698

