

# 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 who are presumed or confirmed as having been infected with SARS-CoV-2 (COVID-19). It also addresses funeral services.

This guidance has been developed to ensure that:

- The remains of people who have died as a result of COVID-19 disease and the bereaved family are treated with sensitivity, dignity and respect.
- The differing cultural practices and rites of passage observed in Scotland by a variety of communities are respected and adhered to as closely as circumstances permit, with safety being paramount.
- People who work in the management of the deceased are protected from infection.
- Funeral directors work as efficiently as possible, bearing in mind the difficult tasks of transporting and caring for the deceased they undertake; a process that needs to be performed efficiently to ensure the timely removal and funeral processes.
- Support funeral directors' work in the crucial area of 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 be updated regularly in response to that information and will at all times follow 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). This was an interim recommendation in recognition of the evolving situation, and the limited data available, and it was agreed to keep the HCID status under review. Infection control guidance to protect staff from this new threat was agreed across all four UK nations. It reflected the then current WHO guidance, and was consistent with the latest evidence from systematic reviews.

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.<sup>1</sup> As a result of this and a review of the latest evidence regarding what infection control guidance was required, the guidance was updated to reclass it as Hazard Group HG3.<sup>2</sup>

The virus (SARS-CoV-2) that causes the disease (COVID-19) can spread from person to person through;<sup>3</sup>

- 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.
- Contact with contaminated surfaces, including skin (hands), which can then subsequently be transmitted through touch to the facial mucosal membranes (e.g. eyes, nose and mouth).

## 2. Certification and registration of death

### 2.1 Certification of death

The medical certificate of cause of death (MCCD) will include COVID-19 in either Part 1 or Part 2, where COVID-19 has been confirmed or a presumed cause and hazards box on the MCCD/Form 11 (DH1) is ticked, but PF box left unticked.

Following the circulation of [Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic](#) by the Chief Medical Officer on 24 March 2020, there is no requirement to inform the Crown Office and Procurator Fiscal Office of a COVID-19 death, unless it is required for another reason as per normal circumstances. This was followed by [supplementary guidance](#) issued to complement that letter.

### 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).

Local authorities have, where possible, now moved to offering a 7-day registration service. As the configuration of services is a matter for each local authority, hours are designed to best meet local need. It is advised to check your local authority's website or contact your local registration office(s) to confirm opening hours.

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

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

<sup>3</sup> 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'.

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.<sup>4</sup>

As a result, the usual principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs)<sup>5</sup> apply for bodies that are presumed or confirmed to be infected with coronavirus (SARS-CoV2).

#### 3.1 Aerosol generating procedures

Certain medical activities can result in the release of aerosols that may carry the disease. 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.<sup>6</sup>

Awareness of this may be required for funeral directors who are embalming presumed or confirmed COVID-19 deceased, where any action might involve high speed devices.

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

#### 3.2 Handling and care of deceased

Any infection risk from people who have died as a result of COVID-19 will primarily arise as a result of droplets or aerosols generated in the post-mortem handling of the deceased. It is possible that the act of moving or handling a recently deceased individual 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.

Placing a covering on the deceased including the face (such as a cloth) to help prevent the release of aerosols can help mitigate this risk.

Management of this hazard will substantially reduce the risk of potential infection from the deceased.

Those tasked in the handling and removal of bodies, therefore coming into direct contact with a body (especially when doing so shortly after death), should be aware that there is also likely to be a continuing risk of infection from the body fluids/ tissues of deceased where COVID-19 infection is identified (or as the case may be,

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

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

<sup>6</sup> For further context on AGPs see HPS guidance, [Transmission based precaution literature review: aerosol generation procedures](#) page 5.

presumed), through either a clinical diagnosis or laboratory confirmation. This will also present a residual hazard to those handling the deceased.

The most effective way to mitigate any infection risk when handling the deceased is by following the usual principles of SICPs, TBPs and through wearing appropriate Personal Protective Equipment (PPE).

### **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.

The most effective way to mitigate any infection risk when handling the deceased or when entering an enclosed area to collect the deceased is by following the usual principles of SICPs, TBPs and through wearing appropriate PPE.

As viable SARS-CoV-2 may persist on surfaces for up to 72 hours, there will remain the possibility that the virus also persists on and within the recently deceased. Other human coronaviruses have been identified on environmental surfaces for up to nine days so, as a precaution, the principles of SICPs and TBPs should continue to apply while deceased individuals remain in the mortuary environment even if beyond 72 hours.<sup>7</sup>

Regular cleaning of the mortuary environment, as a SICPs, should continue in line with current practice.<sup>8</sup> 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.<sup>9</sup>

### **3.4 Other post-mortem action**

No additional precautions are needed unless invasive post-mortem procedures are being undertaken with high speed devices, which would be considered an AGP.

## **4. Infection control precautions for handling COVID-19 deceased**

### **4.1 Handling and care of deceased - precautions to take**

As viable SARS-CoV-2 may persist on surfaces for up to 72 hours, there will remain the possibility that the virus also persists on and within the recently deceased.

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<sup>7</sup> PHE, [Guidance for care of the deceased with suspected or confirmed coronavirus](#), subheading 'risk of transmission of COVID-19 from an infected body' and Joint UK guidance [Transmission characteristics and principles of infection prevention and control](#) section 3 'survival in the environment'.

<sup>8</sup> HSE, [Managing infection risks when handling the deceased](#), appendix 3, page 53

<sup>9</sup> This is consistent with the joint UK publication for healthcare settings where the virus may be present, [COVID-19 Infection Prevention and Control Guidance](#), section 4.9.2, page 21

Those in direct contact with presumed or confirmed 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);
- Following all standard SICPs and TBPs as set out by the Health and Safety Executive.<sup>10</sup>

The use of appropriate PPE should be maintained until such times as the potential transmission of infection is negligible. This will include handling of the deceased in the mortuary environment.

After coffining has taken place, the exterior of the coffin can be decontaminated using a combined detergent/disinfectant solution at 1,000ppm available chlorine to mitigate any residual risk of surface contamination.

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

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

	<b>Non-autopsy procedures.</b> This includes admission of deceased, booking-in of deceased, preparation for viewing, release of deceased (if not coffined)	<b>Autopsy procedures.</b> 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 information has been directly based upon and adapted from joint UK guidance issued by Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Health Protection Scotland and Public Health England.

<sup>10</sup> HSE, [Managing infection risks when handling the deceased](#), page 17-22

### **4.3 Collecting a body where COVID-19 infection is presumed or confirmed**

#### *Hospital setting*

When notified of a death in a hospital setting, funeral directors should seek to determine if the deceased had an infective status, or was present in settings where COVID-19 infections were being treated.

Where there is no confirmation that the death was COVID-19 related or COVID-19 infection is present, funeral directors should undertake their own risk assessment to determine if appropriate PPE equipment, as set out above, needs to be worn to collect the deceased from the hospital mortuary.

#### *Community setting*

Funeral directors that manage the deceased in the community should have access to the PPE as set out above for non-autopsy procedures. This will be required for collection of the deceased in a private residence or care home setting where COVID-19 infection may be present.

This is particularly important if they have reason to presume or if it has been confirmed that the deceased was a COVID-19 case.

Where there is no confirmation that the death was COVID-19 related or COVID-19 infection is present in a household or similar setting, funeral directors should undertake their own risk assessment to determine if appropriate PPE equipment, as set out above, needs to be worn.

This will include obtaining relevant information from healthcare staff, first responders (such as the police) and families as to the circumstances before death. This could include establishing if:

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

If the presence of COVID-19 is presumed or has been confirmed, appropriate PPE should be worn and all principles of SICPs and TBPs followed to collect the deceased.

### **4.4 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 deceased.

Based on current medical advice there is no specific requirement for 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 other purposes such as safely transporting the deceased.



If used, after sealing, the exterior of a body bag (or other transporting mechanism, such as a coffin) can be disinfected to mitigate any potential risk of further contamination. If the deceased is already placed in a body bag, this precaution could continue to be taken for any potential surface contamination.

Funeral directors should seek to affect removal of the individual as soon as practical.

## **5. Preparation of body for burial or cremation**

### **5.1 First offices and embalming**

In cases of presumed or confirmed 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 standard SICPs and TBPs.<sup>11</sup>

If embalming is carried out the correct PPE should be worn for the actions taken and other standard infection control procedures followed.<sup>12</sup>

### **5.2 Clinical waste**

Clinical waste should continue to be managed following normal processes and procedures.<sup>13</sup> Funeral directors can consult with their contracted waste company of any further precautions that company may have in place at this time.

### **5.3 Medical implants**

Where the deceased has a medical implant device, such as a pacemaker, cremation is not permitted until the device is removed. Medical implants can continue to be removed safely from COVID-19 deceased.<sup>14</sup>

When removing a pacemaker where a presumed or confirmed COVID-19 infection is present, PPE for 'non-autopsy procedures' as outlined above remains appropriate.

A funeral director must always make a suitable risk assessment before carrying out any invasive procedure and ensure that all required infection control procedures are in place.

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<sup>11</sup> 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

<sup>12</sup> 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

<sup>13</sup> Joint UK publication, [COVID-19 Infection prevention and control guidance](#), section 4.10 page 21. 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.

<sup>14</sup> 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.

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.

#### **5.4 Faith or cultural considerations**

The Scottish Government has [published a short document](#) for religious organisations, faith or cultural groups that may have a specific requirement for the deceased in advance of burial or cremation i.e. ablution (washing of the deceased).

These practices can continue for presumed or confirmed 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 as a result in 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 deceased, then a sensitive discussion will need to take place with the family regarding any request.

#### **5.5 Viewing**

Any viewing of the deceased in a funeral director business should only take place following adherence to NHS [physical distancing](#) advice for all attending.

In line with wider public health advice, viewings of the deceased should be kept to the minimum number of attendees possible. Taking account similar restrictions in place for funeral services, it is recommended visitors attending a viewing who do not live together should maintain at least a 2 metre distance from each other (except where they are from the same household, or a carer and the person is assisted by the carer). People who are symptomatic should not attend and those who are [shielding](#) should very carefully consider if they can attend safely.

Appropriate PPE for funeral director staff, such as wearing disposable gloves in a viewing area, can be considered to further mitigate infection risk to staff from visitors.

It is not advisable for family to touch the deceased during a viewing, unless wearing appropriate PPE such as disposable gloves/apron and if the funeral director can safely facilitate this request.<sup>15</sup>

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.

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<sup>15</sup> 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'.

## 5.6 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 is the deceased's and/or the families wish to retain such items, then they should be removed at the time of care immediately 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 the family if that is taking place.

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. The items should be washed separately from that of other household members in accordance with the manufactures instructions using the warmest 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 the items' 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.

## 6. Infection control for non-mortuary spaces

As part of routine SICPs and TBPs, handwashing will form part of these infection precautions in the mortuary space.

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 preform hand hygiene using soap and water, or hand sanitiser, in with NHS advice.<sup>16</sup>

After opening of public spaces, such as after viewing, cleaning of enclosed public spaces should be carried out.

Health Protection Scotland have published [COVID-19 - guidance for non-healthcare settings](#) that explains in more detail required steps for both appropriate environmental cleaning and steps that can be taken to mitigate spread of coronavirus (COVID-19) in the workplace.

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<sup>16</sup> Information graphs 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.

## 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 in relation to the making of an application for cremation, and the handling of ashes following a cremation. The provisions that may be suspended are in 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, in exercise of the power contained in paragraph 8(1) of schedule 14 of the UK Coronavirus Act 2020.<sup>17</sup>

The determination provides that section 49 of the 2016 Act is not to have effect in relation to the signing of a declaration in an application for cremation made under the 2016 Act. This means that the offence in section 49 of the 2016 Act, in relation to the provision of incorrect or misleading information in an application for a cremation, is now suspended.

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.

Further information is available on the [Scottish Government website](#).

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 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. This is set out in below.

### 7.2 Application for cremation – supplementary form

Due to the current pandemic, where a funeral director is unable to receive a signature from a person listed in sections 65 or 66 of the 2016 Act to complete an application for cremation, a supplementary form can be supplied to ensure arrangements can proceed.

This can be accessed via the [Scottish Government website](#).

### 7.3 Application for burial

Application forms for burial are the responsibility for each burial authority.

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<sup>17</sup> <https://www.gov.scot/publications/coronavirus-act-2020-c-7-direction-under-paragraph-81-of-schedule-14/>

Funeral directors should contact their local burial authority to confirm what specific arrangements may be in place.

## 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 be in self-isolation in line with current NHS guidance available on [NHS Inform stay at home advice](#).

Funeral directors should limit their interactions with such individuals and carry out any funeral arrangements preferably by telephone or 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.

If required or requested, information on bereavement support is available on the [mygov.scot website](#).

### 8.2 Provision of funeral services

The Scottish Government acknowledges the large amount of work and significant effort cremation authorities and burial authorities, working with funeral directors, have already undertaken to continue to offer funeral services to the bereaved during the current pandemic.

Funeral directors should regularly communicate with their local crematorium or burial ground in order to effectively explain relevant restrictions on funeral services to the bereaved during the current pandemic. Further information on funeral services is set out below.

### 8.3 Delay to a funeral service

To ensure organisations managing funerals are able to cope with the increased number of deaths during the current pandemic, **it is important that people do not delay funerals of their loved ones.**

The Scottish Government understands how difficult this will be for the families and friends of lost loved ones, however current guidance will be in place for the foreseeable future for public safety reasons and to ensure that funeral directors, crematoriums and burial grounds can continue to offer as normal a service as possible for all.

## 8.4 Funeral services

The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 provide that except to the extent that a person has a reasonable excuse, no person may leave the place where they are living. The Regulations set out that it is a reasonable excuse for the following people to attend a funeral service:

- members of the deceased's household;
- close family members of the deceased; or
- if no-one in the above two categories is attending, a friend of the deceased.

Adherence to these regulations and wider NHS Inform advice on [physical distancing](#) is important to help stop the spread of coronavirus (COVID-19) amongst communities.

In line with wider public health advice, families are advised that in-person attendance of funeral services should be kept to the minimum number of people possible.

Those attending a service should maintain at least a 2 metre distance from each other (except where they are from the same household, or a carer and the person is assisted by the carer).

In line with advice on physical distancing, funeral service attendees should maintain at least 2 metres distance from crematorium and burial ground staff.

If a person is symptomatic (showing [symptoms of COVID-19 infection](#)) they should **not** attend a funeral service in person.

To help stop the spread of coronavirus (COVID-19) people must seriously consider not attending a funeral in person if:

- They are part of a [high risk](#) group or;
- If a member of their household is symptomatic.

If a person, or a member of that person's household is symptomatic, they should follow [NHS Inform stay at home advice](#).

Adherence to relevant NHS Inform advice should be made clear for all those attending any funeral service. This will include the requirement for visitors to comply with all reasonable measures put in place to maintain a 2 metre distance from each other by the burial ground or crematorium (except where they are from the same household, or a carer and the person is assisted by the carer).

### *Burial ground or crematorium requirements*

It is the responsibility of cremation and burial authorities to implement policies regarding the required conduct of a funeral service in their crematorium or burial ground during the current pandemic.

Funeral directors should engage and regularly communicate with their local crematorium and burial grounds in order to continue to help funeral services be delivered in a safe way that is consistent with current regulations, NHS advice, and to be aware of any specific local action taken so they can advise the bereaved.

The above information has also been set out in a dedicated document on gov.scot and can be viewed [here](#).

## 9. Collection of ashes

### 9.1 Ashes handling - emergency legislative provisions

The Scottish Ministers published a determination, in exercise of the power contained in paragraph 9(1) of schedule 14 of the UK Coronavirus Act 2020 on 8 April 2020<sup>18</sup>. The determination 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 ashes.

The determination provides that **the duties for handling ashes** by cremation authorities and funeral directors are suspended. For the duration of the determination, cremation authorities and funeral directors must retain any ashes in respect of which wishes as to how the ashes are to be dealt with are not yet known, until they are collected or the determination is revoked. Once the suspension is lifted by Scottish Ministers, normal duties will resume for retained ashes.

The determination also suspends the requirement under **section 87** of the 2016 Act for local authorities to make attempts to ascertain what is to happen to ashes following cremation arranged by the local authority. The local authority will be required to retain the ashes for the duration of the suspension and then attempt, when the suspension is lifted by Scottish Ministers, to trace family members for instruction in line with normal duties.

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.

Further information is available on the [Scottish Government website](#).

### 9.2 Collection of ashes

As with all current circumstances, collection of any ashes by funeral directors on behalf of an applicant from the crematorium during the suspension period must be in adherence to advice on [physical distancing](#).

This advice should be adhered to where an applicant is able to collect ashes from a funeral director business, and the funeral director is able to offer this service during the suspension period which came into effect on Wednesday 8 April 2020.

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<sup>18</sup> <https://www.gov.scot/publications/coronavirus-act-2020-c-7-direction-under-paragraph-91-of-part-2-of-schedule-14/>

Further information on ashes handling is available on the [Scottish Government website](#).

## **10. Conclusion**

The Scottish Government acknowledges that this is a very difficult time for families and all organisations working to provide funeral services during the current pandemic.



## 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"> <li>- Greater clarity and context provided for aerosol generating procedures.</li> <li>- Addition of further information for safe return of possessions to family.</li> <li>- Further emphasis placed on importance of hand hygiene in workplace.</li> <li>- Minor grammatical edit or clarifications throughout.</li> </ul>
1.2	20/04/20	<ul style="list-style-type: none"> <li>- Clarity that symptomatic individuals should not attend funeral services.</li> </ul>
1.3	30/04/20	<ul style="list-style-type: none"> <li>- Reformatting and refinement of document for easier reading and navigation.</li> <li>- Refinement of information regarding infection risk COVID-19 deceased can present to those handling deceased.</li> <li>- Addition of previously published information for certification of death and also making clear registration services have moved to a 7-day week where possible.</li> <li>- Addition of information on clinical waste</li> <li>- Addition of information advising on steps to take if micro-pacemaker present.</li> <li>- Small expansion of advice on managing viewings of deceased.</li> <li>- Addition of '<i>infection control for non-mortuary spaces</i>' section, emphasising hand hygiene process and relevant HPS non-healthcare setting guidance.</li> <li>- Changing 'social distancing' to 'physical distancing' in line with NHS Inform update</li> </ul>
1.4	13/05/20	<ul style="list-style-type: none"> <li>- Update to clarify infection risk and associated risk assessment when caring for deceased individuals, in line with updated PHE guidance.</li> </ul>

## 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.  
([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881489/COVID-19\\_infection\\_prevention\\_and\\_control\\_guidance\\_complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf))

*Transmission based precaution literature review: aerosol generating procedures,* Health Protection Scotland, 11 March 2020  
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