COVID-19 Guidance for Coroners

Indiana State Department of Health
Epidemiology Resource Center

GENERAL GUIDANCE

When you are on the scene, wear usual PPE (gloves, masks) and practice social distancing. Double bag decedent until test results are known.

REQUESTING A TEST FROM ISDH LABS

After reviewing the criteria to determine whether this patient is a coroner case, you will need to review the COVID-19 Specimen Collection and Submission Guidelines for Coroners. It is strongly recommended that for fastest results, the coroner's office input the lab request into LimsNet. Using the paper form will delay the process for testing significantly. Coroners can work with their local hospital to assist with proper shipping of specimens. Hospitals can also help facilitate transportation of the specimens to ISDH labs. If the coroner is unable to work with the hospital to help facilitate transportation of specimen to ISDH labs, contact the ISDH district preparedness field staff at the list below.

Toxicology labs, AXIS and NMS, do not currently have COVID testing capabilities.

COLLECTION OF POSTMORTEM CLINICAL PATHOLOGIC SPECIMENS

Wait to do an autopsy until you receive the COVID-19 test results. The following factors should be considered when determining if an autopsy will be performed for a deceased PUI: medicolegal jurisdiction, facility environmental controls, availability of recommended personal protective equipment (PPE), and family and cultural wishes.

If an autopsy is performed, collection of the following postmortem specimens is recommended:
- Postmortem clinical specimens for testing for SARS-CoV-2, the virus that causes COVID-19:
  o Upper respiratory tract swabs: In general CDC is now recommending collecting only the NP swab
  o Lower respiratory tract swab: Lung swab from each lung
- Separate clinical specimens for testing of other respiratory pathogens and other postmortem testing as indicated
- Formalin-fixed autopsy tissues from lung, upper airway, and other major organs

If an autopsy is NOT performed, collection of the following postmortem specimens is recommended:
- Postmortem clinical specimens for testing for SARS-CoV-2, the virus that causes COVID-19, to include only upper respiratory tract swabs: Nasopharyngeal Swab (NP swab).
- Separate NP swab specimens for testing of other respiratory pathogens.

ENGINEERING CONTROL AND PPE RECOMMENDATIONS

PPE Recommendations: Double surgical gloves interposed with a layer of cut-proof synthetic mesh gloves, fluid-resistant or impermeable gown, waterproof apron, goggles or face shield, and NIOSH-certified disposable N-95 respirator or higher. Surgical scrubs, shoe covers, and surgical cap should be used per routine protocols.

AUTOPSY PROCEDURES

Wait to do an autopsy until you receive the COVID-19 test results. Standard precautions, contact precautions and airborne precautions with eye protection (e.g., goggles or a face shield) should be followed during autopsy for someone with COVID-19. Many of the procedures are consistent with existing guidelines for safe work practices in the autopsy setting; see Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories (https://www.cdc.gov/mmwr/preview/mmwrhtml/su6101a1.htm).

CDC Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html.

SAFELY PREPARING THE SPECIMENS FOR SHIPMENT

After collecting and properly securing and labeling specimens in primary containers with the appropriate media/solution, they must be transferred from the autopsy suite in a safe manner to laboratory staff who can process them for shipping.

1. Within the autopsy suite, primary containers should be placed into a larger secondary container.
2. If possible, the secondary container should then be placed into a resealable plastic bag that was not in the autopsy suite when the specimens were collected.
3. The resealable plastic bag should then be placed into a biological specimen bag with absorbent material; and then can be transferred outside of the autopsy suite.
   a. Workers receiving the biological specimen bag outside the autopsy suite or anteroom should wear disposable nitrile gloves.

Coroners can work with their local hospital to assist with proper shipping of specimens. Hospitals can also help facilitate transportation of the specimens to ISDH labs. If the coroner is unable to work with the hospital to help facilitate transportation of specimen to ISDH labs, contact the ISDH district preparedness field staff listed below.

CLEANING AND WASTE DISPOSAL RECOMMENDATIONS

Follow the general guidelines for cleaning and waste disposal following an autopsy of a decedent with confirmed or suspected COVID-19. The surface persistence of SARS-CoV-2 is uncertain at this time. Other coronaviruses such as those that cause MERS and SARS can persist on nonporous surfaces for 24 hours or more.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in these settings.

After an autopsy of a decedent with confirmed or suspected COVID-19, follow CDC recommendations when cleaning the autopsy room (and anteroom, if applicable).

TRANSPORTATION OF HUMAN REMAINS

Follow standard routine procedures when transporting the body after specimens have been collected and the body has been bagged. Disinfect the outside of the bag with an EPA-registered hospital disinfectant applied according to the manufacturer's recommendations. Wear disposable nitrile gloves when handling the body bag.

REPORTING A DEATH

When the test results come back, the coroner is expected to put the death into the Indiana Death Registration System immediately.

It is important to emphasize that Coronavirus Disease 2019 or COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Other terminology, e.g., SARS-CoV-2, can be used as long as it is clear that it indicates the 2019 coronavirus strain, but we would prefer use of WHO's standard terminology, e.g., COVID-19. Specification of the causal pathway leading to death in Part I of the certificate is also important.

For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included along with COVID-19 in Part I. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. Here is an example:

NEW ICD CODE INTRODUCED FOR COVID-19 DEATHS

A newly-introduced ICD code has been implemented to accurately capture mortality data for novel coronavirus (COVID-19) on death certificates.

What is the new code?
The new ICD code for Coronavirus Disease 2019 (COVID-19) is U07.1, and below is how it will appear in formal tabular list format.

> **U07.1** COVID-19
> ***Excludes*:**   Coronavirus infection, unspecified site (B34.2)
>   Severe acute respiratory syndrome [SARS], unspecified (U04.9)

> The WHO has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available. Because laboratory test results are not typically reported on death certificates in the U.S., NCHS is not planning to implement U07.2 for mortality statistics.

When will it be implemented?
> Immediately.

Will COVID-19 be the underlying cause?
> The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?
> If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, <u>NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19.</u>
> As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code.
> However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

What happens if the terms reported on the death certificate indicate uncertainty?
> If the death certificate reports terms such as "probable COVID-19" or "likely COVID-19," these terms would be assigned the new ICD code. It is not likely that NCHS will follow up on these cases.
> If "pending COVID-19 testing" is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, <u>NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19</u>.

Do I need to make any changes at the jurisdictional level to accommodate the new ICD code?
> Not necessarily, but you will want to confirm that your systems and programs do not behave as if U07.1 is an unknown code.

Should "COVID-19" be reported on the death certificate only with a confirmed test?

> COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See guidance below for certifying COVID-19 deaths.)

For more general guidance and training on cause-of-death reporting, certifiers can be referred to the Cause of Death mobile app available through https://www.cdc.gov/nchs/nvss/mobile-app.htm and the Improving Cause of Death Reporting online training module, which can be found at:
https://www.cdc.gov/nchs/nvss/improving_cause_of_death_reporting.htm.

FREQUENTLY ASKED QUESTIONS

How do I access LimsNet?
Visit https://eportal.isdh.in.gov/limsnet/login.aspx, which has links for both phone and email support. Email signups are preferred. Please include the name of your organization and the names and email addresses of the individual who should be granted access. Links are also available on this page.

How can I get testing kits?
If you have swabs, you can test the deceased and submit that through LimsNet. The sample should go to ISDH labs for processing. If you do not have swabs, contact your local hospital. You can also email ISDHdeplogistics@isdh.in.gov to request swabs or contact your local preparedness field staff member listed below.

Do I test every body I receive in the coroner's office?
To determine if you test for COVID-19:

During a coroner investigation, ask their close family and friends, over the last two weeks:

- Fever
- Difficulty breathing
- What medications they were taking
- Cough
- Respiratory problems

Are COVID-19 cases coroner's cases or will an attending physician or county health officer sign the death certificate?
Per IC 36-2-14-6, Investigation of death of person; certificate of death; autopsy Sec. 6. (a) Whenever the coroner is notified that a person in the county:

> (1)   has died from violence;
> (2)   has died by casualty;
> (3)   has died when apparently in good health;
> (4)   has died in an apparently suspicious, unusual, or unnatural manner; or
> (5)   has been found dead;
> he shall, before the scene of the death is disturbed, notify a law enforcement agency having jurisdiction in that area. The agency shall assist the coroner in conducting an investigation of how the person died and a medical investigation of the cause of death.

• If the patient has died in the hospital and the hospital is waiting for COVID-19 test results, wait until the results come back before proceeding as a coroner case. If the test for COVID-19 is positive, this would not be a coroner case.

ADDITIONAL INFORMATION

- ISDH COVID-19 webpage: https://coronavirus.IN.gov.
- CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html.
- Learn more about COVID-19 from the New Mexico ECHO https://omi.unm.edu/ : https://www.dropbox.com/s/pc4m4dw5oeodxan/zoom_0.mp4?dl=0.

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