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Guidance

Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19)

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Note on this guidance

We are currently in a period of sustained community transmission of coronavirus (COVID-19). This guidance is for suspected or confirmed coronavirus (COVID-19) related deaths. Where alternative causes of death are clearly known and features are solely consistent with that known cause, care of the deceased should follow usual management practices. Where it is not possible to determine if coronavirus (COVID-19) is suspected, those who come into close contact with the deceased (less than 2 metres) should assume that coronavirus (COVID-19) infection may be present and take account of the precautions described below.

Main principles

This advice is designed to assist people who are required to manage the bodies of deceased persons during the coronavirus (COVID-19) pandemic. This guidance has been developed to ensure that:

- the deceased are treated with sensitivity, dignity and respect
- people who need to come into contact with the deceased or who work in services providing care for the deceased are protected from infection

This guidance has been developed in consultation with the Health and Safety Executive (<https://www.hse.gov.uk>) and the Deceased Management Advisory Group (<http://www.dmag2020.org/>), which represents the funeral, cremation and burial sector. The guidance remains under review and may be updated in line with the changing situation as required. There is separate guidance for funeral directors and others (<https://www.gov.uk/government/publications/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic>) on how to manage a funeral during the coronavirus (COVID-19) pandemic.

What you need to know

This guidance contains information for:

- those who are managing a death in secondary care
- general practitioners (GPs) managing a death outside of a healthcare setting
- members of the public who identify a death in the community
- staff in residential care settings including care homes and hospices
- first responders managing a death in the community
- those involved in the transportation of the deceased
- funeral directors and others managing a death in the community, including those organising transport for mourners
- those who are participating in or supporting faith and belief practices that involve close contact with the deceased
- those who are organising transport to and from a funeral

There is also detailed guidance to assist staff (coroners, mortuary operators, pathologists, anatomical pathology technologists, medical practitioners, funeral directors and embalmers and their staff) and appropriately trained volunteers* who manage deceased persons suspected or confirmed as infected with coronavirus (COVID-19). Those handling bodies should be aware that there is likely to be a continuing risk of infection from body fluids and tissues where coronavirus infection is suspected or confirmed. While the risk of infectious transmission is lower than for living patients, action should be taken to mitigate that risk.

*in some communities, deceased bodies are cared for by appropriately trained volunteers. Volunteers who are in a clinically vulnerable or clinically extremely vulnerable group should not provide care for the deceased.

Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) should be used to ensure safe ways of working when handling the deceased, these include additional precautions for Aerosol Generating Procedures (AGPs). This guidance should be read in conjunction with:

Health and Safety Executive (HSE) guidance: Managing infection risks when handling the deceased (<https://www.hse.gov.uk/pubns/books/hsg283.htm>), which, whilst not specific to COVID-19, details the standard infection control precautions and transmission-based precautions that should be followed by all those handling the deceased

Royal College of Pathologists (RCPATH) and Association of Anatomical Pathology Technology (AAPT) guidance Transmission-based precautions: Guidance for care of the deceased during COVID-19 pandemic (<https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-deceased-during-COVID-19-pandemic.pdf>), which details the Personal Protective Equipment (PPE) required for Transmission Based Precautions that should be used by any professional involved in the care of the deceased during the COVID-19 pandemic

Sharing information

It is critical that non-clinical professionals handling the deceased are informed if the deceased presents an infection hazard so that they follow the appropriate infection control guidance, particularly with regard to aerosol generating procedures (AGPs) which may be undertaken by a funeral director and others.

This approach is supported by General Medical Council guidance on Managing and protecting personal information (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/managing-and-protecting-personal-information#paragraph-134>) which states that 'disclosure is justified in the public interest to protect others from a risk of death or serious harm'.

HSE guidance (<https://www.hse.gov.uk/pubns/books/hsg283.htm>) also advises that where there is a known or suspected risk of infection, sufficient information must be provided to enable people handling the deceased to supplement the SICPs with appropriate additional precautions to minimise exposure. This information must be handled sensitively and shared only with those who need it to carry out an appropriate risk assessment and to enable appropriate precautions to be taken: Whilst it is not essential to provide the specific details of the infectious agent, the information should include the detail of likely routes of transmission to ensure that adequate precautions may be taken.

Guidance for managing deaths in secondary care

Where there has been a death in secondary care, healthcare workers should refer to the infection prevention and control guidance for secondary care (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance>) and guidance on donning and doffing of PPE (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance#anchor>).

Guidance for GPs managing a death outside of a healthcare setting

If you are a [GP](#) and are verifying death (<https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency>) and/or certifying the cause of death (<https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medical-certificate-of-cause-of-death>) of a patient with suspected or confirmed COVID-19 outside of a healthcare setting you should:

- on entry to the home, wash your hands with soap and water for 20 seconds - where facilities to wash hands are not available, hand sanitiser should be used, and you should carry this with you at all times
- stay at least 2 metres away from other household members
- advise others not to enter the room in order to maintain at least 2 metres distance from the deceased
- wear [PPE](#) as indicated in Table 2. Recommended [PPE](#) for primary, outpatient, community and social care (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf)
- [GPs](#) are requested to notify those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk

Guidance for members of the public who identify a death outside of a healthcare setting

If you are a member of the public or a family member and you come into contact with a deceased person, including a loved one, you should:

- try not to touch them
- if there has been contact with the deceased, wash your hands with soap and water for 20 seconds
- move to at least 2 metres away or to another room
- call the deceased person's [GP](#) (if the [GP](#) is not available you will be connected to the out of hours service) or call NHS 111 for further advice
- if the death was unexpected and you have not been engaging with the healthcare system regarding the patient's condition prior to the death, please call 999 and explain the situation
- use the guidance on cleaning in non-healthcare settings (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>) for managing the deceased's laundry and waste

Guidance for staff in residential care settings including care homes and hospices

If a resident dies with suspected or confirmed coronavirus (COVID-19) in a residential care setting:

- ensure that all residents maintain a distance of at least 2 metres or are in another room from the deceased person
- avoid all non-essential staff contact with the deceased to minimise risk of exposure
- if a member of staff does need to provide care for the deceased, this should be kept to a minimum and correct [PPE](#) should be used as indicated in COVID-19: How to work safely in care homes
- you should follow the usual processes for dealing with a death in your setting, ensuring that infection prevention and control measures are implemented

Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.

Guidance for first responders managing a death in the community

Guidance for first responders (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>) includes a section on handling the deceased.

If you are entering the home of the deceased to assess whether a death has occurred in response to a 999 call-out you should:

- advise others not to enter the room
- stay at least 2 metres away from other household members
- if required to assess for signs of life, wear PPE as indicated in the guidance for first responders

Amongst first responders, ambulance staff and paramedics have different requirements for PPE as they may be required to perform AGPs. Additional specific guidance on PPE (<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts#section3PPE>) is available for ambulance staff and paramedics.

Guidance for funeral directors managing a death in the community

Funeral directors, in addition to faith and belief representatives, will often be the primary support to households in the immediate period after a death, including attending the home to collect and transfer the deceased. Where possible, other support and advice should be provided over the phone.

Any member of staff who develops symptoms of coronavirus (COVID-19) (a new continuous cough and/or a high temperature) should be sent home and stay at home for at least 7 days from onset of symptoms. If the member of staff lives in a household where someone else is unwell with symptoms of coronavirus (COVID-19) then the staff member must remain at home and not leave the house for 14 days, in line with the stay at home guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>).

If you are required to meet with the bereaved but will not make direct contact with the deceased PPE is not required. However, you should:

- maintain a safe distance (at least 2 metres) from other members of the household
- on entry to the home, wash your hands with soap and water for 20 seconds - where facilities to wash hands are not available, hand sanitiser should be used, and you should carry this with you at all times
- you should avoid touching your eyes, nose or mouth and wash your hands again when leaving the property

This advice should be followed for all deaths in the community, including if the household is self-isolating or if someone in the household is symptomatic.

If you are required to have close contact with the deceased, for example, to move them, the following precautions should be taken:

- PPE should be worn as described in Table 2

- to maintain social distancing, household members should be asked to leave the room containing the deceased, including any room that the deceased will travel through as it is removed from the premises
- body bags are not essential, and shrouds or wraps may be used to manage the risk of contact transmission
- it is however recognised that body bags are routinely used as part of usual safe ways of working, to prevent leakage affecting the mortuary environment and to help maintain dignity, including during repeated movement
- body bags are recommended where capacity in the usual management processes for the deceased is exceeded and management and/or transport of the deceased is being undertaken by individuals who may not be familiar with safe ways of working and appropriate use of PPE
- wipe down the external surface of the body bag/coffin with a combined detergent disinfectant solution as normally used within mortuary practice. Follow manufacturer's instructions for dilution, combination, application and contact times for all detergents and disinfectants
- if body bags are used for cremation, they must not contain any PVC or any highly chlorinated materials

Transporting the deceased

Despite the additional precautions required as a result of the coronavirus (COVID-19) pandemic, every effort should be made to treat the deceased with sensitivity, dignity and respect.

- a body bag, coffin or cloth wrapping should be used to manage the risk of contact transmission
- if neither body bag nor coffin has been used, cleaning of the vehicle should be in line with guidance for COVID-19 cleaning in non-healthcare settings (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>)

Guidance for staff who manage the deceased

This includes mortuary staff, pathologists, anatomical pathology technologists, funeral directors and embalmers and appropriately trained volunteers.

Following a risk assessment of potential post-mortem risk pathways, PHE has developed this guidance with specific reference to the Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) set out in the HSE guidance on managing infection risks when handling the deceased (<https://www.hse.gov.uk/pubns/books/hsg283.htm>).

The HSE guidance provides advice on the risks of infection from work activities involved with handling the deceased. It also provides guidance for those involved in funeral services, including embalmers, and those involved in the exhumation of human remains.

It covers the safe handling, storage and examination of bodies in hospitals, mortuaries and post-mortem rooms. HSE guidance is not specific to coronavirus (COVID-19) but the SICPs and TBPs described are sufficient for managing the risk with additional precautions taken for Aerosol Generating Procedures (AGPs).

Characteristics of the virus that causes coronavirus (COVID-19)

The exact duration that SARS-CoV2 virus (the coronavirus that causes COVID-19) can remain infectious in body fluids and tissues in a deceased body is unknown and will depend on several factors. Residual hazard of infection from coronavirus (COVID-19) may arise from:

- potential droplet generation emanating from the deceased during their care

- post-mortem examination or implant removal involving the use of power tools, which is a risk for aerosol generation
- direct contact with contaminated material such as soiled clothing or bedding from the deceased and the surrounding environment

Placing a barrier, such as a cloth or face-mask, over the mouth of the deceased when moving them may prevent the release of droplets from the respiratory tract

Current evidence indicates that the SARS-CoV2 virus can be present for up to 72 hours on some types of environmental surfaces. 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 care environment even if beyond 72 hours.

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 personal protective equipment (PPE) should be worn whenever handling the deceased (see Table 1 and Table 2).

Body bags are not essential; the deceased may be wrapped in cloth or a shroud to manage the risk of contact transmission.

Preparations and final disposition

Viewing, hygienic preparations such as washing, post-mortem investigations and embalming are all permitted when overseen or undertaken by those trained in handling bodies of the deceased. Those managing the deceased should ensure they can maintain a safe distance (2 metres) from others in the work environment. Embalming can take place when necessary, with appropriate consideration of procedures which may be aerosol generating.

Cremation is permitted. Where the deceased has a medical device that requires removal prior to cremation this should be done using PPE as detailed in Table 1. The majority of medical device removal will require droplet precautions only (for example, pacemakers and intrathecal pumps). Where there is the potential for aerosol generation through the use of high speed tools or the removal of fixation nails, PPE should be used as indicated in the RCPATH and AAPT guidance for autopsy procedures (<https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-deceased-during-COVID-19-pandemic.pdf>) (as described in the 2nd column of Table 1 below).

Safe working for mortuary staff, pathologists, pathology technologists, funeral directors and embalmers

Any member of staff who develops symptoms of coronavirus (COVID-19) (a new continuous cough and/or a high temperature) should be sent home and stay at home for at least 7 days from onset of symptoms. If the member of staff lives in a household where someone else is unwell with symptoms of coronavirus (COVID-19) then the staff member must remain at home and not leave the house for 14 days, in line with the stay at home guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>).

If you are working with the deceased, including in temporary mortuaries, you should follow guidance on social distancing in the workplace (<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>) and should:

- maintain a distance of at least 2 metres from others

- wash your hands regularly with soap and water for at least 20 seconds particularly after blowing your nose, sneezing or coughing
- cover your mouth and nose with disposable tissues when you cough or sneeze. If you do not have one to hand, sneeze into the crook of your elbow, not into your hand

PPE requirements for mortuary staff, pathologists, pathology technologists, funeral directors and embalmers

RCPATH and AAPT have published guidance on the PPE requirements for care of the deceased during the coronavirus (COVID-19) pandemic (Table 1).

Table 1: Transmission-based precautions for suspected/confirmed coronavirus (COVID-19)

	Non-autopsy procedures, including admission of deceased, booking-in of deceased, preparation for viewing, release of deceased	Autopsy procedures, including other invasive procedures
Disposable gloves	Yes	Yes
Disposable plastic apron	Yes	Yes
Disposable gown	No	Yes
Fluid-resistant (Type IIR) surgical mask (<u>FRSM</u>)	Yes	No
Filtering face piece (class 3) (<u>FFP3</u>) respirator	No	Yes
Eye/face protection*	Yes	Yes

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

Employees should ensure they are aware of their employer's procedures regarding PPE, that they have been trained in their use and that they are using them correctly. Employees should remove any PPE and contaminated clothing when they leave a dirty work area. People should not enter clean areas wearing PPE.

Guidance on donning and doffing of PPE

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf), including posters and videos, is available from Public Health England.

Guidance for processing of samples taken from bodies

Post-mortem examination may include taking samples for testing of coronavirus (COVID-19). The Chief Coroner's office has published guidance on managing deaths during the coronavirus (COVID-19) pandemic (https://www.judiciary.uk/wp-content/uploads/2020/03/Chief-Coroner-Guidance-No.-34-COVID-19_26_March_2020-.pdf) including advice on post-mortem examination practice. The Human Tissue Authority (HTA) Post Mortem sector guidance (<https://www.hta.gov.uk/post-mortem-sector-guidance>) includes definitions of relevant material and scheduled purposes. Removal of relevant material from the deceased for such a scheduled purpose must take place on HTA-licensed premises.

Detailed guidance on laboratory investigations and sample requirements for coronavirus (COVID-19) diagnosis (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories/laboratory-investigations-and-sample-requirements-for-diagnosing-and-monitoring-wn-cov-infection>) is available, including upper and lower respiratory tract sampling. A poster detailing sampling and packing required (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879698/Sample_Packaging_Instructions_A3_poster.pdf) can also be downloaded. If a post-mortem examination is performed, a lung biopsy can be sent in a sterile universal container without any additive. Blood samples can also be collected and sent in a sterile container. Ideally, tissue samples should be fresh frozen and sent on dry ice where possible. The sample should NOT be placed in formalin. [RCPATH](https://www.rcpath.org/uploads/assets/936cee34-9f87-4cd8-af326efacc32aa74/RCPATH-advice-on-histopathology-frozen-sections-and-cytology-FNA-during-infectious-disease-outbreaks.pdf) has developed guidance on histopathology frozen sections and cytology fine needle aspiration during infectious disease outbreaks (<https://www.rcpath.org/uploads/assets/936cee34-9f87-4cd8-af326efacc32aa74/RCPATH-advice-on-histopathology-frozen-sections-and-cytology-FNA-during-infectious-disease-outbreaks.pdf>).

Management of cleaning and waste

Advice on cleaning and disinfection for the mortuary and similar work place environments is available in the [HSE](https://www.hse.gov.uk/pubns/books/hsg283.htm) guidance *Managing infection risks when handling the deceased* (<https://www.hse.gov.uk/pubns/books/hsg283.htm>) with specific reference to appendix 3. This should be read in conjunction with Department of Health (2013) guidance *Environment and sustainability. Health Technical Memorandum 07-01: Safe management of healthcare waste* (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf) which provides information about how to manage waste that can be characterised as clinical waste, the guidance includes practical advice and examples for classifying waste, in particular the infectious and offensive waste streams.

The use of jet washes should be avoided due to the potential for aerosol generation.

Precautions for others who are involved in the care of the deceased

Staff involved in the care of the deceased outside of the formal funeral home or mortuary setting should consider what actions they need to take to ensure safe working. Table 2 details activities involved in the care of the deceased and the appropriate [PPE](#) required for these.

Table 2: [PPE](#) requirements for care of the deceased in non-clinical settings

Activity	Disposable gloves (single use)	Disposable plastic apron	Disposable gown	Fluid-resistant surgical mask (FRSM)	Eye Protection**
Death verification	Yes	Yes	No	Yes	Risk assess
Moving the deceased	Yes	Yes	No	Yes	Risk assess
Washing the deceased	Yes	Yes	No	Yes	Risk assess
Preparing for transportation, for example shrouding, placing in a body bag/ coffin	Yes	Yes	No	Yes	Risk assess
Transporting the deceased in a body bag/coffin/cloth wrapping	No	No	No	No	No
Travelling to a funeral	No	No	No	No	No

*the outside of the body bag/coffin may be wiped down with a combined detergent disinfectant solution as normally used within mortuary practice. Follow manufacturer's instructions for dilution, combination, application and contact times for all detergents and disinfectants.

**Eye and face protection is recommended only if there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.

Guidance for faith and belief practices that involve close contact with the deceased

Those handling the deceased should be aware that there is likely to be a continuing risk of infection from body fluids and tissues in cases where coronavirus infection has been identified or is suspected.

For those for whom care of the deceased is part of their faith, rituals such as viewing, keeping watch and hygienic preparations such as washing are an important part of the mourning process. We strongly advise that any rituals or practices that bring people into close contact with the deceased with suspected or confirmed coronavirus (COVID-19) should be undertaken using appropriate PPE under supervision of somebody trained in its use.

Given the increased risk of severe illness for clinically vulnerable people from coronavirus (COVID-19), it is strongly advised that they have no contact at all with the deceased and do not participate in any activities such as washing, preparing or dressing the deceased.

Management of a funeral

The grieving process and related formal and informal rituals, through which the bereaved mourn the passing of loved ones, are important for the health and wellbeing of the bereaved. Guidance on how to manage a funeral during the coronavirus (COVID-19) pandemic (<https://www.gov.uk/government/publications/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic>) has been developed to balance the needs of the bereaved to mourn appropriately, whilst minimising the spread of coronavirus (COVID-19) infection.

Transport to and from a funeral

Mourners are also advised to follow the advice on safe social distancing when travelling to and from the funeral gathering. Wherever possible, mourners should travel to the venue in a car by themselves or with people from their household. If this is not possible and funeral transport is required:

- the number of people in each car should be kept as low as possible
- there should be good ventilation (keep the windows open)
- if possible, maintain at least 2 metres distance between passengers, maximising the distance through appropriate seating positions
- mourners should face away from each other
- vehicles should be cleaned regularly using gloves and 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 if that is all that is available. They should cover their mouth and nose with disposable tissues when coughing or sneezing or with the crook of their elbow if no tissues are available
- they should avoid touching their faces and if they cough, use a tissue and dispose of the used tissue in a bin immediately. If no tissue is available, they should use the crook of their sleeved arm

If mourners are using shared transport with others that they do not normally meet and where social distancing is not possible, they should consider wearing a face covering.

There is additional guidance on the use of face coverings (<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home#face-coverings>) and instructions on how to make your own face coverings (<https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering>).

Associated legislation

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974 (<http://www.legislation.gov.uk/ukpga/1974/37/contents>). In the event of any conflict between this guidance and any applicable legislation, the applicable legislation will prevail.