GUIDANCE ON MANAGEMENT OF THE REMAINS OF DECEASED UNITED NATIONS PERSONNEL IN A PANDEMIC ENVIRONMENT

The Guidance is intended to supplement the United Nations Handbook for Action in Cases of Death in Service and ST/AI/2011/9, Coordination of action in cases of death of staff members: travel and transportation in cases of death or health-related emergency, in addressing the challenges of management of human remains of United Nations personnel within the current pandemic environment, including death and management of remains attributed to a non-infectious cause.
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I. PURPOSE

This guidance applies to the management of human remains of United Nations personnel who have died during a pandemic situation, whether suspected or confirmed to be due to the pandemic-related infection or because of other circumstances.

It should be read and applied in conjunction with the United Nations Handbook for Action in Cases of Death in Service and ST/Al/2011/9, Coordination of action in cases of death of staff members: travel and transportation in cases of death or health-related emergency.

Aspects of this guidance may be applicable in cases of fatalities due to any infectious disease, but it is intended to be applicable to circumstances associated with the global limitations and other implications that may impact the handling of human remains associated with any deaths among United Nations personnel in a pandemic situation.

While it is not the intention of this guidance to establish a risk of heightened fatalities among United Nations personnel, the current COVID-19 pandemic has caused significant numbers of deaths globally and United Nations entities may face difficulties associated with limitations on transport and overburdened local facilities in the event of any death of United Nations personnel.

The guidance is meant to provide a practical overview of recommendations and has been developed to support United Nations Secretariat entities to prepare for and perform required actions related to managing the human remains, including special considerations for possible temporary holding areas, final disposal of remains, and hand-over to family and relatives (where transportation of remains within the duty station or to a home country is feasible).

II. SCOPE

This guidance applies to all United Nations Secretariat entities, for all United Nations personnel for which support would be offered in the handling of human remains, in any location or duty station where personnel are present, and may be adapted to the evolving local environment and legislation.

III. SUMMARY

The capacity to repatriate or otherwise transport human remains during a pandemic situation may depend on the geographical settings, regulatory and commercial restraints that will likely shift over time, the availability of support of troop- or police-contributing countries, or opportunities presented by other national flights.

If limitations prove unreasonable, Secretariat entities may need to canvas alternatives including local interment, cremation for immediate or eventual transport, or temporary storage for a period of time (options for local interment or cremation may also be hampered by local regulatory restrictions or the availability of expert service providers).
IV. REFERENCES

All detailed source guidance is subject to change/updates.

- *United Nations Handbook for Action in Cases of Death in Service*

- *ST/AI/2011/9* on Coordination of action in cases of death of staff members: travel and transportation in cases of death or health-related emergency

- Standard Operating Procedure (SOP) 2017.22 on Notification of Casualties (NOTICAS) in Peacekeeping Operations and Special Political Missions

- *Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19*, interim guidance, 7 April 2020

- *Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected*

- *Guidance Information on the Transportation of COVID-19 Human Remains by Air*


V. GENERAL CONSIDERATIONS

Existing guidelines noted in the aforementioned section of this guidance provide detail on preparations and actions needed in the event of death among United Nations personnel in which the remains should be, at least initially, handled by the United Nations entity in question. This especially applies in the event of field-based United Nations international personnel (and recognized dependents where applicable at a duty station), both civilian and uniformed.

Existing guidance addresses cases of death through an infectious disease, such as COVID-19, but a pandemic situation, and in some cases an epidemic situation, presents additional challenges that may include limitations on movement of remains, anxieties and prejudice, and an overwhelmed capacity among local service providers.

These challenges may apply equally to non-infectious deaths which may occur within the United Nations workforce during a pandemic situation.

Human remains should always be treated with dignity and with respect to privacy, and kept in an appropriate and designated United Nations or other facility that is refrigerated in preparation for shipment, burial, cremation, or embalming (note that the latter course of action is not recommended by
the WHO in cases of infectious disease, such as COVID-19 cases, due to added safety risks related to transmission of infection).

In the context of a pandemic, medical, morgue and other funeral facilities may be in higher demand and not able to accommodate increased demand for services. It is therefore critical to assess and monitor options available at the respective duty station/s, noting the local context and that the situation will likely shift over time.

In addition, the global nature of the pandemic is likely to create sustained limitations on movements, within a country and across borders, and changes to national and local regulatory requirements.

In a pandemic situation, the following actions are recommended to be undertaken by an ‘expert’ group comprising of applicable medical, supply chain and administration personnel within a United Nations entity in order to determine options available locally and actions required to ensure the appropriate management of human remains (while not an exhaustive list, the following are key issues to address and plan for):

a. Assess the availability or alternative options for mortuary services, including temporary refrigerated storage capacity, at:
   - medical or temporary morgue facilities within United Nations entities at the duty station/s;  
   - public morgues, funeral homes, or other funeral facilities at the duty station/s; and/or  
   - cremation facilities at the duty station/s.

b. Determine the means of moving bodies, in a refrigerated environment, from remote locations to a more centralized centre if needed.

c. Assess the reasonable availability and/or stocks of body bags, coffins, or hermetically sealed caskets.

d. Identify regulatory requirements that may have been newly invoked in the duty station for human remains due to the pandemic, whether they apply to those who die from the pandemic infection or not.

e. Maintain an appropriate list of faith-based leaders, available locally for religious rites to be given for remains.

f. Assess the level of support that may be available from local government institutions.

g. Establish a pool of potential “Family Focal Points” within the United Nations entity, including details of spoken language, religious and cultural experience.

h. Ensure a plan is in place within the United Nations entity, with the support of other United Nations entities where needed, to provide for an informed response for:
   - the dignified, respectful and expert management of deceased personnel;  
   - respectful engagement and compliance with the wishes of associated family and communities;  
   - ensuring a burial ceremony in respect of the deceased traditions, providing the family with the option of being part of the burial;  
   - protection of privacy and personal information; and
- ensuring that families receive medical certificates of death, burial permits, autopsy reports and other relevant documentation to resolve financial and estate issue.

Based on the findings of the assessment on options and capacity available locally, arrangements with local providers should be made and agreements put in place as early as possible if the facilities and services of these providers are available and deemed suitable, including sufficient capacity in case of higher demand.

In situations where local capacity is unavailable or insufficient to respond to potentially higher demand, an assessment should be made as early as possible regarding the need to secure temporary refrigeration equipment or other supplies/chemicals as required, including body bags, coffins, and hermetically sealed caskets.

VI. ADDITIONAL REQUIREMENTS FOR HANDLING OF REMAINS

In all cases of death of United Nations personnel, wherever possible, a diagnostic test for pandemic infection, including COVID-19, should be carried out on the remains as soon as possible (unless the individual was tested positive prior to the death), or an appropriate swab taken and preserved until testing is possible.

A presence of infection should be taken into account in determining the cause of death. For the handling of any remains, the presence of pandemic infection, including COVID-19, or other infectious disease should be assumed until known otherwise.

In cases of death at a more remote location, appropriation arrangements are to be made, including United Nations body evacuation (BODEVAC) transport modalities where required, to relocate the remains as soon as possible to a more central duty station where proper handling, potential storage, and international transportation or disposal of remains (burial or cremation) are more likely to be possible.

Where the deceased was known or suspected to have been infected with COVID-19, human remains can be handled safely with appropriate precautions. There is no requirement for a body bag, and viewing, hygienic preparations, and post-mortem of the remains are all permitted. Embalming is not recommended, if it can be avoided, to avoid excessive manipulation of the body. Nevertheless, during removal of the body from the isolation room or area, and any subsequent movement, the proper use of personal protection equipment (PPE), according to standard precautions to avoid direct contact with body fluids, should be enforced at all times.

Mortuary staff and the burial team should apply standard precautions (i.e. perform proper hand hygiene and use appropriate PPE, including long-sleeved gown, gloves and facial protection, if there is a risk of splash from the patient's body fluids or secretions onto the body or face of the staff member handling remains). Standard precautions should also be adopted when hygienic preparation of the deceased takes place (e.g. cleaning of body, tidying of hair, trimming of nails and shaving). Full guidance on infection prevention and control for the safe management of a dead body in the context of COVID-19 can be found in Infection Prevention and Control for the safe management of a dead body in the context of COVID-19.
After remains are removed, cleaning and disinfection procedures should be followed in the same way as for a room that had a live COVID-19 or similarly infectious patient.

Notwithstanding the above, some countries and state jurisdictions deviate from current WHO guidance, including requirements on embalming or any manipulation of COVID-19 infected remains. It is important to check carefully with each jurisdiction involved at the duty station.

VII. REQUIRED DOCUMENTATION FOR TRANSPORTATION OF HUMAN REMAINS

If the situation allows for the transportation of human remains by commercial airlines, the following documents will be required. All documents should be original, and official translations should be provided as required.

Required documentation includes the following (requirements may vary from country to country and location to location within a country, and also vary between airlines):

- a. Death certificate (10 original copies or notarized copies)
- b. Health/Medical/Hygiene certificate
- c. Embalming certificate
- d. Sealing of casket certificate
- e. Export license
- f. Customs clearance certificate
- g. Police report (as per country requirements)
- h. Copies of the deceased’s passport, visa and UNLP (machine readable)

In the case of repatriation of human remains, certain members states’ legislation may require an autopsy. It is also essential to note that member states may also require some form of “Freedom from Infection Certificate” for quarantinable communicable diseases. At this time, COVID-19 is a quarantinable communicable disease and remains must meet the standards for importation based on individual member states’ requirements.

Guidance or waivers in this respect may need to be solicited through the local consulate, embassy, airlines, faith-based organizations etc. These contacts should be identified as an integral component of planning.

Personal effects of the deceased may also present an infectious hazard for cross-contamination. As such, consideration should be given to the decontamination and proper sealing of personal effects prior to transportation and/or handover to the next of kin and families, in order to avoid the spread of contamination and related health risks.

The current practice and protocol on transportation of remains recommends that an escort be designated to accompany (where possible) the human remains to their destination. While the pandemic continues to be prevalent, this practice should be discontinued given the additional challenges to movement restrictions and risks to United Nations personnel. In many cases, the support of the United Nations Resident Coordinator at the destination/home country of the deceased may be enlisted in cases where transportation is possible.
Additional guidance on transportation of remains and the related protocol is referenced in the:

- Guidance Information on the Transport of COVID-19 Human Remains by Air; and
- United Nations Handbook for Action in Cases of Death in Service

VIII. CIRCUMSTANCES PROHIBITING THE TRANSPORT OF HUMAN REMAINS BY COMMERCIAL AIRLINES

Should the transportation of remains not be reasonably possible due to the closure of borders, the closure of airspace or the unavailability of flights due to measures related to the pandemic, alternative arrangements such as cremation, temporary or permanent local interment, embalming (not recommended as per WHO Guidelines) or long-term congela tion would need to be considered in consultation with the next of kin and family of the deceased.

These alternative arrangements may be undertaken in considering the expectations and/or cultural and religious practices of the staff member and their family.

It is therefore crucial to engage with the next of kin and family of the deceased, colleagues, representatives of member states at the duty station, local and religious authorities, and any other stakeholders at the outset to discuss these difficult questions and identify solutions acceptable in the circumstances to all parties.

Faith-based leaders can play a crucial role in ensuring that the need for alternative arrangements is well understood and accepted by staff and affected family. Faith-based leaders are a trusted source of information and lessons learned from previous infectious outbreaks show that the earlier involvement of faith-based leaders is beneficial in implementing necessary measures, including new burial practices.

Valuable information on the role of faith-based leaders in dealing with the current crisis and should be referred to in Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19.

In the event of a local arrangement for disposal of remains (burial or cremation), family viewing arrangements should be identified. Alternatively, photographic or ‘virtual’ viewing arrangements may be considered as an alternative. Any visitation possible in the location of the death would be the responsibility of family of the deceased and should ensure steps are in place to apply physical distancing guidelines. Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash their hands thoroughly with soap and water following the viewing. Family members or friends with respiratory symptoms should not participate in the viewing or at least wear a medical mask to prevent contamination of the place and further transmission of the disease to others. Minimum requirements should include hygienic rooms, sensitivity to the bereaved needs and beliefs, washing facilities, access to psychosocial support services, and availability of trained professionals overseeing these viewing arrangements.

All caution should be had to protecting any online viewing arrangement from interruption or unauthorised access.
IX. PSYCHOSOCIAL SUPPORT

Psychosocial support for bereavement and managing grief is of paramount importance and should be accorded to the families, friends and colleagues of the deceased.

In addition, survivors of a pandemic infection among personnel in a United Nations entity, given its widespread impact, may experience long-term physical health, employment and other social issues that give rise to a grief reaction or a feeling of guilt.

Hence, the continued support to this population is also considered crucial.

Counsellors at the duty station, as well as those in the home country of the deceased, should be identified and engaged in the planning for and delivery of death-related support to establish an integrated response to the needs of the bereaved individual and families. The United Nations facilitates psychosocial support through a network of counsellors in several locations globally and through a pool of external service providers. Bereavement and psychosocial support is accessible through in-situ specialists, as well as by leveraging tele-counselling and use of other e-platforms.

X. FAMILY FOCAL POINTS

The United Nations Secretariat has a network of staff members trained as “Family Focal Points” (FFPs) who are available for activation during a crisis to assist injured staff and families of staff who pass away as a result of a crisis or in a crisis context.

Family focal points are part of the organizational response mechanism during emergencies that result in deaths of United Nations personnel, and, given its significance and global level of anxiety, should be considered as part of the preparedness and response to deaths (and illness) during a pandemic.

Given the anxieties and practical difficulties associated with the current pandemic, every effort should be made to establish a family focal point network within a United Nations entity and assign dedicated family focal point for each death that occurs during the pandemic environment, regardless of cause.

Family focal points are present in most large duty stations and are also available to provide support remotely from another location. They come from different backgrounds and can be assigned to staff and families based on spoken language, religious and cultural requirements.

Family focal points provide critical one-on-one support to families of staff who pass away while in service. They serve as a link between the Organization and the affected family in providing and relaying information between families and internal partners in the Organization. Each family focal point is assigned to assist one family. The purpose of the family focal point is to be the main point of contact for the family, so the family does not have to contact multiple offices/departments to obtain information related to the incident and access to their benefits and entitlements.
XI. FURTHER INFORMATION

For further information or guidance on handling of the remains of United Nations personnel, please contact the United Nations Department of Operational Support’s (DOS) Division for Special Activities (DSA) at: cpsu@un.org.