



Postmortem Care Workers and Employers

This section provides guidance for postmortem care workers, such as coroners, medical examiners, autopsy technicians, funeral directors, and other mortuary workers. This guidance supplements the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2.

Employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, train workers about, and ensure they use controls to prevent or limit exposures. The table below provides examples of postmortem care work tasks associated with the exposure risk levels in OSHA's occupational exposure risk pyramid, which may serve as a guide to employers in this sector.

Examples of postmortem care tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
<ul style="list-style-type: none"> Performing administrative duties in non-public areas of postmortem care facilities where bodies are not handled or kept, and away from other staff members. <p>Note: For activities in the lower (caution) risk category, OSHA's <i>Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure</i> may be most appropriate.</p>	<ul style="list-style-type: none"> Working with multiple staff within a postmortem care facility. Interacting with members of the public, such as those attending funerals or burial services during the pandemic. 	<ul style="list-style-type: none"> Performing postmortem care activities, including embalming, burial, or cremation preparation, on bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. In areas with ongoing community transmission, handling dead bodies suspected or confirmed of being infected with SARS-CoV-2 at the time of their death, unless there is evidence indicating otherwise (e.g., a negative test result). 	<ul style="list-style-type: none"> Performing autopsies, involving aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. Collecting or handling specimens from the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Until more is known about how COVID-19 spreads, the CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect mortuary and other deathcare workers with exposure to the virus.

Mortuary and other deathcare workers who have contact with the remains of people who have died of COVID-19, or complications resulting from it, must be protected from exposure to infected blood and body fluids, contaminated objects, or other contaminated environmental surfaces.

Employers of mortuary and other deathcare workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards. See the Standards page for additional information on OSHA requirements.

Follow recognized good biosafety practices and precautions to prevent or minimize the transmission of infectious agents (i.e., SARS-CoV-2). To protect workers from SARS-CoV-2 exposure, OSHA recommends strict adherence to biosafety and infection prevention practices for postmortem or autopsy procedures on the bodies of people who are suspected of having or known to have died of COVID-19, or complications resulting from it. The ability to adhere to basic safety procedures, facility environmental controls, and availability of recommended PPE should be taken into consideration in deciding if postmortem or autopsy procedures are performed. Although the infection process is not fully understood, this recommendation considers the potential for a very high viral load (i.e., the number of viral particles in the body) at death and sources of exposure to workers performing autopsy procedures. If deemed necessary and appropriate for medico-legal, public health, or other purposes, OSHA recommends strict adherence to basic safety procedures used for any autopsy on human remains, the interim guidance for workers and employers of workers at increased risk of occupational exposure.

Prompt disposition (i.e., as soon as possible) of the remains of individuals who have died of COVID-19, or complications resulting from it, such as through cremation, burial, or other typical deathcare processes, can help prevent worker exposure to SARS-CoV-2. OSHA is not recommending a specific method for disposition of bodies at this time. However, state, local, tribal, and/or territorial requirements may dictate whether or not the remains of individuals who have died of certain infectious diseases can be buried or handled in accordance with other traditions, or if they must be cremated.

The CDC also provides guidance on postmortem activities, including information about specimen collection from the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death, as well as in its COVID-19 frequently asked questions (FAQs).

Engineering Controls

If autopsies will be performed on the remains of people who have died of COVID-19, or complications resulting from it, do so in autopsy suites that have adequate air-handling systems. This includes systems that maintain negative pressure relative to adjacent areas and that provide a minimum of 6 air exchanges (existing structures) or 12 air exchanges (new construction or renovation) per hour. Ensure that the room air exhausts directly to unoccupied areas outside of the building (i.e., not into walkways, break areas, or other areas where workers or visitors could congregate or pass through), or passes through a high-efficiency particulate arrestance (HEPA) filter, if recirculated. Direct air (from exhaust systems around the autopsy table) downward and away from workers performing autopsy procedures. CDC's Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings provides guidelines for AIIR use and recommendations for air exchange rates, which are similar to what should be followed in autopsy suites.

Use a biosafety cabinet for the handling and examination of smaller specimens and other containment equipment whenever possible.

Equipment, such as saws, should be equipped with vacuum shrouds to capture aerosols.

Administrative Controls

Restrict the number of personnel entering the autopsy suite. This may involve training mortuary workers, such as medical examiners or autopsy technicians, to perform environmental services tasks (e.g., cleaning and decontamination) in lieu of additional workers entering such areas.

Workers with high-risk underlying health conditions, such as heart or lung disease or diabetes, should be relocated to lower-risk environments and/or rescheduled for work that will limit their possible exposure.

Minimize aerosol-generating procedures, performing only those that are necessary to perform the autopsy or prepare remains for cremation or burial.

Minimize the number of staff present when performing aerosol-generating procedures. Exclude those who may be necessary for other procedures but not specifically the aerosol-generating procedures.

Safe Work Practices

Follow standard safety procedures for preventing injuries to/through the skin during an autopsy. Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

Workers should avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands upon completing work and/or removing PPE.

Personal Protective Equipment

All mortuary workers and other deathcare workers who have contact with human remains known or suspected to be contaminated with COVID-19 must wear appropriate PPE (see OSHA's PPE standards, 29 CFR 1910 Subpart I). For workers performing autopsies, this includes typical autopsy PPE, such as:

- Double surgical gloves interposed with a layer of cut-proof synthetic mesh gloves
- Scrub suit worn under an impermeable gown or apron
- Goggles or face shield
- Shoe covers
- Surgical cap

Additionally, because of the sustained likelihood of aerosol generation during various steps of autopsy procedures, use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes NIOSH-certified disposable N95 or better respirators, medical exams, fit testing, and training. Powered, air-purifying respirators (PAPRs) with HEPA filters may provide increased worker comfort during extended autopsy procedures.

Remove PPE before leaving the autopsy suite and follow appropriate disposal requirements.

For other workers handling human remains:

- Wear nonsterile, nitrile gloves when handling potentially infectious materials.
- If there is a risk of cuts, puncture wounds or other injuries that break the skin, wear heavy-duty gloves over the nitrile gloves.
- Wear a clean, long-sleeved fluid-resistant or impermeable gown to protect the work/personal clothing.
- Use a plastic face shield or a surgical mask and goggles to protect the face, eyes, nose, and mouth from potentially infectious body fluids.
- If there is a risk of aerosol generation while handling human remains, use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes NIOSH-certified N95 or better respirators, medical exams, fit testing, and training. PAPRs with HEPA filters may provide increased worker comfort during extended autopsy procedures.

See the OSHA Fact Sheet, Health and Safety Recommendations for Workers Who Handle Human Remains, for more guidelines to ensure worker safety when handling human remains.



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