



FACULTY OF
PATHOLOGY

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

Recommendations Relating to Post-Mortem Examination Practice during the Covid-19 Pandemic

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Guidelines Update November 2022

- 1. Routine screening of the deceased for Covid-19 is no longer required prior to post-mortem examination**
- 2. Standard and contact precautions advised including full PPE during post-mortem examination**

Guidelines detail:

1. Routine asymptomatic screening is no longer required for patients entering acute care settings; thus, routine screening of the deceased prior to post-mortem examination (PME) is not required. However, Standard and Contact precautions (if contact with blood/body fluids) are advised for all contact with the deceased with airborne precautions (to include appropriate PPE and FFP2 or FFP3 mask) during the PME procedure itself. These precautions apply regardless of COVID-19 result.

2. If there is a suspicion that COVID-19 may be a contributory factor in the death, and testing is indicated, this test should continue to be a lab based molecular assay. The quantitative result may be more useful indicator of likelihood of timing of infection (if no ante mortem history of same) and there will be a specimen available should whole gene sequencing be indicated, for example if there is a suspicion of transmission/outbreak or if there is a suspicion of an emerging variant being associated with higher morbidity or mortality.

It is appreciated that COVID-19 status may not be clear at time of commencement of PME. The Faculty of Pathology recommends that testing should only be performed for diagnostic purposes, and should no longer be performed for infection protection and control (IPC) reasons.

As with all things COVID-related, recommendations for PME testing are subject to change and depend on the level and pathogenicity of the virus circulating in the community at the time. Should the infection risk increase and HSE Infection Prevention and Control guidelines revert to routine testing of patients on admission to hospital, then routine testing of the deceased before autopsy may be considered.

As healthcare workers including mortuary staff are vaccinated, the risk of contracting a serious illness due to Covid -19 (SARS-CoV-2) infection diminishes.

Test interpretation:

A PCR test may remain positive for longer than the patient is infectious due to the detection of residual RNA. This is reflected in a high CT value,⁽¹⁾ which is available by consulting the reporting microbiologist.

Advice may be sought from the local consultant microbiologist/Infection Prevention & Control team as required on significance of the CT value and if any further testing is indicated.

Information for mortuary staff and undertakers

Two publications indicate the risk of transmission of SARS-CoV-2 is very low when maintaining general safety precautions.⁽²⁾ However, replicating virus can be detected, particularly in the oropharyngeal area, up to 35 hours after death.⁽³⁾

References

1. Guidance on the management of weak positive (high Ct value) PCR results in the setting of testing individuals for SARS-CoV-2 V1.3 .14.04.2021
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/algorithms/PCR%20weak%20results%20guidance.pdf>
2. The handling of SARS-CoV-2 associated deaths – infectivity of the body Schroder A S et al Forensic Science, Medicine and Pathology 2021 <https://doi.org/10.1007/s12024-021-00379-9>
3. Post-mortem stability of SARS-CoV-2 in nasopharyngeal mucosa Heinrich F et al. Emerging Infectious diseases 2021; 27 (1) p 329-331

Useful Links

[Health Protection Surveillance Centre](#)

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/acutehospitalguidance/InfectionPreventionandControlPrecautionsforAcuteSettings.pdf>

[Coroner's Society of Ireland Guidance in relation to Deaths due to Covid-19 Infection \(PDF\)](#)

[National Collaborating Centre for Environmental Health \(Canada\):
<https://ncceh.ca/documents/field-inquiry/covid-19-risks-handling-deceased>](#)