

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

OFFICE OF THE MEDICAL EXAMINER

MICHAEL J. CAPLAN, M.D.
Chief Medical Examiner

April 3, 2020

MEMORANDUM

TO: NASSAU-SUFFOLK FUNERAL DIRECTOR'S ASSOCIATION; FUNERAL DIRECTORS
FROM: MICHAEL J. CAPLAN, CHIEF MEDICAL EXAMINER *Michael J. Caplan, M.D.*
RE: PROTOCOL FOR HANDLING CONFIRMED OR SUSPECTED COVID-19 DEATHS

In an effort to provide some consistency in approaching deaths potentially related to COVID-19, the following procedures will be adopted based upon the differing scenarios as outlined below:

1. If a deceased individual has been diagnosed with COVID-19 (laboratory confirmed case) and dies in either a hospital or other health care facility, the manner of death can be reasonably deemed a natural death (attributable exclusively to disease); in the most common circumstance, the individual will have a documented history of underlying respiratory illness and/or a predisposition to infection (immunocompromised state), rendering the COVID-19 most likely a contributory cause of death or a complication of the underlying illness. *These cases do not meet criteria for Medical Examiner jurisdiction and will be classified as "No Cases" by the Suffolk County OME.*
2. If a deceased individual meets any of the following criteria that would raise suspicion for a COVID-19-related death, namely:
 - Signs/symptoms of fever, cough, and/or shortness of breath (NOTE: the clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock)
 - The deceased individual presented clinically with an influenza-like illness but was never diagnosed with a laboratory-confirmed infection on a viral respiratory panel;
 - The deceased individual was known to have recent contact with/exposure to a person with laboratory-confirmed COVID-19 infection within 14 days prior to death (the maximum designated incubation period for SARS-CoV-2) and had an undiagnosed influenza-like illness

The following procedures will then be initiated:

IF THE DECEDENT IS PRONOUNCED DEAD AT A HOSPITAL OR HEALTH CARE FACILITY (NURSING HOME):

- a) If a patient dies with confirmed COVID-19+ and has underlying medical conditions/diseases (no injuries): the body can be released from the hospital or nursing home directly to the funeral home and the death certificate will be signed either by the patient's private physician, attending physician, or ED physician
- b) In cases of suspected but not confirmed COVID-19 where the sample (nasopharyngeal swab) was collected and submitted to a virology laboratory while the patient was alive, but the patient dies before a result has been reported, it is the responsibility of the hospital to follow up on those results (as the death certificate will be completed by the patient's hospital, ED, attending, or private physician).
- c) If there is no opportunity to perform testing for COVID-19 while the patient was alive, the individual certifying the death can use his or her best clinical judgement as to whether COVID -19 was a direct or contributory factor in the death (see additional point ii below).

THERE IS NO REQUIREMENT TO PERFORM ANTEMORTEM OR POSTMORTEM TESTING FOR COVID-19 IN ORDER TO RELEASE A DECEDENT'S BODY TO A FUNERAL HOME.

Additional points:

- i. If testing for COVID-19 was performed while the patient was alive but the results have not been made available before the patient died, The hospital or nursing home does not need to wait for the results of a COVID-19 test before releasing the body to the funeral home.
- ii. If testing for COVID-19 was not performed while the patient was alive, it becomes the discretion of the person certifying the death as to how he or she would like to word the death certificate ("probable COVID-19" or "likely COVID-19").
- iii. The physician who signs the death certificate is permitted to list "probable COVID-19" or "likely COVID-19" on the death certificate if he or she has a strong clinical suspicion that COVID-19 played a role in the death, even if there is no opportunity to conduct testing for COVID-19.