

Document #:	Department: <b>Operations</b>
Procedure Title: <b>COVID-19 Local Health Emergency Procedure</b>	
Effective Date: 03/20/2020	Revision Number: v1.0
Standard References:	

## Related Policies:

- COVID-19 Local Health Emergency Policy
- Boulder County Local Public Health Emergency Policy, March 13, 2020

## Purpose:

Our utmost priority is BCCO employee health and safety. This procedure was developed to address unattended deaths in Boulder County of individuals reportedly experiencing “flu-like symptoms” during this current emerging novel coronavirus disease 2019 (COVID-19) pandemic. This procedure is based on current CDC guidelines and will outline procedural changes effective immediately. These changes will provide the safest working conditions possible as we continue to deal with the evolving threat of COVID-19. This procedure is based on the most current information available at the time of its writing, and while it is intended to keep all involved people safe including the community at large, there are many unknowns about this emerging pandemic. This document is subject to change as new information becomes available. Changes to this procedure will be updated and released as needed.

BCCO will be triaging unattended deaths with “flu-like” symptoms prior to responding to the death scene. They will be categorized into four tiers. Please see the definitions below. Each tier will have specific procedures for BCCO personnel.

## Scope:

This procedure applies to all Boulder County Coroner’s Office staff.

## Responsibility:

All Employees are responsible for reading and understanding all new policy and procedures enacted during a local health emergency.

## Definitions:

- COVID-19: Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-Co V, SARS-Co V, and now with SARS-Co V-2, the virus that causes COVID-19. Most often, spread from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. This route of transmission is not a concern when handling human remains or performing postmortem procedures.
- Tier 1: Unattended deaths with potential COVID-19 infection (rule out COVID-19):

- Decedent had symptoms consistent with an acute infectious illness (such as a flu or cold) and died while experiencing those symptoms. Symptoms may include: fever, chills, cough, sore throat, runny/stuffy nose, muscle/body aches, fatigue, vomiting, and diarrhea. Furthermore, no sufficient explanation for this illness exists (such as medical testing diagnostic for influenza A infection); thus COVID-19 infection cannot be ruled out.
  - An example of this would be a homeless individual, with no other significant medical history, who died his first night in a shelter after telling staff there that he had been suffering from chills, a fever, muscle aches, and was coughing for the past week.
- Decedents who would otherwise be considered in Tiers 2-4 may also be elevated to Tier 1 status if they meet the CDC criteria for high risk or medium risk for COVID-19 exposure based on geography/travel and/or contact with persons with symptomatic laboratory-confirmed COVID-19 infection.
- Tier 2: Unattended death with general “flu-like symptoms” / low risk for COVID-19:
  - Decedent had symptoms described as “flu-like” but has other significant co-morbidities (medical conditions) that most likely account for their death. There are no CDC conditions described in the Tier 1 section above for “medium risk” or “high risk” for COVID-19 exposure as described above. In particular, high and medium risk factors are excluded. A COVID-19 infection has not been definitively ruled out (for example, a person with an infectious illness has a laboratory diagnosed Influenza A infection therefore presumptively ruling out COVID-19 as a potential cause of death). Examples of comorbid medical conditions can include heart failure due to cardiovascular disease, chronic alcoholism, cerebral stroke, etc.
    - An example of an unattended death that would be considered a Tier 2 case would be a person who smokes a pack of cigarettes daily, has had stenting of the coronary arteries of the heart due to blockages (coronary artery atherosclerosis), has high blood pressure, and 2 days of “flu-like” symptoms including nausea and vomiting prior to death, without any recent travel or contacts with sick people; in this case, the likely cause of death is a heart attack, however a COVID-19 infection cannot be absolutely excluded.
  - Decedents who would otherwise be considered in Tiers 3-4 may also be elevated to Tier 2 status if they meet the CDC criteria for low risk for COVID-19 exposure based on geography/travel and/or contact with persons with symptomatic laboratory-confirmed COVID-19 infection.
- Tier 3: Unattended death without information on cause of death
  - There is no or very limited information regarding the circumstances of death.
    - An example of this would be a reclusive individual with limited social contact who was discovered deceased in their home after a neighbor notices their mail piling up; no further information about their health is known. No information to assess for “low risk”, “medium risk”, or “high risk” for COVID-19 exposure is available.
- Tier 4: Unattended death with very limited or no risk for COVID-19 infection
  - Decedent does have a pre-death history available (due to review of medical records, acquaintance interviews, etc.) and did not experience flu-like symptoms prior to death. The decedent did not travel anywhere recently. The decedent either 1) did not have any interactions with any person with a known laboratory-confirmed COVID-19 infection, or 2) had an interaction with a person with a known laboratory-confirmed COVID-19 infection that did not meet any of the high-, medium- or low-risk conditions described in

Tier 1 and Tier 2 above (for example, the maximum encounter was walking by an infected person or being briefly in the same room).

- An example of this would be a person who was otherwise healthy, did not recently travel, and had no known sick contacts who hugged himself.
- CDC High Risk for Infection:
  - Travel from Hubei Province, China.
  - Living in the same household, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory confirmed COVID-19 infection without using recommended precautions for home care and home isolation.
- CDC Medium Risk for Infection:
  - Travel from mainland China outside Hubei Province or Iran.
  - Travel from a country with widespread transmission, other than China.
  - Travel from a country with sustained transmission.
  - Close contact with a person with symptomatic laboratory-confirmed COVID-19.
  - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; (i.e., approximately 2 seats in all directions).
  - Living in the same household, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation.
- CDC Low Risk for Infection:
  - Travel from any other country
  - Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact (high and medium risk criteria).

## Related Documents

- CDC Sequence for Putting on PPE
- CDC Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020 or most recent
- CDC Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases, March 2, 2020 or most recent
- CDC Form 50.34 (for submitting specimens)
- LabCorp Nasopharyngeal (NP) specimen collection for COVID-19 testing
- LabCorp Oropharyngeal (OP) specimen collection for COVID-19 testing
- LabCorp Specimen Collection Instructions and
- LabCorp Q&A LabCorp's Testing for COVID-19
- Max Air Operation Guide

## Materials:

- Surgical Masks
- N-95 Masks

- Face Shield
- Max Air Helmet with Filter and Cuff
- Nasopharyngeal, Oropharyngeal and Lung Swabs

## Procedure:

- I. Investigator Responses: With each death requiring an investigator response, including in any health care or hospital setting, a threat assessment shall be performed prior to responding.
  - a. Acquire all known information about decedent in order to be able to assign a tier to the case. Ask the following questions on all cases:
    - i. Any flu-like symptoms prior to death (headache, cough, sore throat, fever, shortness of breath / difficulty breathing, nausea, vomiting, diarrhea, chills).
      1. If answer is yes, document which ones and how long have they had these symptoms?
      2. Has any swabbing for and/or testing for the virus has already begun through a hospital or other means?
    - ii. Any contact with persons with a known COVID-19 infection?
    - iii. Any contact with other people with flu-like symptoms not known to be COVID-19 infections?
    - iv. Are there any living relatives or witnesses at the scene exhibiting symptoms or any who have been recently sick?
    - v. Any recent travel history? Domestic/Foreign, Plane travel, High-Risk countries (China, Japan, Iran, Italy, South Korea).
    - vi. Are any officers/first responders at the scene sick or exhibiting symptoms?
  - b. If increased risk of infection is plausible, consult with the Investigations Supervisor for further direction and determination of Tier level of 1 or 2.
- II. Tier 1: The goal for a BCCO response to a Tier 1 case will be to perform all the necessary components of an examination and determine if further investigation is necessary. Scene investigation protocol below will be adhered to or in consultation with the Investigations Supervisor. Any breeches in protocol should be reported to the Investigations Supervisor.
  - a. First responders and other members of the public should be encouraged to have minimal interaction with the death scene; however, their directives should come from their overseeing agencies.
  - b. The Death Investigators will stock and bring to the scene the following items. Note, it is helpful to have PPE pre-sorted and bagged as a kit prior to arrival at scene.
    - i. Mandatory PPE (per person):
      1. Tyvek suits
      2. Shoe covers
      3. N-95 mask and face shield or Max Air helmet with filter and cuff
        - a. Care should be taken not to touch mask while wearing it.
      4. Gloves
    - ii. Additional Scene Items:
      1. Chuck pad/absorbent barrier
      2. 1 to 2 Body Shroud(s)
      3. 1 body bag
      4. Clear plastic bags (for property and medications found on body at scene)
      5. Medium biohazard bags (for any contaminated effects or contaminated PPE etc. that should not be left at the scene)

6. Large Red Biohazard bags to collect all used and unused PPE from scene
  7. Biohazard stickers
- c. Procedure for Death Scene:
- i. Tier 1 Prepping:
    1. Assess all supplies prior to leaving the office for the scene.
    2. Communicate with police at scene informing them of the Tier 1 process, and that the response will be slower than they are used to.
    3. Obtain a list of first responders and community members who may have had contact with the decedent, including contact information and what type of contact.
      - a. This information is collected as a courtesy for the safety and well-being of the scene responders in case this is in fact a positive COVID-19. No one is required to provide their name if they do not want to. This contact information shall be emailed to the Investigations Supervisor along with the following:
        - i. Decedent's Name
        - ii. DOB
        - iii. Address (transported from)
        - iv. Type of specimen if known
        - v. Private or State Lab if known
    4. Determine if an additional medicolegal investigator will be required to respond to the scene based on body habitus of decedent (i.e., weight), scene circumstances (for example what floor of a building the decedent is located on).
      - a. Designate a primary Investigator.
      - b. No interns or volunteers are allowed to go to Tier 1 or Tier 2 scenes.
      - c. If already on the scene, the interns or volunteers are to wait outside of the death scene.
  - ii. Arrival to Tier 1 Scene:
    1. Follow usual BCCO protocols for arrival at scene, for example appropriate parking, and communication with scene officers.
    2. Open a body bag on the gurney. Label outside body bag with the following information:
      - a. Decedent's Name
      - b. Address of scene
      - c. Investigator's initials and date
      - d. Biohazard Sticker "Suspected COVID-19 Tier 1"
    3. Position two large red biohazard waste bags (one inside another) in a convenient location at the staging area.
    4. Leave war bag, clip boards, and paperwork outside of death scene. No paper documentation (charts, body diagrams, etc.) should be brought into the area of death and then removed for the purposes of documentation.
    5. All documentation will be done by digital photography only otherwise normal scene protocol should be followed for scene investigations.
    6. Put on full personal protective equipment (PPE) as described above. Always wear 2 sets of gloves keeping the innermost pair of gloves clean.

7. Place any individuals with potential infection in an N-95 mask if possible.
  8. The investigator can bring chuck pads/absorbent barrier pad on scene if needed.
- iii. Upon entering the Tier 1 scene or area of death:
    1. Only the minimum number of personnel needed to safely handle the body should enter the area of death. Any other support personnel should be in full PPE and remain at the staging area with the gurney.
    2. Spend a few moments orienting to the situation, including position of body, layout of area, obstacle, etc.
      - a. Stand 6 feet minimum during conversations.
  - iv. On scene Tier 1 body examination:
    1. Photograph the area of death and the body as is.
    2. NO INK OR DIGITAL FINGERPRINTING TO BE DONE ON SCENE! Take fingerprint photos.
    3. Photograph all visible property. Any jewelry/property that remains attached to the body (earrings, necklaces, etc.) must be photographed and left as is.
      - a. Do not remove clothing or dig through the pockets.
    4. There will only be limited examination for any external trauma. The investigator will not examine eyes or oral cavity. There is no need to unnecessarily manipulate the body.
  - v. Release of Tier 1 Body:
    1. In order for a case to be approved for release, standard conditions to do so must be met, i.e.: appropriate and significant medical history and lack of other circumstances falling under the jurisdiction of the Coroner and there is an appropriate signing doctor.
    2. If it is determined there is an increased risk or high suspicion of COVID-19 in an individual who has significant co-morbidities that would normally be released from the scene, without an autopsy, nasopharyngeal and oropharyngeal swabs are the recommendation of the CDC, if test kits are currently or readily available.
      - a. If swabbing/testing is started or will take place through a hospital or other means the investigator will contact the Investigation's Supervisor who will determine BCCO involvement in consultation with the Coroner.
        - i. A request for results shall be clearly requested and follow-up will continue until results are received.
          1. Inquire as to what type of specimen(s) are being tested and if it is being tested at a private or state lab.
          2. The Investigations Supervisor shall notify the Public Health and BCCO Supervisor's Group of the death of any cases in which specimens are submitted for testing.
        - b. If no swabbing/testing is started, or the hospital or care center will not be doing testing, the investigator will contact the Investigation's Supervisor who will determine BCCO involvement in consultation with the Coroner.



2. Wipe any potentially contaminated surfaces on or within vehicle, pram, camera or any other devices or equipment utilized, dispose of waste into the red biohazard bags.
  3. Use proper doffing (removal of PPE) technique outside the residence. Then place potentially contaminated materials immediately into the red biohazard bags.
    - a. Seal the red biohazard bags while wearing fresh gloves, being careful not to aerosolize particles in bag.
    - b. Label the red biohazard bags the same as the body bag.
      - i. Decedent's Name
      - ii. Address of scene
      - iii. Investigator's initials and date
      - iv. "Suspected COVID-19 Tier #"
    - c. Place biohazard bag directly on top of body for transport to BCCO, secure with strap from pram if needed
    - d. Do not place any cot cover or blankets over the body bag or biohazard bag.
  4. Use appropriate hand wash hygiene after Doffing (removing PPE) with alcohol-based hand sanitizer. Then wash hands immediately with soap and water upon returning to the office.
- d. Transport of Tier 1 Body to BCCO:
1. The body and biohazard waste shall be brought back to BCCO and discarded in the biohazard trash receptacles in the freezer.
    - a. If using BCCO's transport company, they may transport biohazardous waste to BCCO. Instruct them to leave the biohazard bag with the body in the isolation cooler.
    - b. The Investigator will be responsible for discarding the biohazard waste into the biohazard trash receptacles in the freezer, completing the specimen collection and a limited body examination as soon as practical as described below.
  2. Under no circumstances should biohazardous material/bags be brought through the administrative section of BCCO.
  3. Routine BCCO procedures will be followed for body transport back to the office.
- e. Arrival of Tier 1 body to BCCO
- i. Upon arrival at BCCO any biohazard waste collected at scene shall be immediately disposed of into the biohazard trash receptacles in the freezer.
  - ii. The body should be brought immediately into the isolation suite and the ventilation fan should be turned on.
  - iii. The investigator shall complete a limited examination as described below in order to collect specimens for testing.
- f. Follow-up Investigation work Tier 1 Body:
- i. Request all pertinent investigatory records (medical records, EMS, PCP, PD, etc.).
  - ii. Investigators shall assist in acquiring as much information, as swiftly as possible, on the decedent. Particularly medical and social information.
    1. Call family when relevant.
  - iii. If property, medications and/or evidence was collected with the decedent, the appropriate sections within VertiQ should be filled out accordingly. The items will

be described in the written report area and noted as having been left with the body.

1. DO NOT REMOVE THE ITEMS FROM THE BAG AND DO NOT INVENTORY UNTIL TESTS RESULTS ARE RECEIVED.

- III. Tier 2: The goal for a BCCO response to a Tier 2 COVID-19 (Low Risk) case will be to determine if collection of specimens for potential future microbiology testing and/or if further investigation is necessary. If unable to release from scene the body will be transported and stored at BCCO per the usual protocol with differences described in this section. Standard precautions with good hygiene will be observed at all time. Any breeches in protocol should be reported to the Investigations Supervisor.
  - a. First responders and other members of the public should be encouraged to use standard precautions when interacting with the death scene; their directives however should come from their overseeing agencies.
  - b. Protocol specific for Tier 2 COVID-19 (Low Risk) cases:
    - i. Investigators shall determine appropriate level of PPE and precautions needed in consultation with the Investigation's Supervisor.
    - ii. Of note, these cases will be reported to the Supervisor group but do not have to be reported to public health or EOC personnel if no specimens are submitted for testing, unless they become a Tier 1 case due to the availability of additional information.
- IV. Tier 3: UNATTENDED DEATH WITHOUT INFORMATION ON CAUSE OF DEATH
  - a. BCCO will respond following standard BCCO protocols to cases that are determined to be a Tier 3 case. No further testing will be conducted. General infection control standards can be continued to include:
    - i. Good hygiene and use of standard precautions are expected.
    - ii. Double glove practices.
    - iii. Wear a surgical mask at all times while on scene and while in contact with the public. Care should be taken not to touch a mask while wearing it.
    - iv. Proper removal of PPE with proper hand hygiene.
    - v. Minimize exposure to body fluids.
- V. Tier 4: UNATTENDED DEATH WITH VERY LIMITED OR NO RISK FOR COVID-19 INFECTION
  - a. BCCO will respond following standard BCCO protocols to cases that are determined to be Tier 4 case. No further testing will be conducted. General infection control standards can be continued to include:
    - i. Good hygiene and use of standard precautions are expected:
    - ii. Double glove practices.
    - iii. Wear a surgical mask at all times while on scene and while in contact with the public. Care should be taken not to touch a mask while wearing it.
    - iv. Proper removal of PPE with proper hand hygiene.
- VI. Testing prior to full body examination: The decision whether to autopsy or not is at the discretion of the Coroner in consultation with the contracted forensic pathologist. However, general guidelines are that in cases of known or highly probable infection, or in cases where significant coinciding fatal natural disease is present, to account for death even in the absence of COVID-19, external exam with appropriate specimen collection in lieu of autopsy is prudent in order to limit unnecessary staff exposure.
  - a. The Investigations Supervisor shall notify the Public Health and BCCO Supervisor's Group of the death of any cases in which specimens are submitted for testing.

- b. Testing shall be completed prior to full external or autopsy examinations. If specimen collection has taken place prior to intake of the body at BCCO the body shall be held in cold storage pending test results.
- c. If specimen collection is required, the following procedure will be followed, while wearing the same PPE as mandated in Tier 1.
  - i. The examiner shall verify that a toe tag was properly placed on the body with the correct identification information.
  - ii. A limited body examination shall be completed in the Isolation Suite:
    - 1. Document visible personal effects/clothing and mark these items as being left on body.
    - 2. Do not remove clothing or dig through the pockets.
    - 3. Photographs of fingerprints.
    - 4. Specimens shall be collected for testing.
      - a. See Specimen collection below.
    - 5. There will be no further handling of the decedent until COVID-19 laboratory test results are known.
  - iii. Once specimens have been collected and examination is complete, a second toe tag will be secured through the zipper loops of the outer most body bag (using new bag(s) if necessary) acting as a seal to prevent the outer most body bag from being opened during the typical BCCO release protocols.
  - iv. Once the body bag is sealed verify the bag is labeled with the following:
    - 1. Decedent's Name
    - 2. Case Number
    - 3. Investigator's initials and date
    - 4. "Suspected COVID-19 Tier #"
  - v. The body shall be placed into isolated storage if available pending test results prior to autopsy and/or release.
  - vi. Biohazardous waste (e.g., used PPE and sharps containers) involving a potential COVID-19 case should immediately be placed and sealed into an individual red biohazard bag.
    - 1. Seal the bag while wearing fresh gloves, being careful not to aerosolize particles in bag.
    - 2. Label the bag the same as the body bag.
      - a. Decedent's Name
      - b. Address of scene or Case Number
      - c. Investigator's initials and date
      - d. "Suspected COVID-19 Tier #"
- d. COVID-19 negative test results
  - i. When a case yields negative results for COVID-19, normal protocol will reside in determining if the body examination will consist of an external examination or an autopsy. The case will proceed following standard BCCO protocols from this point on.

1. Any property or items placed with the body will now be fully inventoried.
- e. COVID-19 positive test results:
- i. The Coroner will be notified immediately of positive test results and will determine next steps of the investigation in consultation with the contracted forensic pathologist.
- VII. COVID-19 Autopsies:
- a. Autopsies on decedents with known or high risk for COVID-19 should be conducted in Airborne Infection Isolation Rooms (AIIRs). All potentially infectious cases will be done in the isolation suite with limited personnel (1 doctor and 1 tech).
    - i. Autopsy activities should be conducted with a focus on avoiding aerosol generating procedures and ensuring that if aerosol generation is likely (e.g., when using an oscillating saw) that appropriate engineering controls and personal protective equipment (PPE) are used. These precautions and the use of Universal Precautions should ensure that appropriate work practices are used to prevent direct contact with infectious material, percutaneous injury, and hazards related to moving heavy remains.
      1. Use rib cutters to open the rib cage to minimize aerosolization.
      2. Use the vacuum bone saw for head/brain procedures. (At pathologist's discretion, the head may be left intact).
    - ii. The following PPE should be worn during autopsy procedures with a known or suspected COVID-19 risk:
      1. Double surgical gloves interposed with a layer of cut-proof synthetic mesh gloves
      2. Fluid-resistant or impermeable gown
      3. Waterproof apron
      4. Goggles or face shield
      5. Max Air Helmet with Carbon filter and cuff or N-95 mask with face shield
        - a. Care should be taken not to touch a mask while wearing it especially during an autopsy procedure.
    - iii. Surgical scrubs, shoe covers, and surgical cap should be used per routine protocols.
    - iv. Once specimens have been collected and the autopsy is complete, a body bag will be placed on a rolling tray and the body will be transferred into the body bag, a second bag may be utilized if needed. Additionally, a body shroud can be utilized in addition to a body bag at any point during this process as well. A second toe tag will be secured through the zipper loops of the body bag using a new bag, acting as a seal to prevent the most exterior body bag from being opened during the typical BCCO release protocols.
    - v. Once the body bag is sealed, a biohazard sticker shall be placed on the outer most bag along with the following notes: "Suspected COVID-19 Tier #" in addition to:
      1. Decedent's Name
      2. Case Number

3. Investigator's initials and date
- vi. Doff (take off) PPE carefully to avoid contaminating yourself and before leaving the autopsy suite.
    1. After removing PPE, discard the PPE in the appropriate laundry or biohazardous waste receptacle.
    2. Reusable PPE (e.g., goggles, face shields, and PAPRs) must be cleaned and disinfected according to the manufacturer's recommendations before reuse.
    3. Immediately after doffing PPE, wash hands with soap and water for 20 seconds. Avoid touching the face with gloved or unwashed hands.
    4. Biohazardous waste (e.g., used PPE and sharps containers) involving a potential COVID-19 case should immediately be placed and sealed into an individual biohazardous bag. Once sealed, this bag is to be placed into a biohazard waste bin located within the freezer.
- VIII. Specimen Collection: Swabs shall be collected following the most current specimen collection instructions provided by CDC/CDPHE/LabCorp or other approved lab. Please refer to the most current guidelines for the full description of collection guidelines, but the following will outline general collection and materials requested.
- a. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP, OP and lung swabs should be kept in separate vials. Refrigerate specimen at 2-8 degrees C and ship overnight to CDC on ice pack.
  - b. Upper Respiratory Tract Specimen Collection:
    - i. Nasopharyngeal swab: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.
    - ii. Oropharyngeal swab (throat swab): Swab the posterior pharynx, avoiding the tongue.
  - c. Lower Respiratory Tract:
    - i. Lung Swab: Collect one swab from each lung
  - d. If an autopsy is NOT performed, collection of the following postmortem specimens is recommended:
    - i. Postmortem clinical specimens for testing for SARS-Co V-2, the virus that causes COVID-19:
      1. Upper respiratory tract swabs: Nasopharyngeal Swab AND Oropharyngeal Swab (NP swab and OP swab).
      2. Lower respiratory tract swab: none
    - ii. Separate NP swab and OP swab specimens for testing of other respiratory pathogens.
  - e. If an autopsy is performed, collection of the following postmortem specimens is recommended:



- ii. Label each specimen container with the patient's ID number (e.g., case number), unique specimen ID (e.g., laboratory requisition number), specimen type (e.g., tissue), and the date the sample was collected.
  - iii. Complete a CDC Form 50.34 for each specimen submitted.
    - 1. Swabs shall be submitted under the case number with the attending physician listed as the treating physician. These cases shall be tracked by the Pathology Supervisor, who will monitor the results with the CDC/CDPHE and LabOnline and Boulder County Public Health and keep the Coroner and forensic pathologist up to date.
    - 2. In the upper left box of the form provide the following:
      - a. (1) for *test requested* select "Respiratory virus molecular detection (non-influenza) CDC-10401" and
      - b. (2) for *At CDC, bring to the attention of* enter "Stephen Lindstrom: 2019-nCoV PUI - Autopsy specimens".
    - b. Clinical specimens from COVID-19 PUIs must be packaged, shipped and transported according to the International Air Transport Association (IATA) Dangerous Goods Regulations.
- X. Body Release confirmed COVID-19 positive case:
  - a. BCCO personnel shall wear a surgical mask, face shield and gloves when releasing a COVID-19 positive case.
  - b. When a body is released BCCO personnel will not open the body bag(s). Instead, staff will verify decedent information that is written on the outer most body bag.
  - c. Funeral Homes/Mortuaries with the appropriate release will be informed of the positive COVID-19 test.
    - i. Funeral Homes/Mortuaries/Transport personnel are NOT allowed to open the body bag of a COVID-19 positive case at BCCO.
- XI. BCCO Administration
  - a. Admin personnel shall keep a small stock of gloves and masks at the front desk in the event of unexpected visits from family members and others.
    - i. PPE must be disposed of in the biohazard trash receptacles in the freezer.
  - b. BCCO personnel may use appropriate PPE as needed while carrying out work duties.
  - c. BCCO personnel is responsible for monitoring their personal health, and immediately reporting to supervisor if any symptoms arise and immediately isolate from co-workers, the public and family.
- XII. Cleaning considerations:
  - a. Refer to the CDC Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation for COVID-19 for specific guidance on cleaning.
- XIII. Exposures:
  - a. Any sort of exposure shall be reported immediately and directly to your immediate supervisor.