

Press Release from the National Association of Medical Examiners

Re: Inquiries about COVID-19

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### About NAME

*The National Association of Medical Examiners (NAME) is the premier professional organization for medical examiners, forensic pathologists, and medicolegal affiliates and administrators. Most forensic pathologist practice in the medical examiner/coroner systems. Forensic pathology is a subspecialty of pathology that deals with the investigation of unexpected, unnatural, and suspicious deaths. Forensic pathologists are experts in death investigation, autopsy performance, death certification, and traumatic injuries and intoxications. NAME provides leadership and advocacy for best practices and excellence in forensic pathology and death investigation by developing and promulgating forensic autopsy standards, offering and promoting accreditation of medicolegal death investigation systems, providing education, representing medicolegal death investigation and its practicing professionals to the public and the government, and enhancing public health through thorough and accurate death investigation.*

On the NAME website (<https://www.thename.org>) is a COVID-19 quick-link with resources. It is a link to COVID-19 plans from a variety of offices and also has various resources and COVID-19 research. The Centers for Disease Control and Prevention (CDC) has recommendations available on their website about autopsies, personal protective equipment (PPEs), funerals, etc.

### **What is the current status of Death Investigation and COVID-19?**

The public, in general, does not understand that there is not a uniform death investigation system in the United States. The US has a variety of systems: elected lay Coroners, physician Medical Examiners, Sheriff-Coroners, Justices of the Peace, state systems, county systems, among others. Each of these types of death investigation systems is governed by varying state laws. So a uniform response to COVID-19 by Medical Examiners will not occur. For these reasons and because the resources and number of COVID-19 cases will vary greatly by jurisdiction, NAME is not providing set protocols, or set guidance. Every jurisdiction's response will need to differ, as a practical matter. For most offices and systems, deaths from COVID-19 do not technically fall under the jurisdiction of Medical Examiners, as they are natural deaths. These deaths are similar to deaths from, say cancer that ordinarily are not reported to Medical Examiners who focus on unnatural and unexpected deaths. Currently, for most jurisdictions, deaths from COVID-19 are occurring in hospitalized patients, who have been diagnosed with COVID-19. Medical Examiners in these circumstances will ordinarily not need to do an autopsy, but will likely be facilitating reporting of deaths to public health, and possibly signing death certificates. In fact OSHA now recommends that COVID-19 deaths not be autopsied. Depending upon how the pandemic develops, Medical Examiners will become involved in deaths that happen in private residences (just like now), and will need to determine if deaths are COVID-19 related. That determination will be done by investigation and a variety of approaches, specific to local resources, facility features, and staffing. Depending on the number of deaths, offices may just test for COVID-19 (by nasal swabs) without an autopsy. Autopsies will be performed when needed for legal purposes or when the cause of death cannot be determined by testing for COVID-19 alone. Of course, with escalation of the pandemic, Medical Examiners and Coroners will help the communities in this public

health crisis, because of their expertise in handling the dead. There may be need for increased body transport and storage, for example.

### **What are the Public Health Concerns?**

There is a long history of public fear about exposure to decedents (dead bodies) in mass fatality, epidemics and pandemics. After the Tsunami in Thailand in 2004, media reported concerns that the dead bodies were going to transmit diseases, and the World Health Organization issued a statement that dead bodies from natural disasters do not cause epidemics. In certain infectious disease epidemics and pandemics, there are valid concerns about transmission from decedents. Ebola, Lassa Fever, and cholera are examples. In COVID-19, concerns about transmission between the dead and the living are likely unjustified. The US Centers for Disease Control and Prevention has advice and recommendations for both Medical Examiners/Coroners and Funeral Home/Mortuaries on their website for handling of decedents that are COVID-19 positive, or potentially COVID-19 positive. The risk for droplet transmission of COVID-19 after death is thought to be minimal. A recent publication suggests that the virus survives longer on surfaces (hours to days) than previously believed. Medical Examiners and Coroners are familiar with handling bodies that have other viral diseases, such as HIV and Hepatitis, diseases that likely pose more risk at autopsy than COVID-19. Funeral Homes routinely handle bodies with known infections of varying kinds as well. The CDC suggests no restrictions for burying those that die of COVID-19. Of course some funerals are being delayed because of social distancing.

Others have inquired about cremating those who have died of COVID-19 infection. These bodies are not required to be cremated. In the United States, however, an increasing number of decedents are being cremated under normal circumstances, 65-80% in some jurisdictions. Bodies that are to be buried may eventually create storage difficulties for funeral homes, as social distancing postpones funerals.

### **What precautions do Medical Examiners use?**

Medical Examiners and Coroners follow standard universal precautions for autopsies, and have for decades, given their constant concern about exposure to any number of infectious diseases, common and rare. Medical Examiner autopsies are performed using full PPE, today as always. The CDC has indicated that these standard precautions prevent COVID-19 infection of autopsy physicians and staff. There is little scientific concern about contracting COVID-19 while performing an autopsy in full PPE (surgical gown, face shield, N-95 mask, shoe covers, head cover, 3 pairs of gloves). The risk of acquiring COVID-19 is greater in the community than in the autopsy room. That being said, Medical Examiner Offices typically have investigators who go to scenes of death, interview family, etc. These investigators are at risk in the community, not from the dead, but from family members who may have the virus. Investigators protect themselves with personal protective equipment at scenes. Exposed investigators could pass COVID-19 to other staff members.

### **Are there Shortages of Personal Protective Equipment (PPE)?**

As with all medical professionals, shortages of PPE are concerning, particularly of N-95 masks. Shortages are extending to other PPE such as gloves, gowns, and face shields. We are not aware of any offices yet, that don't have PPE. Most offices seem to be conserving PPE, as in using masks for longer time periods or for more autopsies than in the past. Some advice is now available from the CDC about conserving PPE.

### **What happens when the Medical Examiner receives a COVID-19 body?**

As discussed above, known COVID-19 bodies likely will not come to the medical examiner's office. If a death occurs at home, and there is a possibility of COVID-19 infection, offices are sending samples for

testing, according to recommendations of the CDC. Whether a body will be transported to the Medical Examiner's Office in these circumstances depends on local resources, body storage capability, staffing, transportation limitations, etc. Depending on how the pandemic develops, Medical Examiners, like all of us, will need to make practical choices based on capacity, and community resources. Then there is the possibility of our own physicians and staff becoming ill, and needing to isolate—that will further make difficult decisions about management a necessity.

### **What do we learn from these examinations?**

Medical Examiners determine the cause of death, whether a gunshot wound, or COVID-19. Specifically in early COVID-19 deaths, when autopsies were being performed, MEs were sharing information about autopsy findings, and about how the virus causes death. Also, MEs helped determine what viral-induced complications were common, such as superimposed bacterial pneumonia, and described any underlying disease processes that might make individuals more susceptible to death. The vast majority of offices are no longer performing autopsies on known COVID-19 deaths. Accurate certification and tracking of these deaths, however, is important for public health considerations.

### **How has COVID-19 affected the current shortage of Forensic Pathologists?**

The United States has a significant shortage of Forensic Pathologists, made worst by the opioid crisis. About 500 Forensic Pathologists are currently working, with a need for about 1,200. Ten percent of Forensic Pathology jobs are unfilled. Therefore, Medical Examiners were already working hard, and performing too many autopsies before COVID-19. The National Association of Medical Examiners (NAME), has temporarily suspended caseload limits during the COVID-19 pandemic, and will not penalize offices for exceeding caseloads because of the pandemic for purposes of office accreditation. A real concern is that Medical Examiner staff, including investigators, forensic pathologists, and autopsy assistants also may become infected with COVID-19, furthering hampering community response.

Though the US has many approaches to death investigation, the National Association of Medical Examiners developed and administers an accreditation program for Medical Examiners and Coroners. NAME-accredited offices currently serve more than 150 million of the US population. Accreditation mandates adherence to NAME standards and having appropriate policies and procedures. Accreditation requires that offices have pandemic plans, and other plans for mass fatalities.