

REVISED: March 30, 2020

Coroner Guidance for COVID-19

This is intended to be general guidance for handling unattended deaths during the COVID-19 pandemic.

Known cases of COVID-19 and persons under investigation for COVID-19 should NOT be referred for autopsy.

In cases of an unattended death (lack of presence of a healthcare provider at the time of death) in an individual, a tiered system may be used.

Accurate information is critical for the protection of public health workers including first responders, medical personnel, and deathcare workers. In order to assign a tier/risk category, the following information regarding a decedent MUST be asked/obtained:

1. Travel history? Location and dates? Domestic/Foreign, plane travel, high risk countries or locations within the United States
 2. Contact with persons with a known COVID-19 infection
 3. Flu-like symptoms prior to death (headache, cough, sore throat, fever, shortness of breath/difficulty breathing, nausea, vomiting, diarrhea, chills). Please document which symptoms and how long they have had the symptoms.
 4. Contact with other people with flu-like symptoms (not known to be COVID-19 infections)
 5. Occupation or living situation?
- **TIER 1: Unattended death with potential COVID-19 infection (rule out COVID-19)**
 - Symptoms consistent with an acute infectious illness (such as cold or flu) and died while experiencing these symptoms
 - The symptoms may include: fever, chills, shortness of breath/difficulty breathing, cough, sore throat, runny/stuffy nose, muscle/body aches, fatigue, vomiting, and diarrhea
 - No sufficient explanation for this illness exists
 - Note individual in Tier 2-4 may be elevated to Tier 1 status if they meet the CDC criteria for high risk or medium risk exposure to COVID-19 based on geography/travel and/or contact with persons with symptomatic laboratory confirmed COVID-19
 - Recent travel from outside the United States
 - Recent travel to certain domestic regions within the United States with high levels of COVID-19 activity (including New York, New Jersey, Connecticut, California, Washington State, Michigan, Florida, Louisiana, Texas, Colorado)
 - Close contact with a person with symptomatic laboratory confirmed COVID-19
 - Living in the same household, being an intimate partner of, or providing care in a non-healthcare setting for a person with symptomatic laboratory confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation
 - Residents and staff of nursing homes, group homes, homeless shelters, and other residential facilities in close contact with a symptomatic patient
 - Health care workers in contact with symptomatic patients

- TIER 2: Unattended death with general “flu-like symptoms”/low-risk for COVID-19
 - Symptoms described as “flu-like,” but has other significant medical conditions that most likely account for their death. Examples of significant co-morbid medical conditions may include heart failure due to cardiovascular (heart) disease, chronic alcoholism, and cerebral stroke
 - Example: an individual who smokes a pack of cigarettes a day, has significant heart disease including high blood pressure and coronary artery disease (atherosclerotic cardiovascular disease) who had two days of “flu-like symptoms” **without any recent travel or contacts with sick people.**

- TIER 3: Unattended death without information on cause of death
 - No or very little information regarding the circumstances of their death
 - Example: reclusive individual with limited social contact who was discovered deceased in their home; no further information about their health is known.

- TIER 4: Unattended death with very limited or no risk for COVID-19 infection.
 - Does have pre-death history available, did not experience flu-like symptoms prior to death, did not travel anywhere recently, and does not meet any of the criteria listed above
 - Example: an otherwise healthy person without recent travel history or sick contacts who hanged himself

If you have a case that meets the criteria for Tier 1 or Tier 2, please ask to have the on-call pathologist contact you to discuss the decedent’s history and circumstances of death for further instruction