March 25, 2020

The following are guidelines and precautions necessary to protect chevra kadisha members from possible transmission of COVID-19 as they perform a taharah.

These guidelines were updated on March 25, 2020. Changes are noted in RED

In light of the growing COVID-19 health crisis, and in response to questions from many chevros kadisha, NASCK is suggesting the following set of protocols be followed.

These protocols are based on the best available information from the CDC at this time. NASCK has also consulted with the Office of the Chief Medical Examiner in NYC and other infectious disease specialists including Rabbi Dr Aaron Glatt, Hospital Epidemiologist and Chief of the Department of Medicine at Mount Sinai South Nassau Community Hospital. Rabbi Dr Glatt also serves as the Associate Rabbi at Congregation Anshei Chesed and Assistant Rabbi at the Young Israel of Woodmere.

In addition, these protocols were also discussed with and approved by rabbonim and poskim across the spectrum of the frum community.

This information will be updated as required.
There are two distinct areas of concern with regard to possible transmission of COVID-19 during the taharah process:

a) Potential transmission from the body itself (whether or not the person had tested positive for coronavirus).

b) Potential transmission from the chevrah members to each other because of the close proximity in which they perform a taharah.

GUIDELINES NECESSARY TO PROTECT FROM POTENTIAL TRANSMISSION FROM THE BODY OF THE NIFTER/ES:

1. Strictly follow the list of universal precautions recommended by the CDC and OSHA. These include use of:
   - Disposable gloves (Nitrile or Latex are recommended)
   - Full-length disposable gowns that cover the arms to the wrist
   - Face masks. This is now mandatory. Any surgical mask is sufficient. People with glasses who may find that some masks fog their glasses, should find a mask that allows them to breathe without fogging.
   - Face shields should be worn either attached to the mask or separately.
   - Additional personal protection equipment (PPE) is optional, including booties and head covers. If one is wearing open shoes, foot covers (booties) are mandatory.

2. Add Clorox to the water used for the rechitzah (washing of the body). The mixture should be 1 part Clorox to 10-12 parts water. Lemon-scented bleach, if available, is easier to work with.

3. Prepare any supplies you might need for the taharah in advance. This includes Monsel’s Solution in a cup, toothpicks, Q-tips, cotton towels, chucks, etc.

4. Discard all unused supplies that were present at the taharah. Do not put them back with your clean supplies.

5. Before opening the pouch or other body wrap, spray its entire length with sanitizer. We recommend using Dis-spray or a 1 to 10-12 part mixture of bleach and water. After opening the pouch, spray sanitizer liberally along the entire inside of the pouch, along the entire length of the body.

6. When pouring for the rechitzah and the taharah, pour gently in order to minimize any splashing. This also limits the smell of the Clorox.
7. Use of *tishah kabin* is strongly recommended instead of using a *mikvah*.

8. To prevent the possible escape of respiratory fluids from the mouth and *nifter/es*, pack the mouth and nose with Webril cotton towels for the entire *taharah* process. These should only be removed once the *nifter/es* has been placed in the *aron*.

9. **Clean and sanitize all surfaces**, including counter tops, doorknobs, spigots, etc, before leaving the *taharah* room. Clorox bleach is the preferred sanitizer.

10. Anyone who has any symptoms of any illness may not attend a *taharah*.

11. Make sure your funeral home and *chevra* are well-stocked with all necessary supplies.

_GUIDELINES NECESSARY TO PROTECT FROM POTENTIAL TRANSMISSION BETWEEN CHEVRA MEMBERS:_

According to infectious disease professionals, *at the moment*, this concern is considered greater than concern about transmission from the body.

These protocols aim to accomplish two important goals:

- To **maintain as much social distancing** as possible during the *taharah* process.
- To **limit the amount of time** *chevra* members spend in close proximity to each other.

1. **Limit the number of people attending a *taharah* to four.**
   If at all possible, have one or two core groups of the same four men / four women doing all the *taharos* in the community during this time.

2. **All Personal Protective Equipment (PPE) should be available in an open area outside the *taharah* room** and easily accessible to the members of the *chevra kadisha* as they arrive. *Chevra* members should **don and remove their protective equipment at an appropriate distance from each other**. They should do so in different rooms or at a distance of at least six feet. This ensures that whenever they are in close contact, they are already fully protected.

3. **Traveling to the funeral home is best done in separate cars.**

4. **Each *metaher/es* should work separately to set up and prepare for the *taharah***. This includes:
   - One person preparing the *aron*. 
• One person filling the buckets of water. If you have enough buckets, the taharah water should be filled and set aside in a corner, or in the next room.
• One person setting up supplies.
• One person preparing the body by opening the pouch, checking for and removing nail polish, cleaning surface blood, packing the nose and mouth, etc.
• Two chevra members will have to work together to bring in the meis.

5. **Once everything is ready,** the meis should be completely removed from the wrapping (sheet, pouch, clothing, etc.) and the rechitzah can begin.

6. **When a meis is relatively clean,** the rechitzah should be expedited even if it will be more perfunctory, resembling a rinsing more than a full rechitzah.
   - Follow the usual order of face, right side, etc.
   - Any blood on the surface of the meis (torn skin, open puncture, etc.) should be cleaned and saved, and Monsel’s Solution used to stop the flow.
   - Foley catheters should be removed.
   - Any mucus or fecal matter should be washed away.
   - Feeding tubes should be knotted, and intra-venal tubes left in.
   - Packing with Webril should be done when necessary, but **no internal cleansing should be done.**
   - *Taharah* with tishah kabin and dressing in tachrichim should be performed as usual.

7. **When the meis is not relatively clean and requires a lot of work,** for example:
   - When an autopsy has been performed
   - When there are extensive bedsores, surgical wounds, or bleeding
   - Very heavy cases, especially with skin slippage, etc.

   The meis should be placed in the aron and tachrichim laid out on top.
   Of course, in these cases, care should be taken to make sure the aron is protected from leaking.

8. **Once the meis is in the aron,** no more than two people should be working together, and cleaning of the room should begin (see #9 in previous section).

9. The goal is to **work quickly, efficiently, and as separately as possible** to minimize the time chevra members are in close proximity.

Your funeral director may require that additional guidelines or protocols be followed. If these practices affect the performance of basic taharah procedure and kavod hameis, you may want to discuss it with your rabbinic advisor or posek.
Please forward this to all chevra kadisha members in your community. COVID-19 is a pandemic, and while we certainly daven and hope there will not be a significant increase in cases, r”l, we must be prepared for this eventuality.

In the zechus of our chesed shel emes and all the tefilos and zechuyos of klal Yisroel, may we merit the rachamim of the Rofeh Ne’eman, and the geulah shleimah b’karov.

With best wishes for a Gut Shabbos,
Rabbi Elchonon Zohn

P.S. On a personal note, I must mention that these guidelines are very difficult for me to recommend and distribute. In so many ways, they contradict what I have taught for many years. However, the underlying basis of all we do is Toras Emes and Minhag Yisroel. Torah requires that we react to special times with special rules:

I believe it is appropriate to feel pained that we are abbreviating procedures that give kavod to the meis, even though it has become necessary to do so. The feeling of distress on behalf of the meis is a form of kavod hameis on its own. Moreover, perhaps that pain will reduce the possibility that these temporary changes will decrease our sensitivity to the holy work we are privileged to perform.