

# British Islamic Medical Association (BIMA) guidance on the performance of ghusl for deceased persons with suspected or confirmed COVID-19

There is significant confusion around the issue of ghusl for deceased COVID patients. While it is understood that ghusl is the normative obligation for any deceased Muslim according to an overwhelming body of scholarly opinion, a range of theological views have come out both advocating for and against ghusl during the current COVID-19 pandemic. The aim of this information leaflet is to highlight the medical considerations that should help inform decision making for those responsible for administering religious burials for deceased Muslims.

## **Q1. Why is this a concern when Public Health England (PHE) states that washing and handling a deceased COVID-19 body is low risk?**

A. With a lot of misinformation and public anxiety prevalent, and a range of practice across different countries<sup>1-6</sup>, we consider it is necessary to elaborate on the practical considerations and specifics of ghusl practice to ensure it can safely be carried out during this pandemic. This guidance is drawn up in consultation with relevant specialists.

## **Q2. If the risk of contracting COVID-19 from a deceased body is low, then what is the problem?**

A. While there is currently no evidence to suggest that the risk is significant, please bear in mind that low risk is not the same as no risk and so it is important to take adequate precautions when carrying out a ghusl.<sup>7</sup>

## **Q3. Where does the risk of contracting COVID-19 from a deceased body come from?**

A. There is a small risk of contracting the infection from infected droplets or fomites (e.g. hair or clothes) on the body and possibly from bodily fluids from the mouth, eyes, and back passage.<sup>8</sup> Spread via faecal transmission is something that also may be possible in a ghusl setting.<sup>9</sup>

## **Q4. What actions would increase the risk of transmission when performing a make a ghusl?**

A. Any actions that lead to an aerosol spray or splash such as the use of an istinja/ shower spray or unnecessarily vigorous manipulation of the body.<sup>10</sup> In such cases, the ghusl becomes high risk and we advise not to proceed.

## **Q5. What facilities are needed to make a ghusl location safe?**

A. A room with good ventilation<sup>11</sup> that can be washed down & disinfected thoroughly after each usage.

## **Q6. What personal protective equipment (PPE) is needed per person for handling a body?**

A. PPE required are full sleeve plastic gown, gloves, fluid resistant surgical mask and visor.<sup>12</sup> If body isn't exposed to human contact after ghusl (e.g. in a body bag covered by a shroud) then PPE may not be necessary at burial site.

## **Q7. What training is needed to wear Personal Protective Equipment?**

A. Without proper training in putting on and removing PPE, the performer of ghusl puts themselves at risk of infection.<sup>13</sup> Ideally a PPE trainer should train volunteers in each masjid/ locality/ funeral setting.

## **Q8. There is a worldwide shortage of PPE. What if we are unable to source enough?**

A. This is an ongoing issue, but may be overcome through some forward planning. Local Resilience Forums and local authorities should be able to advise on the availability of PPE in each locality. Depending on availability as the pandemic progresses there needs to be consideration given to where PPE distribution should be prioritised across our communities – for example for use by frontline medical staff dealing with potentially infected patients.<sup>14</sup>

## **Q9. Who are high risk individuals that should not be involved in ghusl or handling body?**

A. Anyone over the age of 70 or with a significant condition<sup>15</sup> as listed on the nhs.uk website.<sup>16</sup> Therefore, local masaaqid and funeral directors should begin training volunteers on how to perform ghusl, and how to correctly don and doff PPE.

## **Q10. If mitigation efforts are not possible, what is the MEDICAL advice?**

A. The medical advice is that if despite all possible efforts, you are not able to mitigate the risks – then alternative methods should be sought according to your local scholars. Any questions, please email [covid@britishima.org](mailto:covid@britishima.org) This guidance is an aide. All communities are advised to contact local specialists for context specific advice.

### References for the points made in the guidance document:

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|--|--|---|---|
| 1. <a href="https://bit.ly/2Urc012">bit.ly/2Urc012</a>   | 5. <a href="https://bit.ly/3bwYuQU">bit.ly/3bwYuQU</a> | 9. <a href="https://bit.ly/2Jm6cjZ">bit.ly/2Jm6cjZ</a>  | 13. <a href="https://bit.ly/2UsNvR7">bit.ly/2UsNvR7</a> |
| 2. <a href="https://wapo.st/39ot5gg">wapo.st/39ot5gg</a> | 6. <a href="https://bit.ly/2OWGkyn">bit.ly/2OWGkyn</a> | 10. <a href="https://bit.ly/2UvvhYu">bit.ly/2UvvhYu</a> | 14. <a href="https://bit.ly/2WPGw6p">bit.ly/2WPGw6p</a> |
| 3. <a href="https://bit.ly/3bzHCHj">bit.ly/3bzHCHj</a>   | 7. <a href="https://bit.ly/2JmJuHu">bit.ly/2JmJuHu</a> | 11. <a href="https://bit.ly/2wLJZ8c">bit.ly/2wLJZ8c</a> | 15. <a href="https://bit.ly/2WUIt1e">bit.ly/2WUIt1e</a> |
| 4. <a href="https://bit.ly/3bB4Nkz">bit.ly/3bB4Nkz</a>   | 8. <a href="https://bit.ly/2Ustau3">bit.ly/2Ustau3</a> | 12. <a href="https://bit.ly/39uYopR">bit.ly/39uYopR</a> | 16. <a href="https://bit.ly/2ULICp9">bit.ly/2ULICp9</a> |



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