



COVID 19 PM SURVEY-Master copy



Questions

Responses

Section 1 of 20

Online survey on postmortem screening and management of COVID-19 related deaths



PLEASE READ THIS INFORMATION BEFORE PROCEEDING TO THE SURVEY

The purpose of this survey is to generate a database of information from different health care institutions regarding the strategies, experiences and outcomes in screening and managing COVID-19 related deaths.

For more information regarding this survey and the investigation team please click on the link below
<https://www.dropbox.com/s/s8bt96muzenm3kn/Information%20sheet.pdf?dl=0>

This questionnaire is structured into five main areas

1. Consent form
2. Participant institutional details
3. COVID-19 screening strategies
4. Outcome of COVID-19 screening
5. Management of COVID-19 positive deaths

Except for the consent form the other areas have been divided into subsections. You will not need to complete all the subsections and you will be automatically directed through the survey depending on the responses given.

Almost all of the questions in this survey are in the form of tick boxes or multiple choice selections.

The questionnaire will ask details on number of cases screened, type of samples obtained and outcomes related to COVID-19 screening during the last five months. It is recommended that you first gather this information before commencing this survey. With the necessary information at hand completing this survey should not take more than 15 minutes.

PLEASE NOTE:

This survey DOES NOT seek any personal information of the deceased persons. Therefore please avoid entering any information that could potentially disclose the identity of any deceased persons or their families.

Please proceed to the next page where you will be formally asked for your consent to participate in this survey

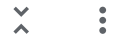




Questions Responses

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CONSENT FORM



This section formally records your consent for participation in this survey. We hope you have read the information sheet pertaining to this survey. If not, you can still do so by clicking this link <https://www.dropbox.com/s/s8bt96muzenm3kn/Information%20sheet.pdf?dl=0>

Please indicate the appropriate responses in the questions below and enter your choice in participating in this survey

There are three choices.

STANDARD PARTICIPANT - you will be requested to provide your email address, preference for further communication and institutional details. Providing these details will greatly enhance the quality and the scope of the study.

ANONYMIZED PARTICIPANT - if you have strong reservations about revealing your identity or the identity of your institution, this option allows you to proceed with the rest of the survey without you having to submit these details. However, please note that this option would greatly reduce the value of your data in the overall analysis and outcome of the study.

NON-CONSENT - if you do not wish to participate in this survey at all, this option allows you to exit the survey.

You can always return to this page and change your choice. You can exit this survey at any point in the questionnaire prior to submission by closing the web page window. Any details that you may have entered upto that point will automatically be deleted.

Information that you provide will only be recorded in the data base when you click the 'SUBMIT FORM' button at the end of the questionnaire

Pre-consent check list *

	Yes	No
Are you satisfied with the informat...	<input type="radio"/>	<input type="radio"/>
Are you aware that you can seek f...	<input type="radio"/>	<input type="radio"/>
Are you aware that you have the ri...	<input type="radio"/>	<input type="radio"/>
Do you have any concerns or confl...	<input type="radio"/>	<input type="radio"/>
Have you received any financial in...	<input type="radio"/>	<input type="radio"/>





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- ☐ OPTION 1: I agree to participate in this survey as a standard participant
- ☐ OPTION 2: I agree to participate in this survey as an anonymized participant
- ☐ OPTION 3: I do not agree to participate in this survey

After section 2 Continue to next section

Section 3 of 20

You have decided to exit the survey! Thank you for taking the time to consider participation. If you change your mind you are still welcome to log into this link and complete this survey.

Description (optional)

After section 3 Submit form

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Section A1 - Participant Information

Description (optional)

Please provide your email address in the space below *

Short answer text





Questions Responses

Please enter the name or title of your institution or department responsible for conducting forensic autopsies

Short answer text

Please enter the city, district or region that falls within the jurisdiction of your forensic institution

This does not have to be an exact answer. A broad statement of the area or population that is covered by your institution is sufficient.

Short answer text

After section 4 Continue to next section

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Section A2 - Institutional autopsy case load

PLEASE NOTE: This relates to ALL forms of autopsies including full autopsies, partial autopsies or external examinations

Please select the approximate MONTHLY autopsy case load within your institution *

1. < 15
2. 15 - 30
3. 31 - 45
4. > 45

Please indicate your individual contribution in handling the autopsy case load of the institution *





Questions Responses

After section 5

Section 6 of 20

Section A3 - Participation in COVID-19 Screening



Description (optional)

Was a screening test for COVID-19 done on any of the autopsies that you have performed/supervised in the last five months?



☐ Yes

☐ No

After section 6 Continue to next section



Section 7 of 20

Section A4 - Non screening participants



Description (optional)

Please select the appropriate responses from the list below regarding COVID-19 screening in your institution



PLEASE NOTE: You can select more than one response. If there are any other reasons why COVID-19 screening is not done, please record it under other

☐ I/We have not had any cases that were suspicious of COVID-19 infection

☐ I/We do not have facilities to perform COVID-19 screening test

☐ I/We do not have the necessary training to perform COVID-19 screening tests





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☐ Other...

After section 7

Go to section 16 (Section D1 - Condu...n COVID-19 deaths)

Section 8 of 20

Section B1 - Screening frequency for COVID-19

Description (optional)

Please indicate the number of cases that have been screened by you for COVID-19 during the last five months

	January	February	March	April	May
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Questions Responses

number in brackets in the space below

E.g: March (18) / May (15)

Short answer text

After section 8 Continue to next section

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Section B2 - Basis of screening



Description (optional)

Please indicate the basis or criteria upon which screening for COVID-19 is done within your institution *

PLEASE NOTE: Please select the ones most appropriate to your institution. You may tick more than one box

- ☐ Cases are routinely screened
- ☐ Cases with clinical features of respiratory illness are screened
- ☐ Cases with a recent contact history are screened
- ☐ Screening is done whenever requested by health authorities/administration
- ☐ In-house pathologists decide on screening on a case by case basis
- ☐ Other...

After section 9 Continue to next section

Section 10 of 20





Questions Responses

Please indicate the type of screening tests that were conducted for COVID-19 screening. *

	In all the cases I/we test...	In some cases I/we tested	Never
Point of care testing (Ra...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RT-PCR for COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELISA antibody testing fo...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antigen testing for COVI...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have adopted any strategies other than those listed above please indicate them in the space below

Long answer text

After section 10 Continue to next section

Section 11 of 20

Section B4- Type of samples obtained



Indicates your preference and availability of the sample

PLEASE NOTE: Your selection should be based on the number of cases that were screened and NOT the total number of autopsies

KEY:

ALWAYS - sample taken in all the screened cases

OFTEN - sample taken in at least 2/3rd (67%) of screened cases

SOMETIMES - sample taken in less than 2/3rd but more than 1/3rd of screened cases (67% - 33%)

RARELY - sample taken in 1/3rd of screened cases or less

NEVER - sample was not taken in any of the cases

Eg: If you had screened 4 cases and you had taken a throat swab in 2 of them, you should select 'SOMETIMES' as the frequency is 50%





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Nasopharyngea...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oropharyngeal ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheal swab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bronchoalveola...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swab from cut ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung tissue bio...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have obtained any samples other than those listed above please indicate them in the space below

E.g: Brain tissue (sometimes)

Long answer text

After section 11

Continue to next section

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Section C1 - Outcome of screening tests

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Description (optional)





Questions

Responses

☐ I have not had positive cases from screening but I have handled COVID-19 confirmed deaths

☐ No, I have not had any positive cases nor handled any COVID-19 confirmed deaths

After section 12

Continue to next section

Section 13 of 20

Section C2- Details of positive cases



Description (optional)

Please indicate the number of cases where the screening test became positive for COVID-19 during the last five months

	January	February	March	April	May
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Questions

Responses

number in brackets in the space below

E.g: March (18) / May (15)

Short answer text

After section 13

Continue to next section

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Section C3 - Positivity rate in samples

Indicates the sensitivity of the sample in picking up positive cases

PLEASE NOTE: Your selection should be based on the number of positive cases in which you have obtained that particular sample and NOT the total number screened.

- KEY:
- ALWAYS - was always positive in the positive cases where this sample was taken
 - OFTEN - was positive in at least 2/3rd (67%) of positive cases where this sample was taken
 - SOMETIMES - was positive in less than 2/3rd but more than 1/3rd of positive cases (67% - 33%)
 - RARELY - was positive in 1/3rd or less of the positive cases where this sample was taken
 - NEVER - never produced a positive result even in the positive cases
 - NOT TAKEN - was not taken in any of the positive cases

Eg: If you had 4 positive cases where you had taken a throat swab but the swab was positive in only 2 of them you should select 'SOMETIMES' as the positivity rate is 50%

In the cases that were positive for COVID-19 how frequently did the following samples/tests give a positive result? *

	Always	Often	Sometimes	Rarely	Never	Not taken
Nasopharyng...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oropharynge...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheal swab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Point of care ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELISA antibo...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antigen test -...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If any samples other than those listed above have given a positive result please indicate them in the space below

E.g: Brain tissue (sometimes)

Long answer text

After section 14

Continue to next section

▼

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Section C4 - Factors associated with positive screening tests

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Indicates the frequency of a particular factor being present in positive cases

PLEASE NOTE: Your selection should be based on the number of positive cases and NOT the total number screened.

- KEY:
- ALWAYS - was always seen in the positive cases
 - OFTEN - was seen in at least 2/3rd (67%) of the positive cases
 - SOMETIMES - was seen in less than 2/3rd but more than 1/3rd of positive cases (67% - 33%)
 - RARELY - was seen in 1/3rd or less of the positive cases
 - NEVER - was not seen in any of the positive cases

Ex: If you had 4 positive cases where a contact history with a COVID confirmed patient was noted in 2 of them.





Questions Responses

	Always	Often	Sometimes	Rarely	None
Contact with a ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visited/stayed ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent oversea...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked in a hea...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inmate of a resi...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalised for...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age more than ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes, hyper...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term imm...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy or re...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic lung di...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of unex...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms of u...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute respirator...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden onset t...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained co...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unidentified de...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have noted any other features or factors that you feel might be associated with the COVID-19





Questions

Responses

After section 15

Continue to next section

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Section D1 - Conducting autopsies in COVID-19 deaths



Description (optional)

Which of the following procedures are followed in your institution in deaths confirmed as positive for COVID-19



You may select more than one option

- ☐ Strictly no autopsy policy
- ☐ External examination
- ☐ Postmortem radiology
- ☐ Dissection and en bloc evisceration
- ☐ Tissue sampling without internal dissection
- ☐ Other...

Which of the following safety procedures or facilities have you used when conducting autopsies in COVID-19 confirmed deaths?

You may select more than one option or leave them blank

- ☐ Conducting the autopsy in a special enclosed area
- ☐ Negative pressure air ventilation
- ☐ Full bodied covering (Eg. Hazmat suit)





Questions Responses

After section 16 Continue to next section

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Section D2 - Handling COVID-19 positive deaths



Description (optional)

Other than during the autopsy, has any member of your institution been involved in handling, transporting, preparing or disposing of a dead body suspected or confirmed to have COVID-19 infection?

- ☐ Yes
- ☐ No
- ☐ Uncertain

Has there been any reported incident of accidental high risk exposure to any member of your staff from a COVID-19 confirmed dead body?

- ☐ Yes
- ☐ No
- ☐ Uncertain

After section 17 Continue to next section

Section 18 of 20





Questions Responses

Long answer text

Please mention the steps that were taken by your institution or the affected party following the exposure

Long answer text

After section 18 Go to section 19 (Section D4 - Manag...med with COVID-19) ▼

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Section D4 - Management and disposal of dead bodies suspected or confirmed with COVID-19



Description (optional)

Please indicate which of the following procedures are implemented upon the release of a COVID-19 positive dead body to the family or undertakers?

You make select more than one response

- ☐ Placing body in a sealed plastic bag
- ☐ Labeling as 'Covid positive' or similar label
- ☐ Restriction of ceremonial or religious funeral rites
- ☐ Immediate incineration or cremation of the body
- ☐ Placing family members in quarantine or self isolation





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FINAL REMARKS AND COMMENTS



Description (optional)

Please mention any special considerations, concerns or observations you have regarding screening and management of dead bodies in relation to COVID-19

Long answer text

