A large number of deaths from the novel coronavirus (COVID-19) is expected throughout the world. Many of these deaths are likely to occur within healthcare facilities treating the most seriously ill. The large number of critically ill patients, overwhelmed healthcare systems, and separation of patients from their loved ones create unique challenges when informing family members when their loved one dies. Although we cannot lessen the loss of a loved one, we can provide family members with clear, concise, and accurate information about the death, and access to helpful resources, in a way that is professionally responsible, empathic and culturally sensitive. These actions facilitate the healing process for family members. The following information can assist with the difficult process of death notification under these very complicated circumstances.

1. **Who should notify?** — This should be someone who represents the health care system, ideally someone experienced in communicating difficult information to families and who was involved in the patient's hospital care. Because circumstances may not allow for this, it is most important that the notifier is someone who can calmly and clearly communicate with the family. The task of death notification during large casualty events is highly stressful, and those given the responsibility require support, especially those less experienced.

2. **Be prepared** — Before contacting the family member, ensure you know the name of the patient, and the name and relationship of the family member(s) you will be speaking with. Providing a personal context such as knowing the patient's age, hometown, and occupation is important.

3. **Delivering the news** — Although there is no good way to tell a family member their loved one has died, it is important to be clear, unambiguous and empathic. Begin by preparing the family member (“I have very sad news to share with you”). Use simple words to share the news (“While we were caring for your father, he died today in our hospital from coronavirus”), while also being empathic (“I’m so sorry for your loss”). Do not use euphemisms for death such as “passed away” or “departed”; simply say that the loved one has died.

4. **Choose which details to share** — Although families are likely to want details about their loved one’s death, carefully choose which details would be helpful for the family to hear. Important details may include “they were not alone” or “they did not suffer”, but only if true. Use simple, straightforward statements to describe these details. Also, describe any last thoughts the deceased wished to be communicated. Be cautious about sharing complicated medical treatment information that may overwhelm, rather than help, family members.

5. **Be prepared for responses** — Be prepared for a range of responses from family members, including sadness, rage, guilt, and blame. Simply be present with the family member. Don’t judge them for their feelings, take potential accusations personally, argue, or become defensive. Be consoling and guide them to resources that are available within their communities (e.g., grief support, logistic, administrative, pastoral). Know your facility’s policies for managing human remains and resources families can contact to discuss options for receiving remains, so families can plan to mourn in ways that are consistent with their culture and religion.

6. **Follow up** — If possible, take the opportunity to convey the health care team’s sympathy to the family through a personal note that simply and genuinely expresses sorrow for their loss. The family will appreciate receiving it.