



MODULE 3	FUNERAL DIRECTING OPERATIONS	UNIT 4	THE FUNERAL DIRECTOR AND PUBLIC HEALTH
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Purpose and Aim of the Unit:	The purpose of the unit is to develop learners' understanding of the role of funeral director with regard to personal and Public Health.
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LEARNING OUTCOMES This unit has 6 learning outcomes.	
The learner will:	
1	Understand regulation relating to notifiable disease.
2	Know which diseases are notifiable under current regulations.
3	Understand the impact of notifiable diseases upon the preparation and viewing of the deceased.
4	Know the need for protective clothing when handling the deceased.
5	Understand the use and handling of chemicals and disinfectants defined by current legislation.
6	Understand the safe disposal of clothing and bedding.

PLEASE NOTE:

LEARNING OUTCOMES 2, 3,4, 5 and 6

COMPLETION OF THIS UNIT MUST TAKE INTO ACCOUNT THE FOLLOWING GUIDANCE:-

HSE CONTROLLING THE RISKS OF INFECTION AT WORK

PLEASE ENSURE THAT THE INFORMATION CONTAINED IS READ IN CONJUNCTION WITH THE INFORMATION IN THE LEARNING MATERIALS FOR THIS UNIT.

FUNERAL DIRECTORS IN SCOTLAND SHOULD REFER TO SCOTISH LAW RELATING TO PUBLIC HEALTH IN SCOTLAND.

<http://www.legislation.gov.uk/asp/2008/5/schedule/1>



Introduction

There are numerous Regulations that the law imposes to protect public health and to further medical knowledge. Many of these directly concern the duties of the Funeral Director. This Chapter is not intended to represent or detail all the requirements imposed by current legislation, it is only intended to outline to Funeral Directors their responsibilities and to raise awareness on an individual and company wide basis. It remains the duty of the Funeral Director to ensure that his/her activities and business are carried out in accordance with all relevant statutory provisions. Executive responsibilities in this field are increasing, as are the penalties for failure to observe and implement them.

The Funeral Director must err on the side of safety, and not leave himself/herself open to criticism by anyone either from the public, his/her professional colleagues or the Environmental Health Officer who has the right of access to any premises, where work is in progress.

RESTRICTIONS IN THE INTEREST OF PUBLIC HEALTH

There are a number of areas where the Funeral Director or his/her client will be affected by legislation. These include:

- a) Public Health (Control of Disease) Act 1984
- b) Public Health (infectious Diseases) Regulations 1985
- c) Town and Country Planning Act 1971
- d) Health and Safety at Work Act 1974

The information in this module aims to assist Funeral Directors' with knowledge and understanding specifically relating to:

- Public Health (Control of Disease) Act 1984
- Public Health (infectious Diseases) Regulations 1985

Public Health (Control of Disease) Act 1984

The rights of executors and others regarding the bodies of deceased persons are expressly limited, in the interests of public health, by the provisions contained in sections of this Act; these provisions principally concern the death of persons suffering from a notifiable or dangerous, infectious disease, and may be summarised, as follows:

Section 43 –1

- (a) a person dies in hospital while suffering from a notifiable disease, and
- (b) the proper Officer of the local authority for the district or a registered medical practitioner certifies that in his/her opinion it is desirable, in order to prevent the spread of infection, that the body should not be removed from the hospital except for the purpose of being taken directly to a mortuary or being forthwith buried or cremated, it shall not be lawful for any person to remove the body from the hospital except for such a purpose.
- (c) In any such case, when the body is removed for the purpose of burial or cremation from the hospital or any mortuary to which it has been taken, it shall forthwith be taken direct to some



place of burial or cremation and there buried or cremated.

Section 43 - 2. A person who contravenes any provision of this section shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.

Section 44

Every person having charge or control of premises in which is lying the body of a person who has died while suffering from a notifiable disease, shall take such steps as may be reasonably practicable to prevent persons coming unnecessarily into contact with, or proximity to, the body, and if he/she fails to do so, he/ she shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.

Section 45

It shall not be lawful to hold a wake over the body of a person who has died whilst suffering from a notifiable disease, and the occupier of any premises who permits or suffers any such wake to take place in them, and every person who takes part in the wake, shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale.

Section 46

1. The Secretary of State may make Regulations imposing any conditions and restrictions
 - (a) with respect to means of disposal of dead bodies otherwise than by burial or cremation
 - (b) as to the period of time a body may be retained after death on any premises
 - (c) with respect to embalming or preservation which appear to be desirable in the interest of public health or public safety.

Section 47

1. If a Justice of the Peace (acting, if he/she deems it necessary, *ex parte*) is satisfied, on a certificate of the proper officer of the local authority for the district in which a dead body lies, that the retention of the body in any building would endanger the health of the inmates of that building or any adjoining or neighbouring building, he/she may order:
 - (a) that the body be removed by, and at the cost of, the local authority, to a mortuary.
 - (b) that the necessary steps be taken to secure that it be buried within a time limited by the order or, if he/she considers immediate burial necessary, immediately.
2. Where an order is made under subsection (1) above, relatives or friends of the deceased person shall be deemed to comply with the order if they cause the body to be cremated within the time limited by the order.

Where compulsory removal of a body has been authorised the Funeral Director must ensure that the health and safety of staff involved are protected and that all necessary precautions are initially identified in the form of a risk assessment concerning the handling, removal and transport of the body.



Other relevant legislation

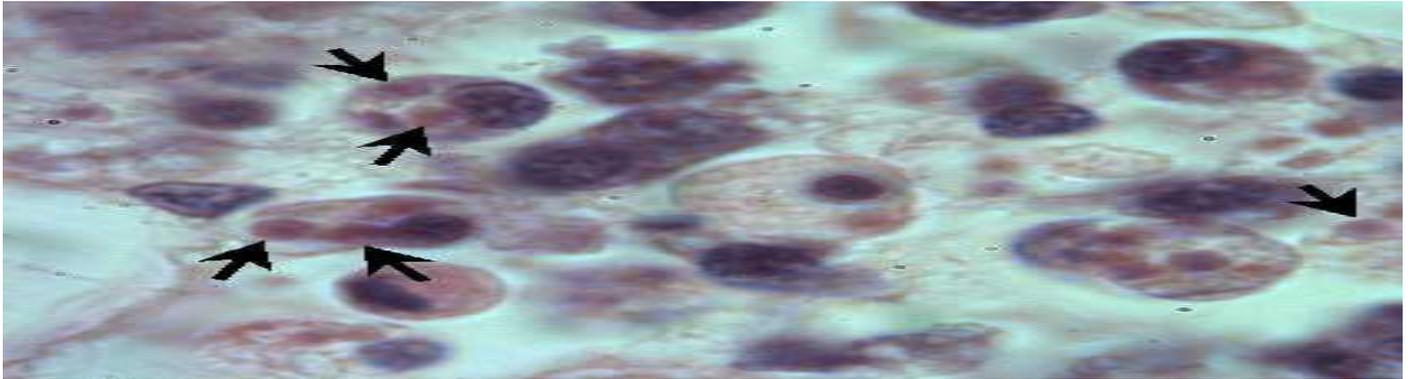
There are other regulations (not health and safety), which also deal with infection risks that you should consider.

Public health law: Doctors in England and Wales have a statutory duty to notify a 'proper officer' of the local authority of suspected cases of certain infectious diseases. There is also a requirement that those in charge of premises where there is a body of a person who died while suffering from a notifiable disease take reasonable steps to prevent others unnecessarily coming into contact with, or proximity of that body. Similar duties exist in Scotland, although the diseases that have to be notified are slightly different to those in England and Wales.

Environmental protection law: Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, which may cause infection to any person coming into contact with it is defined as 'clinical waste'.

If you intend to discharge waste into the sewer, this is classified as trade effluent (liquid waste that is discharged from any premises being used for carrying on a trade or industry), and you need permission from your statutory sewerage undertaker before discharging into a foul sewer.

See the Environment Agency (EA) and Scottish Environment Protection Agency (SEPA) websites for further details.



Learning Outcome 1	Understand regulation relating to notifiable disease.
2	Know which diseases are notifiable under current regulations.

REGULATIONS REGARDING NOTIFIABLE DISEASE

A notifiable disease is a disease listed by the Department of Health that has to be reported on diagnosis to the Medical Officer of Environmental Health. Examples are measles, whooping cough and typhoid fever. Within the group are some that are infectious after death and can therefore affect the Funeral Director.

Note:

A few are especially hazardous, so the Funeral Director should be aware of these conditions, make every effort to ascertain the cause of death and keep staff, especially the embalmer, aware of any condition that gives cause for concern.

Where a person dies in hospital whilst suffering from a notifiable disease, the local Consultant in Communicable Disease Control (CCDC) or some other medical practitioner may prohibit the removal of the body except for its removal to a mortuary or removal for burial or cremation forthwith.

In practice, it is found that Health Authorities only exercise these powers in respect of the most dangerous of the notifiable diseases, such as viral haemorrhagic fever or anthrax. In respect of other infectious diseases, hospitals will allow removal if certain conditions are complied with.

Where established conditions and controls are in existence, it is the responsibility of the Funeral Director to ensure that these are followed. Rules vary from place to place and according to the particular infection present, but, in the main, they require that the body be enclosed in a sealed plastic body bag before being placed in the coffin or casket which is to be kept closed after leaving the hospital. In the latter case, should the relatives wish to view, the robing of the deceased must be carried out at the hospital and it is usual to fit a glass panel in the lid of the coffin or casket, this being protected



with a detachable cover. Embalmers should obtain permission from the hospital authorities before embalming such a case. Recommendations in respect of the most important infectious diseases are listed separately below.

In the event of shipment abroad after death from an infectious disease, Consular Regulations are very strict. They involve full embalmment of the body, the use of a hermetically sealed coffin or casket and/or container and may call for an enforced delay before shipment of up to two years.

1. Cases of Lung Tuberculosis usually become non-infectious several days after appropriate treatment

However, air can be exhaled from the lungs of a body when lifted. If there is any doubt about infection, the face of the corpse should be covered temporarily with disposable fabric.

To further protect personnel involved in such activities appropriate controls need to be identified and provided by the Funeral Director in order to protect staff against any associated risks.

2. Hygienic preparation in this context involves washing the deceased, packing all orifices, trimming nails, shaving when necessary, tidying the hair and dressing the body, including adhering to the customs of certain ethnic groups who may have their own rituals.
3. Special Precautions for special conditions:

Anthrax

Anthrax is a notifiable industrial disease and must be reported to the Coroner who can issue Form 102 - Coroner's Order for Cremation.

Creutzfeldt-Jacob Disease (CJD)

This is a very rare virus infection causing degeneration of the brain, which is transmissible only by ingestion. The virus is difficult to kill and although no case of accidental transmission to mortuary staff has occurred, bodies should be handled carefully and not be embalmed. The type of protective clothing provided must be suitable for affording protection to the user as required by the 'Personal Protective Equipment at Work Regulations 1992.

Viral Haemorrhagic Fever (VHF)

This is a group of rare virus infections, the best known being Lassa Fever, which can produce severe bleeding disease in man. They do not occur naturally in the U.K. but patients who have acquired one of the diseases from abroad occasionally arrive in the U.K., or may be returned to the U.K. for treatment. These diseases are highly infectious. Following death the body must not be embalmed, but sealed in a body



bag that is then sprayed with a phenolic disinfectant before being sealed in a robust coffin. The coffin should then be wiped down with phenolic disinfectant before being placed in a separate, identified cold store unit to await burial or cremation.

The local authority for the district where the death takes place should assume responsibility for the disposal of bodies of persons who have died from VHF, though in many instances, Funeral Directors are willing to make the necessary arrangements, acting on advice from the local Consultant in Communicable Disease Control.

Viral Hepatitis

Hepatitis A (which is quite different from Hepatitis B, Hepatitis C, Non-A and Non- B) is transmitted by the faecal/oral route and is a type of food poisoning condition. Provided the usual precautions of wearing gloves, cleaning tools, equipment and the working environment are taken, it presents little risk.

Hepatitis B is a viral disease that is relatively uncommon in the U.K. Most cases are mild, but a small number of fatal cases occur each year. These cases may be jaundiced, however, it must be remembered that there are many other cases of jaundice that do not present a significant risk of infection. When death has occurred, or is suspected of having occurred from viral hepatitis, other than Hepatitis B above, the body must be placed in a body bag. Viewing of the face, without physical contact, may be permitted in the hospital mortuary before the bag is sealed. Further exposure of the body elsewhere will involve the risk of releasing infectious material and should be avoided. Embalming should not be performed except in the most unusual circumstances.

NB. Phenolic disinfectants are not as effective against the hepatitis virus and should not be used.

Acquired Immune Deficiency Syndrome (AIDS)

AIDS is a disease characterised by a breakdown in the body's natural defences against infection and some tumours. It was first described in the United States of America in 1981 but probably originated earlier in central Africa. It is caused by a virus or group of viruses collectively known as the human immunodeficiency viruses (HIV). Only a small proportion of those infected with the virus progress to AIDS but the disease invariably is fatal.

The virus has a low infectivity and spread has generally been due to direct contact with contaminated blood (particularly through needle sharing by drug abusers) and the administration of contaminated blood and blood products for medical purposes. There is no evidence of transmission to those who meet infection if proper



precautions are taken. Cases of infection in health-care personnel have occurred, both resulting from accidental self-inoculation with a small amount of AIDS patients' blood and these indicate that infection at work can occur and that there are occupational risks that must continue to be actively avoided.

AIDS is not a notifiable disease but under the provisions of the Public Health (Control of Diseases) Act 1984 applied by the Public Health (infectious Diseases) Regulations 1985, certain Regulations have been issued covering the medical treatment of persons suffering from AIDS. In particular, restrictions may be placed on the removal of a cadaver of an AIDS sufferer from hospital, and all reasonably practical steps are required to prevent persons unnecessarily coming into contact with the cadaver of an AIDS sufferer.

Septicaemia and Pyaemia

These are conditions in which harmful bacteria are present in large numbers in the body at the time of death. They can occur as complications of steroid treatment and immunosuppression (suppression of the immune response by drugs in for example, transplant patients and those with some forms of cancer). If such cases are to be embalmed particular care should be taken.

Guidance on Blood Borne Viruses - www.hse.gov.uk/biosafety/blood-borne-viruses/spread.htm



Learning Outcomes

3	Understand the impact of notifiable diseases upon the preparation and viewing of the deceased.
4	Know the need for protective clothing when handling the deceased.
5	Understand the use and handling of chemicals and disinfectants defined by current legislation.
6	Understand the safe disposal of clothing and bedding.

TO ACHIEVE EACH OF THE ABOVE LEARNING OUTCOMES - PLEASE REFER TO THE FOLLOWING INFORMATION

1) HSE GUIDANCE SPECIFICALLY FOR FUNERAL DIRECTORS

Safe working and the prevention of infection in the mortuary and post-mortem room

THE DOCUMENT IS ACCESSIBLE VIA MOODLE

**MODULE 3 UNIT 4
(ADDITIONAL INFORMATION)**

MORE INFORMATION IS CONTAINED OVERLEAF



HANDLING, REMOVAL AND EMBALMING OF BODIES

Removals from private residences

A large number of deaths from natural causes occur at home. If the deceased has been under medical supervision before death the certifying doctor should be able to give some indication as to the nature and circumstances of the death.

Where deaths may be regarded as non-infectious a high standard of personal hygiene needs to be maintained at all times. If there has been no medical supervision, the doctor will be unable to sign a standard death certificate and the body may only be removed with the permission of the Coroner.

Such bodies cannot be assumed to be free from infection, and gloves and possibly protective overalls need to be worn as identified in the carried out to identify associated risks and control measures.

Collection of bodies from hospitals and public mortuaries

The persons collecting such bodies should always enquire of the mortuary superintendent whether there is any known risk of infection. The superintendent has a duty to inform the Funeral Director whenever he/she knows that infection with a dangerous organism is present.

Any reluctance to do this should be met by drawing his/ her attention to the recommendations and guidelines as published by the Health & Safety Executive in their document entitled '**Safe Working and the Prevention of infection in the mortuary and post-mortem room**' – please the pdf.version available under Module 3 Unit 4 on Moodle.

Awareness of any infectious condition should make the operative particularly cautious when handling the body, but absence of such information should not result in any relaxation of the normal standard care. In cases where particularly virulent organisms are involved, the body will have been placed in a body bag and should not be removed from it.



Removal from other locations

It is sometimes the task of Funeral Directors to remove a body from the site of a road accident or one found in suspicious circumstances such as the scene of a crime. There may be external contamination of the body with blood or other fluids, the infectious status of which will be unknown.

In such cases the only sensible course is to use suitable protective clothing including impervious gloves, overalls and boots. The use of an impervious body bag is also required. It must be remembered that handling newly deceased bodies can cause movement of the chest cage and the expulsion of an aerosol from the mouth and nose.

Reception of the deceased from abroad

It has to be recognised that both the embalming and diagnostic facilities in many countries from which bodies are dispatched to the UK, leave much to be desired and that information on death certificates may not be either accurate or complete. Even when a cause of death has been certified, the possibility of a super-added or undiagnosed infection or contagious disease must be considered. It should be emphasised that the likelihood of first recognising an underlying infectious condition at this stage is very remote and it is necessary for operatives to take every precaution against spillage of fluids or aerosol formation.

Bodies that are brought into this country by air are usually hermetically sealed in a metal lined coffin. Such coffins are not always acceptable for cremation and it is customary to transfer the body to a normal coffin. This may cause an explosive release of gas and fluid when the lining is cut open. A further spillage of fluid may occur during the transfer of the body from the transit coffin to the final coffin. Great care should be taken and full protective clothing worn. The reception of bodies from abroad can entail a number of problems that are not normally encountered. If in doubt, this work is best left to those specialist firms that have experience in this field and access to proper facilities.

Removal vehicles

All removal vehicles must carry sufficient supplies of boots, overalls, masks and gloves for the number of staff involved in the removal. One or two emergency body bags should also be carried. The interior of the vehicle must be constructed so that it can be washed thoroughly with a suitable disinfectant daily and after any occasion on which contamination has been suspected.



Premises (Preparation/embalming room)

A non-porous, easily washable, floor should be provided where there is a possibility of spillage of fluids and the walls and ceilings should be of a light coloured impervious surface. Blemishes and any damage done to these surfaces should be repaired as soon as it is reasonably practicable. A lockable, easily cleanable and fire resistant cupboard should be provided in the room for storage of embalming equipment and chemicals. All working surfaces should be cleaned immediately after use and should not be left until after the next operation, even if that takes place within a few hours. The method of cleaning should be chosen according to circumstances and to effectively control the potential risks present. Lighting, heating and ventilation should be adequate, and all power points should be of waterproof construction.

A properly designed preparation table, with a lipped edge and, if possible, a connection to a main drain, should be provided and should have sufficient clean space around it to allow easy access for trolleys and staff. A sluice or flush toilet should also be provided to dispose of any waste fluids with any 'drainage pipe' emptying directly into a sump or drain protected by a non-returnable valve. A hand basin with hot and cold running water together with a small scrubbing brush and plain soap should be readily available. Disposable paper towels should be provided and placed in a closed receptacle for disposal after use.

Facilities should be available for the separate storage of personal and work clothing for all staff and employees should be encouraged not to return home in their work clothes. Smoking, eating and drinking must be forbidden in all areas in which bodies are handled. Welfare arrangements provided need to comply with the Workplace (Health Safety and Welfare) Regulations 1992.

Disposal of waste other than fluids, from the embalming/mortuary areas, soiled clothing and bedding

Clinical waste is usually disposed of by incineration to ensure complete combustion of the waste. This may be carried out in an incinerator on site or in a licensed and authorised incinerator elsewhere.

Waste must be disposed of as soon as practicable avoiding long delays in collection. Any particularly hazardous infectious waste should be dealt with within 24 hours.

Under the Environment Protection Act 1990, producers of clinical waste must ensure that the waste is only transferred to an authorised waste collector and that the relevant document (Transfer Note) is issued and retained.



Where clinical waste is generated, stored and handled it needs to be segregated into easily recognised colour coded containers, i.e.

- Yellow for incineration only
- Yellow with black stripes suitable for landfill disposal
- Light blue waste for autoclaving before disposal.
- Purple General waste



Embalming

The basis of all modern methods of embalming is the injection of formalin via the arterial system of the body. Formalin, a solution of formaldehyde in water, is an irritant to the eyes, nose and skin and should be handled with care.

If the Funeral Director knows that there is a risk of infection, this information must be passed on to the embalmer. It must always be remembered that the process of embalming exposes the operative to much greater risks of contamination from body fluids than other procedures do. Particular care is needed when handling sharp instruments, and proper protective equipment should be worn throughout. All contaminated equipment should be carefully cleaned after use, to remove blood or other proteins, and should then be sterilised by heat or by immersion in a suitable disinfectant solution.

The embalming process and degree of exposure to embalming fluids exposes staff to health risks for which an assessment needs to be undertaken under the COSHH Regulations, detailed above.

Some companies prefer not to use formalin based products for embalming purposes due to the toxicity of them and therefore perhaps prefer to use AARDBalm instead. Please find below a link to their site which explains the benefits:

<http://aardbalm.com/page--the-benefits.html>

HSE GUIDANCE <http://www.hse.gov.uk/pubns/web01.pdf>

Pacemakers

Any implant that contains a battery and those containing fluids / gases under pressure should either be removed or vented when the body is to be cremated, otherwise explosions will occur causing major damage to the cremator.

The most common device to be implanted is known as a “demand” pacemaker. When the heart slows down it delivers a small electrical signal to the heart to prevent the heart rhythm becoming too slow. The pacemaker, which is quite small, is generally implanted in the left or right shoulder area. Cremation of these devices can cause significant problems and they need to be removed beforehand. It is quite safe to remove this type of pacemaker but if in doubt, make contact with the deceased’s G.P.

More recently there have been developments in other fields related to pacemakers, the most important being the implantable cardioverter-defibrillator. This is a device that detects the onset of a malignant heart rhythm and delivers an internal shock to the heart to restart the circulation.

They are implanted either behind muscle in the shoulder area or behind the heart. Having the same inherent problem as that of the “demand” pacemaker, i.e. explosions during cremation, they also need to be removed beforehand. However there are a number of additional features that the person who removes such a device needs to be aware of, namely:



These devices can deliver a significant shock if vibrated when removing or handling.

- these devices have wires connecting them to the heart which, when cut, can deliver an electric current to their cut ends. There is, therefore, a risk that if the leads are handled the operator could receive a significant electric shock.
- In addition defibrillators are able to store information about the heart rhythm so, if the wires are cut, this information may be lost. Therefore it is important that the Cardiac Department, where the device was implanted, be contacted so that it can be interrogated and switched off before being removed. Once switched off there is no risk of shock to the operator at the time of removal.
- Permission to remove a pacemaker must be sought from the deceased's Executor or Next of Kin.
- Implantation of radio-active materials can result in cremation being refused. This is an ongoing situation for which you may need to seek further advice.

Disinfection and Disinfectants

A wide range of chemicals have the property of destroying bacteria or viruses. Disinfection is the process of reducing the number of micro-organisms to a level which does not present a hazard to health, by the use of physical or chemical agents.

All disinfectants act by killing lurking organisms, are all poisonous and should be labelled as such. Contact with the skin will produce a caustic burn that is slow to heal: rubber gloves should always be worn when undiluted disinfectants are handled.

Disinfectants and other solutions labelled as either very toxic, harmful, irritant or corrosive are subject to the Control of Substances Hazardous to Health Regulations 2002. Users are required under the Regulations to adopt effective control measures following the undertaking of a risk assessment and to ensure that the laid down control requirements are used, monitored and revised where necessary.

In order to avoid dangerous reactions and inactivation between embalming fluids and disinfectants, it is good practice to insist that bleach or other hypochlorite solutions and dilutions thereof are not used in embalming rooms. Generally only clear phenolics and soap and water should be used in the mortuary and preparation areas, some recommended disinfectants are: Clearol, Printol, Stericol, Hycolin, Sterimat, Hygersane.

It should be noted that the following are to be avoided on the grounds of possible danger or are inappropriate the control of infection:

- black and white phenolics,
- hexachlorophanes,
- chloroxylenols,
- halogens which contain chlorine and hypochlorine,
- soapy type solutions which contain benzalkonium chloride,
- diguanides which contain chlorhexidine,
- and pine fluid



Useful Resources

The following list of publications is only a small selection of those available; a more comprehensive list can be obtained from any library or from HMSO books, particularly the Acts and Regulations mentioned in the chapter:

'Controlling the risks of infection at work from human remains.' Health and Safety Executive. NB. This document is available - web only at: <http://www.hse.gov.uk/pubns/web01.pdf>

The above publication recommends the following in Appendix 4, of that document:

General

Five steps to risk assessment Leaflet INDG163(rev1) HSE Books 1998 (single copy free or priced packs of 10 ISBN 0 7176 1565 0)
Available as a pdf download at <http://www.hse.gov.uk/pubns/indg163.pdf>

RIDDOR explained: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. Leaflet HSE31(rev1) HSE Books 1999 (single copy free or priced packs of 10 ISBN 0 7176 2441 2) Available at <http://www.hse.gov.uk/riddor/riddor.htm>

A short guide to the Personal Protective Equipment at Work Regulations 1992
Leaflet INDG174 HSE Books 1995 (single copy free or priced packs of 10 ISBN 0 7176 0889 1) Available as a pdf download at <http://www.hse.gov.uk/pubns/indg174.pdf>

Workplace health, safety and welfare: A short guide for managers Leaflet INDG244 HSE Books 1997 (single copy free or priced packs of 10 ISBN 0 7176 1328 3) Available at <http://www.hse.gov.uk/pubns/indg244.pdf>

Infection risks to new and expectant mothers in the workplace: A guide for employers. Guidance HSE Books 1997 ISBN 0 7176 1360 7
Available as a pdf at <http://www.hse.gov.uk/pubns/indg373hp.pdf>

COSHH a brief guide to the Regulations: What you need to know about the Control of Substances Available as a pdf at <http://www.hse.gov.uk/pubns/indg136.pdf>

Hazardous to Health Regulations 2002 (COSHH) Leaflet INDG136(rev3) HSE Books 2005 (single copy free or priced packs of 10 ISBN 0 7176 2982 1)
Available as a pdf at <http://www.coshh-essentials.org.uk/assets/live/indg136.pdf>

Control of substances hazardous to health (Fifth edition). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Fifth edition) HSE Books 2005 ISBN 0 7176 2981 3



Safe working and the prevention of infection in the mortuary and post-mortem room Guidance (Second edition) HSE Books 2003 ISBN 0 7176 2293 2 Controlling the risks of infection at work from human remains

Funeral services including embalming with formaldehyde solutions (formalin) Service and retail control guidance sheet SR10 COSHH essentials: Easy steps to control chemicals. Control of Substances Hazardous to Health Regulations HSG193 (Second edition) HSE Books 2003 ISBN 0 7176 2737 3

Removal of implantable cardioverter-defibrillators (ICDs) SN2002/(35) MHRA Internet version only available at <http://www.mhra.gov.uk/index.htm> Guidance on the sale, transfer of ownership and disposal of used medical devices DB9801 Supplement 2 MHRA 2003 Internet version only available at <http://www.mhra.gov.uk/index.htm>

Blood-borne viruses in the workplace: Guidance for employers and employees Leaflet INDG342 HSE Books 2001 (single copy free or priced packs of 10 ISBN 0 7176 2062 X)



Past Examination Questions

What advice ought to be given to the funeral director by hospital authorities following the death of a patient from an infectious disease?

(a) A body which has deteriorated and is causing a health hazard is lying in a house. The executors have made no arrangements. What can be done? (Answer fully)

(b) What is a notifiable disease? Give three examples.

What are the restrictions with regards to a body where the death is caused by a Notifiable Disease and what may be done?



ASSESSMENT CRITERIA	
Module 3 Unit 4	ASSESSMENT CRITERIA
	The learner can:
3.4.1	Explain the regulation relating to notifiable disease.
3.4.2	Identify which diseases are notifiable under current regulations.
3.4.3	Explain the impact of notifiable diseases upon the preparation and viewing of the deceased.
3.4.4	Identify the appropriate protective clothing to wear when handling the deceased.
3.4.5a	Explain the procedure to follow for the safe handling of chemicals and disinfectants defined by current legislation.
3.4.5b	Outline the supervision required for the safe handling of chemicals and disinfectants.
3.4.6a	Explain the procedure to follow for the disposal of soiled clothing and bedding.
3.4.6b	Outline the supervision required for the disposal of soiled clothing and bedding.