



Government of **Western Australia**
Department of **Health**

DRAFT Public health guideline for the preparation of the deceased for burial or cremation

Public Health Act 2016

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This Guideline

This Guideline provides practical guidance on how to comply with the general public health duty under the *Public Health Act 2016*.

Disclaimer

This guideline is provided by the WA Department of Health (WA DoH) as a guide for the respectful management of human remains with regard to the health of persons directly involved in the handling, preparation and temporary accommodation of human remains in WA. These guidelines are intended as a resource for funeral industry personnel and the general public. The information and advice provided are made available in good faith and are derived from sources believed to be reliable and accurate at the time of release.

The general public health duty of the *Public Health Act 2016* requires that:

“All persons must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person”.

In essence, we all have a responsibility to protect other people from harm.

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Glossary

Body preparation	Activities undertaken in relation to a body after death, prior to the burial or cremation of a body.
Burial	The placement of a deceased person's body in a gravesite and includes entombment in a mausoleum crypt.
Cremation	The application of intense heat in order to reduce human remains to ash.
Embalming	The process of preserving a body by means of the removal of body fluids and arterially injecting the body with embalming fluids.
Funeral	A ceremony held shortly after a person's death, usually including the person's burial or cremation.
Funeral Director	A person (other than the operator of a mortuary transport service) who, in the conduct of the person's business, engages, for the purpose of burial, cremation or transport, in the collection, transport, storage, preparation or embalming of bodies or engages in the conduct of exhumations.
Holding room	A holding room is a room within a mortuary or a private or public place that is used to temporarily accommodate human remains but does not include a body preparation room.
Infectious disease	Any illness caused by micro-organisms such as bacteria, viruses, parasites or fungi and which can be spread from an infected person to a susceptible host by either direct or indirect contact with the infected person, vector or inanimate object and includes notifiable infectious diseases as defined in section 90 of the <i>Public Health Act 2016</i> .
Mortuary	A facility, complete with refrigerated body storage that is used, or intended to be used, for the preparation or storage of bodies as part of the arrangements for their burial or cremation, but does not include any premises (such as a hospital) in which bodies may be temporarily stored pending their transfer to a mortuary.
Nuisance	Unreasonable interference with the use and enjoyment of a person's ownership or occupation of land or an activity or condition which is harmful or annoying.
Refrigerated body storage facility	A storage facility for bodies that is maintained between 1 and 8 degrees Celsius.

Aim

This Guideline is issued by the Chief Health Officer of the WA DoH in accordance with the *Public Health Act 2016*.

This Guideline outlines **generally acceptable practices** for the preparation of the deceased for burial or cremation and includes provisions for maintaining an environment which supports the temporary accommodation of human remains in a mortuary or at a premises other than a mortuary, such as a private or public place prior to a funeral.

This Guideline aims to reduce risks to public health by ensuring:

- standard infection control and hygiene measures are carried out
- appropriate conservation of human remains
- appropriate cleaning of the premises where human remains are stored
- appropriate disposal of contaminated items associated with body storage and preparation.

In addition to complying with the general public health duty, a person who is responsible for arranging a funeral is required to comply with the following legislation:

- *Cemeteries Act 1986*
- *Cremation Act 1929*
- *Cremation Regulations 1954*
- Metropolitan Cemeteries Board (MCB), *MCB By-law 1992*
- local laws including cemeteries local laws and conditions placed on a single funeral permit or funeral directors license.

Who should use this Guideline

This Guideline can be used by funeral directors and their staff. This Guideline does not replace other official guidelines provided for the funeral industry but should be read in conjunction with them.

The Guideline may also be used by people who interact with human remains in providing community care services, e.g. body transport contractors or people who are not funeral directors but are involved in the preparation of human remains prior to burial or cremation. People who are not funeral directors should seek advice from a funeral director on how to appropriately carry out activities in relation to human remains.

Complying with the general public health duty

The general public health duty specified in Part 3 of the *Public Health Act 2016* requires that a person 'must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person'.

A person will not be taken to be in breach of the general public health duty if acting in a manner that complies with **generally acceptable practices**.

When a person fails to comply with this Guideline, this may be grounds for local government authorised officers to issue an improvement notice or enforcement order in accordance with the general public health duty.

Powers of a local government authorised officer

An authorised officer is someone appointed by an enforcement agency e.g. local government to carry out inspections or follow up on complaints to ensure persons who are responsible for the preparation of the deceased prior to burial or cremation comply with the *Public Health Act 2016*.

The *Public Health Act 2016* empowers an authorised officer to:

- enter and inspect the premises
- make inquiries
- ask questions
- examine, inspect and test equipment
- take samples
- take photographs and videos
- require records to be produced
- examine and copy records
- seize items.

It is an offence to hinder or obstruct an authorised officer. Penalties apply.

The public health risks

What is a public health risk?

A risk to public health is something that is known to cause or potentially cause disease or harm to the public health or wellbeing of humans.

The vast size of Western Australia (WA) presents challenges for the appropriate management and care of human remains. Such challenges include climate variation, extreme heat, humidity and access to healthcare facilities and appropriate services in remote regions. In addition to this, the organisational structure and provision of funeral services may vary with each funeral provider. It is becoming more common for human remains to remain in a private or public place such as a community hall or religious building for a period of time for religious or cultural purposes prior to burial or cremation. In remote regions, human remains may require long-distance transportation for burial or cremation.

Microorganisms involved in the decomposition process of human remains are generally not pathogenic i.e. disease causing. However there is a low risk of transmission of infectious agents from a deceased person to a living person, therefore human remains should be regarded as a potential risk to public health, regardless of the cause of death.^{1,2}

The risk to public health is influenced by the following factors:

- health and infection status of human remains immediately prior to death
- hygiene and infection control measures
- condition of human remains e.g. time elapsed since death
- location of human remains e.g. indoors, outdoors,
- body weight
- exposed soft tissue

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- climate control e.g. air humidity, ambient temperature, degree of exposure to sunlight
- presence of pests, vermin, insects etc.
- cleanliness and suitability of premises, equipment and vehicles.

Whilst it is important to note that the rate and pattern of decomposition is different for each individual, the environment in which human remains are kept is known to affect the rate of decomposition³. Inadequate climate control and insect activity are recognised as common factors which may significantly accelerate the decomposition process.

The decomposition of organic material in the body results in the production of odours containing volatile organic compounds (VOCs) which are released into the surrounding environment. These odours may be unpleasant and result in nuisance but decomposition odours do not present a risk to public health.

Transmission of infectious agents

Human secretions/excretions and non-intact skin may harbour potentially harmful infectious agents, regardless of the cause of death. However, the risk of acquiring an infectious disease is no greater when interacting with human remains than it is when interacting with living persons.

Refrigeration effectively slows down the decomposition process and prevents the spread of harmful pathogens and bacteria. Under temperature-controlled conditions, some infectious agents may survive for a longer period of time inside the body, for example HIV can survive in human remains for up to 16 days following death if stored at 2°C.⁴ Whilst HIV does not survive for long once outside the body, Hepatitis B virus can survive for at least 7 days outside the body.^{5,6}

It should be assumed that all blood and body fluids are potentially infectious and basic infection control precautions should be taken to prevent the transmission of infectious agents. It is recommended that people who interact with human remains familiarise themselves with at least basic information about blood-borne viruses such as HIV, hepatitis B and hepatitis C.

For more information about a particular disease or infection, refer to the WA Department of Health website [Health conditions A to Z](#) for a range of fact sheets that explain how each disease is transmitted, symptoms and common health care advice.

Body containment

Human remains should not be removed from a place unless:

- the body has been placed and secured in a bag or wrapping or leak-proof container in a manner that prevents the leakage of body exudate or other substance
- the name of, or an identification of, the deceased person is clearly and indelibly written on an identification wristband.

Body bags or wrapping

Body bags or wrappings are recommended where:

- there is significant deterioration of the deceased person's body
- the deceased person's body is known or likely to leak bodily fluids i.e. embalming has not been carried out.

Additional controls e.g. cooling mats should be considered to lower the temperature of human remains where body bags or wrappings are used in hot conditions.

Removal of bodies from body bags or wrapping

A person may remove a body from a body bag or wrapping if the removal is for the purpose of:

- embalming the body
- preparing the body for viewing, transport, burial or cremation
- transferring the body to a coffin.

Note: If directed by a coroner, a body bag should not be re-opened.⁷

Standards for premises

Mortuaries should comply with local enforcement agency requirements for premises and equipment including vehicles used in conducting business activity.

A person who is not a funeral director, may request to temporarily accommodate human remains in a holding room of a premises other than in a mortuary, such as a funeral home or a public or private place for a period of time prior to burial or cremation.

A holding room in any premises that is used to temporarily accommodate human remains should:

- ensure there is secure access to the area in which human remains are stored
- ensure the immediate environment is clean and free from pests and other vectors of disease
- have sufficient ventilation
- have adequate climate control e.g. refrigerated air conditioning
- have access to a hand wash basin
- facilitate appropriate and respectful placement of the deceased.

A suitable refrigerated body storage facility should:

- have the capacity to hold human remains in a manner which is respectful and minimizes the risk of contamination
- be maintained permanently at an internal temperature of 1-8°C
- not be used for any other purpose other than the storage of human remains.¹⁰

Vehicles

The following recommendations are provided as a guide for private vehicles that are used to transport human remains:

- vehicles should be road-worthy
- vehicles should be suitably sized and capable of safely transferring human remains
- vehicles should carry personal protective equipment, plastic sheeting, waterproof tape, alcohol-based hand rub and plastic waste bags with ties for contaminated items
- the body holding area should be cleaned and disinfected after human remains are removed from the vehicle.

Retention of human remains

Human remains should be retained in:

- a refrigerated body storage facility
- a mortuary
- a holding room.

Human remains should be adequately conserved and stored in a manner such that there is no nuisance or risk to public health.

Human remains should be retained in a coffin, container or tray capable of:

- ensuring that the escape of bodily discharges, contaminants or infectious materials is prevented or confined to that coffin, container or tray
- protecting any person who comes into contact with the coffin, container or tray from bodily discharges, contaminants or infectious materials.

Human remains may be moved from a refrigerated body storage facility:

- to a holding room for the purpose of viewing of the body by mourners
- to a body preparation room for the purpose of preparing the body prior to burial or cremation
- for the purpose of transporting the body to a mortuary for the purpose of preparing and embalming the body
- for the purpose of transporting the body for burial or cremation.

The length of time human remains may be temporarily accommodated in a holding room of a premises will vary depending on:

- the condition of human remains
- time that has elapsed since death
- whether embalming has been carried out
- the environmental conditions surrounding the human remains.

Refrigerated storage is recommended for an unembalmed body if more than 24 hours have elapsed since the time of death. If the body has been embalmed, removal from refrigerated storage for the purposes of funeral rites for up to three days (72 hours) may be considered. This recommendation is subject to the condition of the human remains and other environmental factors.

Infection control

A person should, when carrying out any procedure on a body, comply with the guidelines specified in Part B of the National Health and Medical Research Council (NHMRC) [Australian Guidelines for the Prevention and Control of infection in Healthcare 2010](#) and other relevant guidelines published and endorsed by the Communicable Diseases Network Australia. A funeral director may also demonstrate compliance with the general public health duty by conducting work in accordance with official guidelines published by the funeral industry.

Human remains with known or suspected infectious disease

A person should ensure preparation for burial or cremation is undertaken in such manner and with such precautions as may be directed by a medical practitioner where a serious and/or highly infectious disease or related condition is known or reasonably suspected of being the cause of or contributor of death and presents a risk to public health.⁸

Vaccinations

Employers of funeral industry workers who are routinely involved in the handling of human remains should consider immunisation to protect the health of workers. As a minimum, funeral industry workers should be protected against:

- Tetanus
- Tuberculosis
- Hepatitis B.

Embalming

The process of embalming presents a greater risk of exposure to infectious disease due to direct exposure to blood and other bodily fluids and use of sharp instruments.

Embalming should only be carried out in a mortuary that has adequate facilities and equipment to perform such procedures and embalming should only be performed by a person who has a current certificate of proficiency recognised by the Australian Institute of Embalming⁹ or by a person who is undergoing training or mentoring towards achieving this qualification.

In some cases, embalming should not be undertaken due to the high risk of infection e.g. viral haemorrhagic fevers and transmissible spongiform encephalopathies.

Viewing

Human remains may be made available for viewing by mourners provided a dignified viewing area can be made available. Human remains should not be removed from refrigeration for a period longer than is necessary for viewing to occur and should be placed under refrigeration after the viewing unless the body is buried or cremated immediately. Human remains should not be allowed to remain unrefrigerated for a period of time such that the body presents a risk to public health.

In most cases, a body is embalmed prior to viewing by mourners. An open coffin that is lined with an impermeable sheet is generally used in the viewing of human remains. When the lid of the coffin is closed in the presence of other people, pets or during the night, a coffin block or other suitable substitute should be placed at the head-end of the coffin prior to closing the lid in order to allow air to flow inside the coffin. Where insect activity is observed, a net may be used whilst the lid of the coffin is off.

Transportation of human remains

A person who is responsible for transporting human remains should:

- be informed of the risks and apply appropriate hygiene and infection controls
- ensure an appropriate vehicle is used to transport the body
- ensure that human remains are suitably screened from public view
- during final transfer of the human remains to a cemetery, ensure the body is placed in a plastic-lined coffin with the lid of the coffin closed
- ensure the lid of the coffin is not re-opened upon arrival at the cemetery.

Waste management

Contaminated items should be regarded as clinical waste and disposed of in accordance with the *Environmental Protection (Controlled Waste) Regulations 2004*. The [OD651 Clinical and Related Waste Management Policy](#) is also applicable for all WA Health facilities.

Register of bodies

A person who operates a mortuary should maintain a register of all bodies stored and prepared in such mortuaries. The person should make an entry in the register relating to each body immediately after the body is prepared. Each entry should include the following:

- the name, age and last address of the person whose body was prepared
- the date of the person's death
- the date the body was received
- the date the body was removed from the mortuary, and
- the name of the cemetery or crematorium, or the person, to whom the body was delivered.

The person should keep a copy of the register and make it available for inspection.

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