

Bodies of Deceased Persons

Public health and safety guidelines



Contact Information

For more information, please call Safe Healthy Environments at 1-833-476-4743 or submit a request online at ahs.ca/eph.

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Introductory statement

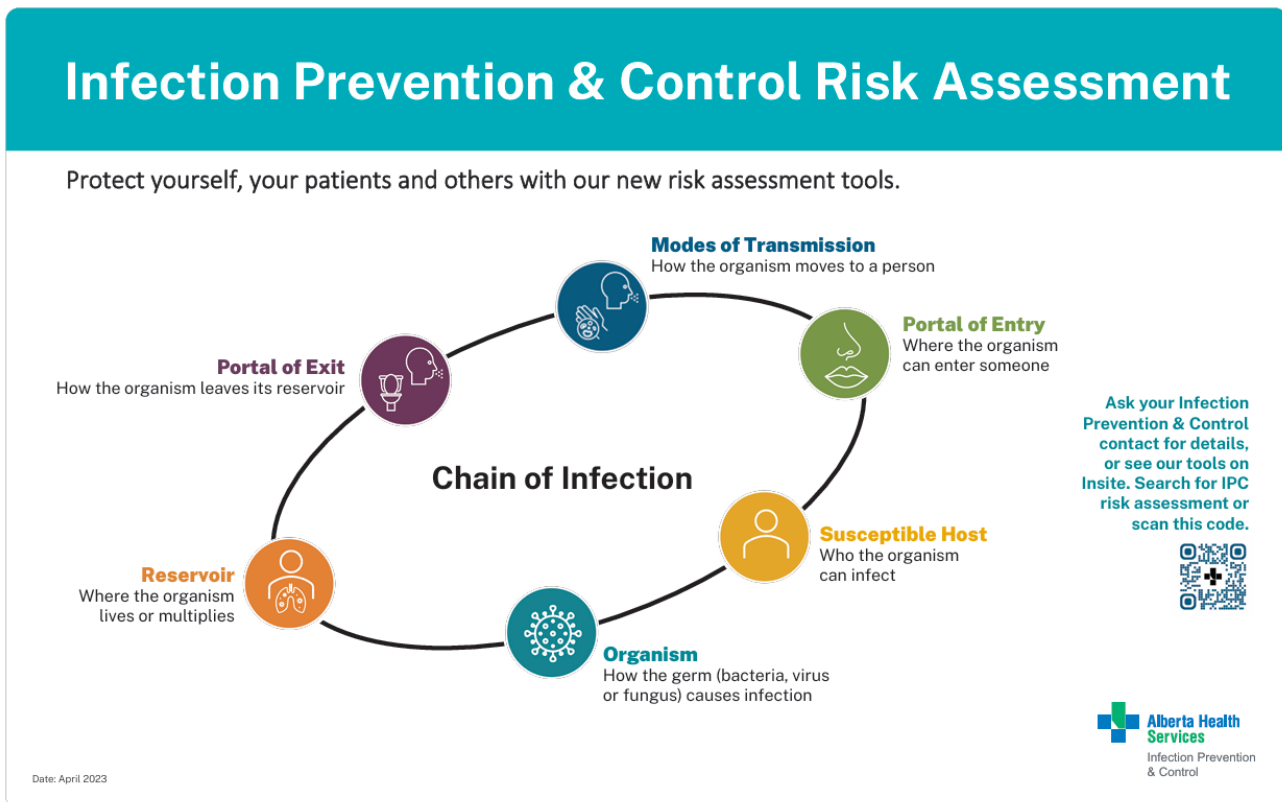
The purpose of this document is to provide Funeral Services Operators with current best practices, referred to as Routine Practices, to prevent and control transmission of microorganisms in all settings where deceased persons are handled. The document will also review sections of Alberta legislation relevant to the handling of deceased persons, called the Bodies of Deceased Persons Regulation.

We'll first look at the chain of transmission to understand how microorganisms may be transmitted in Funeral Services settings, then we'll review the routine practices used to break the chain of transmission.

The chain of infection

The transmission of microorganisms and subsequent infection may be represented by a 'chain', with each link in the chain representing a factor related to the spread of microorganisms. Transmission does not take place unless all six of the elements in the [chain of infection](#) are present.

Transmission occurs when the infectious agent exits the reservoir through a portal of exit, travels via a mode of transmission and gains entry through a portal of entry to a susceptible host.



By eliminating any of the six links, transmission does not occur. Transmission may be interrupted when:

- The agent is eliminated or inactivated or cannot exit the reservoir.
- Portals of exit are contained through safe practices.
- Transmission between objects or people does not occur due to barriers and/or safe practices.
- Portals of entry are protected.
- Hosts are not susceptible.

Routine practices used to break the chain of infection

Routine practices refer to infection prevention and control practices that should be used with all deceased bodies to prevent and control the transmission of microorganisms in funeral service settings.

Routine practices are based on the premise that deceased bodies are potentially infectious, and that the same safe standards of practice should be used routinely with deceased bodies to prevent exposure to blood and body fluids and to prevent the spread of microorganisms.

The consistent and appropriate use of routine practices by all funeral services providers with deceased bodies will minimize microbial transmission in the funeral services setting.



Administrative controls:

- Policies and procedures
- Staff education
- Occupational health program



Risk assessment



Hand hygiene



Personal protective equipment (PPE)



Environmental controls:

- Cleaning and disinfection
- Waste management
- Reprocessing of reusable instruments
- Linen

Administrative controls

Policies and procedures

It's important for funeral services operations to create and maintain written infection prevention and control (IPC) policies and procedures, including, but not limited to:

- Risk assessment.
- Hand hygiene.
- PPE selection and use.
- Cleaning and disinfection.
- Reprocessing of reusable instruments.
- Handling and containment of bodies infected with a Schedule 1 or Schedule 2 communicable disease.

Maintaining written policies will help ensure all staff adheres to facility expectations regarding these issues.

There should be a designated individual responsible for creating and maintaining IPC policies and procedures.

Staff education

All staff should receive documented IPC education/training relevant to their positions upon hire and ongoing as necessary (e.g., annually). This will help ensure staff are aware of the content of the policies and expectations of the organization.

Occupational health program

Both employers and employees have responsibilities under the [Alberta Occupational Health and Safety \(OHS\) Act](#) to assess and control workplace hazards. Hazards in the workplace may be physical, chemical, or biological. An immunization program may be recommended as a control measure in the workplace to protect workers from occupational exposures to microorganisms.

All adults are eligible to receive immunization to protect them against tetanus, diphtheria, pertussis and influenza as part of the routine immunization program in Alberta. In addition to routine vaccines, other vaccines such as Hepatitis B may be recommended to funeral services workers.

Visit primarycarealberta.ca/immunize for more information.

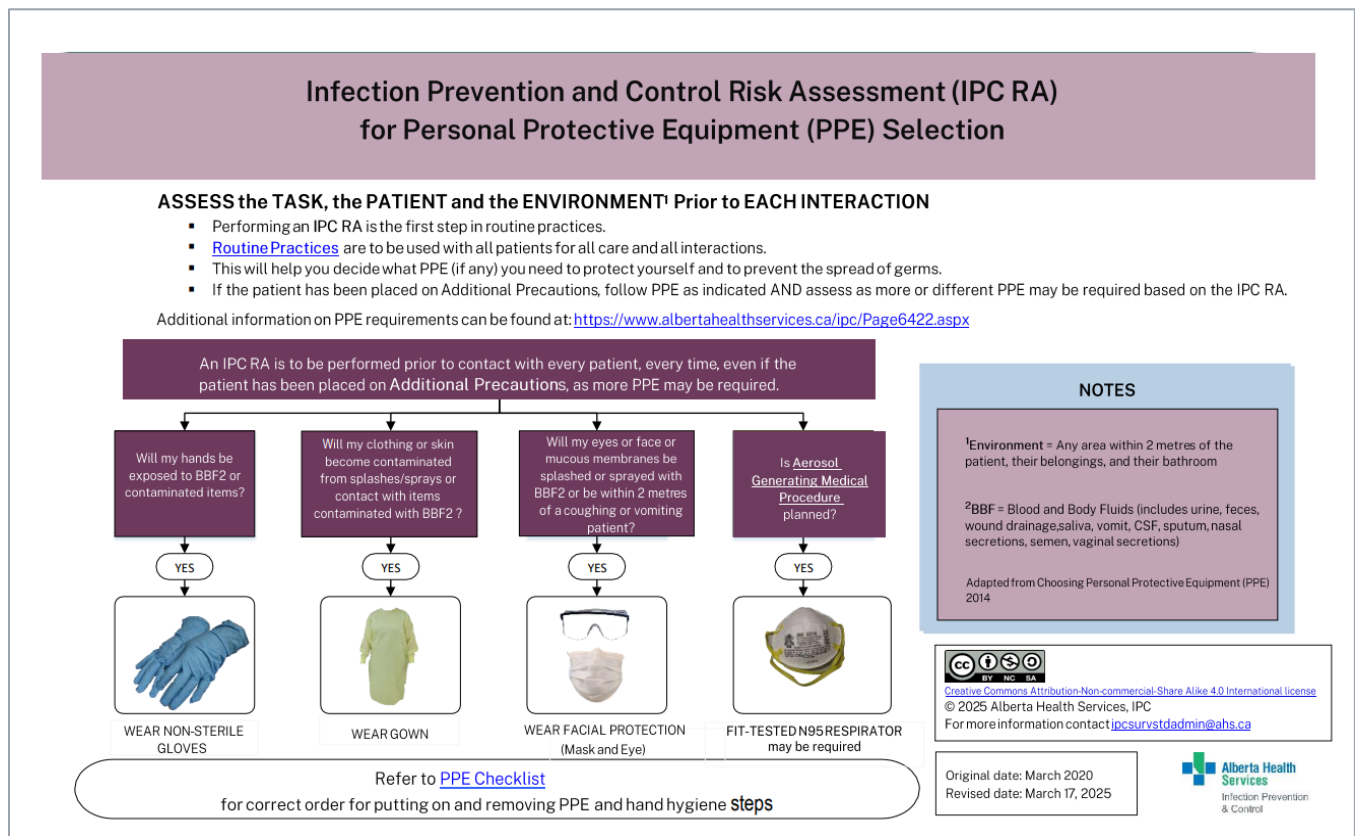
Risk assessment

The application of routine practices is based on a risk assessment. Before each interaction with a deceased person or the deceased person’s environment, a risk assessment should be performed to determine the appropriate routine practices for safe provision of services, and to prevent the transmission of microorganisms.

The risk assessment should assess the:

- Risk of exposure to blood and body fluids.
- Potential routes of exposure (e.g. splash or spray of blood or body fluids, puncture from contaminated sharps or exposed bone).
- Infection of deceased with a specified communicable disease.
- Length of time required to complete the task to be performed.

The risk assessment will guide the selection of personal protective equipment required for a particular task. A sample risk assessment algorithm used in hospital settings is shown below and can be accessed here: [Routine Practices](#).



Hand hygiene

Hand hygiene is considered the single most important IPC measure to prevent the transmission of infections in funeral service settings. Hand hygiene is performed using liquid soap and disposable paper towel at a dedicated hand hygiene sink or using alcohol-based hand rub (ABHR).

Hand hygiene stations (dedicated hand-washing sink and supplies or ABHR) should be present in all areas where hand hygiene should be conducted including:

- Facility entrances and exits.
- Deceased body preparation areas.
- Any area where personal protective equipment (PPE) is put on (donned) or taken off (doffed).
- Transport vehicles.

Hand hygiene should be performed at necessary times, such as:

- Prior to contact with deceased bodies or the deceased's environment (e.g., potentially contaminated surfaces).
- Prior to donning PPE and after doffing PPE.
- After exposure or risk of exposure to blood and/or body fluids.
- After contact with deceased bodies or the deceased's environment.

Use of ABHR is considered the Gold Standard for hand hygiene when hands are not visibly soiled as it's effective against most microorganisms; it's less time-consuming than washing with soap and water and is easier on the skin.

Times when using soap and water for hand hygiene is preferred, include:


- When hands are visibly soiled (e.g. dirt, blood and body fluids, etc.).
- Prior to and following food handling.
- After using the toilet.
- After handling chemicals.

Hand hygiene sinks should be dedicated to hand washing and not used for equipment decontamination, waste disposal, food preparation or other use.

Paper towels used for drying hands should be stored in a covered, wall-mounted dispenser to protect the paper towel from contamination. If cloth towels are used, they should be laundered after a single use.




Below are posters on how to perform hand hygiene using soap and water and how to perform hand hygiene using alcohol-based hand rub. They can be accessed and printed from here: [Posters.](#)



Using alcohol-based hand rub



Apply


- Roll up long sleeves and push up wrist accessories
- Apply a palmful of alcohol-based hand rub to hands






Scrub

- Rub all the surfaces of your hands and wrists
- Rub until hands are completely dry






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Your health is in your hands

Washing hands with soap







Apply

- Roll up long sleeves and push up wrist accessories
- Apply a palmful of soap to hands



Scrub

- Rub all the surfaces of your hands and wrists

Rinse

- Rinse under warm, running water
- Pat hands dry with paper towel
- Turn tap off with the paper towel


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Your health is in your hands

Personal protective equipment (PPE)

PPE is used to prevent exposure to infectious agents by placing a barrier between the infectious source and one's own mucous membranes, skin and clothing. Selection of the appropriate PPE is based on the risk assessment that dictates what is worn to break the chain of transmission (see page 4). The risk assessment considers the nature of the interaction with the deceased body, the environment and the likely mode(s) of transmission of infectious agents.

Alberta Health Services


Gross room, Frozen Section room, Autopsy Suite Protective Equipment- Job Aid
Effective Date: March 30, 2015
This document is applicable at: All Sites

Covenant Health

Regional Laboratory Services

Anatomical Pathology
RAPGRJ00001MUL
Version: 1.0

Personal Protective Equipment Anatomical Pathology Autopsy Suite



Eye Protection:

- Protective face shield, glasses, or goggles
in addition to prescription eye wear

Respiratory Protection

- N95 disposable respirator

Gown

- Water-repellent surgical gown
- Water-proof apron (*recommended*)
- Scrubs (*recommended*)
- Surgical cap (*recommended*)

Gloves

- Surgical gloves
- Cut resistant glove (*at least* non-dominant hand)

Footwear

- Rubber boots (*preferred*) or closed-toed shoes with shoe covers

Consider additional PPE in special situations

References: Alberta Health Services, Regional Laboratory Services Safety Manual, Routine Laboratory and Safety Practice, Version 1.8, October 2011.
Alberta Health Services, Regional Laboratory Services Safety Manual, Respiratory Protection, Version 1.7, August 2014.
Alberta Health Services, Regional Laboratory Services Safety Manual, Selection and Use of Personal Protective Face and Eye Wear, Version 1.4, February 2009
Alberta Health Services, Regional Laboratory Services Safety Manual, Selection and Use of Personal Protective Gloves, Version 1.3, May 2007.

PPE adequate for all tasks performed should be readily available for use and may include:

- Gloves (disposable or reusable)
- Gowns and aprons
- Face protection (mask, eye protection, face shield)
- N95 respirators (if applicable)
- Shoe covers and head covers

PPE should be put on (donned) just prior to the interaction with deceased bodies. When the interaction for which the PPE was used has ended, PPE should be removed (doffed) immediately

and disposed of in the appropriate receptacle. Single-use PPE should be discarded after each use, and reusable PPE should be cleaned and disinfected or laundered after each use.

Information describing the proper methods to don and doff PPE, such as posters, should be available in areas where PPE is likely to be used.

Sample posters for donning and doffing PPE are provided below and can be accessed and printed from here: [Posters](#).


Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves




- A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
- Hold the glove in the opposite gloved hand.
- Slide an ungloved finger or thumb under the wrist of the remaining glove.
- Peel the glove off and over the first glove, making a bag for both gloves.
- Put the gloves in the garbage.

2 Hand hygiene



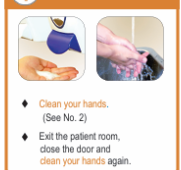
- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown




- A Carefully unfasten ties.
- B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
- C Turn the gown inside out during removal.
- Put in hamper or, if disposable, put in garbage.

4 Hand hygiene




- ◆ Clean your hands. (See No. 2)
- ◆ Exit the patient room, close the door and clean your hands again.

5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

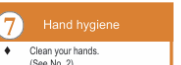
6 Mask or N95 respirator




- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.


7 Hand hygiene



- ◆ Clean your hands. (See No. 2)

For more information contact iccuvisits@mhn.ab.ca
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Original date: May 2014
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 ECC Approved: April 14, 2021


Alberta Health Services
 Infection Prevention & Control

Putting on (Donning) Personal Protective Equipment (PPE)

1 Hand hygiene



- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

3b N95 respirator



There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) flat-fold, and c) v-fold.

All styles have the same basic steps for donning. Refer to the manufacturer for specific donning instructions.



- A Hold the N95 respirator in your hand.
- B Position the N95 respirator under your chin with the nose piece up. Secure both of the elastic bands around your head so the N95 respirator stays in place.
- C Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- D Seal check: Place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply.

4 Eye protection or face shields



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves



- ◆ Pull the cuffs of the gloves over the cuffs of the gown.

2 Gown



- A Make sure the gown covers from neck to knees to wrist.
- B Tie at the back of neck and waist.

3a Procedure/Surgical mask



- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

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Original date: May 2014
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Alberta Health Services
 Infection Prevention & Control

Environmental controls

Environmental controls cover many topics, but the overarching principle is the maintenance of a clean and organized work environment. Environmental controls include but are not limited to, cleaning and disinfection of work surfaces, waste management (including the handling of sharps), handling of linens and the cleaning and disinfection of reusable devices (reprocessing) used to prepare deceased bodies.

General items

The physical environment of funeral services areas where deceased bodies are handled, including transport vehicles, should be maintained in good condition so they can be frequently cleaned and disinfected. These surfaces should be constructed of materials that are smooth, impermeable, and durable so they can withstand frequent cleaning and disinfection.



Clean supplies and instruments should be stored in a manner to protect them from contamination. For example, clean supplies and instruments should be stored in a clean, dry area away from debris and moisture. Covered bins, drawers and cupboards with closable doors are examples of suitable storage.

Any items designated by the manufacturer as single-use or disposable should be discarded after each use and not reused. Typically, such items cannot be effectively cleaned. Bulk products should be dispensed into single-use portions in a manner that protects the remaining portion from contamination. For example, bulk creams and gels should be accessed using only clean gloved fingers or single-use utensils (e.g. wooden tongue depressors). This will help ensure bulk product containers and the remaining contents do not become contaminated.

Cleaners, disinfectants, soaps and other chemicals should be either stored in original containers, or if decanted into another container, should be appropriately labeled to identify container contents (including the product's expiry date if applicable).

If reusable containers (e.g. soap pump bottles, disinfectant spray bottles, etc.) are used, the containers must be cleaned, rinsed, and dried prior to refilling. These containers must never be “topped up”.



Linen

Although linen in funeral service settings may be contaminated with pathogens, risk of transmission is negligible if routine practices including a risk assessment, proper handling of linens (see below) and proper use of PPE are followed.

Used linens should be handled in the same way for all deceased bodies without regard to their known infection status.

Used linen should be handled with a minimum of agitation to avoid contamination of air, surfaces and people and should be placed in a no-touch receptacle at the point of use. Heavily soiled linen should be rolled or folded to contain the heaviest soil in the center of the bundle. Large amounts of solid soil (e.g., feces or blood clots) should not be removed by spraying with water. A gloved hand and toilet tissue should be used to place the solid soil into a hopper or toilet for flushing. Reusable linen bags should be washed after each use; they may be washed in the same cycle as the linen contained in them. As always, hand hygiene should be performed after handling used linen.

Clean linen should be transported and stored in a manner to prevent inadvertent handling or contamination. Clean and soiled linen should be separated during transport and storage.

If linens are laundered in-house, there should be written policies and procedures regarding proper handling and laundering of linens.

Cleaning and disinfection

Clinical contact surfaces (surfaces touched during the handling of a deceased body) should be cleaned and disinfected between cases to minimize the microbiological load on these surfaces. Clinical contact surfaces include, but are not limited to stretchers, prep tables, counters in preparation rooms and transport vehicles.

Surfaces must be cleaned before they can be disinfected. Therefore, the cleaning and disinfection of clinical contact surfaces is a two-step process; the surface is first cleaned and then it's disinfected.

Cleaning is the removal of contamination from an item to the extent necessary for its further processing and its intended subsequent use. Disinfection is the inactivation of disease-producing microorganisms. Surfaces and instruments must be cleaned thoroughly before effective disinfection can take place.

Many commercially available surface disinfectants have detergent agents and can be used as a cleaner in the presence of light soil. Each surface disinfectant manufacturer will provide a recommended wet contact time to achieve disinfection for its product.

In Canada, chemical products for use as disinfectants on environmental surfaces and inanimate objects, or for use as high-level disinfectants or sterilants for reprocessing reusable instruments, are regulated as drugs under the [Canadian Food and Drugs Act](#). These products require a Drug Identification Number (DIN) from Health Canada before market authorization can be granted.

Disinfectant drugs require a pre-market assessment and assignment of a DIN prior to being sold in Canada. Part of the pre-market assessment of a disinfectant drug may be evaluation of product efficacy, safety and quality. For a DIN to be issued, the product must be established by the Natural Health Products Directorate of Health Canada to be safe and effective for its intended use.



A ready-to-use (RTU) intermediate-level surface disinfectant product with a short contact time (e.g. 1-minute) is recommended for use on clinical contact surfaces in funeral services settings. Surface disinfectants should be used according to manufacturers' instructions (e.g. dilution, storage, shelf-life, contact time).

Intermediate-level disinfection (ILD) is a process capable of killing vegetative bacteria, mycobacteria including *Mycobacterium tuberculosis*, fungi, and lipid and non-lipid viruses, but not bacterial spores. ILDs usually have wet contact times of 1-5 minutes to achieve disinfection.

Low-level disinfection (LLD) is a process capable of killing most vegetative bacteria and some fungi, as well as enveloped (lipid) viruses (e.g., influenza, hepatitis B and C, and HIV). LLDs do not kill mycobacteria, non-enveloped viruses, or bacterial spores. LLDs typically have wet contact time of 10 minutes to achieve disinfection. Such long contact time is not practical in funeral services settings.



Waste management

General waste

General waste receptacles should be present in adequate numbers at point-of-generation to help maintain a clean environment. General waste includes used personal protective equipment.

Biomedical waste

Biomedical waste is waste that requires special handling and disposal because it presents a particular risk of disease transmission. In funeral services settings, biomedical waste is predominantly contaminated sharps.

Categories of biomedical waste include:

- Human anatomic waste
- Non-anatomic waste (e.g. lab cultures, diagnostic specimens, etc.)
- Contaminated sharps
- Biomedical waste contaminated with cytotoxic agents.

Human anatomic waste (e.g., human tissues, organs and body parts) that are not interred or cremated must be disposed of as biomedical waste.

Contaminated sharps are defined as materials that can puncture, penetrate, or cut the skin and have come in contact with a body fluid or micro-organisms (e.g. needles, scalpel blades).

Contaminated sharps must be disposed of in a sharps container at the point of use.

Sharps containers should be clearly labeled, puncture-resistant, tamper-proof, closeable and leak-proof. They are single-use items that should never be emptied and reused.

Sharps containers should be replaced when the level reaches the manufacturers fill line or when the container is $\frac{3}{4}$ full. Full sharps containers should be securely stored and routinely picked up to prevent stockpiling. Sharps containers must be disposed of in accordance with municipal bylaws (e.g. using an approved Biomedical Waste Collection and Disposal Company) and cannot be discarded as general waste.



Reprocessing of reusable instruments

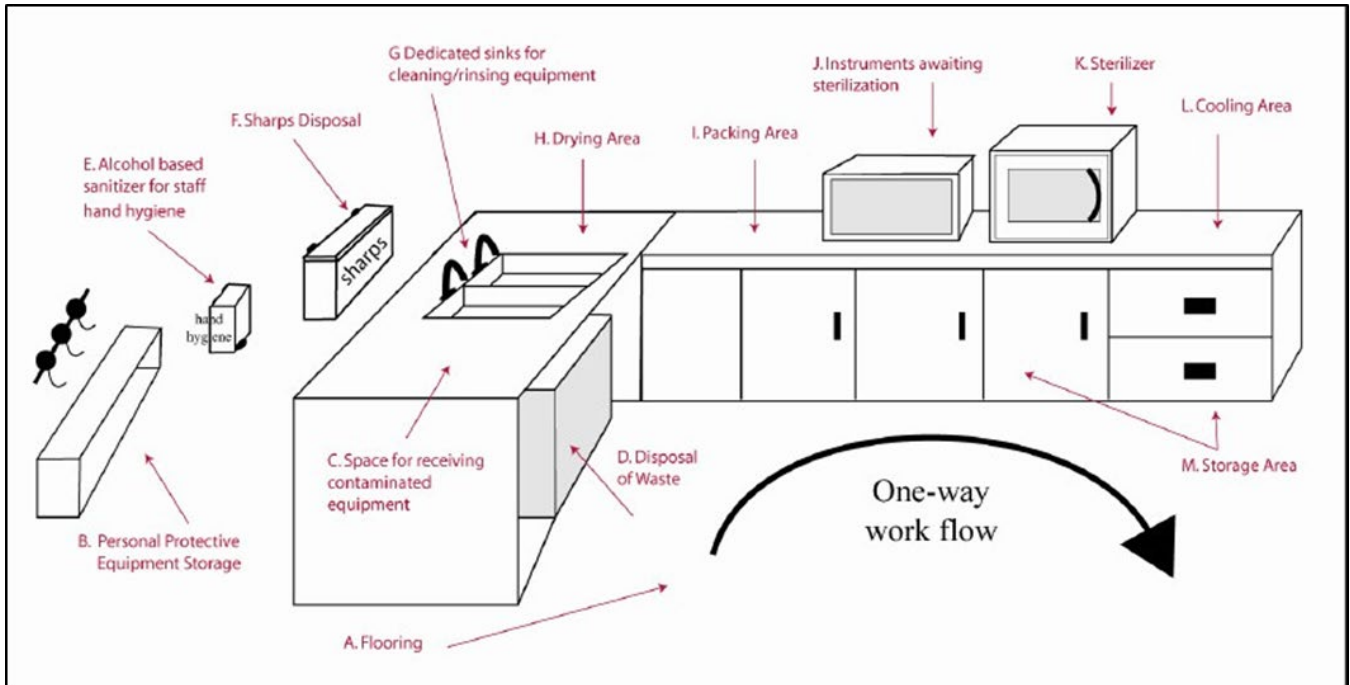
General considerations

Reprocessing can be defined as the steps performed to prepare a used instrument for reuse. Reprocessing reusable instruments used in funeral services settings, such as trocars, drain tubes, suture needles (if reusable), forceps, scissors and scalpel handles, etc. involves cleaning and high-level disinfection of the instruments between cases.

The Bodies of Deceased Persons Regulation requires any reusable instrument or devices that contacts mucous membranes or penetrates the body of a deceased person receive a minimum of high-level disinfection between uses.

As previously mentioned, in Canada, chemical products represented for use as high-level disinfectants or sterilants for reprocessing reusable instruments are regulated as drugs under the [Canadian Food and Drugs Act](#) and require a drug identification number (DIN) from Health Canada before market authorization can be granted.

The process of instrument reprocessing should be conducted with a one-way workflow, from dirtiest to cleanest, to prevent cross contamination. The diagram below shows a reprocessing area with a one-way workflow.



Copied with permission from the [College of Physicians and Surgeons of Alberta IPAC Physician Toolkit](#)

As previously discussed, hand sinks should be dedicated for hand hygiene. Similarly, sinks used for decontamination of reusable instruments should be dedicated for that use and not be used for hand hygiene.

It is recommended that staff conducting reprocessing of soiled instruments wear appropriate PPE to protect themselves from sprays and splashes that can occur during the manual cleaning and rinsing of instruments. Typically, PPE suitable for reprocessing includes eye protection and mask or face shields, appropriate cover gowns and tear and chemical resistant gloves.

Cleaning

Cleaning can be defined as the removal of contamination from an item to the extent necessary for its further processing and its intended subsequent use. Cleaning is essential prior to subsequent disinfection as the effectiveness of disinfection processes can be impacted by residual debris or soil on instruments.

 <p>OR</p>	<p>To facilitate cleaning, it's important that used devices are treated to prevent hardening of soil if they cannot be immediately cleaned.</p> <p>Used instruments can be kept moist by placing them in a holding solution or spraying them with a product (gel or foam) designed to keep devices moist.</p>
	<p>Manual cleaning of instruments should be done under the surface of the water to minimize splashing and aerosolization of contaminated water.</p>
	<p>An instrument detergent should be used for cleaning. Instrument detergents are low foaming (so you can see the instruments under the water) and free rinsing products, unlike domestic liquid dish soaps. Be sure to follow manufacturer's directions for preparation and use.</p>
	<p>Cleaning accessories (e.g. brushes, sponges, etc.) should be discarded after use if disposable or cleaned and high level disinfected between uses if reusable.</p>

All instruments composed of multiple parts should be disassembled following manufacturer’s directions prior to cleaning. Following cleaning, instruments should be thoroughly rinsed to remove residual detergent and soil.

Once the instruments have been rinsed clean, they should be dried. Instruments can be air dried or dried using paper towels or cloth towels. Instruments should be inspected for cleanliness, functionality and integrity during the drying process. Any instruments that are not clean should be returned to clean again and any damaged instruments removed from service for repair or disposal.

High-level disinfection

High-level disinfection (HLD) is a process capable of killing vegetative bacteria, mycobacteria including *Mycobacterium tuberculosis*, fungi, and lipid and non-lipid viruses, as well as some, but not necessarily high numbers of, bacterial spores.

Prior to HLD, reusable instruments and equipment should be disassembled (if applicable), meticulously cleaned, rinsed and dried.

Some containers of high-level disinfectants are ready-to-use (RTU) and others may require mixing or activation. Once a container of high-level disinfectant is first opened or mixed, the container should be labeled with the date of opening or mixing and the date the solution expires.



It is important that high level disinfectants are used according to the manufacturer’s instructions because different products may have different contact times, use temperatures, and different lengths of time that they can be reused, sometimes called “in-use life”.

Once the “in-use life” has passed, the solution must be changed. Be sure to document when HLD solutions are changed. Reusable containers or reservoirs used for storing high-level disinfectant solutions should be cleaned and dried before refilling.

The minimum effective concentration (MEC) of a high-level disinfectant solution should be tested daily when in use with the appropriate test strips. The solution should be discarded if concentration is below the MEC.

The chemical test strips used to check the MEC are specific to the type and concentration of the solution used.



Once a new test strip container is opened, it should be labeled with the date of opening and the expiry date on the container. A quality control procedure for checking test strips each time a new bottle is opened should also be performed (according to the manufacturer's recommendation) to verify the efficacy of the test strips and result documented.

The high-level disinfectant container should be kept covered during use as some types may have strong fumes.

Be sure that instruments are completely submerged and all internal channels or lumens are in contact with the high-level disinfectant solution for the recommended contact time. Following HLD, devices should be thoroughly rinsed with fresh clean rinse water and all lumens or channels should be thoroughly flushed.

Following rinsing, instruments should be thoroughly dried. Instruments may be air dried, or dried using paper towel or cloth towel. Reprocessed instruments should be stored in a clean, dry, protected area until use.

A log sheet should be used to document the HLD of reusable instruments and should include:

- Identification of the instrument being reprocessed.
- Date and time.
- Contact time with the high-level disinfectant solution.
- Temperature (if applicable).
- Minimum effective concentration (MEC).
- Identification of person responsible for ensuring all requirements for reprocessing and releasing the instruments are met.

Sample log sheets for logging reprocessing loads and for logging HLD MEC results are found on the next two pages.

Containment, handling and labeling of deceased bodies

The Bodies of Deceased Persons Regulation contains specific requirements regarding handling and containment of deceased bodies based on whether a body is known to be infected with a specified communicable disease.

Funeral services staff must treat all deceased bodies as potentially infectious and always follow routine practices when handling all deceased bodies in all settings. Information available to funeral services staff regarding specific infection risks of a deceased person is often limited. A deceased person could be infected with a specified communicable disease, but because that disease has not been diagnosed or is not the immediate cause of death, it does not appear on the Attending Physician's Medical Certificate of Death form.

The Bodies of Deceased Person Regulation requires that funeral services staff make relevant inquiries regarding the safe handling of the deceased bodies of the previous responsible person (e.g. healthcare staff, family) and provide relevant information regarding the safe handling of the deceased to subsequent responsible persons.

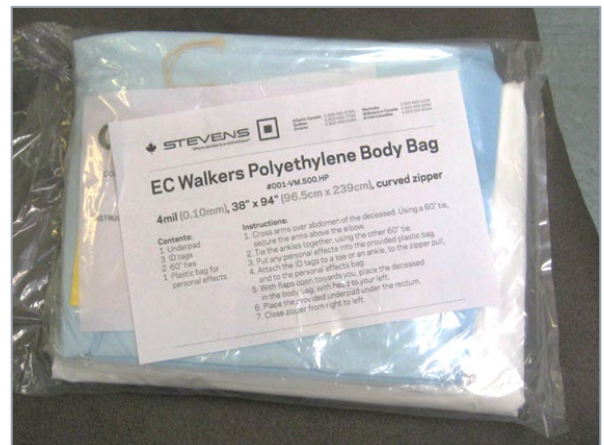
Regulation requirements are described below for:

- Bodies not known to be infected with a communicable disease
- Bodies infected with a Schedule 2 communicable disease
- Bodies infected with a Schedule 1 communicable disease

The Regulation can be accessed at: [Bodies of Deceased Persons Regulation - Open Government](#)

Bodies not known to be infected with a specified communicable disease

When someone passes away, it's important to enclose the body in a container suitable to the condition of the body to contain all body fluids as soon as practically possible after time of death. In healthcare settings, the healthcare staff that was responsible for the care of the deceased person is responsible to place the body in a body bag. In community settings, the person responsible for placing the deceased person in a body bag may be funeral services staff or transfer company staff.



The deceased person may be removed from the container (body bag) when it has reached the funeral home or place where it will be prepared for disposition.

Bodies infected with a Schedule 2 communicable disease

For a list of Schedule 2 communicable diseases, refer to the [Bodies of Deceased Persons Regulation](#).

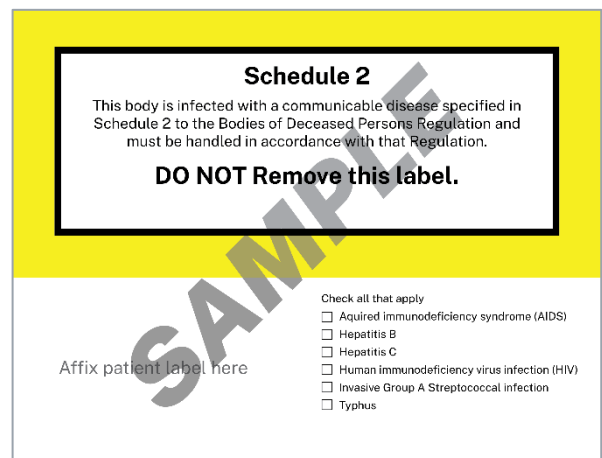
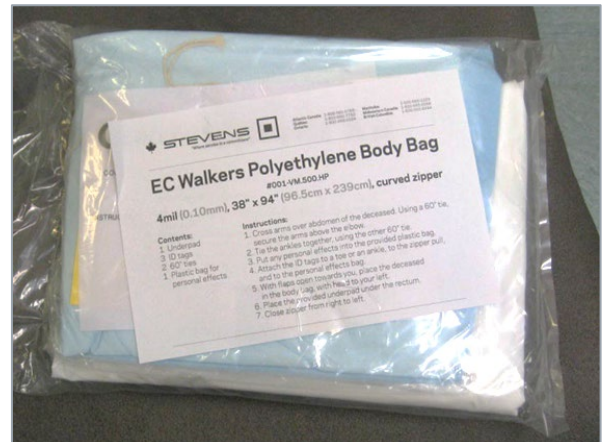
Information on these communicable diseases can be found on the [MyHealth Alberta](#) website.

The requirements for containment of bodies infected with a Schedule 2 communicable disease are the same as for bodies not known to be infected with specified communicable disease. The body is to be enclosed in a container suitable to the condition of the body to contain all body fluids (body bag) as soon as practically possible after time of death.

Again, the deceased may be removed from the container (body bag) when it has reached the funeral home or place where it will be prepared for disposition.

There are specific requirements for labeling bodies infected with a Schedule 2 communicable disease. The body and the head of the container (body bag) must be prominently labeled as follows:

“This body is infected with a communicable disease specified in Schedule 2 of the Bodies of Deceased Persons Regulation and must be handled in accordance with that Regulation. Do not remove this label.”



Bodies infected with a Schedule 1 communicable disease

For a list of Schedule 1 communicable diseases, refer to the [Bodies of Deceased Persons Regulation](#).

Information on these communicable diseases can be found on the [MyHealth Alberta](#) website.

The requirements for handling and containment of bodies infected with a Schedule 1 communicable disease require additional precautions.

Contact with the body should be as limited as practically possible and the body must be enclosed in a hermetically sealed container (HSC) as soon as practically possible after the time of death.

Again, there are specific requirements for labeling bodies infected with a Schedule 1 communicable disease. The body and the head of the container must be prominently labeled as follows:

“This body is infected with a communicable disease specified in Schedule 1 of the Bodies of Deceased Persons Regulation and must be handled in accordance with that Regulation. Do not remove this label and do not open the hermetically sealed container.”

Even though contact with the body should be as limited as practically possible, bodies infected with Infectious Pulmonary TB, Rabies and suspect, probable and confirmed cases of Transmissible Spongiform Encephalopathies may be viewed prior to placement in the HSC. Once the HSC is sealed, it cannot be reopened.

Bodies infected with a Schedule 1 communicable disease are to be interred or cremated in the HSC.



Schedule 1
This body is infected with a communicable disease specified in Schedule 1 to the Bodies of Deceased Persons Regulation and must be handled in accordance with that Regulation.
DO NOT Remove this label or open the hermetically sealed container.

Affix patient label here

Check all that apply		
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Rabies	<input type="checkbox"/> Plague
<input type="checkbox"/> Smallpox	<input type="checkbox"/> Yellow Fever	
<input type="checkbox"/> Viral Hemorrhagic Fever (Ebola, Marburg and Lassa viruses)		
<input type="checkbox"/> Infectious Pulmonary Tuberculosis		
<input type="checkbox"/> Suspect, probable or confirmed cases of transmissible spongiform encephalopathies, including classic and variant Creutzfeldt-jakob disease		

There are different types of the Schedule 1 and Schedule 2 labels in use, but as long as the label adheres to the requirements specified in the Bodies of Deceased Persons Regulation, the label is considered acceptable for use. Below is a label used by the Office of the Chief Medical Examiner of Alberta.

Alberta Government
Office of the Chief Medical Examiner

(check one)

This body is infected with a communicable disease specified in Schedule 1 (see reverse) to the *Bodies of Deceased Persons Regulation* and must be handled in accordance with that Regulation. Do not remove this label and do not open the hermetically sealed container.

This body is infected with a communicable disease specified in Schedule 2 (see reverse) to the *Bodies of Deceased Persons Regulations* and must be handled in accordance with that Regulation. Do not remove this label.

ME1638 (2014/04)

Disinterment

Pursuant to the Bodies of Deceased Persons Regulation, where a body is disinterred and the body is to be transported by a *common carrier* (railcar, boat, aircraft, vehicle used for transport of goods for a fee), a responsible person must ensure that the body is enclosed in a HSC before delivering the body to the common carrier.

Where a body is disinterred and the body is to be transported other than by a common carrier (e.g., funeral services), a responsible person (e.g. funeral services staff) must ensure that the body is enclosed in a container that contains all body fluids (body bag), and the container is sealed prior to transportation.

Where a body is to be disinterred and the body is known to be infected with a specified communicable disease, a responsible person must ensure that:

- Prior to the disinterment, a Medical Officer of Health (MOH) is notified by telephone, email or fax of the disinterment and the infection with a specified communicable disease.
- Appropriate labels (Schedule 1 and Schedule 2) are attached as described above before the body is transported, and that the directions, if any, of the MOH are followed.

Glossary of terms

Administrative Controls: Measures put in place to reduce the risk of infection to staff or to patients (e.g., infection prevention and control policies/ procedures, education/ training).

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Colonization: The presence and growth of a microorganism in or on a body with growth and multiplication but without tissue invasion or cellular injury or symptoms.

Contamination: The presence of an infectious agent on hands or on a surface, such as clothing, gowns, gloves, bedding, toys, surgical instruments, care equipment, dressings or other inanimate objects.

Disinfectant: A product that is used on surfaces or medical equipment/devices which results in disinfection of the surface or equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

Don: To put on.

Doff: To remove.

Engineering Controls: Physical or mechanical measures put in place to reduce the risk of infection to staff or patients (e.g., heating, ventilation and air conditioning systems, room design, placement of hand-washing sinks).

Hand Hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub. Hand hygiene includes surgical hand antisepsis.

Hand Washing: The physical removal of microorganisms from the hands using soap and running water.

Infection: The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).

Infection Prevention and Control (IPC):

Evidence-based practices and procedures that, when applied consistently in Funeral service settings can prevent or reduce the risk of transmission of microorganisms to funeral services staff and visitors.

Infectious Agent: A microorganism, i.e., a bacterium, fungus, parasite, virus or prion, which is capable of invading body tissues and multiplying.

Lumen: The inside space of a tubular structure.

Microorganism: any organism too small to be viewed by the unaided eye, such as bacteria and viruses.

Mode of Transmission: The method by which infectious agents spread from one person to another (e.g., contact, droplet or airborne routes).

Personal Protective Equipment (PPE):

Clothing or equipment worn for protection against hazards.

Portal of Entry: The anatomic site at which microorganisms get into the body, i.e., mucous membranes of nose, mouth and broken skin.

Portal of Exit: The anatomic site at which microorganisms leave the body, i.e., secretions and excretions that exit the respiratory tract, GI tract or broken skin.

Reservoir: An animate or inanimate source where microorganisms can survive and multiply (e.g., water, food, people).

Risk Assessment: An evaluation of the interaction of the funeral services staff, the deceased person and the deceased person's environment to assess and analyze the potential for exposure to infectious disease.

Routine Practices (RP): The system of infection prevention and control practices to be used with all deceased persons in all settings to prevent and control transmission of microorganisms.

Sharps: Objects capable of causing punctures or cuts (e.g., needles, syringes, blades, clinical glass).

Susceptible Host: An individual who is at risk for infection.