NSW HEALTH

Guidelines for the Funeral Industry

based on the *Public Health (Disposal of Bodies) Regulation 2002*

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- Australian Institute of Embalmers
- TJ Andrews Funerals
- Health Services Union
- Funeral and Allied Industries Union
- Service Corporation International
- Ethnic Communities Council of NSW
- Woronora Crematorium.

List of abbreviations

ACCA
Australian Cemeteries and Crematoria Association.

AQIS
Australian Quarantine Inspection Service. AQIS is part of the Commonwealth Agriculture, Forestry and Fisheries Authority.

CJD
Creutzfeldt-Jakob disease is a rare and fatal brain disease in humans. It is a type of disease known as a transmissible spongiform encephalopathy (TSE) because it causes characteristic spongy breakdown of the brain and it can be transmitted.

DEC
Department of Environment and Conservation (NSW) formerly known as the Environment Protection Authority (EPA).

DTP vaccine
Diphtheria, tetanus and pertussis vaccine.

EHO
Environmental Health Officer. These officers are employed either by local councils or area health services and have gazetted powers under the *NSW Public Health Act 1992.*

HIV
Human immunodeficiency virus.

NNDD
National Notifiable Diseases Database. All state and territory departments of health routinely collect data on a range of communicable diseases.

PHU
Public Health Unit. The units are part of Area Health Services.

PVC
Polyvinyl chloride.

TB
Tuberculosis.

WHO
World Health Organisation.

Definitions

Definitions as applied in the *Public Health (Disposal of Bodies) Regulation 2002*

Attending practitioner
In relation to a dead person, means a medical practitioner who attended the person immediately before, or during the illness terminating in, the death of the person.

Body
Means a body of a dead person.

Body preparation room
Means that part of a mortuary that is used for the preparation of bodies for burial or cremation.

Burial
Includes putting in a vault.

Cemetery authority
Means the person or body of persons (including a council) by whom the cemetery's operations are directed.

Chief Executive Officer
In relation to a hospital, means the person responsible for the day to day administration of the affairs of the hospital.

Coroner
Means a person who exercises or performs the functions of a coroner in accordance with the *Coroners Act 1980*.

Cremation authority
In relation to a crematory, means the person or body of persons by whom the crematory's operations are directed.

Dead person
Includes a still-born child.

Death Certificate
Means a certificate given by a medical practitioner as to the cause of death.

Disinfectant
Means a hospital grade disinfectant as defined in Clause 2 of the *Therapeutic Goods Regulations 1990* of the Commonwealth. Disinfectant means a substance:

a) that is recommended by its manufacturer for application to an inanimate object to kill micro-organisms

b) that it is not represented by the manufacturer to be suitable for internal use.

Embalming
Means the process of preserving a body by means of the removal of body fluids and arterially injecting the body with embalming fluids, or other means approved by the Director-General.

Exhumation
Means the removal of the remains of a dead person from a grave or vault but does not include the removal of remains from a vault in a cemetery for immediate transfer to another vault in the same cemetery.

Funeral director
Means 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
Means a room that includes refrigerated body storage facilities for at least two adult bodies but does not include a body preparation room.

Hospital
Means:

a) a public hospital within the meaning of the *Health Services Act 1997,* or
b) a hospital, or health care agency, within the meaning of the *Mental Health Act 1990*, or
c) an establishment within the meaning of the *Private Hospitals and Day Procedure Centres Act 1988,* or
d) a nursing home within the meaning of the *Nursing Homes Act 1988*, or
e) any other institution prescribed by the regulations as a hospital for the purposes of Division 2 of Part 7 of the *Act.*

List A
Disease means any one or more of the following conditions:

- Creutzfeldt-Jakob disease (CJD).
- Hepatitis C.
- Human immunodeficiency virus infection (HIV infection).

List B
Disease means any one or more of the following diseases:

- Diphtheria (DTP vaccine).
- Plague.
- Respiratory Anthrax.
- Smallpox.
- Tuberculosis (TB).
- Any viral haemorrhagic fever (including Lassa, Marburg, Ebola and Congo-Crimean fevers).

Medical referee
Means a person qualified or appointed under Clause 42 to be a medical referee.

Mortuary
Means that part of premises that is used, or intended to be used, for the preparation or storage of bodies before their burial or cremation.

Mortuary transport service
Means a service that, for fee, gain or reward, transports bodies for funeral directors.

Nearest surviving relative
Means:

a) In relation to a still-born child – a parent, or sibling at or above the age of 16 years, of the child.

b) In relation to a dead person who is not a still-born child – the spouse of the dead person, a person with whom the dead person had a de facto relationship (within the meaning of the *Property (Relationships) Act 1984*) immediately before death, a parent of the dead person, a child at or above the age of 16 years of the dead person or any relative of the dead person who was residing with the dead person when he or she died.

Refrigerated body storage facility
Means a storage facility for bodies maintained at between 1 and 5 degrees Celsius.

The Act
Means *the Public Health Act 1991*.

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Introduction

Background

The *Public Health (Disposal of Bodies) Regulation 2002* was remade under the *Subordinate Legislation Act 1989.* The Regulation came into effect on 1 September 2002 and replaced previous similar legislation. These guidelines refer to Clause 51 of that Regulation. The primary goal of the Regulation is to ensure that human bodies are managed in a safe and hygienic way after death so that they do not pose any health risk to the public. The main group affected by the Regulation is the funeral industry. Others who may need to be aware of parts of the Regulation are hospital staff, local government authorities and the general public.

As part of the Regulatory Impact Statement process in drafting the Regulation, submissions and representations from specific agencies and from the general public were made to NSW Health. These submissions demonstrated a concern and interest about overall aspects of funerals and management of bodies that were not limited to public health and safety. There is not one comprehensive Regulation for the funeral industry. In common with other businesses, there are many pieces of legislation with which the funeral industry must comply.
For example, the *Occupational Health and Safety Act 2000* will influence certain standards and practices for employees and employers; the *Coroners Act 1980* determines some activities of funeral directors; and business practices may be the subject of Regulation and review by the NSW Department of Commerce (previously the Department of Fair Trading). NSW is the only state in Australia with regulations specific to the handling of bodies by the funeral industry.

Purpose of the guidelines

The primary goal of the guidelines is to assist the funeral industry, health services and local government to understand and to comply with the *Public Health (Disposal of Bodies) Regulation 2002*. In general consumers rely on funeral directors to manage most aspects of the disposal of bodies and to advise them of options available. By the funeral industry being well informed on the content and intent of the Regulation, they can in turn be of great assistance to consumers.

The guidelines are not intended to be a manual on how to conduct a funeral or how to manage and dispose of a body. However the guidelines will assist the funeral industry and the public to determine what is legal, what is illegal and what approvals may be required for the safe and hygienic handling and management of bodies.

Appendix 1 on Issues Not In the Regulation should assist consumers in particular by explaining related issues and directing them to other sources of information and advice.

There are several publications from a variety of sources, including funeral directors and consumer organisations, aimed at assisting consumers in arranging a funeral. Some of these are listed under References in Appendix 2. However, readers should also note that the Regulation postdates some of these documents so while they may helpful on some aspects of understanding funerals and legal issues related to death, they may not be up to date on the handling and management of bodies as covered by this Regulation.

Overview of the Regulation

In summary the *Public Health (Disposal of Bodies) Regulation 2002* covers the following issues:

- Facilities – premises and vehicles for the handling of bodies.
- Handling of bodies – retention, embalming and preparation, coffins and body bags, viewing.
- Burials and register of burials.
- Exhumations – applications and approvals.
- Crematories – cleanliness and closing of crematories.
- Cremation – documentation, applications, timing, medical referees, register of cremations.
- Register of mortuaries and crematories.
- Inspection of facilities.

Respect for the deceased, grieving families and different cultural practices

The *Public Health (Disposal of Bodies) Regulation 2002* is just that – legislation which sets out standards that will minimise any public health risks associated with the handling and disposal of bodies. In writing these guidelines based on the Regulation there is no intention to be insensitive or disrespectful to the dead or their families. There is a need to be clear and explicit about the handling of bodies so that the funeral industry and other key people are able to understand and comply with the detail of the Regulation.

The Regulation makes no distinctions between religions, cultures or traditions. Similarly these guidelines do not set out to canvas issues or complexities in the different ways that religious or cultural groups deal with death and the deceased. The standards of public health in Australia are different to those of other countries. Some people who have recently arrived in Australia from other countries may find that their expectations and practices around death are modified by the standards prevailing in Australia. Other people may be looking from a practical or spiritual perspective to create new and innovative ways of managing death and the deceased. Similarly they may find their ideas are modified by the Regulation.

The funeral industry has an important role in providing information to people about the public health requirements for the disposal of bodies in NSW and to integrate old and new traditions and practices around death. NSW Health, through the Regulation and policies developed under the Regulation, does have the capacity to be responsive to emerging need in the community, whether that is, for example, around a new religious practice or an innovation in embalming technology.

Notes on reading the guidelines

These guidelines should be read in conjunction with the *Public Health (Disposal of Bodies) Regulation 2002*. It is available on the NSW Health website: www.health.nsw.gov.au/public-health/ehb/general/funera/funeral.html or www.legislation.nsw.gov.au. Any reference to 'the Regulation' in this document refers specifically to the *Public Health (Disposal of Bodies) Regulation 2002*.

There are several clauses in the Regulation where the Director-General of the NSW Department of Health has the power to grant exemptions or variations. In practice the authority to do this may be delegated to other officers in the department. All initial enquiries about the Regulation and any applications for exemptions and approvals should be directed to the Environmental Health Officer (EHO) in the local Public Health Unit (PHU). Every area health service in NSW has its own PHU. Contact details for each PHU are listed in Appendix 3. In the guidelines therefore, reference is made to the EHO or the PHU rather than to the Director-General.

There are several issues in the Regulation where a more developed policy statement or a dedicated application form would assist PHUs and local government when assessing applications for approvals or exceptional circumstances. Such policies will be made available to PHUs and local government as they become available.

Where an explanation of, or reference to, a particular clause in the Regulation is made in the guidelines, the number of that clause is noted at the end of the sentence so that the reader can refer back to the Regulation. For example 'Clause 10.1' means 'sub clause (1) of Clause 10: Retention of bodies by a funeral director'.

Some clauses in the Regulation are specific to 'a funeral director' while others describe what 'a person' may or may not do. This is an important distinction and one that is sustained in these guidelines. 'A person' refers to anybody, ie a member of the public, a funeral director, manager of a crematorium, cemetery worker, relative of the deceased, employee of a transport company etc. For example, 'A funeral director must not retain a body other than in a mortuary or a holding room' and '...a person must not bury or cremate a body unless the body has been placed in a coffin and the lid of the coffin has been securely sealed'. In addition, there are some clauses in the Regulation that are specific to 'a person who is not a funeral director'. The standards set down in the Regulation for some aspects of handling bodies are different for funeral directors than for others. This is not inconsistent with the community's expectation that professionals be held to the highest standards of practice and conduct in their areas of expertise.

Facilities for handling bodies

1

1.1 Overview

The Regulation sets out standards for premises for handling bodies, the basic design and equipment for body preparation rooms, waste management and the use of vehicles for transporting bodies. The underlying principles in the standards for facilities are that they should have the capacity for easy and thorough cleaning and that there should be no potential for cross contamination between bodies and other goods or substances. The details for mortuary standards form part of the *Local Government Act 1993* and *Local Government (Orders) Regulation, 1999,* and are not part of this Regulation.

1.2 Premises for handling bodies

A body must be embalmed and/or prepared for burial or cremation (Clause 5), and placed in a coffin only in a mortuary that has been approved under the *Local Government Act 1993* (Clause 5.1). A hospital mortuary for example may not be a mortuary approved under the *Local Government Act 1993*. Although it may be referred to as the mortuary, the hospital facilities may be that of a holding room. The implication of Clause 5.1 is that a body cannot be placed into a coffin in a holding room. The body must be moved from a holding room to an approved mortuary before it can be removed from the body bag or wrapping and placed in a coffin. The PHU could approve an exception to Clause 5.1 for a particular case. See Hypothetical Case No. 1. Note that there is no suggestion here that the PHU will approve the application. The example only illustrates the funeral director giving correct information based on the Regulation to the community member.

Hypothetical Case No. 1

Over the last 20 years about ten families who all belong to a small religious/spiritual group from Southern India have migrated to Australia and settled in Western Sydney. Their custom has been for the family to prepare the body at home, to transport the body direct from the home to the place of cremation and for cremation to take place within three days of death. One of their community leaders has approached the Excellent Funeral Company located in Parramatta to discuss their options for funerals in Sydney.

Their preferred option would be for the funeral director to make all the arrangements with the crematorium and to transport the body to the crematorium. However the community would like to retain the body at home until the day of the funeral, do the preparation of the body, including the wrapping and placing of the body in the coffin. The funeral director advises them that under the current NSW Health Regulation the preparation of the body and the placement of the body in the coffin must be carried out in a mortuary. However if they wish to seek approval for the family to carry out some or all of these tasks, they must make their case to the EHO at their local PHU. The funeral director provides contact details for the PHU.

Only a holding room (see Definitions on page iii) or a mortuary can be used for the storage of bodies for burial or cremation because these rooms have refrigeration facilities. A vehicle must not be used for storage of a body. Even if the vehicle is refrigerated, as could be the case for a mortuary transport service vehicle, it can only be used for transporting the body and not for storing it. This may be of particular relevance to mortuary transport services and to families wishing to transport a body. The journey needs to be carefully planned so there is no delay between transport and transfer to a holding room, mortuary or place of burial or cremation.

A holding room must not be used for any purpose other than the storage of bodies. This means that nothing else can be stored in the refrigerated compartments and no preparation of the body or placing of the body in a coffin can take place in the holding room. A body may not be kept refrigerated in a holding room for more than 48 hours (Clause 17).

Except for the removal of bodies of persons who died in the hospital, the facilities of a hospital cannot be used for the business of a funeral director or the business of a mortuary transport service. This means that a funeral director cannot, for instance, prepare or embalm a body in a hospital mortuary. There is the possibility for the PHU to approve an exception to a particular hospital mortuary.

A person who operates a mortuary must maintain a register of bodies and keep it up to date in accordance with Clause 18.

1.3 Facilities of body preparation rooms

A body preparation room must have all the following features (Clause 6):

- A vehicle reception area adjacent to it and designed so that it is possible to transfer an uncoffined body from the vehicle to the preparation room and vice versa so it is screened from public view.
- At least one hand wash basin with taps that are hands-free, elbow operated or foot operated. There must be an adequate hot and cold water supply to the basin.
- One or more impervious waste containers each with a close fitting lid that is elbow or foot operated. The waste containers should receive and store all solid wastes from the preparation of bodies and all screenings from floor drains.
- Sufficient slabs, tables and other fittings for the preparation of bodies that are constructed of smooth impervious material that are easily and effectively drained and cleaned.
- Refrigerated body storage facilities to hold two adult bodies. This refrigerated storage must only be used for bodies.

1.4 Waste disposal

All solid waste (Clause 7) arising from body preparation is considered to be contaminated (clinical) waste. (The Regulation refers to 'contaminated' waste but recent NSW Health policy has changed the terms used so that within hospital and health facilities contaminated waste is now referred to as 'clinical' waste.) There are separate regulations set down by the Department of Environment and Conservation (DEC, formerly the EPA, Environment Protection Authority) which apply to the disposal of clinical waste. Funeral directors should seek further information or advice on disposal of clinical waste from the DEC. Relevant information of interest to the funeral industry may be found in the NSW Health Circular No. 98/89 Waste Management Guidelines for Health Care Facilities, August 1998 and in *Environmental Guidelines: Assessment, Classification and Management of Liquid and Non-Liquid Wastes,* EPA 1999.

1.5 Vehicles

A funeral director must provide (Clause10) as least one hearse and one body collection vehicle for use in the funeral director's business. However it is acceptable for the funeral director to use a mortuary transport service or a public vehicle operated by a freight carrier for body collection rather than, or in addition to, their own body collection vehicle.

There are several clauses in this part of the Regulation that aim to ensure the cleanliness of all body transport vehicles and emphasise the importance of carrying bodies separately from any other goods or people. Two clauses mention cleaning or removing 'body exudates'. The *Macquarie Dictionary* definitions are 'to exude: to come out gradually in drops like sweat through pores or small openings; exudates: a substance exuded'. Hence body exudates may be quite small in volume and may not seem significant but they could be a source of a build up of bacteria and fungi and create an unhygienic environment in the vehicle.

The part of a vehicle that a funeral director or a mortuary transport service uses for transporting bodies must be used exclusively for that purpose. For example, a van may be divided into compartments with one main compartment fitted to carry bodies and another smaller section to transport parcels and paperwork. It is not permissible to transport these types of general parcels in the body compartment of the van or vice versa.

A person must not use, or permit the use of, that part of a vehicle that has been used to transport a body, for the transport of another body until it has been cleaned of any exudates from the first body. If a vehicle has been used to transport a body, the vehicle must be cleaned to remove any traces of the body exudates before the owner or user can dispose of the vehicle. This applies to anyone who transports a body, not only a funeral director.

1.6 Transport of an unembalmed body

Many factors will influence a family's decision on whether to embalm before transporting a body. Mode of transport, time and distances involved, prevailing weather conditions and costs may all influence the decision. Most funeral directors would probably recommend embalming of bodies if they are to be transported long distances. A body may arrive in better condition if it is embalmed and this might be important especially if the body is to be viewed by family at its destination.

The Regulation gives two conditions under which an unembalmed body may be transported. One condition is that the body be transported so it is refrigerated at a continuous temperature of less than 10 degrees Celsius. The other is that the body can be transported without refrigeration as long as the journey takes eight hours or less and the person has reason to believe that transporting the body without refrigeration will not prejudice public health or amenity. See Hypothetical Case No.2 for an example that is within the Regulation for the transport of unembalmed bodies. See Appendix 1 for information on transport of bodies by airlines and international transport of bodies.

Hypothetical Case No. 2

A 50 year-old man who has had a long struggle with kidney disease dies in June in a Sydney hospital. He had been staying with relatives in Blacktown when his health worsened and he was admitted to hospital. His home is in Wellington in the mid-west of NSW. Members of his family decide they will drive his body back to his home town for burial. The family contracts a funeral director to collect his body from the hospital and store the body in refrigeration until they are able to collect it. They do not want his body to be embalmed. Family members in Wellington arrange with the local funeral director that he will accept the body in his holding room on arrival in Wellington and that he will assist with the funeral and burial. Three days after his death, the family collects the body which has been placed in a coffin, from the funeral director at 9.00am. Two family members travel with the body in the back of a borrowed station-wagon to Wellington. With a stop under a shady tree for a picnic lunch they make it to Wellington by 4.00pm. The body is in the holding room of the local funeral director by 4.30pm.

Case discussion

In this journey which was undertaken in cool weather and with all going to plan, the body is out of refrigeration for just under eight hours which is acceptable. If the journey was to be undertaken in hot weather or in a car that may be unreliable, then the family may need to consider what the alternatives or back-up plan could be.

The owner or driver of a vehicle not being a hearse or body collection vehicle, must be informed (Clause 21) if the body is infected with an infectious disease. In the case of a mortuary transport service, the funeral director must inform of a List B disease and enclose the body in a watertight coffin.

Retention of bodies

2

2.1 Overview

This section of the Regulation sets out different standards in the management of bodies for funeral directors and the general public. The intention is that there be some flexibility and sensitivity for members of the community who may have a range of different needs in relation to grief and ritual around the death of a family or community member. The standards set for funeral directors are more restrictive in some respects given the need to ensure public health and confidence in the routine handling, storage and preparation of a number of bodies at one time.

2.2 Retention of bodies by a person who is not a funeral director

If a person dies at home, it is possible for the family to keep the body at home for up to five straight days (Clause 9.1). This may be important for some people whose religious or traditional mourning practices centre on having the deceased present for some time after death. For example it allows the parents of a stillborn baby to have time with the baby at home if that is their choice. However other clauses in the Regulation do place some important limitations on what can be done in the home. For instance, the body cannot be prepared for burial or cremation in the home and cannot be placed in a coffin in the home. These activities must be carried out in a mortuary.

Most people will choose to have the body removed from the home fairly promptly by a funeral director. However those who choose to retain a body at home for some time will still need to have completed the basic procedure of having a doctor attend to confirm death. See Appendix 1 on procedures when some one dies. Families may also seek advice from the doctor or funeral director on retaining the body at home as significant body changes will occur rapidly in the first three days after death and in warm weather it may not be advisable to keep the body out of refrigeration for any length of time.

There are also two important exceptions to Clause 9.1 which allows a person to retain a body for up to five days. The first is when the deceased has donated their body to a university or research facility (premises licensed under the *Anatomy Act 1977*). For research purposes, the body needs to be preserved quickly after death so there should be minimum delay in transferring the body to the research facility. The second exception is when the person has died in suspicious circumstances, the cause of death is not clear, or there is another reason that makes the death the subject of an inquest by the coroner. This means that the body will be removed as soon as possible for examination by the coroner. See Appendix 1 for an explanation of coroner's cases.

The situations discussed above also apply to hospitals. In most cases when a person dies in hospital (provided it is not a coroner's case, or a situation where the body has been donated to a research facility or a university), the family would choose a funeral director and the funeral director would remove the body from the hospital mortuary to the funeral director's premises while the funeral is arranged. However some people who die in hospital may have no family or friends able to make immediate funeral arrangements or there may be a delay in locating family or executors to make decisions about funerals and therefore the body needs to be kept in the hospital mortuary (holding room).

A person who is not a funeral director (usually a hospital but it could apply to a family) must seek approval from the PHU to retain a body for longer than five days. The PHU will assess the situation based on the public health risk. They may give approval subject to certain conditions or they may refuse permission for the body to be retained.

2.3 Retention of bodies by a funeral director

A funeral director must keep a body either in a mortuary or in a holding room (Clause 10). It cannot be kept in any other part of the premises. If a body is retained for more than 48 hours, it must be held in a refrigerated body storage facility.

A body can be removed from refrigerated storage for a period of up to eight hours a day (Clause 10.3), to allow for embalming or other preparation of the body or for viewing by family and friends (Clause 16). (See Hypothetical Case No. 3.) The body may also be removed from refrigeration for the purpose of transporting to another mortuary or to the place of burial, interment or cremation.

Hypothetical Case No. 3

Jane Smith wants her children and grandchildren, who all live interstate, to have plenty of time to say goodbye to their grandmother and great-grandmother Elsie who died in a nursing home. She asks the funeral director to bring Elsie's body to her home in Strathfield for the day before the funeral. The funeral director explains the eight-hour limit to Jane. They allow one hour each way for driving and transfers from the mortuary to Jane's home so there is a six-hour period when Elsie's body can actually be in Jane's house. Jane and the funeral director negotiate when the six-hour period should start and finish. Jane would quite like Elsie to be there from 2.00pm to 7.00pm so they can have a sherry with her. However when she realises this will cost more for the funeral directors to provide this service out of hours, she settles on 10.00am to 4.00pm and decides they will have lunch and the afternoon with Elsie present.

2.4 Retention of embalmed and unembalmed bodies by a funeral director

A funeral director may retain a body that has not been embalmed (Clause 10.4) for up to seven (7) working days after the issue either of the death certificate or the burial or cremation permit issued by the coroner. However, if there is a need to retain a body that has not been embalmed for longer than seven (7) working days, the funeral director must apply to the local PHU for approval (Clause 10.5).

A body that has been embalmed may be retained for longer than seven (7) working days by a funeral director. A maximum time limit has not been specified for funeral directors to retain an embalmed body. This may be necessary when a funeral service is delayed because relatives have to travel from overseas or because they are repatriating the body to an overseas country and more time is needed to complete transport arrangements.

Embalming of bodies 3

3.1 Overview

Embalming means the process of preserving a body by means of removing the body fluids and injecting the arteries with embalming fluids. The embalming products essentially prevent deterioration of the body by inhibiting the growth of bacteria. This is a very ancient tradition in some cultures and has led to discoveries of bodies in very well preserved states centuries after death. In Australia there is generally not a strong tradition of embalming bodies. However it is common practice for some religious and cultural groups. A body does not have to be embalmed to be available for viewing prior to burial or cremation. Funeral directors trained in mortuary techniques can carry out basic procedures to make a body acceptable for viewing. Refrigeration is an acceptable and effective way of holding the body until burial or cremation.

3.2 When embalming is essential

Embalming is only essential if the body is to be permanently placed in a vault (an above ground tomb) or it is to be transported overseas.

There is no requirement in this Regulation for a body to be embalmed before it is air freighted within Australia. The airlines have their own policies on accepting embalmed or unembalmed bodies. See Appendix 1.

3.3 Proficiency of embalmers

People who prepare bodies for viewing and for burial or cremation have usually trained in mortuary techniques and skills on the job or through short courses run by the Australian Institute of Embalmers. Full embalming of a body requires a higher level of skill. Most embalmers working in Australia have trained on the job in Australia with supervision and tuition from a member of the Australian Institute of Embalmers. Some embalmers have trained overseas.

A person who embalms a body must have a certificate of proficiency from an institute approved by the Director-General of NSW Health (Clause11). The certificate must be equivalent to a Certificate IV standard. See Background to Certificate IV.

Background to Certificate IV

A new workplace framework for training and recognition of skills acquired on the job was introduced on a national basis in Australia in the early 1990s. The aim was that training and qualifications at certificate levels should be standardised and should be transferable across workplaces and across states. This system means that certain competencies must be achieved for certain certificate levels. It also means that organisations offering certificates have to be accredited to offer training and issue certificates.

Within the national training framework, most institutes or training organisations are accredited by VETAB (Vocational and Educational Training Accreditation Board). They are known as RTOs (Registered Training Organisations). When the Regulation was written, the standard of Certificate IV was included to reflect the levels within the national training framework. This clause specifies that the institute which issues the certificates must be approved by the Director-General of NSW Health (not by VETAB). Hence this situation is an exception to the usual VETAB process and sits outside the VETAB framework. At the time of writing, one institute, (which is based in Victoria) has been approved by the Director-General. Contact NSW Health for further details.

Handling of bodies 4

4.1 Bodies to be placed in body bags

There are three main issues to be considered before a body is moved (Clauses 13 and 14). The first is to ensure that the body is bagged or wrapped securely in high quality material so that there is no risk to public health and hygiene from the body. The second is to ensure that the body is clearly identified. Thirdly, if the deceased had any disease which could be infectious or pose a risk to people handling the body, then warning labels must also be attached to the bagged body.

The Regulation specifies the material to be used for the bag or wrapping and its dimensions. A body bag or wrapping must be made of low density polyethylene film of not less than 150 micrometres in thickness. This standard has been set to ensure that the bag or wrapping will cope with the weight/strain of the body when lifting and moving, will not permit body fluids to soak through the material and will resist moisture from refrigeration or other sources from coming into contact with the body. A bag for an adult must measure at least 2.4 metres in length and 1 metre in width. A bag for a child must be at least 1.5 metres in length. If wrapping is used for an adult it must be at least 2.4 metres in length when open and flat and 2 metres in width. Wrapping for a child must be at least 1.5 metres in length.

The name of the dead person, or some other identification of the person, must be written clearly and indelibly on the top outer surface of the bag or wrapping. The responsibility for correctly bagging and labelling the body lies with the hospital when the body is at a hospital. (The definition of hospital as used in the Regulation includes nursing homes, private hospitals, day procedure centres and institutions under the *Mental Health Act 1990*.) The Regulation states that the chief executive officer is responsible for compliance with bagging of bodies. In practice, hospital CEOs will delegate to responsible staff. The funeral director may actually complete this task for the hospital but the hospital CEO remains responsible to ensure that the task has been done. In any other place or premise, the funeral director or other person removing the body is responsible for complying with correct bagging and labelling of the body.

An additional responsibility for the person bagging and labelling the body is to ensure the correct labelling when there is reason to believe that the body is infected with a List A or List B disease. In this situation the bag or wrapping must also be clearly and indelibly marked with the appropriate words either **'INFECTIOUS DISEASE – LIST A – HANDLE WITH CARE'** or **'INFECTIOUS DISEASE – LIST B – HANDLE WITH CARE'**. Should the original bag or wrapping be replaced for any reason, then these words must be written on the new bagging or wrapping.

Hypothetical Case No. 4

For many years the Truly Excellent Funeral Company has advertised in the gay press in Sydney and they have built a reputation for providing sensitive and respectful services. On several occasions they have been called to remove the body of a man who has died at home from an AIDS-related illness. If family and friends want to remain in the room while the body is wrapped and prepared for transfer then the funeral directors are careful to explain what they are obliged to do while wearing protective clothing and labelling the wrapped or bagged body.

The funeral directors prefer that the family and friends should leave them in privacy to do these tasks. They also prefer that no family or friends see the labelling of the body bag with the required words for a List A disease. Once the labelling is done they completely cover the bagged or wrapped body with a plain coloured sheet and possibly a stretcher cover as well so that no labelling can be seen as they carry the body from the room, out of the home and into the vehicle.

4.2 Removal of bodies from body bags

A body for which there is no reason to believe has infection with a List A or List B disease can be removed from a body bag for the purpose of embalming the body, preparing the body for viewing, transport, burial or cremation, or transferring the body to a coffin (Clause 15).

Once a funeral director has embalmed or prepared a body it must be placed in a coffin or in a new body bag. The body bag must meet the standard set out in Clause 13.2. The intention here is to ensure that all bodies are either bagged or in a coffin while being stored, transferred, buried or cremated.

Burials

5

5.1 Burial of bodies

Bodies must be buried or cremated in coffins unless approval has been granted in a specific instance by the PHU or for a particular religion by the Director-General (Clause 19). See Appendix 1 for a discussion on coffin standards as this is not regulated.

A person who buries a body contained in a coffin must place the coffin so that its upper surface is not less than 900 millimetres below the natural surface level of the soil where it is buried (Clause 20). The basic intent here is that burial should be at such a depth as to avoid remains being easily disturbed either by people or by animals. There is also the need to contain the odours of decomposition. An exception may be approved following discussion with the local PHU. In the past some cemetery authorities have come up with innovative solutions that have been approved by the local PHU to ensure a grave is sealed and not accessible when the situation has prevented the minimal soil depth requirement from being met.

5.2 Burials in certain areas prohibited

A body must not be buried in a grave or vault unless that grave or vault is located in a public cemetery or a private cemetery or another place that has been approved by the local authority for the purpose of burial (Clause 22). It is permissible to bury a body on private land provided the landholding is five hectares or more and the location has been approved for that purpose by the local authority. NSW Health has an advisory policy to assist local authorities when considering such applications. A body must not be buried in or on any land if to do so would risk contamination of a drinking water supply or a domestic water supply.

5.3 Burials in vaults

When burial takes place above ground it is important from a public health perspective to prevent any leakage of body fluids or odours. Before being placed in a vault, a body must be embalmed (Clause 23). The body must also be hermetically enclosed with material approved by the PHU, without any viewing panel in the enclosure. The body and the enclosure must then be placed in a coffin and the lid secured. Currently the most commonly used approved material for hermetic enclosure is titanium zinc. However the Regulation provides the flexibility for new materials to be submitted for approval in the future. Hermetically sealed means airtight or not subject to any external conditions.

Understanding List A and List B diseases 6

6.1 Transmission of disease and standard precautions

Bacteria and viruses which cause disease are carried on the skin and in the blood and other body fluids. Some bacteria and viruses can still be active in the body after death. This means that if any of the infected body's fluids come into contact with a person and find a way to enter their body, eg through a break in the skin or through the mouth or nasal cavity then there is the possibility of causing infection in that person. For most blood borne diseases (like hepatitis C or HIV) this risk is extremely small as the viruses are quite fragile and blood carrying infectious particles has to quickly enter the bloodstream before it could cause infection.

It is always possible that a person may have had a blood borne disease such as hepatitis C or HIV that was never diagnosed or recognised when they were alive. Hospitals and other settings where there is any risk of occupational transmission of infection from living people operate under the same basic principle which is to assume that everyone is potentially infectious. Therefore when carrying out any invasive procedures or exposing workers to another person's body fluids, standard precautions for infection control are followed.

Even though the risk is not large in the first instance in handling the body of a person who may have died with an infectious disease, the risk of transmitting infection can be almost entirely eliminated by following the standard precautions for infection control. Such standard precautions in the handling of all bodies, alive or dead, are a requirement under occupational health and safety legislation. The precautions include practices like wearing gloves and other protective clothing and carefully managing waste. Detailed information is available in the NSW Health Department Circular No. 2002/45: Infection Control Policy.

For the purpose of the Regulation, infectious diseases which could pose some risk to people handling and preparing bodies have been divided into List A and List B diseases. List B diseases will be discussed first as they are rare diseases in Australia and the management of bodies with List B diseases is quite straightforward.

6.2 List B diseases

There are some diseases which are highly infectious and fairly easily transmitted between living people. Most of these diseases do not occur in Australia. If a case was to occur in Australia it would most likely have been contracted by the person while they were staying in a overseas country. For the purpose of this Regulation these diseases have been grouped as List B diseases. If anyone in Australia was diagnosed with one of these conditions, the case would be reported through the local Public Health Unit and then through the National Notifiable Disease Surveillance System (NNDSS). Quarantine of the person would be imposed when the health authorities thought it necessary.

One of the features that List B diseases have in common is the potential for airborne transmission. This means that infected particles from an infected body could be breathed in by a person in close contact with the body, particularly if they are manipulating the body in such a way as to expel air from the lungs.

List B diseases are:

- Diphtheria.
- Plague.
- Respiratory anthrax.
- Smallpox.
- Tuberculosis.
- Any viral haemorrhagic fever (including Lassa, Marburg, Ebola and Congo-Crimean fevers).

The NNDSS most recent reports show that there have been no cases of plague, anthrax, smallpox or viral haemorrhagic fevers in Australia since at least 1991. (There may have been no cases for many years prior to 1991, but this was the start of the most recent reporting period and the period for which there is the best data because of the establishment of the NNDSS.)

6.3 Background on List B diseases

Diphtheria

In Australia universal infant immunisation programs over several generations have made diphtheria a very rare condition. There have been no cases of diphtheria in Australia since 1993. In 1992 there was a small outbreak in a remote community in the Northern Territory. By the time children are eight-years-old they will have received four doses of the DTP vaccine which prevents the spread of diphtheria, tetanus and pertussis (whooping cough). Whenever adults receive an immunisation against tetanus they also receive a vaccine against diphtheria.

Plague

Plague is spread by fleas from infected rodents infecting humans, usually through bites. Plague occurs occasionally in countries in Africa, Asia and North America where there are wild rodent populations (including ground squirrels) that may carry the bacteria and pass it on to humans.

Respiratory anthrax

Anthrax is caused by bacteria which give rise to three forms of the disease: cutaneous anthrax which occurs on the skin, intestinal anthrax and respiratory anthrax. Cutaneous anthrax is the most common form and is transmitted to humans by the handling of animal products like hides, hair and bone. Historically cases of cutaneous anthrax have been reported in Australia in abattoir workers. Respiratory anthrax is the only form of the disease that can be spread by airborne transmission.

Smallpox

The World Health Organisation (WHO) officially declared that smallpox had been eradicated from the globe in 1981. This was the result of years of extensive immunisation programs. It is a theoretical possibility that the virus could recur and therefore smallpox continues to be included in any relevant public health law.

Tuberculosis

Between 1992 and 2002 an average of 452 tuberculosis (TB) cases per year were recorded in NSW. People with TB are well monitored in Australia and receive long term treatment for the condition. Nearly all cases of TB will be completely cured. Appropriate and ongoing treatment has ensured the death rate from TB is extremely low in Australia.

Viral haemorrhagic fevers

Viral haemorrhagic fevers are highly infectious and often fatal. However this group of viral diseases is rare and small outbreaks have mostly occurred in Africa. Initial infection is usually from contact with infected animals such as rodents or monkeys.

6.4 Background on List A diseases

List A diseases are:

- Creutzfeld-Jacob disease (CJD).
- Hepatitis C.
- Human immunodeficiency virus infection (HIV).

These three diseases are grouped as List A diseases because the bodies of people known to have died with these conditions should be handled with caution and care. The actual risk of the transmission of virus after death is extremely small and is manageable by following standard precautions.

Creutzfeld-Jacob disease

CJD is a rare condition that is characterised by progressive dementia. CJD occurs at the rate of one person per million per year. The actual infectious agents in CJD are still being researched. Cases have occurred in people who received injections of growth hormone made from human pituitary products and in people who received corneal transplants.

The body fluids of a person with CJD are thought to be potentially infectious and therefore require cautious handling. This is the reason that CJD, although so rare, is included as a List A disease. See *NSW Health Information Bulletin No. 2000/13,* issued 27 June 2000.

Human immunodeficiency virus

In Australia the primary mode of transmission of HIV is sexual intercourse. There have been very few cases of transmission of HIV in the workplace through needlestick injury or other modes of blood to blood contact. From a peak in 1988 when 1,693 new cases of HIV were reported in Australia, the number of new cases has been declining. In 2001 there were 778 new cases of HIV reported in Australia.

Hepatitis C

Hepatitis C has spread rapidly in Australia through the 1990s. The main mode of transmission has been through the sharing of needles and syringes by injecting drug users. About 70 per cent of cases occur in the 20 to 50 year age group. Australia-wide in 2002 there were 15,981 known cases of hepatitis C. Most people who carry the virus will remain well. However about 10 per cent of cases will go on to develop liver disease as a result of the virus.

6.5 General management of bodies with infectious diseases

There are other infectious diseases which do not appear as List A or List B diseases. Some of them are potentially more infectious than the List A diseases. Both hepatitis B and hepatitis A are infectious. However immunisation is available against both these forms of hepatitis. Again the prevalence of these types of infections in the community is the reason to practice standard precautions when handling all bodies.

Protective clothing

When a person is placing in a bag, or wrapping, a body that they have reason to believe has an infectious disease, the person must wear protective clothing. The Regulation (Clause 14) stipulates a clean outer garment such as a gown, overalls or jumpsuit; a clean pair of disposable gloves, a disposable mask and appropriate eye protection. Immediately after use, the wearer is responsible for ensuring that all the items are placed in a clean plastic bag. They must then be laundered as soon as practicable or if they are disposable items, they must be disposed of promptly as contaminated (clinical) waste.

Informing vehicle driver

If for some reason a body is to be transported by a vehicle other than a hearse or a body collection vehicle, the owner or driver of the vehicle must be informed if there is reason to believe that the body is infected with an infectious disease (Clause 21). If the body has been bagged or wrapped well (in accordance with Clause 13) then there should be no risk of leakage of body fluids and therefore no public health risk to the vehicle driver or anyone else. However the intention here is that the owner or driver of the vehicle should be well-informed about the circumstances so that if there is any associated risk they can take informed action or seek advice.

6.6 Management of bodies with List B diseases

The Regulation states that bodies believed to be infected with a List B disease must have the bagging or wrapping marked indelibly with **'INFECTIOUS DISEASE – LIST B – HANDLE WITH CARE'** (Clause 13).

A person must not remove from a body bag a body that is believed to be infected with a List B disease (Clause 15).

A body with a List B disease must not be made available for viewing and it must not be embalmed (Clause 16).

6.7 Management of bodies with List A diseases

The Regulation puts no restriction on viewing bodies of people who have had List A infections.

When embalming a body with a List A disease or when carrying out more minor procedures to prepare the body for viewing, standard precautions should be followed in the same way as they would be in handling or doing invasive procedures on every body.

However in recognition of some concern in the funeral industry about the handling of bodies with List A diseases, the Regulation does stipulate that a person who carries out an invasive procedure (one in which the dermis is cut) must have completed certain training. They must have completed a training course, or series of courses, in mortuary practice, infection control procedures and occupational health and safety and these courses must have been approved by the PHU (Clause 12). There is a NSW Health policy in place on approval for these courses. Funeral directors should contact their local PHU to find out about the availability of approved courses.

Bodies believed to be infected with a List A disease must have the bagging or wrapping marked indelibly with **'INFECTIOUS DISEASE – LIST A – HANDLE WITH CARE'** (Clause 13). Refer to Section 4 of this document on handling of bodies.

Viewings where there is a history of List A disease

Under the previous Public Health Regulation funeral directors could use their discretion in allowing viewings of bodies with HIV or hepatitis C. This situation led to many distressing occasions for families and friends. They had been able to touch, kiss and hold their relative or friend when they were alive but found they were denied even a final look at their body let alone the opportunity to touch or kiss them goodbye. *C-Change*, a comprehensive report from the Anti-Discrimination Board on discrimination related to hepatitis C, documented these cases.

This was a difficult situation for the funeral directors who were acting according to the regulations and believed that they were taking appropriate precautions both to protect the health of their own staff and the friends and family involved.

It is important to understand that under the new Regulation (Clause 16) there is no restriction on viewing bodies with HIV or hepatitis C. There is also no discretion for the funeral director to refuse a viewing on the basis of possible infection with a List A disease.

Exhumations 7

The basic intent of this part of the Regulation is to prohibit the exhumation of remains except by approval on a case-by-case basis. When an exhumation does take place, the Regulation ensures the presence of an EHO or an officer of the NSW Department of Health to monitor the situation and prevent any risk to public health in the handling of remains (Clause 28). The officer has the power to order the exhumation to stop.

An exhumation can only be ordered by the coroner or approved by the PHU. An example of an exhumation ordered by the coroner might be if an inquest into a suspicious death produced new evidence that suggested further examination of the remains would help to determine the exact circumstances of death.

An application can be made to the PHU to exhume the remains of a body. The application may be approved, subject to certain conditions, or it may be refused. If the application is approved, the approval lapses after three months from the date of the approval unless the PHU has agreed to a longer time period.

An application can be made to the PHU by the executor of the estate of the dead person or by the nearest surviving relative of the dead person (Clause 26). If neither of these people is available to make an application, then a person who the PHU considers to be a proper person can make an application. The application has to be made on the approved form and has to be accompanied by a certified copy of the death certificate and a statutory declaration as to the relationship of the applicant to the dead person. The statutory declaration must include the dead person's wishes, so far as any such wishes are known to the applicant, regarding the disposal of his or her body. There is an application fee.

The NSW Health policy on applying for approval for exhumation outlines a number of other requirements. The application must be accompanied by a plan of management for the exhumation which needs to be worked out between the person applying for cremation, the cemetery and the funeral director. The plan is an effective tool for all involved to consider each step of the process and to make the ultimate decision to apply for exhumation. The plan also ensures that all key relatives of the deceased have been consulted and consent to the exhumation. The policy prohibits relatives of the deceased from attending the exhumation. Exhumations may be extremely unpleasant for those involved. Once the cemetery workers have excavated to the level of the coffin, the funeral director must remove the remains from the grave and place them in a new coffin or container for transport or re-burial. Funeral directors may be reluctant to apply for exhumations and they can be very expensive. The cemetery authority must also give their approval for an exhumation to proceed.

Hypothetical Case No. 5

A woman aged 32 died within weeks of being diagnosed with advanced cervical cancer. Her husband was completely distraught by her death and allowed his brother-in-law to make all the funeral arrangements. Four weeks after her burial he applied for an exhumation as he was deeply unhappy with the plot and location in the cemetery that his brother-in-law had chosen and wanted his wife buried in the same cemetery but in a different location. The application was approved. The exhumation proved extremely difficult and unpleasant as days of heavy rain preceded the day of the exhumation and the body was in an advanced state of decomposition.

Hypothetical Case No. 6

The Green Pastures Cemetery is expanding and putting in a new section for mausoleums. The new construction requires drainage works that will encroach on three graves in the old part of the cemetery. The manager of the cemetery applies to the PHU to exhume the remains from these three graves for reburial in another part of the cemetery. All the deaths occurred before 1900 and there are no current relatives holding burial rights to the graves. The application was approved. (Note that there may be relevant heritage issues in this case and it would be up to the cemetery authority to consult with their local council regarding heritage considerations.)

Crematories

8

8.1 Overview

A crematory is a purpose built facility for the disposal of bodies by incineration. Cremators are designed usually as gas or oil fired and burn at temperatures of up to 1,000 degrees Celsius. Crematories may be owned and run by private companies or by public institutions such as local councils. Approval to build or open a crematory comes under local government regulations. However before a cremation authority can install a new cremator, it must be approved by NSW Health under the *Public Health Act*. The Department of Environment and Conservation, (DEC formerly the EPA), does not require approval of crematory equipment.

While this Regulation does not cover the building or opening of crematories, it does give the Minister for Health the authority to order the closing of a crematory (Clause 30). The criteria by which a decision would be made to close a crematory are not detailed in the Regulation. However the intention is to prevent the operation of a facility that poses a demonstrated public health risk. The Regulation defines a cremation authority as a person or body of persons by whom the crematory's operations are directed.

A cremation authority must keep a crematory clean, tidy and in good working order (Clause 29). The Regulation does not set out any standard by which to judge what is 'clean, tidy and in good working order'. An authorised person carrying out an inspection will use their own judgement in this assessment.

8.2 Closing of crematories

The NSW Minister for Health may, on giving 28 days notice in writing to a cremation authority, order the closing of a crematory (Clause 30). If the Minister has issued an order to close a crematory, the cremation authority cannot re-open that crematory until the order has been revoked by the Minister.

Clause 30.3 refers to circumstances when a crematory authority intends to close a crematory for reasons other than being ordered to do so under Clause 30.1. For example the operator may wish to renovate the premises or sell the premises or have some other reason for needing to close the crematory either on a temporary or permanent basis. In these situations the crematory authority must advertise its intentions to close not less than 28 days before the closing date. This must happen in three ways:

1. A notice of the intended closure must be sent to the Minister.
2. A notice giving details of the intended closure must be published in the newspaper that circulates in the district where the crematory is located.
3. A copy of the notice of intended closure must be displayed in a prominent position at the entrance of the crematory.

The Minister must give approval for a crematory to re-open. Even where the crematory may have been closed for reasons suggested previously such as renovation or upgrading, a person must not re-open the crematory without the approval of the Minister.

8.3 Approval of equipment for a crematory

The requirement that a crematory must first be approved by NSW Health is set out in Section 52 of the *Public Health Act 1991* and not in this Regulation. However the fee that is payable when an application is made for approval is included in the Regulation (Clause 46). The fee for approval of a new cremator is greater than the fee for application for a variation on a previous approval. Anyone seeking approvals under this part of the Regulation should contact their local PHU in the first instance.

Cremation

9

9.1 Overview

This section of the Regulation mainly deals with the need to ensure that all documentation for cremation is in order so that all cremations carried out are lawful. The aim of the documentation is to confirm the identity of the body to be cremated, to confirm the cause of death and to ensure that a coroner's investigation has been conducted if necessary. The requirement to have an application for cremation considered by a medical referee, who is a doctor other than the doctor who has completed the cause of death certificate, is another safeguard which ensures all correct processes have been completed prior to cremation.

There is the potential for great uncertainty and misunderstanding about the cremation process because the public rarely views the operation of a crematory and because there is such emotional investment in the situation. This section also aims to ensure a standard of practice that reassures the public that bodies are promptly cremated after delivery to the crematory and that bodies are cremated one at a time so that the public is guaranteed to receive only the ashes of their family member.

9.2 No refusal to cremate

A cremation authority must not, without lawful excuse, refuse to accept a body for cremation (Clause 31). An example of a lawful excuse would be the lack of a cremation certificate to accompany the body, or outstanding payments owed by a funeral director to the cremation authority.

9.3 One body at a time

A person must not cremate more than one body in the same crematory retort at any one time, except with the approval of the PHU (Clause 32). There may be situations where a family requests that bodies be cremated together. Examples could be two children who died in a road accident, a woman who died in childbirth along with her baby, or premature stillborn twins. If the family prefers that the two bodies be placed together in the one retort, then permission will need to be sought from the local PHU. It would be best if the funeral director has discussed these options with the family and the crematory at the time of arranging the funeral so that there is some lead time for the case to be considered by the PHU. Generally two adult sized coffins will not fit, or burn safely, in one crematory retort. A funeral director would need to find out from the cremation authority whether this is an option before seeking approval from the PHU to cremate two adult bodies in the one retort.

9.4 Cremation within four hours

A cremation authority must commence cremating a body within four hours of the delivery of the body to the crematory unless the body is placed under refrigeration in a holding room (Clause 33). This clause is in line with others in the Regulation which does not allow a body to be out of refrigeration for more than eight hours in any one day. It can be assumed that if the body has come to the crematorium following a funeral service then it may already have been out of refrigeration for some hours. Hence there is a need to cremate within four hours or to return the body to cold storage.

9.5 No cremation against dead person's wishes

A person must not cremate the body of a dead person if informed that the latter has left a written direction that his or her body was not to be cremated or that it was to be disposed of by some other means (Clause 34).

9.6 Medical referees

Under Part 6 of the Regulation there are a number of procedures in relation to cremation which can only be completed by a medical referee. A medical referee may be a medical practitioner who has been appointed by the Director-General (or the PHU when this authority has been delegated) to carry out the specific functions of considering cremation applications and issuing cremation permits (Clause 42). Most funeral directors will have access to a number of medical referees in their area. Medical referees may also be practicing as general practitioners (GPs) or be in another form of medical practice.

Under the Regulation the functions of a medical referee may also be carried out by a medical superintendent of a public hospital (within the meaning of the *Health Services Act 1997*) or by a medical officer of health. (A medical officer of health is usually a senior doctor in an area health service who has specific responsibilities in relation to public health.)

9.7 No cremation without documentation

A person must not cremate the remains of a body that has not been identified (Clause 35). Crematoria will have their own systems that ensure each requirement for identification is met before a body is cremated. For example they will have checklists for documentation, and for the papers to match the nameplate on the coffin.

There are basically three different documents required by the cremation authority before a cremation can take place:

1. The application for cremation which is completed by the family of the deceased.
2. The cremation certificate which is completed by the attending doctor.
3. The cremation permit which is completed by the medical referee or the coroner.

There are different cremation application forms and cremation permits specifically for stillborn children.

9.8 Cremation application

An application for cremation of a person other than a stillborn child can be made by the executor of the estate of the deceased or by the nearest surviving relative (Clause 36). If neither of these people is available, then the medical referee or the coroner, (whoever the application has been made to), will accept an application from a person that they judge to be a proper person in the circumstances. A statutory declaration may be needed to support some of the information in the application.

9.9 Cremation application – stillborn children

A stillborn child is 'a child that exhibits no sign of respiration or heartbeat or other sign of life, after birth and that:

a) is of at least 20 weeks gestation, or
b) if it cannot be reliably established whether the period of gestation is more or less than 20 weeks, has a body mass of at least 400 grams at birth'.

This definition comes from the *Births, Deaths and Marriages Registration Act 1995*, Section 4. This *Act* requires that the birth of the child should be registered in the usual way. Stillborn babies must be buried or cremated. It is the choice of the parents whether they attend the burial or cremation.

An application for cremation of a stillborn child has to be completed in the approved form and submitted to a medical referee (Clause 37). The application can be made by a nearest surviving relative of the child. If there is no such relative available to make the application, then the medical referee will accept an application from a person who in their opinion is a proper person in the circumstances. A statutory declaration may be needed to support information supplied in the application.

On receipt of an application made under Clause 37, a medical referee may issue a cremation permit in the approved form. However a medical referee must not issue a cremation permit for the body of a stillborn child unless the child has been certified to be stillborn by the medical practitioner who was in attendance at the delivery of the child, or the medical referee is satisfied, after making such inquiries as they think necessary, that the child was stillborn.

When a foetus is delivered at less than 20 weeks gestation or 400 grams weight, it is not a stillbirth but is considered to be a non-viable foetus. This situation is not covered by the Regulation. Refer to Appendix 1 for information about funerals for a non-viable foetus.

9.10 Cremation certificate

A cremation certificate can be issued either by the medical practitioner who attended the person immediately prior to or after death or by the medical practitioner who has carried out a post-mortem examination of the body (Clause 38). In both cases the doctor must complete the certificate in the approved form and they must ensure that the person's death is not examinable by a coroner under the *Coroners Act 1980*. Where an attending practitioner issues a cremation certificate, they must be able to certify definitely the cause of death.

A cremation certificate that has been issued under the relevant legislation of another State or Territory, by a medical practitioner registered in that State or Territory, is acceptable in NSW (Clause 38).

9.11 Medical referee's cremation permit

A medical referee may issue a cremation permit in the approved form (for a person other than a stillborn child) (Clause 39) once they have received an application for cremation made under Clause 36 and a cremation certificate issued under Clause 38.

A medical referee must not issue a cremation permit when any of the following situations apply:

- The death of the person is examinable under the *Coroners Act 1980* by a coroner.
- The person left a written direction that his or her body was not to be cremated or that it was to be disposed of by some other means.
- The medical referee has not made an external examination of the body.
- The medical referee is not satisfied that the identity of the body has been correctly disclosed in the application for cremation or in the cremation certificate.
- The medical referee is not satisfied that the cause of death has been correctly disclosed in the cremation certificate.
- The application for cremation or the cremation certificate appears to the medical referee to be otherwise incorrect or incomplete.
- The same medical referee issued a cremation certificate in respect of the body.

9.12 Coroner's cremation permit

A coroner who receives an application for cremation of the body of a person whose death is examinable under the *Coroners Act 1980* may issue a cremation permit in the approved form (Clause 40). However, if the application for cremation appears to the coroner to be incorrect or incomplete, or if the person left written direction that his or her body was not to be cremated or that it was to be disposed of by other means, then the coroner must not issue a cremation permit for the body.

A cremation permit issued by a coroner, or a person who performs the functions of a coroner, in another State or Territory, under the relevant legislation of that State or Territory, is acceptable as a cremation permit in NSW (Clause 40).

9.13 Ashes

Under Clause 43 the cremation authority (according to the reasonable directions of the applicant or deceased) must either:

- give the ashes to the applicant; or
- place the ashes in a burial ground or adjacent dedicated land; or
- retain the ashes; or
- where the applicant has not claimed the ashes within a reasonable time, the cremation authority, after giving 14 days notice to the applicant, may dispose of the ashes.

Registers

10

The Regulation stipulates three different registers that must be kept on the disposal of bodies. They are the:

1. register of bodies prepared in a mortuary
2. register of burials
3. register of cremations.

In addition, NSW Health is to keep a register of mortuaries and crematories.

10.1 Mortuary register

A person who operates a mortuary must maintain a register of all bodies prepared in the mortuary (Clause 18). An entry in the register must be made immediately after each body is prepared.

Each entry must include the following information:

- Name, age and last address of the person whose body was prepared.
- Their date of death.
- The date the body was received at the mortuary.
- The date the body was removed from the mortuary.
- The name of the cemetery or crematory to which the body was delivered or the name of the person to whom the body was delivered.

10.2 Register of burials

A cemetery authority must keep a register of all burials carried out in the cemetery that it operates (Clause 24). An entry in the register must be made immediately after each body is buried.

Each entry must include the following information:

- Name, age and last address of the person whose body or remains was buried.
- Their date of death.
- The date of burial.
- The section and allotment of the burial.
- The name of any person who continues to hold any right of burial in that allotment.
- The name of the funeral director who transported the body to the cemetery.
- The fees paid to the cemetery authority for the burial.

The cemetery authority must allow members of the public to inspect the register of burials during the normal business hours and without charge (Clause 50). The authority is obliged to provide copies of any entries in the register at the request of members of the public but they may charge the public the reasonable cost of providing such copies.

If the cemetery authority ceases to exist, the person who was the last chief executive officer has the responsibility to send the register to the PHU or to dispose of the register as directed by the PHU.

10.3 Register of cremations

A cremation authority must maintain a register of all cremations carried out by it (Clause 44). The register must be in the approved form. The approved form is under review at the time writing and will be available on the NSW Health website. An entry in the register must be made immediately after each cremation has taken place and in addition an entry must be made in relation to the disposal ashes once this has occurred.

The cremation authority must allow members of the public to inspect the register of cremations during the normal business hours and without charge (Clause 50). The authority is obliged to provide copies of any entries in the register at the request of members of the public but they may charge the public the reasonable cost of providing such copies.

A cremation authority must keep all applications, certificates, permits and other documents relating to any cremation and mark them with a number corresponding to the number of the cremation as entered in the cremation register (Clause 44). These documents (but not the actual register or any part of it) may be destroyed 15 years from the date of the cremation. It is acceptable for the records to be kept in an electronic format.

In the event of the crematory closing, the cremation authority must send all registers and documents relating to the cremations that have taken place to the local PHU or otherwise dispose of them as directed by the PHU.

10.4 Register of mortuaries and crematories

The NSW Department of Health is to maintain a register of mortuaries and crematories (Clause 47). In practice each public health unit will keep the register for all the mortuaries and crematories within the boundaries of their area health service. From the 1 January 2003, a person who operates a mortuary or a crematory must notify their local PHU of the following information for inclusion on the register:

- The name and location of the mortuary or crematory.
- The name and address of the person who operates the mortuary or crematory.
- The telephone number of the mortuary or crematory or of the person who operates the mortuary or crematory.
- In the case of a mortuary, the name and address of any funeral director who has access to the mortuary.

For the notification to be complete in the case of a mortuary it must be accompanied by a copy of the approval under section 68 of the *Local Government Act 1993* and there is a fee.

Any changes to the details notified by a mortuary or crematory must be sent to the PHU within 28 days of the change. There is no fee charged for these changes in information.

General aspects 11

11.1 Inspections and penalties

The people who are empowered to ensure compliance with the Regulation are environmental health officers (Clause 49). These may be EHOs employed by PHUs or by local government. Failure to comply with the Regulation may make individuals or companies liable to penalties. Each clause of the Regulation which carries a penalty has the maximum penalty stated after the clause. The penalty is written as penalty units which equates one unit to a dollar amount which may be varied over time. For example, the maximum penalty for failure to comply with Clause 31, a cremation authority must not, without lawful excuse, refuse to accept a body for cremation, is 10 penalty units, which at the time of writing is equivalent to $1,100 (1 unit = $110). Under the current system, the EHO prepares a report for the NSW Department of Health and a decision is made on whether to prosecute.

The Regulation empowers an EHO to enter and inspect:

- a mortuary or a premises that the officer has reason to believe is a mortuary
- a crematory and any part of the equipment or apparatus at the crematory
- a cemetery and any part of the cemetery
- any premises used by a mortuary transport service and any records, equipment and apparatus used by the mortuary transport service.

An EHO may inspect any register or other record or document at a mortuary, crematory or cemetery. The EHO may also take copies of extracts from the register, record or document. The intention of this part of the Regulation is to ensure that the EHOs have access to relevant information should they need to investigate a complaint or attempt to assess whether some aspect of practice has met the standards set down in the Regulation.

Funeral industry personnel should ensure that any EHO presenting to conduct an inspection has the authority to do so by checking either with their local council or PHU.

Guidelines as defence

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Clause 51 of the Regulation states 'It is a defence to a prosecution for an offence against this Regulation if the defendant satisfies the court that the act or omission constituting the offence was done in compliance with any guidelines published by the NSW Department of Health'. Hence complying with guidance as set out in this document would be a defence should a prosecution proceed under the Regulation.

Appendix 1– Issues not included in the *Public Health (Disposal of Bodies) Regulation 2002*

Issues not included in the *Public Health (Disposal of Bodies) Regulation 2002*

The *Public Health (Disposal of Bodies) Regulation 2002* is limited in its scope to public health issues related to the management of bodies prior to burial or cremation and to exhumations. There is a much broader range of knowledge and expertise within the funeral industry and the general public which is relevant to the management of funerals, burials and cremation. In writing this document certain knowledge on the part of the funeral industry and the general public has been assumed. However there are certain issues about which it may be useful to provide more information as background to understanding the Regulation and the guidelines.

Procedures when a person dies

When a person dies at home a doctor should be called to formally pronounce the person dead and to issue the Medical Certificate of Cause of Death (PR315). (The section on the coroner lists situations where the doctor may not be able to issue this form.) If it is known (or likely) that the deceased will be cremated, it is a good idea to request a cremation certificate at the same time. See 9.10 in the guidelines. Once the doctor has visited, and the death is not considered a coroner's case, then a funeral director can be contacted and can remove the body to the funeral home.

When a person dies in hospital and the PR315 has been issued, until the family engages a funeral director, the body will be held in the hospital morgue. Nursing homes may not have their own morgue or holding room so they may request families to engage a funeral director fairly promptly so that the body can be transferred to the funeral director's facilities.

Death certificate

Usually it is the doctor or the funeral director who forwards the Medical Certificate of Cause of Death (PR315) to the Registrar of Births, Deaths and Marriages. (In coroners cases the coroner forwards the appropriate form.) The next of kin can then apply (and pay a fee) to the Registrar to issue a Death Certificate. The Death Certificate is often necessary as proof of death when dealing with the estate of the deceased, eg banks, Centrelink, real estate agents, insurance companies may need to sight the death certificate.

The Coroner

The Coroners Act 1980 requires that certain procedures be followed in the event of death. Whenever a death occurs, a medical practitioner is required to examine the body, assess the cause of death and complete and sign a form called the Medical Certificate of Cause of Death (PR315). Once this form is signed, the family can proceed with funeral arrangements and a funeral director can remove the body.

The medical practitioner cannot sign the form, and must report the death to the police or the coroner, if in their opinion the following has occurred:

a) The person has died a violent or unnatural death.

b) The person has died a sudden death, the cause of which is unknown.

c) The person has died under suspicious or unnatural circumstances.

d) The person has died having not been attended by a medical practitioner within the last three months prior to death.

e) The death has occurred while the person was under, or as a result of, or within 24 hours after administration of an anaesthetic, administered in the course of a medical, surgical or dental procedure, or an operation or procedure of a like nature. (This does not include a local anaesthetic administered solely for the purpose of facilitating a resuscitation procedure to prevent an impending or apparent death.)

f) The person died within a year and a day after the date of any accident to which the cause of his or her death is, or may be, attributable.

g) The person died while they were in or temporarily absent from a hospital within the meaning of the *Mental Health Act 1990*, and while the person was resident in the hospital for the purpose of receiving care, treatment or assistance.

h) The person was a person in custody and died in any of the following circumstances:

   1. While in the custody of a police officer or in other lawful custody, or while escaping or attempting to escape from police custody or other lawful custody.
   2. As a result of or in the course of police operations.
   3. While in, or temporarily absent from, a detention center within the meaning of the *Children (Detention Centres) Act 1987*, a correctional center within the meaning of the *Crimes (Administration of Sentences) Act 1999,* or a lock-up, and of which the person was an inmate.
   4. While proceeding to an institution referred to in paragraph (3), for the purpose of being admitted as an inmate of the institution and while in the company of a police officer of other official charged with the person's care or custody.

The *Community Services Legislation Amendment Act 2002* contains additional requirements for reporting a death to the Coroner. These are:

- children in care
- children notified to the Department of Community Services (DoCS) within three years of their death
- children who are siblings of a child notified to DoCS within three years of their death
- children who may have died from abuse or neglect or in suspicious circumstances
- children who were in detention at the time of their death
- people with a disability who at the time of their death were living in, or temporarily absent from, a residential care service authorised or funded under the *Disability Services Act 1993* or a residential centre for handicapped persons (a licensed boarding house).

For more detail on procedures in Coroners cases (which is most relevant for hospital and health service staff) refer to NSW Health Circular No. 2003/62. Issued 16 September 2003. *Coroners' Cases and Amendments to the Coroners Act 1980* and *Arranging a Funeral: A Resource Book for professionals to resource their clients* by Trudy Coffey, Chief Social Worker, Liverpool Hospital.

Standards for coffins

The Regulation does not specify standards for coffins other than requiring that they have a securely fitting lid. The Regulation spells out the requirements for body bags – type of material, thickness, size of bag. Body bags are used to transport the body from the place of death to the mortuary or funeral directors premises and to store the body. In initial handling, it is the body bag which is important from a public health point of view in containing the body and preventing any leakage of fluids. Once a body has been transferred to a coffin it will generally not again be handled.

The main concern for the funeral industry and consumers about standards for coffins relate to the strength of the materials used to stand up to handling and the weight of the body. The other main concern from the funeral industry is about preventing injury to workers who carry and handle coffins. They are therefore concerned about the number, strength and adequacy of handles and that there should be no sharp edges or other features which would have potential for injury. Funeral directors and their staff may refuse to handle a coffin if they consider it to be unsafe. One of the work conditions covering funeral industry union members is that they will not carry a coffin above waist height. For a coffin without handles they would usually use a trolley for transferring the coffin.

Hence a family that is interested in making their own coffin or purchasing a coffin from someone other than the funeral director needs to determine whether the funeral director who will be handling the coffin is satisfied that it causes no occupational health or safety risk. The family should consider their own risks and capacities in lifting and generally handling the coffin if they wish to make their own. They also need to consider each step of the journey and whether it is actually feasible for them to handle the body at every stage in the burial/cremation process, should the funeral director not agree to handle the coffin.

Coffin manufacturers usually submit their designs to members of the funeral industry for approval. If the designs are acceptable to the industry then the manufacturers treat their designs and specifications as commercial in confidence. So there is not a basic standard available to guide the public who may wish to make their own coffin or casket in accordance with

standards that are acceptable to the funeral industry. For instance, consumers may be interested in using cardboard coffins but unless such a coffin is acceptable to the industry they will find it difficult to find a supplier and/or difficult to find a funeral director who will handle cardboard coffins.

Hypothetical Case No. 8

When a master builder died, two of his sons decided that they wanted to make the coffin for their father. They both had carpentry skills learnt from their father. They made the coffin at home from timber they had on hand. It was simple but beautiful in design – a simple casket rather than a coffin shape with no handles. The sons discussed their plans with the funeral director who had no objections once assured of the quality and style of the casket that would be made. The funeral director collected the casket from the house, transported the body to the service and then to the crematorium.

The Australian Cemeteries and Crematoria Association (ACCA) have adopted guidelines regarding the content of coffins delivered for cremation. As part of these guidelines, the ACCA notes that their members 'will not accept for cremation any coffin which is not constructed principally of timber and/or wood derivatives, so as to be both satisfactory to relevant Health and Environment Protection agencies and combustible to the satisfaction of the cremation authority'. They also make explicit that 'any coffin constructed of metal or having a metal internal liner, or other metal insert, is not acceptable for cremation'. In terms of any trimmings or linings for the coffin, the ACCA guidelines state that no materials containing polyvinyl chloride (PVC) or latex-based rubber should be used. Materials containing polyvinyl acetate are acceptable.

Contents of coffins for cremation

Most people will seek advice from the funeral director when requesting that certain items be placed in a coffin with the body. The ACCA have compiled guidelines on what they consider are acceptable items to have in coffins and funeral directors should be familiar with these guidelines. They are based on safety concerns and the potential for unacceptable temperatures, emissions or residues to result from combustion of certain materials. In summary, acceptable routine items are clothing, shrouds and footwear. However garments or footwear made mainly of latex-based rubber or plastic are not acceptable, eg wet weather gear, gumboots, military boots. Personal effects such as spectacles, jewellery and handbags are acceptable but not recommended (and in the case of handbags there is a maximum size set and they must not be made of PVC).

Some surgical implants must be removed prior to cremation. These include battery powered cardiac pacemakers and defibrillators, irradiated metal pellets and drug infusion pumps. However there is no problem in cremating a body with silicon implants or metal pins, plates or joints in place. The ACCA guidelines advise funeral directors to discuss with the crematorium any cases where prosthetic limbs, calipers or plaster casts may be included in the coffin. Metal walking sticks are not acceptable.

Photographs are acceptable in a coffin but there should be no frames or glass accompanying them. Fluid in any container (such as a bottle of alcohol) is not acceptable, nor are batteries or pressurised spray cans. The ACCA guidelines should be consulted for more detailed information.

Families assisting with preparation of bodies

Some families may wish to be involved with the preparation of the body of their family member once the body is in the care of the funeral director. For example, some people may wish to dress or wrap the body for burial or cremation. These situations need to be negotiated with the funeral director. The funeral director may have some concerns about public liability or other insurance aspects of family involvement but this is not an aspect of the funeral industry that is covered by this Regulation.

Management of foetuses that are less than 20 weeks

A foetus delivered at less than 20 weeks gestation is considered to be a non-viable foetus. It is not defined as a stillbirth and therefore there is no requirement to register the birth or to formally bury or cremate the body.

However some parents who are grieving for the loss may choose to think of the foetus as a stillbirth and to request a funeral service and cremation or burial. There is nothing in the Regulation to prevent this.

Most of the large maternity hospitals will have their own policies and procedures for dealing sensitively with parents' wishes when there is a non-viable foetus. Hospital policies will take account of the *Human Tissue Act 2001* and procedures followed may be different depending upon the hospital and the individual situation. (For example, once human tissue has been removed from a person's body, that person has no legal right to the tissue. A hospital can refuse to give the tissue to the person from whom it was removed.)

If parents choose cremation or burial in a cemetery for a non-viable foetus then a letter from the attending medical officer is usually acceptable to the funeral director and the cremation authority. The cremation authority may also request that an application for cremation form be completed (see 9.9 of the guidelines) but this is really in lieu of a letter providing basic information and a formal request to cremate. Most hospitals will have a policy under which the attending doctor will seek to ensure that there will be no public health risk before they release the foetus to the parents. This is important in situations where parents may be considering burial at home or some other form of disposal of the foetus.

From the hospital's perspective, if the parents have no wish to retain the foetus, the hospital's responsibility is to classify a non-viable foetus as clinical waste and dispose of it in this way.

Air transport of bodies in Australia

Bodies may be transported by passenger aircraft through the domestic airlines or by air freight companies on aircraft used only for freight. Each company has its own policy which is based on *The Air Cargo Tariff (TACT) Rules Manual* which contains the international standards. Some freight companies choose not to transport bodies. In general, the airlines and freight companies will only deal with funeral directors as the shippers. They have to complete a statutory declaration which identities the deceased and attests to the fact that the body is contained and sealed to the airline minimum standards. Unembalmed remains are accepted for domestic freighting by some companies.

Transport of bodies to other countries from Australia

The country that is to receive the body basically sets the Regulations as to what is required for them to receive a body. Funeral directors have access to an international directory which outlines the basic requirements for most countries. In general, embalming is required before a body can be transported internationally, although there may be exceptions to this depending on the age and state of the remains.

Transport of bodies to Australia from other countries

For bodies to be accepted into Australia for burial or cremation, they have to meet the quarantine requirements of the Australian Quarantine and Inspection Service (AQIS).

The main requirements are that the body must be accompanied by an official certificate of death, or an extract of an entry in an official register, in respect of the person, showing the date, place and cause of death and that the body should be accompanied by a certificate of embalming.

Bodies must be in an outer coffin or crate and a hermetically sealed inner container made of lead, bronze, zinc or steel. Hermetic sealing in polythene plastic sheeting with a minimum thickness of 0.26mm where all the excess air has been removed and both ends sealed with double welds is also acceptable as the inner container.

Non-embalmed bodies may be accepted in exceptional circumstances but not where the cause of death was a quarantinable disease. For more details see the AQIS website www.aqis.gov.au

Burials or cremations for deceased people with no money or assets

NSW Health has a policy on Cremation or Burial of Deceased Destitute Persons, Circular No. 2002/17 issued in January 2002, to give direction to health services in managing these situations. Basically the NSW State Contracts Control Board manages the tendering and contract process for funeral directors to provide services in cases where people die with insufficient means for their burial or cremation. The policy outlines the basic responsibilities of the contractors and the police and the procedures for PHUs to follow.

Among other responsibilities, the contractor is required to inform relatives of the deceased of the funeral arrangements and to arrange for viewing of the body if requested by relatives or friends.

Disposal of body parts from living people

This Regulation is about the disposal of bodies. It does not cover issues related to the disposal of body parts from people who are living. The *Human Tissue Act 2001* is the relevant legislation. Crematoria may have different policies and procedures regarding the cremation of body tissue and parts. The ACCA has a policy on this for its members.

Hypothetical Case No. 9

A forty-year-old man sustained severe leg injuries in a motorbike accident. The man agreed to have his leg amputated but he could not cope with the thought of his leg disappearing altogether. He wanted his leg to be cremated so that he could keep the ashes. The orthopaedic surgeon rang two crematoria and found one that agreed to cremate the leg provided that documents of authorisation came from the patient and the hospital. (Under hospital guidelines for the release of tissue to patients, the hospital should complete a Tissue Release Form and a letter that certifies that the person travelling with human tissue in their possession is doing so with authority from the hospital.)

Appendix 2 – References

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S Tarakson 2001, *What to Do When Someone Dies: a guide to the practical arrangements that have to be made after a death,* Choice Books, Australian Consumers' Association, Marrickville, NSW, www.choice.com.au

Appendix 3 – Area Health Service (AHS) Public Health Units (PHUs)

Unit and street address	Local government areas in Area Health Service	Postal address	Tel/fax numbers
Central Coast AHS **Central Coast PHU** Newcastle University Ourimbah Campus Brush Road Ourimbah NSW 2258	Gosford, Wyong.	PO Box 361 Gosford NSW 2250	Tel. (02) 4349 4845 Fax. (02) 4349 4850
Central Sydney AHS **Central Sydney PHU** Level 9 KGV Building Missenden Road Camperdown NSW 2050	Ashfield, Burwood, Canterbury, Canada Bay, Leichhardt, Marrickville, South Sydney (part), Strathfield, Sydney (part).	PO Box 374 Camperdown NSW 2050	Tel. (02) 9515 9420 Fax. (02) 9515 9440
Corrections Health Service PHU Long Bay Correctional Centre Anzac Parade Malabar NSW 2036		PO Box 150 Matraville NSW 2036	Tel. (02) 9289 2977 Fax. (02) 9311 3005
Far West AHS **Far West PHU** Broken Hill NSW 2880	Balranald, Brewarrina, Central Darling, Unincorporated Area, Walgett, Wentworth.	PO Box 457 Broken Hill NSW 2880	Tel. (08) 8080 1219 Fax. (08) 8080 1683
Greater Murray AHS **Greater Murray Centre for Public Health** 605 Olive Street Albury NSW 2640	Albury, Berrigan, Bland, Carrathool, Coolamon, Cootamundra, Conargo, Corowa, Culcairn, Deniliquin, Griffith, Gundagai, Hay, Holbrook, Hume, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wakool, Wagga Wagga.	PO Box 3095 Albury NSW 2640	Tel. (02) 6021 4799 Fax. (02) 6021 4899
Hunter AHS **Hunter PHU** Ground Floor Booth Building Wallsend Health Service Longworth Avenue Wallsend NSW 2287	Cessnock, Dungog, Lake Macquarie, Maitland, Merriwa, Murrurundi, Muswellbrook, Newcastle, Port Stephens, Scone, Singleton.	LMB 119 Wallsend NSW 2287	Tel. (02) 4924 6477 Fax. (02) 4924 6490

Unit and street address	Local government areas in Area Health Service	Postal address	Tel/fax numbers
Illawarra AHS **Illawarra PHU** Suite 3D 145-149 King Street Warrawong NSW 2502	Kiama, Shellharbour, Shoalhaven, Wollongong.	Locked Bag 9 Unanderra Delivery Centre NSW 2526	Tel. (02) 4255 2200 Fax. (02) 4255 2222
Macquarie AHS **Centre for Population Health** 23 Hawthorn Street Dubbo NSW 2830	Bogan, Cobar, Coolah, Coonabarabran, Coonamble, Dubbo, Gilgandra, Mudgee, Narromine, Warrern, Wellington.	PO Box M61 Dubbo NSW 2830	Tel. (02) 6841 2216 Fax. (02) 6884 7223
Mid North Coast HS **Mid North Coast PHU** Port Macquarie Health Centre Morton Street Port Macquarie NSW 2444	Bellingen, Coffs Harbour, Gloucester, Greater Taree, Great Lakes, Hastings, Kempsey, Nambucca.	PO Box 126 Port Macquarie NSW 2444	Tel. (02) 6588 2750 Fax. (02) 6588 2837
Mid Western AHS **Mid-Western PHU** Webb's Chambers 175 George Street Bathurst NSW 2795	Bathurst, Blayney, Cabonne, Cowra, Evans, Forbes, Lachlan, Lithgow, Oberon, Orange, Parkers, Rylestone, Weddin.	PO Box 143 Bathurst NSW 2795	Tel. (02) 6339 5500 Fax. (02) 6339 5555
New England AHS **New England PHU** Suite 7, 2nd Floor Parry Shire Building 470 Peel Street Tamworth NSW 2340	Armidale/Dumaresq, Barraba, Bingara, Glen Innes, Gunnedah, Guyra, Inverell, Manilla, Moree, Narrabri, Nundle, Parry, Quirindi, Severn, Tenterfield, Uralla, Walcha, Yalleroi.	PO Box 597 Tamworth NSW 2340	Tel. (02) 6766 2288 Fax. (02) 6766 3003
Northern Rivers AHS **Northern Rivers Division of Population Health and Research** 31 Uralba Street Lismore NSW 2480	Ballina, Byron, Copmanhurst Grafton, Kyogle, Lismore, Maclean, Pristine Waters, Richmond Valley, Tweed Heads.	PO Box 498 Lismore NSW 2480	Tel. (02) 6620 7500 Fax. (02) 6622 2151
Northern Sydney AHS **Northern Sydney PHU** c/- Hornsby Ku-ring-gai Hospital Palmerston Road Hornsby NSW 2077	Hornsby, Ku-ring-gai, Lane Cove, Manly, North Sydney, Ryde, Warringah, Willoughby, Hunter's Hill, Mosman, Pittwater.	c/- Hornsby Ku-ring-gai Hospital Palmerston Road Hornsby NSW 2077	Tel. (02) 9477 9400 Fax. (02) 9482 1650

Unit and street address	Local government areas in Area Health Service	Postal address	Tel/fax numbers
South Eastern Sydney AHS South Eastern Sydney PHU Hut U, Easy Street Prince of Wales Hospital Campus Randwick NSW 2031	Botany, Hurstville, Kogarah, Randwick, Rockdale, South Sydney (eastern part), Sydney (city and eastern part), Waverley, Woollahra, Sutherland.	Locked Bag 88 Randwick NSW 2031	Tel. (02) 9382 8333 Fax. (02) 9382 8334
Southern AHS Southern NSW PHU 3rd Floor 34 Lowe Street Queanbeyan NSW 2620	Bega Valley, Boorowa, Bombala, Cooma-Monaro, Crookwell, Eurobodalla, Gunning, Goulburn, Harden, Mulwaree, Queanbeyan, Snowy River, Tallaganda, Yarrowlumla, Yass, Young and Koziusko National Park.	PO Box 1845 Queanbeyan NSW 2620	Tel. (02) 6124 9942 Fax. (02) 6299 6363
South Western Sydney AHS South Western Sydney PHU Hugh Jardine Building Liverpool Hospital Eastern Campus Elizabeth Street Liverpool NSW 2170	Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wollondilly, Wingercarribee.	Locked Mail Bag 7017 Liverpool BC NSW 1871	Tel. (02) 9828 5944 Fax. (02) 9828 5955
Western Sydney AHS Western Sector PHU 5 Fleet Street Gungarra Building Cumberland Hospital North Parramatta NSW 2151	Auburn, Baulkham, Blacktown, Holroyd, Parramatta.	Locked Mail Bag 7118 Parramatta BC NSW 2150	Tel. (02) 9840 3603 Fax. (02) 9840 3608
Wentworth AHS Wentworth PHU Nepean Hospital Great Western Highway Kingswood NSW 2750	Blue Mountains, Hawkesbury, Penrith.	Nepean Hospital PO Box 63 Penrith NSW 2751	Tel. (02) 4734 2022 Fax. (02) 4734 3300

Appendix 4

Appendix 4 consists of the following forms:

Mortuary – Schedule 4 audit tool
Local Government (Orders) Regulation 1999 **– Schedule 4**

Mortuary – Audit tool
Public Health (Disposal of Bodies) Regulation 2002 **– Part 2 – Facilities**

NSW HEALTH

Mortuary – Schedule 4 audit tool

Local Government (Orders) Regulation 1999 – Schedule 4

Council ______________________________

A. Mortuary premises details

Premises name ______________________________

Address ______________________________

Suburb ______________________ **Postcode** __________

Owner name ______________________ **Occupier name** ______________________

Council approval identification details ______________________________

Health registration number ______________________ **Registration details complete** ☐ **Yes** ☐ **No**

Registration details match with council approval? ☐ **Yes** ☐ **No**

B. Audit details

1. Water supply and sewerage (Clause 1)

- Connected to permanent reticulated water supply? (1) ☐ Yes ☐ No
- Backflow prevention device fitted? (2) ☐ Yes ☐ No
- Connected to reticulated sewer? (3) ☐ Yes ☐ No

2. Closet and ablution facilities (Clause 2)

- Separate WCs at the rate of 1:20 employees of each sex? (1) (a) ☐ Yes ☐ No
- Shower facilities with hot and cold water available? (1) (b) ☐ Yes ☐ No
- Hand wash basin adjacent to each WC with hot and cold water? (1) (c) ☐ Yes ☐ No
- Air lock between sanitary facilities and remainder of mortuary? (2) ☐ Yes ☐ No

3. Construction (Clause 3)

- Physical separation of mortuary from remainder of the building? (1) ☐ Yes ☐ No
- Body preparation room capable of being sealed off? (2) ☐ Yes ☐ No

Body preparation room

- Floor area ≥ 9.3m^2? (3) (a) ☐ Yes ☐ No
- Ceiling height ≥ 2.4m above finished floor? (3) (b) ☐ Yes ☐ No
- Floor of impervious material, unbroken, graded and drained? (3) (c) ☐ Yes ☐ No
- Floor drain screen fitted? (3) (d) ☐ Yes ☐ No
- Walls and partitions impervious and capable of being cleaned? (3) (e) ☐ Yes ☐ No
- All joints sealed with impervious material to facilitate cleaning? (3) (f) ☐ Yes ☐ No
- All joints cover to 75mm? (3) (g) ☐ Yes ☐ No
- External windows fitted with fly proof screens (3) (h) ☐ Yes ☐ No
- External doors fitted with self-closing fly screen doors? (3) (i) ☐ Yes ☐ No
- If constructed after 1 July 1993, walls and partitions of brick or masonry? (4) ☐ Yes ☐ No

C. Recommendations

D. Action taken

Environmental Health Officer

Signature **Date / /**

NB: ☐ Yes = Compliance ☐ No = Breach

NSW HEALTH

Mortuary – Audit tool

Public Health (Disposal of Bodies) Regulation 2002 – Part 2 – Facilities

Council

A. Mortuary premises details

Premises name

Address

Suburb **Postcode**

Owner name **Occupier name**

Council approval identification details

Health registration number **Registration details complete** ☐ **Yes** ☐ **No**

Registration details match with council approval? ☐ **Yes** ☐ **No**

B. Audit details

1. Premises generally (Clause 5)

- Only approved mortuary being used for body preparation? (1) ☐ Yes ☐ No
- Only approved mortuary being used for body storage? (2) ☐ Yes ☐ No
- Bodies not stored in a vehicle? (3) ☐ Yes ☐ No
- Holding room being used for body storage only? (4) ☐ Yes ☐ No
- Bodies not stored in hospital? (5) ☐ Yes ☐ No

2. Facilities for body preparations rooms (Clause 6)

- Vehicle reception area adjacent to body preparation room? (1) (a) ☐ Yes ☐ No
- Vehicle reception area screen from public view? (1) (a) ☐ Yes ☐ No
- Hand wash basin with adequate hot and cold water and hands free operation? (1) (b) ☐ Yes ☐ No
- Sufficient slabs, tables and fittings? ☐ Yes ☐ No
- Slabs, tables and fittings impervious and drained for cleaning? (1) (c) ☐ Yes ☐ No
- Refrigerated body storage facilities for at least two adults? (1) (d) ☐ Yes ☐ No
- Temperature: ________ ºC. Less than 5 ºC? ☐ Yes ☐ No
- Impervious containers with lids; hands free operation for solid wastes? (1) (e) ☐ Yes ☐ No
- Only bodies stored in body refrigerator? (2) ☐ Yes ☐ No

3. Waste disposal (Clause 7)

- Solid waste disposed as contaminated (clinical) waste? ☐ Yes ☐ No
- Waste observed in container:
- Name of clinical waste contractor:

4. Vehicles (Clause 8)

- Hearse: Make, model and registration (1) (a) ☐ Yes ☐ No
- Collection vehicle: Make, model and registration (1) (b) ☐ Yes ☐ No
- Mortuary transport service or freight carrier? (2) ☐ Yes ☐ No
- Bodies placed only in vehicle body area? (3) ☐ Yes ☐ No
- Vehicle body area not used for other purposes? (4) ☐ Yes ☐ No
- Vehicle clean of exudates? (5) ☐ Yes ☐ No
- Unembalmed bodies transported less than eight hours? (7) ☐ Yes ☐ No
- Body bags supplied in vehicle? (Cl 13) ☐ Yes ☐ No
- Protective clothing in vehicle? (Cl 14) ☐ Yes ☐ No

5. Mortuary register of body preparation (Clause 18)

- Register sighted? (1)
- Entries complete for disposed bodies? (3) ☐ Yes ☐ No
- Entries reconciled with each body prepared? (2 and 3) ☐ Yes ☐ No

6. Retention of bodies (Clause 10)

- All bodies held in a mortuary or holding room? (1) ☐ Yes ☐ No
- All bodies kept under refrigeration? (2) ☐ Yes ☐ No
- Reason for any body not in refrigeration. (3)

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____

- All unembalmed bodies being kept less than seven working days after certificate? (4) ☐ Yes ☐ No

7. Embalming of bodies (Clause 11 and 12)

- Any embalmed bodies on premises? (*) ☐ Yes ☐ No
- Name and qualification of embalmer (11,1) Qualification approved? ☐ Yes ☐ No

____

- Any body with List B disease embalmed? (11,2) ☐ Yes ☐ No
- Any body with List A disease pierced by unqualified person? (12) ☐ Yes ☐ No

8. Body bags (Clause 13)

- All bodies in body bags and identified? (1) ☐ Yes ☐ No

C. Recommendations

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D. Action taken

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Environmental Health Officer ______________________________

Signature ______________________________ **Date** / /

NB: ☐ Yes = Compliance ☐ No = Breach (*) =Not a legislative requirement

SHPN (EHB) 040200