



# Wilkins Safety Group

## H & S Guidance - Funeral Parlours

(See also: Other Pages)

### INTRODUCTION

The main hazards encountered in funeral service activities are the risk of infection, manual handling and exposure to hazardous substances/chemicals. The risk of infection arises from the small proportion (less than 1%) of the 600,000 people who die each year in the UK who have a known or suspected infectious disease.

(Where embalming forms the main activity, the health & safety enforcement responsibility lies with the HSE).

### HAZARDS & PRECAUTIONS

#### Risk of Infection

Pathogens could be ever present in bodies and it is therefore advisable to follow safe working practices routinely when handling cadavers.

The main risk areas arise from the purging of stomach contents and faeces, blood on skin/leaking wounds and from clothing stained with faeces, blood or other body fluids.

The main transmission pathways for infection are through direct contact, injection (e.g. needle pricks or accidental cuts/wounds from sharp bones), inhalation (eg. aerosol and dust containing bacteria), ingestion (e.g. not washing hands before eating), and eye contamination (e.g. splashing).

The main infection concerns are TB, invasive Group A streptococci /staphylococci, gastrointestinal organisms, Creutzfeldt-Jakob disease, Hepatitis B & C, HIV and meningitis/meningococcal septicaemia.

Suitable precautions should be identified and incorporated into written working procedures. They should include:

- a high standard of **personal hygiene**
- use of appropriate **protective garments** (gloves, gowns, aprons, masks & boots) Certain tasks may require the use of full facemasks. NB: Associated facilities are needed for the storage, cleaning and disposal of these articles.



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- efficient and prompt **cleaning** (including the use of a **disinfectant**) on contaminated premises and equipment.
- provision of suitable **first aid** facilities; covering cuts and abrasions with waterproof dressings
- correct **"sharps"** disposal containers and procedures; also "sharps" injury procedure
- the status of **immunisation** of staff against certain infectious diseases needs to be established and appropriate protection ensured against TB, polio, tetanus, diphtheria and hepatitis A & B
- the **use of body bags**. This is recommended for cadavers with diphtheria, dysentery, meningococcal septicaemia, typhoid and paratyphoid fever, TB, hepatitis B & C etc. This is in order to ensure safe conditions for funeral workers and others.

### Manual Handling

Lifting should be avoided whenever possible and hoists or similar aids used. However, when collecting bodies this may not prove possible and hence this activity should be risk assessed under the Manual Handling Operations Regulations 1992. Think of the many hazards associated with body collection and create 'generic' scenarios for assessment.

Safe working procedures should then be adopted from this and staff training in safe handling methods and the use of lifting aids needs to be ensured.

### Hazardous Substances/Chemicals

COSHH assessments will need to be made where hazards arise from micro-organisms (see above) or from hazardous chemicals such as disinfectants (e.g. gluteraldehyde) or embalming fluids (e.g. formaldehyde).

### OTHER SAFETY ISSUES

#### Premises

- embalming rooms, mortuaries and preparation rooms (and associated facilities) should be designed, built and maintained to ensure hygiene and safety.



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## **Waste disposal**

- all waste material from the preparation or embalming room is potentially infective and should be treated as 'clinical waste' requiring suitable storage, labelling and disposal by incineration.

## **Equipment**

- any power tools or woodworking equipment will need to be maintained in a safe condition and used in accordance with safe practice.

## **Garages**

- machinery guarding, electrical safety, car washers, general garage or workshop issues may need to be addressed.

## **CHECKLIST - FUNERAL PARLOURS**

1. Do you have a health & safety policy that includes details of overall safety management and individual responsibilities? YES/NO
2. Have risk assessments been carried out on activities at the premises? YES/NO
3. Have COSHH assessments been carried out regarding risks from micro-organisms and hazardous chemicals? YES/NO
4. Have assessments been carried out of any hazardous manual handling operations? YES/NO
5. Do staff receive appropriate training by competent people and is such training logged? YES/NO
6. Have you procedures in place for any 'mobile' workers (ie. free-lance embalmers)? YES/NO

## **REFERENCES/FURTHER DETAILS**

Health & safety in the funeral service (1992)

(Co-op Funeral Service Managers Association/British Institute of Embalmers/ National Association of Funeral Directors/British Institute of Funeral Directors)

Copies from: British Institute of Embalmers,

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Article - 'The infection hazards of human cadavers' CDR Review  
Volume 5 No: 5 28 April 1995

Article - 'Code of Practice for funeral workers: managing infection  
risk and body bagging Communicable Diseases and Public Health  
Volume 4 No. 4 - Dec 2001