



HIV and Funeral homes

NAT's Sally Thomas suggests that much more must be done for those who die with HIV to provide them and their families with the respect, dignity and equality they deserve.

If we want funeral services to provide anyone who dies, including people who have lived with HIV, with the dignity and respect they deserve, funeral directors need to be up to date with what we now know about HIV and the risks associated with it. Understanding the reality of living with HIV today, and the impact of HIV medicine, will provide funeral directors with the reassurance they need to care for people living with HIV and their families appropriately.

Refusing to deal with a deceased person who was HIV positive is not only discriminatory under the Equality Act 2010 but is also completely unnecessary. In the 30 years since we first became aware of HIV, we now have a good understanding of how it can be transmitted, what to do to protect ourselves and how to treat those who are diagnosed. One of the greatest scientific achievements of our time is the development of effective HIV treatment which now means people with HIV can have a normal life expectancy, do not develop AIDS and are virtually uninfected.

Good information is available on how funeral directors can protect themselves from HIV and a range of other blood borne viruses (BBVs). The Health and Safety Executives' guidance 'Controlling the Risk of Infection from Human Remains' is the best practice guidance and outlines the range of health and safety procedures that should be undertaken.

Following this guidance will not only ensure someone who has died with HIV is treated fairly but will also prevent unnecessary fear and alarm when handling the deceased. These issues and the HSE guidance are discussed in more detail below:

Risk assessment and HIV

In the UK, HIV is most commonly transmitted by sex without a condom. In 2012, over 95% of all new diagnoses were from this route. There have been no known cases of HIV transmission in a funeral home.

The main routes of HIV transmission are through semen, vaginal fluid, blood and breast milk.

HIV cannot be transmitted through contact with other bodily fluid such as saliva, urine, faeces or vomit and you cannot get HIV through contact with potentially infectious bodily

fluids so long as your skin is intact. There is absolutely no risk of HIV transmission from lifting or touching the body of someone who had HIV. There is therefore no reason why hygienic preparations (such as touching, washing, dressing or trimming the hair or nails of someone who has died with HIV) shouldn't be carried out. There is also no reason why you shouldn't allow a body to be viewed by family and friends as there is no risk of HIV transmission.

It is also important to understand the impact of treatment on infectiousness. If someone who dies with HIV is on treatment (and the vast majority of people are), it is very unlikely that they can pass the virus on. This is because treatment reduces the amount of virus in the person's body to very low levels, making them virtual uninfected.

Universal precautions

Understanding the risk of infection unfortunately does not begin with knowing someone who has died was HIV positive. One in five people living with HIV in the UK are not aware of their infection and not on treatment, and may continue to be unaware of their infection at the time of death. It is therefore essential to adopt universal precautions in all cases, not only where there is a known or suspected blood borne virus (BBV). Those known to be HIV positive in fact present less risk, precisely because they are on treatment and therefore less infectious.

The HSE's guidance provides more information about what universal precautions should be used and the appropriate health and safety procedures to undertake in a funeral home to protect yourself from BBV transmission. All staff working in a funeral home should be properly trained and knowledgeable about how to use universal precautions and have the facilities and equipment to carry them out.

Embalming

While the HSE recommend most activities be carried out on a body with HIV, there are still restrictions around embalming. However, this restriction is being reviewed in light of the evidence around HIV transmission risk and the significant impact HIV treatment has on infectiousness. Current understanding is that this service should be available for someone who had died with HIV, so long as practitioners are appropriately trained, have the necessary facilities and use universal precautions.

What to do if you think you have put yourself at risk

Despite the extremely small risk of HIV transmission in a funeral home, if you believe you have put yourself at risk, you should seek medical advice about the suitability of taking Post-Exposure Prophylaxis (PEP). PEP is a course of HIV treatment that can significantly reduce the risk of HIV infection if taken up to 72 hours after an exposure incident.

Next steps

NAT will continue to work with the HSE to ensure that guidance around embalming people who have died with HIV is revised in line with the evidence on risk. We are also working

alongside organisations such as SAIF, to ensure that people who have died with HIV are treated with the dignity and respect they deserve.

The poor treatment of people who have died with HIV is often linked to a lack of understanding, and so education and training are vital. NAT are keen to raise awareness about this issue so if you would like to know more, or are interested in working with NAT please contact sally.thomas@nat.org.uk . You can also find more information about HIV at NAT's website www.hivaware.co.uk.

Key points:

- **You should always carry out hygienic preparations on someone who has died with HIV**
- **There should be no restrictions on who can view or touch someone who had died with HIV and an open casket should be permitted if requested**
- **There have been no known cases of occupational transmission of HIV in a funeral home and the risk of transmission is extremely small**
- **A person who is known to have HIV is likely to have been on treatment which reduces infectiousness to an extremely low level.**
- **Universal precautions should be used at all times to protect yourself from BBV transmission, including HIV.**
- **People who have died with HIV should be treated fairly and with respect in line with the Equality Act 2010.**