Ministry of Justice

LOCAL AUTHORITY FUNERAL DIRECTOR VISITS GUIDANCE PACK

May 2024

Contents

Background to funeral director visits

We are sure you are aware of the recent distressing incident at Legacy Independent Funeral Directors in Hull and East Riding. There is therefore, understandably, a need to reassure the public that funeral directors are treating their loved ones with the dignity and respect they would expect.

There is currently no statutory inspection regime in relation to the services provided by funeral directors, which are unregulated in England and Wales beyond health and safety regulations and pre-paid funeral plans. Quality standards in the provision of funeral director services are not prescribed by law, and there is no requirement for a funeral director to be registered or affiliated with a representative body. Government has, for some months now, been looking at what a suitable regulatory framework should be and is considering next steps.

Immediately after the initial investigations into Legacy Independent Funeral Directors, councils in Hull and East Riding visited all funeral directors' premises within their areas. This approach was supported by the sector and all firms in the areas complied.

Given the gravity of the situation in Hull and East Riding and the need to reassure ourselves that the failings which led to this incident are not more widespread, Government has been working on a more immediate response. We therefore wrote to all councils in England requesting that they undertake visits to all funeral directors. As a minimum we want to reassure the public that the sector as a whole is safe, professional, and cares for loved ones in the way that we would all want; this is the reason for funeral director visits. We are not expecting a deep dive technical inspection rather, that you carry out a visit similar to the ones which have been carried out by the Councils in Hull and East Riding, and you are able to feedback to us that a visit has taken place, and all appears to be generally in order, or if that is not the case, that a suitable steps has been taken to escalate anything serious, or where more minor issues are identified, that you work with the funeral director to help them make any necessary improvements.

In order to plan effectively for the visits, it is likely that discussions will need to take place between public protection teams, the local Police and colleagues within the mortuary and crematorium services.

How to use this pack

This pack has been developed in close partnership with experts from the funeral sector and beyond. It sets out a wide range of information that will be relevant for your visits, and includes proposed templates for:

1. Recording your visit (page 4)
2. Questions to ask (page 7)
3. Emails/phone calls to send in order to arrange visits (pages 17 and 18)
4. Protocol for visits (page 19)

It also includes an outline of how to action any issues you encounter (page 11), relevant legislation (page 39) and a list of key contacts (page 12), as well as key guidance for you to be aware of (pages 13-45), a glossary of key terms (page 46) and an acronym buster (page 48).

Record of visit – proposed template

Below is a suggested template for visits – if councils wish to provide a summary of these, these can be sent to FuneralSectorBurialsandCremation@justice.gov.uk.

Date of visit**: …/…/2024** Location visited**:**
Summary of issues identified: **Follow up action:**
Hygiene, facility conditions and capability
Traceability and transparency
Dignity and condition of deceased people in a funeral director's care
Pre-paid funeral plans

Issues to consider

We have set out below 4 key themes which we recommend focusing on when undertaking visits to funeral directors. These are:

1. Hygiene, facility conditions, and capability;
2. Traceability and transparency;
3. Dignity and condition of deceased people in a funeral director's care; and
4. Pre-paid funeral plans.

Below we have explained what each theme addresses, what to look out for, and a series of questions which you could ask, depending on the funeral director in question and which area of the premises you are able to see. **We don't expect all these questions to be asked at every visit – this is intended only to be guidance, to be used and amended as relevant.**

It is important to point out that the proposed questions we have illustrated below, will help your officers ascertain whether suitable arrangements are in in place. The questions will help your officers make this judgement and whether you need to escalate any concerns – but as previously mentioned, the non-health and safety elements listed are not legal requirements. For example, there is no legal requirement to have full refrigeration facilities, so if you attend premises which do not have these you will need to make sure that the arrangements that they do have in place are adequate to protect the dignity and condition of the deceased.

In cases where there is a potential conflict of interest and local councils operate their own funeral service without sub-contracting to a funeral directing business separate to the council we suggest, where possible, approaching a neighbouring council to see if they would be able to conduct the visit in order to provide a greater sense of transparency.

Annexed to this document are a number of key materials provided by key stakeholders which provide additional insight and guidance. These include template documents used by Hull and East Riding councils when they undertook their own funeral director visits.

Hygiene, facility conditions and capability[1]

This theme looks to address:

- Whether facilities, buildings and vehicles are clean, well maintained, secure and fit for intended purpose.
- Whether or not the funeral director appears to be compliant with relevant health and safety legislation.
- Whether the facility has the facilities needed to conduct their day-to-day business and appropriate equipment to look after the deceased people in their care.

Possible questions:

- Where do you keep deceased people when they are in your care?
- What are your cleaning procedures?
- What is the maximum number of deceased people you can take into your care at any one time?
- What temperature are areas of the facility where deceased people are kept at? How do you check this and how often?
- What procedures do you have in place for dealing with a deceased person who has died from a contagious disease[2]?

Other potential questions:

- Refrigeration[3]:
    - How many refrigeration units do you have?
    - What procedures do you follow if your refrigeration facilities go down?
    - Do you carry out assessments on your refrigeration capacity to plan for the year ahead? How do you do so and how often?
- Are any of your facilities out of service?
- Do you use facilities of a third-party mortuary facilities?
- When dealing with the deceased people in your care, do you have and use appropriate PPE[4]?
- There is currently no requirement for all staff to have security checks, do any of your staff hold any security check? If so, what?
- How many cars/private ambulances do you have? How often are they maintained and cleaned?

[1] for guidance on this point, see Annex E, page 23

[2] for guidance on this point, see Annex F, page 33

[3] for guidance on this point, see Annex E, page 25

[4] for guidance on this point, see Annex F, page 30

Traceability and transparency

This theme looks to address:

- whether funeral directors are able to identify every deceased person in their care at all times.
- whether funeral directors are being transparent about the care people in their care are receiving.
- whether all cremated remains are handled with care, sensitivity and are stored appropriately and securely with a known identity.
- whether all fees and charitable donations handled by the funeral director are handled appropriately, securely and are used for their intended purpose.

Possible questions:

- How do you store records regarding deceased people in your care? Do you retain Certificates for burial or cremation (or copies of them)? For how long?
- What measures do you take to ensure that you can identify the deceased people in your care at all times? Do you use identity tags? If yes, what information is placed on the identity tags?
- Do you have a procedure for identifying the deceased people in your care with the same or similar name?
- Do you hold ashes on the premises? What process do you follow when you take ashes into your care from a crematorium[5]?
- What is your procedure for handling charitable donations[6]?

[5] for guidance on this point, see Annex A, page 15

[6] for guidance on this point, see Annex A, page 14

Dignity and condition of the deceased people in their care

These visits will be conducted during a normal working day for funeral directors, which means that day-to-day activities will be taking place. This means that during your visit **you are likely to come into contact with deceased people resting in the premises. We are not asking you to inspect or view any deceased people**, however if you do come into contact with a deceased person and are comfortable looking into this aspect of the business, below we set out issues you can look out for and questions you could ask.
It should also be noted that after death, the body of a person who has died will start the natural process of decomposition. This process happens at different rates depending on a wide range of factors, such as the cause of death and whether the person who has died has been embalmed. This is completely natural and normal. You may encounter people who have died that are at different stages of the process of decomposition, but this does not necessarily mean that there is cause for concern. Factors that may impact on this may include delays in the release by the coroner.
This theme looks to address:

- whether funeral directors preserve the dignity of the deceased people in their care at all times.
- whether funeral directors undertake their duties following the wishes of the bereaved families and applicants.
- whether funeral directors do everything in their power to ensure that the condition of the body of deceased people in their care is maintained, noting that decomposition may happen at different speeds depending on the specific circumstances.
- whether funeral directors keep appropriate and comprehensive records of the care deceased people receive throughout.

Should you require further guidance regarding how to look into this theme while undertaking your visit then please liaise with the nominated funeral director champion in your area from NAFD and SAIF.

Possible questions on process:

- Before you undertake any action or procedure (e.g. embalming) on the deceased people in your care, how do you explain what will happen? Do you gain explicit permission from the applicant to undertake these procedures? What form does this permission take[7]?
- Do you have in house embalmers? What are their qualifications?
- Have you obtained the appropriate authorisations from the applicant to take the deceased person into their care, and have they informed the applicant that they have collected their loved one?

[7] for guidance on this point, see Annex F, page 29

Possible questions on record keeping[8]

- Do you keep detailed records for what actions have been undertaken to care for the deceased people in your care?
- Do these include dates and times of when these were undertaken and by whom?
- How long do you keep the records after they leave your care?
- How securely do you keep these records? e.g. are they kept under lock and key, do only certain personnel have access to the records?

Possible questions on care of the deceased people[9]:

- When a deceased person arrives in your care what are the first steps you take? Do you wash the deceased person, if so at what stage?
- When in your care, how is the dignity of deceased people maintained? Do you e.g. use modesty covers/shrouds?
- When you take a deceased person into your care how are they stored?
- How are the deceased people in your care moved into your facility? e.g. is there a private enclosed parking area away from public view?

Possible questions on storage of deceased people[10]

- When in the mortuary facility, what do you use to support the head of the deceased person?
- Who has access to your mortuary and the deceased people in your care?
- Are your mortuary facilities lockable?
- Do you have CCTV inside the facility? If so, where?
- Do you have CCTV covering the entrance to the mortuary?

[8] for guidance on this point, see Annex A, page 15

[9] for guidance on this point, see Annex A, page 14

[10] for guidance on this point, see Annex E, page 24

Pre-Paid Funeral Plans[11]

This theme looks to ensure that only those permitted to sell pre-paid funeral plans are doing so. For further information on this area, see page 21.

Possible questions:

- Does your business sell pre-paid Funeral Plans?
- Have you sold pre-paid funeral plans in the past? If yes, do you still hold the funds or have these been transferred to another provider?

[11] see Annex D on page 21 for more information

Actioning issues

If any issues are found on your visits, these should be flagged to the following:

i. **Criminal concerns** - Any criminal issues should be brought to the attention of the police, we encourage that you speak to your local police force ahead of your planned visits to understand how best they can support you and establish clear lines of communication for all involved.

ii. **Public Health concerns** - Any public health issues under s. 61 of the Public Health (Control of Disease) Act 1984[12] or section 48[13] should be flagged to the relevant health protection authority within your council.

iii. **Trading Standards concerns** - Any business that you think has carried out unfair trading or illegal business activities, e.g. rough traders or scams should be flagged to your local trading standards team.

iv. **Funeral Plan concerns** - If a funeral director is selling pre-paid funeral plans without authorisation or holding prepaid funeral plans, you should send any details of concerns identified during the visit to the FCA, including name and address of the funeral director, any findings related to the unauthorised business including number of plans held (if available) to the following addresses funeralplanssupervision@fca.org.uk or firm.queries@fca.org.uk

v. **Safety at work concerns** – where the main activity on a premises is embalming or coffin making, concerns about embalming and breaches of the Control of Substances Hazardous to Health (COSHH) Regulations[14], such as embalming fluid being held in a secure location and a list of people who can have access to it (see Managing infection risks when handling the deceased) should be flagged with your local HSE Enforcement Liaison Office, although it is likely that the local authority will remain the enforcing authority unless the embalming is the main activity. Where embalming/coffin making is **not** the main activity taking place on the premises, it is still likely to fall to LAs for enforcement through the Public Health Act.

vi. **NAFD or SAIF member concerns** – If a funeral director is a registered or affiliated member of NAFD or SAIF or both, you may flag any concerns with the contacts for these organisations (see page 12).

Once all visits have been undertaken it would be helpful if the Ministry of Justice could receive an email providing a high-level summary of any issues identified during the course of these visits using FuneralSectorBurialsandCremation@justice.gov.uk. Alternatively, we can arrange roundtable events, where any feedback can be provided.

[12] Public Health (Control of Disease) Act 1984 (https://www.legislation.gov.uk/ukpga/1984/22/section/61)

[13] Public Health (Control of Disease) Act 1984 (https://www.legislation.gov.uk/ukpga/1984/22/section/48)

[14] The Control of Substances Hazardous to Health Regulations 2002 (https://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made)

Key contacts

Organisation	Contact details
HTA	020 7269 1900 (Monday to Friday, 9am to 5pm) Enquiries@hta.gov.uk
HSE	General queries can be sent to Public.Services-Sector@hse.gov.uk Concerns can be raised via Tell is about a health and safety issue – contact HSE[15].
FCA	funeralplanssupervision@fca.org.uk or firm.queries@fca.org.uk
SAIF	Terry Tennens SAIF Chief Executive Work: 01279 726777 Email: terry@saif.org.uk Paul Allcock SAIF UK Government Liaison Work: 01603 766996 Email: paul.allcock@saif.org.uk
NAFD	Rachel Bradburne Director of External Affairs Telephone number: 07541 688233 Email: rachel.bradburne@nafd.org.uk Rebecca Aylott External Affairs Manager Telephone number: 07761342697 Email: Rebecca.aylott@nafd.org.uk Written queries: 618 Warwick Road, Solihull, West Midlands B91 1AA
Federation of Burial and Cremation Authorities (FBCA)	Email: admin@fbca.org.uk – use reference Local Authority Funeral Sector Visits in subject line Telephone number: 01527 275 850 Written queries: FBCA, Greenlands Business Centre, Studley Road, Redditch, Worcestershire, B98 7HD

[15] Tell us about a health and safety issue - Contact HSE (https://www.hse.gov.uk/contact/tell-us-about-a-health-and-safety-issue.htm)

Annex A: NAFD and SAIF agreed joint principles

The funeral sector has two main representative bodies, the National Association of Funeral Directors (NAFD) and the Society of Allied and Independent Funeral Directors (SAIF).

NAFD represents the entire spectrum of funeral directing businesses, including independent and family-owned firms, co-operatives and major funeral groups – more information can be found on their website[16].

SAIF support independent, mostly family-owned funeral directors – more information can be found on their website[17].

Both organisations have a code of conduct which they expect their members to adhere to – though there is no law requiring them to do so:

- NAFD's Code can be found here: https://ifso.org.uk/funeral-director-code/
- SAIF's Code can be found here: https://saif.org.uk/about-saif/

NAFD and SAIF have compiled a list of joint principles, set out below, which they consider to be key when undertaking visits to funeral directors.

If you have any questions or queries regarding NAFD and SAIF's joint principles, contact details for both organisations can be found under the contact details section on page 12.

General principles

- All funeral directors must comply fully with all relevant legislation and regulation, including Health and Safety, employment law, regulation of the pre-need funeral plan market, GDPR, and the Funerals Market Investigation Order 2021. The funeral director should familiarise themselves with the Health and Safety Executive guidance on managing infection risks when handling deceased people.
- All staff must act in a professional, respectful and considerate manner, taking into account the needs of their clients at an extremely challenging and distressing time in their lives.
- All funeral businesses must monitor and manage risks and put contingency plans in place to ensure business continuity. The funeral director must prepare and maintain a written contingency plan including; dealing with any unexpected increase in the number of deaths; arrangements for any unexpected disruption to or loss of services, including any serious business or service failures e.g. in the event of a fire, bankruptcy, etc.

Hygiene and facility condition and capability

[16] Home - National Association of Funeral Directors (https://www.nafd.org.uk/)

[17] UK Independent Funeral Directors (https://saif.org.uk/)

- Facilities must be clean, well maintained, secure, and fit for purpose. All care of the deceased persons must take place in a location(s) appropriate for that purpose and the funeral director must ensure that their care facility or mortuary premises are lockable and accessible by authorised persons only. Premises must be regularly inspected to ensure high standards of cleanliness. The location of, and access to and from, the care facility or mortuary is suitable for the designated purpose. The funeral director should have access to equipment that can accommodate all body types and care services offered by the funeral director and the equipment must be well maintained.
- The funeral director must have on their premises, or have access to, appropriate refrigeration facilities to store deceased people in their care. Where the funeral director is using the services of another provider for any part of the care of deceased people each SLA must be reviewed regularly and at least once per year. Where refrigeration is being carried out by a third party the funeral director must inform the client.

Traceability/Transparency

- Clients should be given full and transparent information regarding cost, including funeral director fees and third-party costs, at the earliest opportunity. It is expected that funeral directors clearly and sensitively describe their services, including the complaints process. Businesses must have a written complaints procedure and the ability to provide access to dispute resolution services.
- Clients must be given full information about the location of the deceased person (friend/relative/loved one etc) and details of the care that they will receive.
- Businesses must manage donations appropriately, securely, and transparently on behalf of the client. Funeral directors should have a donations policy in place which is understood/known by staff and is readily accessible to the client.

Dignity and condition of the deceased people in their care

- Informed consent from the client must always be sought in advance for invasive procedures, for example embalming. The funeral director is to ensure that those performing embalming on behalf of their business are adequately trained/qualified to do so and are meeting the necessary health and safety requirements.
- The dignity of the deceased person must be always upheld. The funeral director must carry out regular visual checks of the condition of the deceased person and a further check immediately before the coffin is closed or immediately prior to the funeral service if no coffin is being used. At all times during their care the dignity of the deceased person must be maintained and appropriate shrouds, clothes and/or modesty covers used.
- First offices - the process of caring and preparing the deceased person - should be performed in all cases, unless a client specifically requests that it is not. Preparation must be carried out in a manner that maintains the dignity of the deceased person, treats them with care (including moving the deceased person in ways which avoid damage) and, at

a minimum, includes cleaning and washing the body, dressing, closing the eyes and mouth and arranging the hands.

- The funeral director must retain a comprehensive record of all deceased persons who have been in their care. The record must be sufficiently detailed to record what actions have been carried out in relation to the deceased person (e.g. first offices, washing, dressing – where, when and by whom, time of deceased's arrival and departure at funeral director's premises). The record must be secure, accessible, and is to be retained for a minimum of 5 years.
- All cremated remains should be handled sensitively, stored appropriately and securely. There should be a cremated remains/ashes management policy that deals with: 1. procedures for recording individual ashes, 2. procedures for splitting of ashes including transfer of ashes from one container to the other, 3. a clear description of the options available to client e.g. scattering, interment, retention in an urn, 4. procedures for the transfer or release of ashes, including procedures for contacting clients and obtaining signatures for release, 5. procedures for reporting lost or damaged ashes to your client, trade body and any other regulator, 6. recording or the scattering or interment of ashes if undertaken by the funeral director, 7. the keeping of an audit trail of all actions taken with the ashes.

Annex B: The Federation of Burial and Cremation Authorities Guidance

The Federation of Burial and Cremation Authorities[18] (FBCA) is the UK's principal representative of burial and cremation providers, offering a range of services to support its members who care for over 385,000 funerals a year. It has a long history of providing inspections to its members, who mainly consist of local authorities with crematoria or cemeteries.

FCBA provides the following support to its members:

- Bereavement Services Expertise within a Local Authority landscape
- Compliance & monitoring to industry standards
- Risk awareness & advice to support staff well being
- Technical services available to EHO & Public Health colleagues

Although not all local authorities are part of FBCA, in light of the pressing public interest in local authorities undertaking these visits, FBCA has agreed to offer guidance to those councils undertaking visits, whether or not currently members.

For further information on the services available or to arrange an initial discussion email admin@fbca.org.uk quoting *Local Authority Funeral Sector Visits* in the subject line.
Further details can be found in the contact details section on page 12.

[18] FBCA https://www.fbca.org.uk/what-we-do/

Annex C: Hull and East Riding templates from visits

Following the shocking events at Legacy Independent Funeral Directors, Hull and East Riding councils undertook a series of visits to funeral directors in their areas in order to try and provide reassure the public and instill public confidence in the funeral sector. **In just over two weeks the councils visited all funeral directors in their areas: Hull City Council visited 17 funeral director premises and East Riding visited 34 funeral director premises**. Visits took approximately 1 ½ - 2 hours per site.

In order to organise these visits, Hull and East Riding councils either wrote to and or called each funeral directors in their area. The scripts they used for these initial conversations are provided below.

Hull and East Riding councils have also provided a copy of the protocol that public protection officers followed when undertaking their visits, which may be seen below.

Example Introductory letter to Funeral Services

Dear Sir/Madam,

Re: Supporting Funeral Services in [LOCAL AUTHORITY AREA]

We are contacting you following the recent news reports regarding funeral services business. We understand this will be a concerning time for you, as well as for affected families and the public seeking funeral services.

To ensure continued trust and high standards within the funeral services sector in [YOUR AREA], we're seeking to carry out a series of visits to all funeral directors in the area.

These visits aim to:

- Offer support and address any questions or concerns you may have.
- Review compliance with health and safety, operational procedures, and the care of the deceased people you look after.

The National Association of Funeral Directors (NAFD) and the National Society of Allied and Independent Funeral Directors (SAIF) are supportive of this initiative. Their goal, alongside ours, is to maintain the well-being and confidence of the community during this sensitive time.

Our visiting officers will carry full identification and authorisation for your peace of mind.

To ensure a smooth process, we kindly request a response to this email confirming your contact details are accurate. We will then be in touch shortly to schedule a visit at your convenience.

We appreciate your cooperation and look forward to working together.

Example-Initial phone call (points to cover)

- Hello, my name is [OFFICER NAME]. I work for [INSERT] as a [JOB TITLE].
- We recently sent an email to [FUNERAL DIRECTOR D COMPANY NAME] and I would like to discuss it with you. Are you able to discuss this with me or is there someone else I should speak to?
- [WHEN SPEAKING TO THE RIGHT PERSON] Thank you for taking the time to speak with me. You may be aware that following events in Hull and East Riding, each council is undertaking visits to funeral directors in their area to reassure the public that they can put their trust in their local funeral directors. Are you willing to work with us to achieve this aim?
- Thank you. We believe the best way to provide reassurance is to visit you at your premises for a discussion and a tour of your facilities. We anticipate that our visit will take about an hour to two hours of your time, and we are happy to work around you to ensure that we don't cause too much disruption to your business.
- We'd like to visit as soon as possible, perhaps this week – can you let us know what date suits you? We understand that you are likely to be caring for deceased at present, and therefore may need the consent of the bereaved families for us to visit. Is it possible for you to seek this consent in time for our visit on [AGREED DATE AND TIME]?
- Thank you for agreeing to work with us to offer reassurance to our residents. We look forward to meeting you, and your team, on [DATE AND TIME OF VISIT]. If you need to contact us in the meantime, you can call us on [NUMBER] or email [EMAIL ADDRESS]

If asked any questions in relation to the incident

I am not able to comment on anything to do with the incident in Hull and East Riding, this remains an active police investigation. My role is to work with all FDs in our area to ensure we can deliver reassurance to the public and minimise impacts on yours and other local businesses.

If asked, what will happen with the findings?

The intention is to go through a list which looks at your processes: from the beginning to the end of the customer and deceased persons journey with you. This is with a view to being satisfied that there are no matters of concern, however if any matters of concern were to be identified these would be referred onto the relevant agency, e.g. the police. It is possible that matters of Health and Safety compliance etc. could be identified as part of our visit, however we would offer you advice to help you rectify any issues.

Example Protocol for visiting officers.

- All officers must have identification available to view and must carry of a copy of their authorisations. Please do not wear your ID badge in public view.
- PPE – officers should wear safety shoes.
- Greet the FD / their team and introduce yourself(s). Thank them for working with us to facilitate the visit.
- Confirm that this is a visit to gather reassurance of good practice NOT an inspection and reassure them that we are here to work with them to reassure the public and minimise impact on the FD's business.
- Ask the FD is they have any safe systems of work which they would like you to adhere to, e.g., gloves, masks etc. and comply with their request.
- Ask the FD if they will allow you to take photos during your visit – make sure to note that you would ask in each location before taking the photos because you're aware of the sensitivity of some areas, e.g., the body storage area.
- Show the FD the form that you will be using and begin working through it with them. Chat with the FD and/or their team to engage with them in the process. Invite them to share their procedures and practices.
- Any areas of concern/relevance to be added to the notes section.
- Officers should note down the scope of the business onsite, for example do they offer pre-paid funeral plans/on-site funerals/ engraving etc.
- If any areas of concern falling under a separate remit are identified i.e. HSWA then in the first instance offer advice on how to rectify the concern. This should then be discussed with your line officer following the visit.
- Any urgent matters of concern must be telephoned to your link officer on immediate departure of the premises, who will then co-ordinate the next course of action.
- Officers must ensure they alert their link officers if they have any wellbeing issues as a result of the visits.

If asked, what do you know about funeral directors, why are you here?

Although we do not deal with FD frequently, our day-to-day job is to deal with business safe systems of work, protocols and we are here representing the Council following an incident nationally.

If asked any questions in relation to the incident in Hull and the East Riding

I am not able to comment on anything to do with the incident, this remains an active police investigation, my role is to work with all other FDs in our area to ensure we can deliver the public reassurance needed and minimise impacts on other local businesses.

If asked, what will happen with the findings?

The intention is to go through a list which looks at your processes from beginning to end of the customer and deceased persons journey, with a view to being satisfied that there is no matter of concern. If any matters of concern were to be identified these would be

referred onto the relevant agency, e.g. the police. It is possible that matters of Health and Safety compliance etc could be identified as part of our visit, however advice would be offered to help you rectify any issues.

Annex D: Selling pre-paid funeral plans

Although most of the work of funeral directors is not regulated, a key exception is pre-paid funeral plans. A pre-paid funeral plan is as a financial package that allows the consumer to pay for their funeral in advance either in instalments or in one payment. This enables the consumer to plan for their funeral ahead of time and secure their funeral to ease future pressures and financial burdens.

Not all funeral directors are permitted to sell funeral plans. In order to do so, a funeral director must be authorised to do so by the Financial Conduct Authority (FCA). You can check that someone has been authorised to sell pre-paid funeral plans by following the FCA's guidance below. **Carrying out unauthorised business is an offence punishable by terms of up to two years imprisonment or a fine, or both**. Consumers should only deal with funeral plan providers authorised by the FCA.

If you have any questions or queries regarding the FCA's guidance, contact details for the FCA can be found under the contact details section on page 12.

FCA Guidance

The FCA has provided guidance below which sets out how to identify if a funeral director is authorised to sell pre-paid funeral plans.

Who can sell prepaid funeral plans?

Some funeral directors are *directly authorised* by the FCA to sell prepaid funeral plans. Other funeral directors are *Appointed Representatives* of an FCA authorised firm and are therefore also able to sell and arrange prepaid funeral plans. Other funeral directors act as *Introducer Appointed Representatives* which means that they are able to introduce a consumer to an FCA authorised funeral plan provider who will sell the consumer a plan. **Unless a funeral director is either *directly authorised* or an *appointed representative of an FCA authorised firm*, they should not be selling pre-paid funeral plans.** Carrying out unauthorised business is an offence punishable by terms of up to two years imprisonment or a fine, or both. Consumers should only deal with funeral plan providers authorised by the FCA.

How do I know if a funeral director is authorised to sell funeral plans?

Before visiting a funeral director you can look at the FCA register[19] to check whether they are directly authorised by the FCA or are an Appointed Representative/Introducer Appointed Representative of an FCA authorised firm.

[19] Register Home Page https://register.fca.org.uk/s/

What to look out for on your visits:

- A funeral director's website can show evidence that a funeral director offers prepaid funeral plans.
- Other indications that a funeral director is distributing plans include marketing material of funeral plans such as leaflets and posters.
- Ask the funeral director if they currently sell prepaid funeral plans. If they do, you could check that they are registered on the FCA register.
- Ask whether the funeral director sold prepaid funeral plans in the past. If they did, check if they are still holding them or whether they have been transferred to a funeral plan provider.

What to do with the information you receive

- Send details of concerns identified during the visit to the FCA to firm.queries@fca.org.uk. And if you have any questions please contact us on 0300 500 0597. Please include the name and address of the funeral director, any findings relating to the unauthorised business including number of plans held (if available).

Annex E: Human Tissue Authority's Standards and Guidance

The Human Tissue Authority (HTA) is a watchdog that regulates organisations that remove, store and use tissue for research, medical treatment, post-mortem examination, teaching and display in public under the Human Tissue Act 2004 (Act). Therefore, **the HTA does not have any form of legislative authority in relation to funeral directors**.

However, the following is an extract from pages 19 to 23 of the HTA's Post-mortem examination licensing Standards and Guidance[20] document which explains what standards funeral director premises should aim to meet. **This is not a legal requirement but you may find this guidance useful to help you establish whether the premises are secure and well maintained and whether there are appropriate facilities for the storage of deceased persons' bodies.**

If you have any questions or queries regarding the HTA's guidance, contact details for the HTA can be found under the contact details section on page 12.

HTA Premises, facilities, and equipment guidance

The below extract sets out how establishments meeting HTA licensing standards seek to demonstrate that their premises and facilities are appropriate for the licensed activities taking place, that they are safe, secure and clean and that there are effective contingency arrangements in place. In addition, establishments will have systems for ongoing monitoring to ensure all key quality specifications are maintained. These standards also cover equipment, ensuring that it is appropriate, and suitably maintained, and that it does not present an impediment to the staff using it or a risk to bodies.

PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue

a) The premises are clean and well maintained.

- Floors, walls and work surfaces should be of non-porous construction and free of cracks and chips. The premises should be subject to a programme of planned preventative maintenance, which ensures that the premises, facilities and equipment remain fit for purpose.

b) There is demarcation of clean, dirty and transitional areas of the mortuary, which is observed by staff and visitors.

[20] Microsoft Word - Post-mortem examination licensing standards and guidance version 3 (hta.gov.uk)

c) There are documented cleaning and decontamination procedures and a schedule of cleaning.

- There should be records of cleaning and decontamination.

d) The premises are secure (for example there is controlled access to the body storage area(s) and PM room and the use of CCTV to monitor access).

- Security arrangements should be robust, with effective mechanisms to strictly control access.

e) Security arrangements protect against unauthorized access and ensure oversight of visitors and contractors who have a legitimate right of access.

- Levels of oversight, particularly surrounding mortuary access and mortuary activities undertaken, should be clearly defined and take into account risks to the dignity of the deceased.

PFE2 There are appropriate facilities for the storage of bodies and human tissue

a) Storage arrangements ensure the dignity of the deceased.

- Storage temperatures should be appropriate to ensure that the condition of bodies is preserved. Refrigeration of bodies should be at a temperature of approximately 4 degrees Celsius. The optimal operating temperature for freezer storage is around -20 degrees Celsius.

b) There is sufficient capacity for storage of bodies, organs and tissue samples, which takes into account predicted peaks of activity.

- Capacity should be regularly reviewed, particularly if contingency arrangements are used regularly or for extended periods.

c) Storage for long-term storage of bodies and bariatric bodies is sufficient to meet needs.

- There should be sufficient frozen storage for the long-term storage of bodies; the HTA advises that bodies should be moved into frozen storage after 30 days in refrigerated storage if there is no indication they are soon to be released or further examined, or before, depending on the condition of the body. Bodies in long-term storage should be checked regularly; this should include confirmation of their identity and the reason for their continued storage.

d) Fridge and freezer units are in good working condition and well maintained.

e) Fridge and freezer units are alarmed, and the alarms are tested regularly to ensure that they trigger when temperatures go out of upper or lower set range.

f) Temperatures of fridges and freezers are monitored on a regular basis.

g) Bodies are shrouded or in body bags whilst in storage.

- Shrouding practices should preserve the dignity of the deceased, including during release and transportation. Shrouds should be clean and appropriate for use and checked regularly.

h) There is separate storage for infants and babies. If not, special measures are taken for the bodies of infants and babies.

i) There are documented contingency plans in place should there be a power failure or insufficient numbers of refrigerated storage spaces during peak periods.

- Practices such as placing more than one body on a tray or storing bodies in unrefrigerated storage should not take place.

Annex F: Health and Safety Executive Guidance for Funeral Premises

The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. HSE is responsible for enforcing health and safety at workplaces.

The following is an extract from pages 37 to 43 of the Managing infection risks when handling deceased people, also known as HSG283[21], document and explains how to manage infection risks and provide guidance to assist duty holders on complying with legal duties. While **compliance with this document is not a legal requirement** the content may be useful for you to consider as you are going on your visits.

If there are any issues around this, general queries can be sent to Public.Services-Sector@hse.gov.uk. In the event a health and safety concern is identified in a Funeral Directors premises where embalming or coffin making is the main activity, and is therefore HSE-enforced, the LA can speak to their local HSE Enforcement Liaison Officer to clarify enforcement allocation. Any concerns that are for HSE can then be triaged through our normal concerns handling procedures. Further guidance on how to raise a workplace health and safety concerns is available on their website[22].

Managing risks of infection in funeral premises

This section is aimed at funeral directors and their employees, including embalmers, working in funeral premises. It outlines the features that make a facility suitable for the process of performing hygienic preparations and embalming, the risks to consider and the safe working practices to control those risks.

Facility design

194. Funeral service facilities should provide accommodation that enables staff to work safely. It is recognised that the facilities are varied and different from those found in the healthcare setting.

195. Minimum requirements for general workplace conditions such as lighting, ventilation, floor surfaces and temperature are set out in the Workplace (Health, Safety and Welfare) Regulations 1992 Approved Code of Practice[23].

196. The size of the facility (including the body store and embalming room, where required) should be based on the storage requirements for bodies and the embalming anticipated to take place.

[21] Managing infection risks when handling the deceased (https://www.hse.gov.uk/pubns/priced/hsg283.pdf)
[22] Contact the Health and Safety Executive (https://www.hse.gov.uk/contact/index.htm)
[23] Workplace health, safety and welfare - L24 (https://www.hse.gov.uk/pubns/books/l24.htm)

197. Floor surfaces should be constructed from hard-wearing, easily cleanable materials with impervious surfaces that are resistant to damage by chemical action, including disinfectants. They should not be slippery or uneven. Coved edges to floors make cleaning easier, and sloping towards drains and gullies helps drainage.

198. Similarly, all fittings and furniture, particularly embalming tables, should be constructed from hard-wearing, easily cleanable materials with impervious surfaces that are resistant to chemical damage.

199. You should use a separate area for embalming where possible (sometimes referred to as an embalming theatre). If the room is also used for hygienic treatment, then in cases where the deceased is known to present an increased risk of infection, you should not allow embalming to take place at the same time as other activities being carried out on another body. However, you may do so if an appropriate risk assessment has been conducted and necessary precautions have been applied by all those working in the area.

200. Hands-free communication devices and wipe-clean, covered keyboards or tablets are recommended to avoid contamination. Equipment designed for use when the hands are contaminated is best activated by voice, elbow or foot.

Ventilation

201. You should make sure that there is an adequate fresh airflow throughout the workplace for odour control. In many cases, windows or other openings will provide sufficient ventilation in some or all parts of the workplace. Where necessary you should provide mechanical ventilation systems. Whatever the means of providing fresh air (natural or mechanical), you should make sure that measures are taken to control the entry of pests such as flies and rodents.

202. In areas where embalming is carried out, local exhaust ventilation will be required to control levels of exposure to embalming fluid. The need for personal and workplace monitoring should also be considered in the assessment. Control of Substances Hazardous to Health (COSHH) Regulations[24] requires local exhaust ventilation systems to be thoroughly examined every 14 months by a competent person.

Body reception at funeral premises

203. Your safe working practices should ensure that funeral service staff are informed of all cases where an infection risk is known or thought to exist before the body is delivered to the funeral premises. This information should be provided using the hazard notification sheet (see Appendix 2 of the Managing infection risks when handling the deceased[25].) The Association of Anatomical Pathology Technology (AAPT) has developed post-mortem

[24] The Control of Substances Hazardous to Health Regulations 2002 (https://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made)

[25] Managing infection risks when handling the deceased (https://www.hse.gov.uk/pubns/priced/hsg283.pdf)

standards to ensure that, following post-mortem, the deceased is prepared in a manner that is suitable for viewing and minimises the infection risk to others (including funeral services staff) who may then handle them.

204. The information provided should enable staff to assess the likelihood of infection from the deceased, make any special arrangements required and, where necessary, seek advice. Where there is a known or suspected risk of infection, additional labelling indicating the nature of the risk is needed. This may be done by indicating the potential route of transmission (airborne, droplet or contact) of any infectious microorganisms. Where this information is not provided, you should try to get it from your local healthcare practice where possible.

Body storage

205. Body storage capacity needs to be adequate to cope with public holiday periods and any other need for temporary increase in body numbers. You should have contingency arrangements in place to transfer bodies to other suitable premises should storage capacity become a problem.

206. Storage compartments should be designed to be easily cleaned and maintained, and size should be considered to accommodate bariatric and paediatric bodies.

207. Minimise the handling of the deceased to control the risk of exposure. Keeping the deceased cool controls further deterioration by limiting further growth of any bacteria present (see the information box). You should try to minimise the number of times the deceased are removed from cold storage, eg by implementing controlled viewing times where possible.

208. If bodies are to be held for less than 48 hours, storage at 6°C or below is appropriate. If you need longer-term storage, this should be at temperatures of approximately 4°C. Carry out regular temperature checks of cold storage facilities to confirm that refrigeration units are working effectively, or use sensors with alarms to alert you when the temperature of cold storage exceeds pre-set limits.

Storage of the deceased before burial or cremation

Keeping the body cold limits the rate of decomposition by slowing the growth of bacteria that contribute to the decomposition process. Certain drugs (administered before death) may also influence the rate of decomposition.

Ideally, a refrigerated body store should be used for this purpose, but this may not be practicable in smaller premises where only a limited number of bodies are handled. However, there are a number of other means by which cooling could be achieved; for example:

- using cold tables or cool blankets;
- installing air chillers;
- using facilities at larger premises (if the site is a satellite premises);
- making arrangements with local hospitals to delay collection, where possible.

Safe working practices in funeral premises

209. You must make sure that safe working practices are in place and being followed. Assess the risks before starting hygienic preparations or embalming.

Your risk assessment should consider:

- known or suspected infection hazards (e.g. from the hazard notification sheet) and whether there is a need for transmission-based precautions (TBPs);
- timing of procedures (e.g. the importance of taking sufficient time for each case as hurried procedures can increase the likelihood of accidents) and temporal separation (e.g. dealing with increased infection risk cases last to reduce the likelihood of contamination);
- the number of staff required and whether to exclude visitors or observers.

210. Be highly vigilant to make sure that adequate control is maintained at all times during hygienic preparations and embalming.

Access to hygienic preparations and embalming

211. You should make sure that the numbers of people present when carrying out hygienic preparations or embalming are kept to a minimum. By organising workflow and controlling access to the areas where hygienic preparations or embalming are carried out, you can minimise any unnecessary movements, distractions or interruptions which might interfere with safe working procedures or increase the risk of accidents.

212. Unauthorised people should not enter areas where hygienic preparations or embalming are carried out. A member of the funeral service staff should supervise all visitors and where necessary give them appropriate PPE to wear. Additional precautions

to mitigate the risk of cross-contamination are explained in paragraphs 59–98 of Managing infection risks when handling the deceased[26].

213. Where hygienic preparations or embalming is being carried out for training and educational purposes, the appropriate precautions should be applied to everyone involved. However, you should not embalm the deceased who present an increased risk of infection for training and education purposes.

Personal protective equipment

214. Your safe working practices should clearly specify what PPE should be worn in the designated clean and dirty areas of the funeral premises (such as the viewing room and embalming room). Anyone entering such areas should comply with these requirements; they will be different during procedures and after the areas have been decontaminated. Standard infection control precautions (SICPs) and transmission-based precautions (TBPs) explain how PPE fits with other control precautions. However, for most routine activities single-use gloves and plastic aprons should give sufficient protection. People handling the deceased should always wear gloves and wash their hands afterwards. The safe working practices should set out where additional PPE is required.

Standard infection control precautions include making sure the following items are worn during embalming procedures and hygienic treatment:

- a surgical scrub suit;
- a plastic single-use apron to cover chest, trunk and legs;
- waterproof boots;
- single-use gloves;
- waterproof sleeve covers, where there is exposed skin and likely to be significant contamination.

Transmission-based precautions may include wearing the following additional PPE during embalming procedures and hygienic treatment for deceased with higher infection risk:

- a form of eye protection or plain unventilated visor to provide a physical barrier to droplets;
- a face mask to protect the mouth and nose from direct splash contamination if a visor is not worn;
- cut-resistant protective gloves, where appropriate to the activity.

Equipment and instruments

215. Base your decision on the requirements for equipment and instruments for hygienic treatment and embalming on the projected workload. Keep instruments sharp, clean and ready for use. Although there is no legal requirement on this, it is recommended that three sets of instruments should be available. This allows one set to be in use, a second ready

[26] Managing infection risks when handling the deceased (https://www.hse.gov.uk/pubns/priced/hsg283.pdf)

for use and a third being cleaned and disinfected. Alternative approaches are also acceptable. All instruments should be cleaned after use in warm water and detergent (but not in the wash-hand basin). They can be disinfected by boiling (eg at 90 ºC for 60 seconds) or soaking in an appropriate disinfectant.

Safe use of sharps

216. Use of safer sharps (i.e. with features or mechanisms that prevent or minimise the risk of accidental injury) is required in the healthcare sector; this is one way of managing the risk of sharps injuries. Where this is not feasible, you should implement procedures for safe use and disposal of sharps (e.g. prevent the recapping of needles; dispose of sharps in secure containers close to the work area).

Hygienic treatment

217. Hygienic treatment (sometimes known as first or last offices) includes washing, dressing, trimming hair and nails etc. The activities involved with this treatment could expose employees to the blood of the deceased through cutting or piercing the skin. This could be intentional, e.g. during suturing, or unintentional, when cutting hair or nails.

218. Some procedures carried out as part of hygienic treatment may also involve emptying the contents of the bowel and bladder and entail the plugging of orifices. Such procedures could result in exposure to body fluids such as urine and faeces, which may present a risk of infection. You should consider the condition of the deceased, e.g. whether they have undergone a post-mortem examination or have undergone significant deterioration before any hygienic treatment. Where the deceased is known to present an increased risk of infection (see the list in Appendix 1 of Managing infection risks when handling the deceased[27]) additional TBPs may be required.

Embalming

What is embalming? Embalming is defined as the preservation of a body from decay through injection of a chemical embalming fluid. The preservative solution (the embalming fluid) replaces the blood as well as treating the body cavity and organs.

219. You or a member of your staff may carry out the embalming, or a trade embalmer may use your premises. Before embalming begins, staff should prepare the embalming room and equip it in accordance with the safe working practices.

Before embalming begins, embalmers should make sure that:

- an adequate supply of PPE is available;
- heavy-duty rubber gloves and aprons are readily available, if required;
- air supply and extraction systems are working properly;
- drains are clear, have been cleaned and the water supply is working;

[27] Managing infection risks when handling the deceased (https://www.hse.gov.uk/pubns/priced/hsg283.pdf)

- there is an adequate supply of soap, freshly prepared embalming fluids, disinfectants, detergent solutions and paper towels;
- tools and equipment required during embalming are properly maintained, clean and ready for use, and set out as required.

220. Embalming should only be undertaken when adequate controls are in place (as identified by the risk assessment) to prevent or minimise any risk of infection. It is essential that the funeral service provides any information about known or suspected infection risks from the deceased to the embalmer, preferably using the hazard notification sheet (Appendix 2). Some activity-specific precautions are given in the information box below.

Standard infection control precautions for embalming procedures

- Once used instruments are no longer required, clean them thoroughly in detergent solution.
- Never attempt to catch a falling instrument. To help prevent accidental falls, do not lay instruments down indiscriminately after use.
- Wherever possible, minimise operations likely to cause splashing or generate aerosols, such as washing down with high-pressure hoses and cleaning instruments under running water.
- If a sluice is included in the room, it should be fitted with a suitable cover to prevent aerosolising of fluids when flushed.
- Follow specified cleaning and disinfection procedures for decontamination of work, floor and wall surfaces and of equipment, including use of PPE, where appropriate.

221. The risk assessment should consider whether embalming needs to be carried out as not all bodies are embalmed. Consider the needs of the family, whether the body needs to be repatriated, and any other risks that embalming may present. Where the risks from embalming cannot be managed, offer alternatives to allow the family to view the deceased where this is feasible.

222. The embalming process involves direct contact with the body, exposure to blood and other body fluids, and the use of sharps (and hazardous chemicals). There may be additional risks when embalming the deceased who have been involved in an accident or have undergone post-mortem examination, e.g., exposure to damaged bones/bone splinters. Take extra care when passing embalming fluid into a body that has undergone a post-mortem examination as larger blood vessels normally used for infusion may be damaged or severed and may result in embalming fluids leaking from the body.

223. To minimise the risk of transmission of microorganisms during embalming, you should use techniques that make sure that liquid dispersion and splashing are minimised and that all instruments likely to cause puncture wounds or cuts are handled appropriately.

224. During embalming, you should keep the number of sharp instruments present on the embalming table or trolley to a minimum. Place any used disposable sharp instruments,

such as scalpel blades, directly in a suitable sharps container. Use blunt-ended scissors and scalpel blades whenever possible. Where required to change scalpel blades, use safe working practices.

Transmission-based precautions for deceased who present an increased risk of infection

225. Where the deceased are not properly identified, particularly where there is no satisfactory hazard notification form or in suspicious death cases, you should:

- label and treat such bodies as increased infection risk cases, unless additional information becomes available;
- enclose all deceased labelled increased-risk in a leak-proof body bag marked in accordance with safe working practices.

226. Where a decision has been made to embalm the deceased known to present an increased risk of infection, use TBPs in addition to SICPs. You should consider the condition of the body as part of the risk assessment.

227. All embalmers should be adequately trained and competent in performing embalming on increased-risk cases and should work according to safe working practices.

228. For the deceased known to present an increased risk of infection, your risk assessment should consider whether the embalmer requires a second person to assist. It is advisable to have one embalmer to carry out the invasive procedures and a second person to assist with the process.

229. The embalmer is always responsible for the safety of invasive procedures, but they may authorise a suitably trained assistant to help with this work. The assistant should not handle sharp instruments or tools unless specifically instructed to do so by the embalmer. The embalmer and assistant should not handle sharp tools and instruments at the same time.

230. Everyone in the embalming room should obey warnings from any member of the embalming team and stop work until the matter has been resolved.

231. If PPE becomes heavily soiled, change it immediately. At the end of the embalming all PPE worn during the procedure should be disposed of correctly or treated, where appropriate, as contaminated linen and, for example, collected in suitable bags and cleaned properly. Further information on safe management of linen is provided in paragraphs 81–85 of Managing infection risks when handling the deceased[28].

Embalming the deceased who have been infected with hazard group 4 microorganisms

232. Embalming must never be carried out on known hazard group 4 infected cases, e.g. viral haemorrhagic fever (see Appendix 1 for details).

[28] Managing infection risks when handling the deceased (https://www.hse.gov.uk/pubns/priced/hsg283.pdf)

Visitors and observers in funeral premises

233. Visitors to the facility should not normally be admitted to the embalming room while it is operative.

234. Sometimes workers such as maintenance personnel will need access to the embalming room. They should be allowed to enter only under a permit-to-work system, where this is practical, or with supervision in smaller premises, and should be excluded until the room has been cleaned.

Religious or ritual preparations

235. There are considerable variations between people of different faiths, ethnic backgrounds and national origins in their approach to, and practices for, death and dying, as regards preparation for burial or cremation.

236. At the time of death, these practices may require involvement in last or first offices. If there is a requirement for involvement, you should inform people carrying out washing, dressing etc of any risks and advise them of the control measures to be used. The responsible person should advise families if there could be a health risk from touching or kissing the body. If these risks are significant, discourage the family members from doing so and explain about the possible consequences for their health. This should be done tactfully and ideally by a trained member of staff.

Viewing

237. When families and others wish to view the deceased, you should advise them whether there is a risk of infection if they touch or kiss the deceased, as well as any controls they should take after contact, e.g. washing of hands.

238. Certain infectious diseases (see Appendix 1 for details) will present a significant risk, so you should inform the family about the risks involved and provide them with PPE if appropriate. Alternatively, viewing could take place either at a distance or by use of a viewing panel in the coffin. Another option is to use a viewing room with a glass screen.

Appendix 1: Application of transmission-based precautions to key infections in the deceased

The causative agents for the key infections listed below have been arranged according to the most likely route of transmission, taking account of the activity when handling the deceased, e.g. through post-mortem and embalming.

Infection	Causative agent	Hazard group	Is a body bag needed[1]?	Can the body be viewed?	Can post-mortem be carried out?	Can hygienic treatment be carried out?	Can embalming be carried out?
Airborne Small particles that can remain airborne with potential for transmission by inhalation							
Tuberculosis	*Mycobacterium tuberculosis*	3	Yes	Yes[2]	Yes[3]	Yes	Yes[3]
Middle East respiratory syndrome (MERS)	MERS coronavirus	3	Yes	Yes	Yes[3]	Yes	Yes[3]
Severe acute respiratory syndromes (SARS)	eg SARS coronavirus	3	Yes	Yes	Yes[3]	Yes	Yes[3]
Droplet Large particles that do not remain airborne for very long and do not travel far from source with potential for transmission via mucocutaneous routes (ie mouth, nose or eyes)							
Meningococcal septicaemia (meningitis)	*Neisseria meningitidis*	2	No	Yes	Yes[5]	Yes	Yes[5]
Flu (animal origin)	eg H5 and H7 influenza viruses	3	No	Yes	Yes[5]	Yes	Yes[5]
Diphtheria	*Corynebacterium diptheriae*	2	No	Yes	Yes	Yes	Yes
Contact Either direct via hands of employees, or indirect via equipment and other contaminated articles where transmission is primarily via an ingestion route							
Invasive streptococcal infection	*Streptococcus pyogenes* (Group A)	2	Yes	Yes	Yes[5]	No	No
Dysentery (shigellosis)	*Shigella dysenteriae (type 1)*	3	No[6]	Yes	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	2	No[6]	Yes	Yes	Yes	Yes
Hepatitis E	Hepatitis E virus	3	No[6]	Yes	Yes	Yes	Yes
Enteric fever (typhoid/ paratyphoid)	*Salmonella typhi/ paratyphi*	3	No[6]	Yes	Yes	Yes	Yes
Brucellosis	*Brucella melitensis*	3	No	Yes	Yes[4]	Yes	Yes[4]
Haemolytic uraemic syndrome	Verocytotoxin/ shiga toxin-producing *E.coli* (eg O157: H7)	3	No[6]	Yes	Yes[4]	Yes	Yes[4]
Infection	**Causative agent**	**Hazard group**	**Is a body bag needed[1]?**	**Can the body be viewed?**	**Can post-mortem be carried out?**	**Can hygienic treatment be carried out?**	**Can embalming be carried out?**
Contact Either direct or indirect contact with blood/other blood containing body fluids via a skin-penetrating injury or via broken skin and through splashes of blood/other blood containing body fluids to eyes, nose and mouth							
Acquired immune deficiency syndrome (AIDS)-related illness	Human immunodeficiency virus	3	No	Yes	Yes[7]	Yes	Yes[7]
Anthrax	*Bacillus anthracis*	3	Yes	No	Yes[8]	No	No
Hepatitis B, D and C	Hepatitis B, D and C viruses	3	No	Yes	Yes[7]	Yes	Yes[7]
Rabies	Lyssaviruses	3	No	Yes	No	No	No
Viral haemorrhagic fevers	Specifically Lassa fever, Ebola, Marburg, Crimean-Congo haemorrhagic fever viruses	4	Yes[9]	No	No	No	No
Contact Either direct or indirect contact with body fluids (eg brain and other neurological tissue) via a skin-penetrating injury or via broken skin							
Transmissible spongiform encephalopathies (eg CJD)	Various prions	3	Yes	Yes	Yes[10]	Yes	No

Key

Red Minimise procedures or handling of the deceased

Yellow TBPs are necessary when carrying out procedures or handling the deceased

The highlighted areas indicate an increased level of risk associated with the infection to workers (with areas in red posing increased risk) and therefore require additional control measures when handling the deceased.

Notes

1 It is advised that a body bag is used for the deceased in all cases where there is, or is likely to be, leakage of body fluids.

2 With appropriate measures to deal with potential release of aerosols (eg place cloth or mask over mouth when moving the deceased).

3 With appropriate measures to deal with aerosol-generating procedures.

4 With measures to minimise environmental contamination (because of low infectious dose; ie the amount of pathogen or number of bacteria required to cause an infection is low).

5 With appropriate measures to prevent exposure of mucosal surfaces (eg a physical barrier to protect eyes, mouth and nose, such as a facemask or visor).

6 Although illness may have increased likelihood of leakage of body fluids.

7 With appropriate robust measures for the use of sharps (eg minimise use or use safer sharps devices).

8 Before undertaking a procedure, the rationale for a post-mortem should be carefully considered where anthrax infection is suspected, particularly where examination may increase the potential for aerosol generation.

9 With double body bag.

10 With appropriate measures to minimise percutaneous injury and contamination of work area, and to help with decontamination (eg high-level sharps control or dedicated equipment).

Hazard groups

The Approved List of biological agents[29] provides the approved classification of biological agents into hazard groups (as referred to in COSHH). The hazard groups are defined in the following table; when classifying a biological agent it should be assigned to one of these four groups according to its level of risk of infection to humans.

Group	Definition
Group 1	Unlikely to cause human disease
Group 2	Can cause human disease and may be a hazard to employees; it is unlikely to spread to the community and effective prophylaxis or treatment is usually available
Group 3	Can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but effective prophylaxis or treatment is usually available
Group 4	Causes severe human disease and is a serious hazard to employees; it is likely to spread to the community and usually no effective prophylaxis or treatment is available

Notification of reportable diseases

Certain diseases are reportable under national legislation. Please refer to the relevant legislation for notifiable diseases:

England – Health Protection (Notification) Regulations 2010[30]
Wales – Health Protection (Notification) (Wales) Regulations 2010[31]
Scotland – Public Health etc (Scotland) Act 2008[32]

[29] The Approved List of biological agents: Advisory Committee on Dangerous Pathogens (https://www.hse.gov.uk/pubns/misc208.pdf)

[30] The Health Protection (Notification) Regulations 2010 (https://www.legislation.gov.uk/uksi/2010/659/schedule/1/made)

[31] The Health Protection (Notification) (Wales) Regulations 2010 (https://www.legislation.gov.uk/wsi/2010/1546/schedule/1/made)

[32] Public Health etc. (Scotland) Act 2008 (https://www.legislation.gov.uk/asp/2008/5/schedule/1)

Appendix 2: Hazard notification sheet

1	**Name of deceased**			
2	**Date and time of death**			
3	**Source (hospital, ward or other)**			
4 Infection risk from the deceased[1]				
4a	Does the deceased present an infection risk? (Ring as appropriate)			
	Yes	Suspected	None suspected	
4b	If yes, what are the likely routes of transmission? (Ring all that apply)[2]			
	Airborne	Droplet	Contact	
4c	Infection (if permitted to disclose)[3]			
4d	Provide any relevant information to enable the deceased to be handled safely[4]			
5 Condition of the deceased[5]				
5a	Is the deceased leaking body fluids? Please provide details			
5b	Have accessories that present a risk of sharps injury been removed?			
5c	If yes, have the puncture points been covered or sealed?			
5d	If no, please provide details and location			
5e	Does the deceased have an implantable device? (Ring as appropriate)			
	No	Yes and switched off	Yes but not switched off	
5f	If yes, please provide details and location			
5g	Was the deceased receiving radiotherapy? (If yes, please provide details)			
6	**Signed**[6]			
	Print name			
	Institution			

This information needs to be handled sensitively and securely to ensure confidentiality of the deceased's personal information. It should be shared only with those who need it to handle the deceased safely (as required by the Health and Safety at Work etc Act 1974). This form provides one means of sharing the pertinent information.

Notes

[1] Providing sufficient information on infection risks from handling the deceased will enable the appropriate precautions to be taken. Where infection is the primary cause of death, please ring 'Yes' for Q4a. Infection may not be the primary cause of death but if the deceased was suffering from an infection, please ring 'Yes' or 'Suspected' for Q4a. Where there are no indications that the deceased was suffering from an infection, or where the deceased was on a course of antimicrobial medication that would minimise the infection risk, please ring 'None suspected' for Q4a and proceed to section 5, 'Condition of the deceased'.

[2] When handling the deceased, standard infection control precautions (SICPs) are considered the minimum protective measures to be used. In Q4b provide information on how exposure to infection may occur. This will help those handling the deceased to consider adopting additional control measures (transmission-based precautions or TBPs) appropriate to the route by which they can be exposed and transmission can occur.

[3] If the infection is known it is helpful, though not essential, to provide specific details in Q4c of the infectious agent, to inform the risk assessment and assist with possible treatment should exposure occur. This information may only be disclosed with prior permission of the deceased or their family.

[4] In Q4d provide any information relevant to infection risk that may assist in deciding whether and how the deceased should be handled during viewing, preparing (hygienic preparation), embalming, post-mortem examination or exhumation. For example, indicate why a body bag has been used, whether a body bag is necessary, and details of any counter-indications that may prevent specific activities (eg embalming) being performed. It may be appropriate to consult Appendix 1 of this publication (*Managing infection risks when handling the deceased*) for further information.

[5] In section 5 provide information on the condition of the deceased that would be helpful in deciding whether and how they should be handled. It highlights important issues, eg sharp medical devices or implantable devices (eg pacemakers), their location and whether they need to be removed.

[6] In hospital cases, the doctor and/or nursing staff with knowledge of the deceased's condition is asked to sign section 6 of this form. Where a post-mortem examination has been undertaken, the pathologist (or qualified anatomical pathology technologist) is asked to sign. In non-hospital situations (eg community setting), the doctor with knowledge of the deceased's condition is asked to sign.

Annex G: Relevant Legislation

There are a number of relevant pieces of health and safety and public health legislation that funeral directors must comply with. These are:

- The Public Health Act 1936[33] empowers local authorities to pass by-laws governing the use and provision of mortuaries and post-mortem rooms.

198 Provision of mortuaries and post-mortem rooms.

(1) A local authority or a parish council may, and if required by the Minister shall, provide—

(a) a mortuary for the reception of dead bodies before interment;

(b) a post-mortem room for the reception of dead bodies during the time required to conduct any post-mortem examination ordered by a coroner or other duly authorised authority;

and may make byelaws with respect to the management, and charges for the use, of any such place provided by them.

(2) A local authority or parish council may provide for the interment of any dead body which may be received into their mortuary.

- The Public Health (Control of Diseases) Act[34,35] and regulations made under it cover situations where a person dies while suffering from a notifiable disease, and restricts the period of time for which a body may be retained after death.

48 Removal of body to mortuary or for immediate burial.

(1) If a justice of the peace (acting, if he deems it necessary, ex parte) is satisfied, on a certificate of the proper officer of the local authority for the district in which a dead body lies, that the retention of the body in any place would endanger the health of any person, he may order—

(a) that the body be removed by, and at the cost of, the local authority to a mortuary, and

[33] Public Health Act 1936 (https://www.legislation.gov.uk/ukpga/Geo5and1Edw8/26/49/section/198#:~:text=198%20Provision%20of%20mortuaries%20and%20post%2Dmortem%20rooms.&text=and%20may%20make%20byelaws%20with,be%20received%20into%20their%20mortuary.)

[34] Public Health (Control of Disease) Act 1984 (https://www.legislation.gov.uk/ukpga/1984/22/section/48)

[35] Public Health (Control of Disease) Act 1984 (https://www.legislation.gov.uk/ukpga/1984/22/section/61)

(b) that the necessary steps be taken to secure that it is buried within a time limited by the order or, if he considers immediate burial necessary, immediately.

(2) Where an order is made under subsection (1) above, relatives or friends of the deceased person shall be deemed to comply with the order if they cause the body to be cremated within the time limited by the order or, as the case may be, immediately.

(3) An order under this section shall be an authority to any officer named in it to do all acts necessary for giving effect to the order.

61 Power to enter premises.

(1) Subject to the provisions of this section, any proper officer of a relevant health protection authority shall, on producing, if so required, some duly authenticated document showing his authority have a right to enter any premises at all reasonable hours—

(a) for the purposes of ascertaining whether there is, or has been, any contravention of a relevant provision of this Act, or of an order made by a justice of the peace under Part 2A of this Act, which it is the function of the relevant health protection authority to enforce,

(b) for the purpose of ascertaining whether or not circumstances exist which would authorise or require the relevant health protection authority to take any action, or execute any work, under such a provision or in relation to such an order,

(c) for the purpose of taking any action, or executing any work, authorised or required by such a provision or in relation to such an order, or by any order made under such a provision, to be taken, or executed, by the relevant health protection authority, or

(d) generally, for the purpose of the performance by the relevant health protection authority of their functions under such a provision or in relation to such an order.

(2) Admission to any premises ... shall not be demanded as of right unless twenty–four hours' notice of the intended entry has been given to the occupier.

(2A) Subsection (1) does not authorise entry to any part of premises which is used as a private dwelling (but this does not affect the power of a justice of the peace under subsection (3) to issue a warrant authorising entry to a private dwelling or to any part of premises used as a private dwelling).

(3) If it is shown to the satisfaction of a justice of the peace on sworn information in writing—

(a) that admission to any premises has been refused, or that refusal is apprehended, or that the premises are unoccupied or the occupier is temporarily absent, or that the case is one of urgency, or that an application for admission would defeat the object of the entry, and

(b) that there is reasonable ground for entry into the premises for any such purpose as is mentioned in subsection (1) above.

the justice may by warrant under his hand authorise the relevant health protection authority by any proper officer to enter the premises, if need be by force.

(4) Such a warrant shall not be issued unless the justice is satisfied either that notice of the intention to apply for a warrant has been given to the occupier, or that the premises are unoccupied, or that the case is one of urgency, or that the giving of such notice would defeat the object of the entry.

- the Control of Substances Hazardous to Health (COSHH) Regulations[36] cover the storage and use of chemicals and other potentially harmful substances.

7 Prevention or control of exposure to substances hazardous to health

(1) Every employer shall ensure that the exposure of his employees to substances hazardous to health is either prevented or, where this is not reasonably practicable, adequately controlled.

(2) In complying with his duty of prevention under paragraph (1), substitution shall by preference be undertaken, whereby the employer shall avoid, so far as is reasonably practicable, the use of a substance hazardous to health at the workplace by replacing

[36] The Control of Substances Hazardous to Health Regulations 2002 (https://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made)

it with a substance or process which, under the conditions of its use, either eliminates or reduces the risk to the health of his employees.

(3) Where it is not reasonably practicable to prevent exposure to a substance hazardous to health, the employer shall comply with his duty of control under paragraph (1) by applying protection measures appropriate to the activity and consistent with the risk assessment, including, in order of priority—

(a) the design and use of appropriate work processes, systems and engineering controls and the provision and use of suitable work equipment and materials;

(b) the control of exposure at source, including adequate ventilation systems and appropriate organisational measures; and

(c) where adequate control of exposure cannot be achieved by other means, the provision of suitable personal protective equipment in addition to the measures required by sub-paragraphs (a) and (b).

(4) The measures referred to in paragraph (3) shall include—

(a) arrangements for the safe handling, storage and transport of substances hazardous to health, and of waste containing such substances, at the workplace;

(b) the adoption of suitable maintenance procedures;

(c) reducing, to the minimum required for the work concerned—

(i) the number of employees subject to exposure,

(ii) the level and duration of exposure, and

(iii) the quantity of substances hazardous to health present at the workplace;

(d) the control of the working environment, including appropriate general ventilation; and

(e) appropriate hygiene measures including adequate washing facilities.

(5) Without prejudice to the generality of paragraph (1), where it is not reasonably practicable to prevent exposure to a carcinogen, the employer shall apply the following measures in addition to those required by paragraph (3)—

(a) totally enclosing the process and handling systems, unless this is not reasonably practicable;

(b) the prohibition of eating, drinking and smoking in areas that may be contaminated by carcinogens;

(c) cleaning floors, walls and other surfaces at regular intervals and whenever necessary;

(d) designating those areas and installations which may be contaminated by carcinogens and using suitable and sufficient warning signs; and

(e) storing, handling and disposing of carcinogens safely, including using closed and clearly labelled containers.

(6) Without prejudice to the generality of paragraph (1), where it is not reasonably practicable to prevent exposure to a biological agent, the employer shall apply the following measures in addition to those required by paragraph (3)—

(a) displaying suitable and sufficient warning signs, including the biohazard sign shown in Part IV of Schedule 3;

(b) specifying appropriate decontamination and disinfection procedures;

(c) instituting means for the safe collection, storage and disposal of contaminated waste, including the use of secure and identifiable containers, after suitable treatment where appropriate;

(d) testing, where it is necessary and technically possible, for the presence, outside the primary physical confinement, of biological agents used at work;

(e) specifying procedures for working with, and transporting at the workplace, a biological agent or material that may contain such an agent;

(f) where appropriate, making available effective vaccines for those employees who are not already immune to the biological agent to which they are exposed or are liable to be exposed;

(g) instituting hygiene measures compatible with the aim of preventing or reducing the accidental transfer or release of a biological agent from the workplace, including—

(i) the provision of appropriate and adequate washing and toilet facilities, and

(ii) where appropriate, the prohibition of eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination by biological agents; and

(h) where there are human patients or animals which are, or are suspected of being, infected with a Group 3 or 4 biological agent, the employer shall select the most suitable control and containment measures from those listed in Part II of Schedule 3 with a view to controlling adequately the risk of infection.

(7) Without prejudice to the generality of paragraph (1), where there is exposure to a substance for which a maximum exposure limit has been approved, control of exposure shall, so far as the inhalation of that substance is concerned, only be treated as being adequate if the level of exposure is reduced so far as is reasonably practicable and in any case below the maximum exposure limit.

(8) Without prejudice to the generality of paragraph (1), where there is exposure to a substance for which an occupational exposure standard has been approved, control of exposure shall, so far as the inhalation of that substance is concerned, only be treated as being adequate if—

(a) that occupational exposure standard is not exceeded; or

(b) where that occupational exposure standard is exceeded, the employer identifies the reasons for the standard being exceeded and takes appropriate action to remedy the situation as soon as is reasonably practicable.

(9) Personal protective equipment provided by an employer in accordance with this regulation shall be suitable for the purpose and shall—

(a) comply with any provision in the Personal Protective Equipment Regulations 2002 which is applicable to that item of personal protective equipment; or

(b) in the case of respiratory protective equipment, where no provision referred to in sub-paragraph (a) applies, be of a type approved or shall conform to a standard approved, in either case, by the Executive.

(10) Without prejudice to the provisions of this regulation, Schedule 3 shall have effect in relation to work with biological agents.

(11) In this regulation, “adequate” means adequate having regard only to the nature of the substance and the nature and degree of exposure to substances hazardous to health and “adequately” shall be construed accordingly.

- the Health and Safety at Work etc. Act 1974[37] and the numerous regulations made under it cover all aspects of health and safety. Employers have a duty to ensure the health and safety at work of all their employees. Those with five or more employees must prepare a written health and safety policy statement. Some key areas where health and safety regulations affect funeral directors include the use of electrical equipment, adequate provision of protective clothing and equipment and the reporting of any accidents at work.

[37] Health and Safety at Work etc. Act 1974 (https://www.legislation.gov.uk/ukpga/1974/37/contents)

Annex H: Glossary

Term	Definition
Applicant	The applicant is the person who applies for a burial or cremation of a deceased person. This tends to be either the next of kin, close relative or friend of the person who has died. Once an application has been made for a burial or cremation the applicant is the primary point of contact and is the only person who can make decisions regarding the care of the deceased person, unless express permission is given by the applicant for someone else to speak on their behalf.
Certificate for Burial or Cremation	The Certificate for Burial or Cremation is produced by the registrar when a death is formally registered and a death certificate is produced. This form is also known as the green form. The form is normally then passed to the funeral director by the person making the arrangements. A funeral cannot go ahead until this certificate is given to the cremation authority or burial authority.
Cremation	The act of reducing the deceased person's body to ashes by using intense heat. The machine used to cremate bodies is called a cremator. Following the cremation, the ashes are often placed in a container so that the family may either keep these for remembrance or have them scattered or interred.
Embalming	Embalming is defined as the preservation of a body from decay through injection of a chemical embalming fluid. The preservative solution (the embalming fluid) replaces the blood as well as treating the body cavity and organs.
Embalming fluid	A solution of chemicals (formaldehyde, ethanol and water) used to preserve deceased persons' bodies prior to burial or cremation.
Funeral directors	A person whose business consists of or includes the arrangement and conduct of funerals. Commonly known as either funeral directors or undertakers. Funeral directors are currently not regulated beyond health and safety legislation and pre-paid funeral plans.
Representative body	An organisation founded and funded by businesses that operate in a specific industry. Representative bodies provide their members with products and services including training and educational materials, technical advice, conferences, networking and publications, notifications of updates to industry standards. They often undertake specific projects to benefit the industry as a whole, and members have the opportunity to be involved and directly influence outcomes.
Mortuary facilities	A room or building in which dead bodies are kept, for hygienic storage, until burial or cremation.

First Offices	The process of making a person who has died look presentable for loved ones to view. This might include cleaning and washing the body, dressing them, and applying makeup.
Prepaid funeral plan	A prepaid funeral plan allows a consumer to pay for their funeral in advance, either in instalments or in one payment. This enables the consumer to plan for their funeral ahead of time and secure their funeral at the cost today to ease future pressure and financial burden.
Public Health Funeral	Public health funerals are provided by local authorities under section 46 of the Public Health (Control of Disease) Act 1984[38] for people who have passed away and have no next of kin, or whose next of kin, relatives or friends are unable or unwilling to make the necessary arrangements for a funeral. They are designed to protect public health and are important in ensuring that all individuals are treated with dignity and respect, regardless of their circumstances.

[38] Public Health (Control of Disease) Act 1984 (lhttps://www.legislation.gov.uk/ukpga/1984/22/section/46)

Annex I: Acronym Buster

NAFD	The National Association of Funeral Directors
SAIF	The Society of Allied and Independent Funeral Directors
FCA	The Financial Conduct Authority
HTA	The Human Tissue Authority
FBCA	The Federation of Burial and Cremation Authorities
MoJ	Ministry of Justice
DLUHC	Department for Levelling Up, Housing and Communities
HSE	The Health and Safety Executive
COSHH	The Control of Substances Hazardous to Health Regulations 2002
AAPTs	Association of Anatomical Pathology Technology
TBPs	Transmission-Based Precautions
PPE	Personal Protective Equipment
SICPs	Standard Infection Control Precautions