BAO | Bereavement Authority of Ontario

Routine Practices in the Bereavement Care Setting

The content in this publication was adapted from the document entitled *Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition,* developed by the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC). PIDAC-IPC is a multidisciplinary scientific advisory body that provides evidence-based advice to the Public Health Ontario (PHO) regarding multiple aspects of infection disease identification, prevention and control. PIDAC-IPC's work is guided by the best available evidence and updated as required. Best Practice documents and tools produced by PIDAC-IPC reflect consensus positions on what the committee deems prudent practice and are made available as a resource to public health and health care providers. PHO assumes no responsibility for the use of this document/content by anyone.

Images contained in this publication have been provided by Public Health Ontario. In some instances, some images were developed by Ken Rostant or adapted from Northwestern Ontario Infection Control Network—(NWOICN).

For more information, please contact the Infection Prevention and Control Department at Public Health Ontario via email at ipac@oahpp.ca or visit www.publichealthontario.ca.

This guideline is based on knowledge available at the time of printing. The document will be updated as necessary.

Publication Date: February 2018

Table of Contents

Message from the Vice-Chair of the Communications Committee

During the latter part of 2014, the Communications Committee undertook a review of the *Recommended Guidelines for the Implementation of Universal Precautions in the Funeral Service Profession (1994). As research was conducted to revise and update the information at hand, a discovery was made; Universal Precautions had a new name!*

Welcome Routine Practices! While the concepts are similar to those that have been used by licensees for many years, it quickly became evident that the mandated protocols practiced by our valued health care partners, needed to be adapted within the bereavement sector. In response, the guide for *Routine Practices in the Bereavement Care Setting* has been developed to support Ontario bereavement care personnel working in funeral establishments, transfer services, cemeteries, and crematoriums as endeavours are made on a daily basis to care for the deceased with dignity and respect.

To ensure suggested techniques aligned appropriately with the approaches that are currently practiced in health care settings, extensive consultations were conducted with the Infection Control and Microbiology team, lead by Dr. Allison McGeer, Director Infection Control at Mount Sinai Hospital, and representatives from Public Health Ontario. Additionally, feedback was provided by bereavement sector representatives who voluntarily participated in a working group, and members of the Infectious Disease Planning Committee, The Communications Committee and the BAO Staff. On behalf of the entire bereavement sector, I extend by heartfelt thanks for taking the time to share your thoughts, suggestions and feedback. Collectively the contributions of many have served to create a publication that will provide an invaluable point of reference for bereavement care personnel serving the needs of families in communities throughout the province.

Recognizing that the bereavement sector operators at arms-length from the health care profession, the services provided by bereavement care personnel provide an integral and essential service. For this reason it is important that all licensees make a commitment to uphold the highest standards of practice in all instances. Please note that the information provided within this guide is not all encompassing; instead the document relies on the good judgement of skilled and knowledgeable professionals who put their best foot forward in all bereavement care settings to ensure the proper and consistent application of Routine Practices.

As a licensed funeral director and elected member of the Board of Funeral Services, I am proud to represent the bereavement sector alongside professionals who go above and beyond each day to meet the needs and expectations of Ontario consumers. Thank you for your continued commitment to our outstanding profession.

James Fletcher

Vice Chair, Communications Committee

Licensed Funeral Director

Introduction

It is noteworthy that this guide for Routine Practices in the Bereavement Care Setting is the first publication for the Ontario bereavement sector as a whole. Although its genesis was in a Board of Funeral Services initiative, it was made possible by the collaboration of representatives of all the key stakeholders within the bereavement sector.

The purpose of this guide is to update the previous Recommended Guidelines for the Implementation of Universal Precautions in the Funeral Service Profession (1994) and to provide a resource to support the efforts of individuals working in funeral establishments, transfer services, cemeteries, and crematoriums throughout the province.

In order to ensure that the needs and expectations of the entire bereavement sector were well represented, a working group consisting of licensed funeral directors, transfer service operators, cemetery operators, and crematorium operators volunteered their time to offer suggestions and provide valuable insights. Their efforts were further enhanced by members of the Board of Funeral Services Infectious Disease Planning Committee, Communications Committee, and staff who shared their thoughts after reviewing the document in great detail. All of the comments put forth were given careful consideration and appropriately incorporated to ensure consistency of message prior to publication.

Building on the knowledge and expertise of health care professionals, the guide for Routine Practices in the Bereavement Care Setting provides an in-depth overview of Routine Practices, formerly referred to as Universal Precautions. Applying consistent and proper use of the tools and techniques identified in the following pages will help to ensure that the services provided by individuals working in the bereavement sector are held in high regard with valued health care colleagues and the public alike.

Health and safety is everyone's business. It is a responsibility that must be taken seriously by all professionals. It is my hope that this guide will provide a valuable point of reference to competent bereavement sector personnel who work so diligently to serve Ontario consumers.

Credits

Routine Practices in a Bereavement Care Setting was developed in collaboration with representatives from the bereavement and health care sectors who willingly shared their knowledge, skill and expertise.

Communications Committee

Gail Siskind, Chair, Public Board Member

James Fletcher, Vice Chair, Professional Board Member, Licensed Funeral Director

John Ward, Professional Board Member, Licensed Funeral Director

Mac Bain, Professional Board Member, Licensed Funeral Director

Wayne Smith, Professional Board Member, Licensed Funeral Director

Yves Berthiaume, Professional Board Member, Licensed Funeral Director

Representatives of the Infectious Disease Planning Committee

Mac Bain, Chair, Professional Board Member, Licensed Funeral Director

Gail Siskind, Public Board Member

Gilles Levasseur, Public Board Member

Allan Cole, Infectious Disease Specialist, Licensed Funeral Director

Ronald Hendrix, Ontario Association of Cemetery and Funeral Professionals Representative—Cemetery and Crematorium Sector, Licensed Funeral Director

Brad Scott, Ontario Funeral Service Association Representative, Licensed Funeral Director

Nicholas Larter, Ontario Association of Cemetery and Funeral Professionals Representative—Funeral Sector, Licensed Funeral Director

Dr. Toby Rose, Deputy Chief Forensic Pathologist for Ontario

Michael D'Mello, Registrar, Cemeteries Regulation Unit

Working Group (Licensed Professionals)

Linden Mackey, Mackey Funeral Home Inc., Lindsay, ON

Selena Janssens, Cataraqui Cemetery and Funeral Services, Kingston, ON

Paul Wareing, Wareing Cremation Services Inc., Tilsonburhg, ON

Tara Collings, Affordable Cremation Options Ltd., Mississauga, ON

Joseph Peters, Heritage Funeral Centre, Toronto, ON

Jenniffer Routh, McGuinty Funeral Home Limited, North Bay, ON

Sean McGivern, Reid Funeral Home Limited, Essex, ON

Anissa Au, Pine Hills Visitation Centre, Toronto, ON

Jennifer Connolly, Glen Oaks Funeral Home & Cemetery, Oakville, ON

Patrick O'Brien, Oakview Funeral Home, Oakville, ON

Serge McLean, Salon Funeraire Miron-Wilson Funeral Home, Cremation and Reception Centre, Timmins, ON

Mount Sinai Hospital, Infection Control and Microbiology

Dr.Allison McGreer, Director, Infection Control

Mr.Wayne Lee, Infection Control Practitioner

Ms. Christine Moore, Infection Control Practitioner

Glossary of Terms

Additional Precautions: Precautions that are necessary in the bereavement care setting in addition to Routine Practices for certain pathogens which may be present in the deceased remains being handled by bereavement care personnel. Additional Precautions are based on the method of transmission (e.g., contact, droplet, airborne).

Administrative Controls: Measures put in place to reduce the risk of infection to bereavement care personnel.

Airborne Transmission: Airborne transmission occurs when airborne particles remain suspended in the air, travel on air currents and are subsequently inhaled by individuals who are nearby or who may be some distance away from the source.

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

Barriers: Equipment or objects used to prevent exposure of skin, mucous membranes or clothing of bereavement care personnel to splashes or sprays of potentially infection materials.

Bereavement Care Personnel: Any person working on behalf of a licensed operator under the *Funeral, Burial & Cremation Services Act, 2002* who comes into contact with deceased remains.

Bereavement Care Provider: An operator licensed under the *Funeral, Burial & Cremation Services Act, 2002*.

Bereavement Care Settings: Any place where care of the deceased is performed, including but not limited to, the place of death, holding room, embalming room, morgue and crematorium.

Body Pouch: A leak-proof bag typically made from plastic or vinyl used to temporarily contain deceased remains.

Chain of Transmission: A model used to describe the infection process.

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

Communicable Disease: A disease that is able to be passed on.

Contact Transmission: Transmission of an infectious agent which occurs through direct or indirect contact. Also see, Direct Contact and Indirect Contact.

Contamination: The presence of an infectious agent on the hands or on a surface, such as clothing, gowns, gloves, instruments or other inanimate objects.

Deceased/Deceased Remains: A person who has died.

Direct Contact: The direct physical transfer of microorganisms between a susceptible host and an infected or colonized person through personal contact.

Disinfectant: A product used on surfaces or equipment which results in disinfection. Also see, Disinfection.

Glossary of Terms

Disinfection: The inactivation of disease-producing micro-organisms. Disinfection does not destroy bacterial spores. Equipment, devices and affected areas must be cleaned thoroughly before effective disinfection can take place. Also see, *Disinfectant.*

Droplet Transmission: The transmission process that occurs when droplets carrying an infectious agent exit the respiratory tract of an individual.

Environmental Controls: Measures used to control and minimize the level of microorganisms in bereavement care settings.

Eye Protection: A type of Personal Protective Equipment used to cover and protect the eyes when it is anticipated that a procedure is likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Eye protection includes safety glasses, safety goggles, face shields and visors.

Face Protection: A type of Personal Protective Equipment that protects the mucous membranes of the eyes, nose and mouth from splashes or sprays of blood, body fluids, secretions or excretions. Facial protection may include a mask or respirator in conjunction with eye protection, or a face shield that covers eyes, nose and mouth.

Hand Hygiene: The process of removing visible soil and removing or killing microorganisms from the hands. Hand Hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

Host: A person, plant or animal on or in which an infectious agent (e.g. a bacterium, fungus, parasite, virus or prion) is capable of invading tissues and multiplying.

Immunization: The action of making a person or animal immune to infection typically by inoculation.

Indirect Contact: The transfer of microorganisms to a susceptible host through contact with a contaminated intermediate object, such as an instrument.

Infection: The entry and multiplication of an infectious agent in the tissues of the host.

Infection Prevention and Control (IPAC): Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of transmission of microorganisms.

Infectious Agent: A microorganism (e.g. bacterium, fungus, parasite, virus or prion) which is capable of invading body tissues and multiplying. Also see *Microbe*.

Inoculation: The introduction of an infectious agent into an organism.

Glossary of Terms

Material Safety Data Sheet (MSDS): A document that contains information on the potential hazards (e.g. health, fire, reactivity and environmental) and proper safe handling procedures with a chemical product.

Microbe: A microorganism (e.g. a bacterium, fungus, parasite, virus or prion) which is capable of invading body tissues and multiplying. Also see, *Infectious Agent*.

Microorganism: A microscopic organism.

Mode of Transmission: The method by which infectious agents spread from one person to another.

Personal Protective Equipment (PPE): Clothing or equipment worn for protection against hazards.

Portal of Entry: The anatomic site at which microorganisms enter the body (e.g. mucous membranes of nose, mouth or broken skin).

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

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

Risk Assessment: An evaluation of the interaction between bereavement care personnel, the deceased remains and the environment to assess and analyze the potential for exposure to infectious disease.

Routine Practices: The system of Infection Prevention and Control (IPAC) practices used to prevent and control the transmission of microorganisms, as recommended by the Public Health Agency of Canada.

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

Legislative References

Bereavement care providers are responsible for ensuring compliance with an all applicable legislation. To search official electronic copies of Ontario's statues and regulations, please visit: www.e-laws.gov.on.ca.

Funeral, Burial and Cremation Services Act, 2002 and Regulation 30/11

The BAO is responsible for administering the *Funeral, Burial and Cremation Services Act, 2002* and associated regulations on behalf of the Ministry of Government and Consumer Services.

Employment Standards Act, 2000

The Ministry of Labour enforces the *Employment Standards Act, 2000*, which sets out minimum standards that employers and employees must follow. The agency also investigates possible violations, resolves complaints and provides education and information to make it easier for people to understand and comply voluntarily.

Health Protection and Promotion Act, 1990 and Regulation 557

The Ministry of Health and Long-term Care enforces the *Health Protection and Promotion Act, 1990*. Through its agencies, the Ministry offers public health programs, services and initiatives aimed at preventing the spread of disease and the promotion and protection of people in Ontario.

Occupational Health and Safety Act, 1990 and Regulation 851

The Ministry of Labour enforces the *Occupational Health and Safety Act, 1990* and Regulation 851 which provides a legal framework and tools to prevent workplace injury and work-related illness. The legislation sets out the rights and duties of all parties in the workplace and establishes procedures to deal with workplace hazards.

Workplace Hazardous Materials Information System and Regulation 860

The Workplace Hazardous Materials Information System (WHMIS) is a Canada-wide system designed to provide employers and workers information about hazardous materials used in the workplace. In Ontario, the Ministry of Labour enforces the WHMIS Regulation 80 as set out under the *Occupational Health and Safety Act, 1990.*

Workplace Safety and Insurance Act, 1997

The Workplace Safety Insurance Board, an independent trust agency, administers compensation and no-fault Insurance for Ontario workplaces under the authority of the *Workplace Safety and Insurance Act, 1997*.

Environmental Protection Act, 1990

The Ministry of Environment and Climate Change enforces the *Environmental Protection Act, 1990* which describes management practices to be followed to minimize the impact of biomedical waste on the environment. Guideline C-4—The Management of Biomedical Waste in Ontario outlines best practices for appropriate packaging, segregation, treatment, storage and disposal methods.

Dangerous Goods Transportation Act, 1990

The Ministry of Labour enforces *The Dangerous Goods Transportation Act, 1990* which sets out requirements for products and biomedical waste being shipped to and from workplaces.

Routine Practices: Defined

Routine Practices: Defined

The transmission of microorganisms and subsequent infection may be represented by a 'chain', with each link in the chain representing a factor related to the spread of microorganisms. Transmission does not take place unless all six of the elements in the Chain of Transmission are present. **(Figure 1)**

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

Did you know?

A reservoir is an animate or inanimate source where microorganisms can survive and multiply. Examples of reservoirs are water, food or a person.

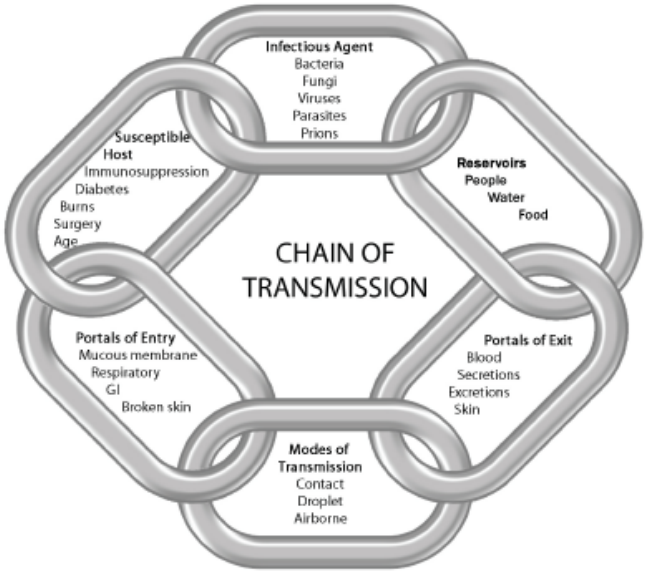


Figure 1: The Chain of Transmission

By eliminating any of the six links through effective infection prevention and control measures, or 'breaking the chain', transmission does not occur. **(Figure 2)**

Transmission may be interrupted when:

- An infectious agent (a microbe capable of causing disease) is eliminated or inactivated or cannot exit the reservoir
- Portals of exit are contained through safe practices
- Transmission between objects or people does not occur due to barriers and/or safe practices
- Portals of entry are protected
- Hosts are not susceptible

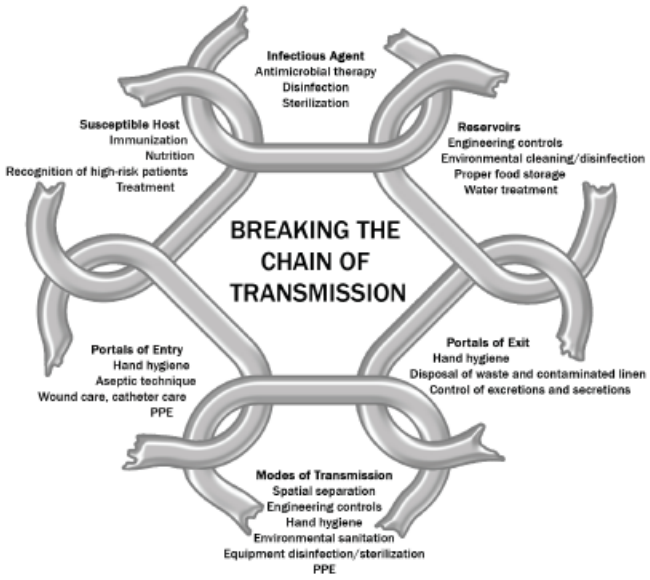


Figure 2: Breaking the Chain of Transmission

Did you know?

A microbe capable of causing disease is referred to as an 'infectious agent'.

Tip

Documents in the bereavement care setting are potential reservoirs. Keep documents such as the *Medical Certificate of Death* and embalming reports away from areas where they can become contaminated.

Tip

Breaking the Chain of Transmission prevents the infection from spreading.

In the bereavement care setting, the reservoir for the infectious agent is most often the remains of a deceased person who had an acute disease. However, a deceased person may also have been in the incubation period of the disease prior to death, or may have been a carrier of the infectious agent without any apparent symptoms. Equipment or environmental surfaces contaminated with body fluids of the deceased are another reservoir for infection.

The host (a member of the bereavement care personnel) may be immune (non-susceptible) to illness because they have been vaccinated, or previously infected. Individuals with diabetes mellitus, cancer, low white blood cell counts, or kidney failure, or those treated with corticosteroids, irradiation or immunosuppressive agents, are particularly prone to infection. Additionally, age and chronic debilitating disease may also make a person more susceptible.

The mode of transmission is the mechanism by which microorganisms are transferred from the source or the infecting agent to a susceptible host. Microorganisms are transmitted by various routes and the same microorganisms may be transmitted by more than one route.

The three main routes of exposure are contact, droplet, and airborne. Contact transmission occurs in two ways; direct contact and indirect contact. Microorganism transfer may occur directly through personal contact or indirectly through contact with a contaminated object.

If contaminated, documents such as a *Medical Certificate of Death* or Embalming Report may become a route of exposure through indirect contact.

Did you know?

The mode of transmission is the method by which an infectious agent is spread from one person to another (direct contact) or from an inanimate object to a person (indirect contact).

The three main routes of exposure to infectious agents are:

- Contact
- Droplet
- Airborne

Routine Practices Overview

Routine Practices is the system of Infection Prevention and Control (IPAC) practices and principles used to prevent and control the transmission of microorganisms as recommended by the Public Health Agency of Canada.

What are Routine Practices?

Routine Practices in the bereavement care setting are based on the premise that all deceased remains are potentially infectious and that the same safe standards of practice should be used routinely when handling all deceased remains to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Tip

Treat all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and soiled items as potentially infectious.

Are Routine Practices different from Universal Precautions, body substance isolation, and Standard Precautions?

Universal Precautions and body substance isolation are older terms referring to related strategies developed to prevent the spread of microbes in health care. Routine Practices (known in the United States as “Standard Precautions”) is a newer approach which is broader in scope and intended to protect all workers against the transmission of all microorganisms in healthcare.

What are the components of Routine Practices?

There are five major components of Routine Practices: administrative controls, risk assessment, hand hygiene, Personal Protective Equipment and environmental controls.

Did you know?

There are five major components of Routine Practices:

1. Administrative Controls
2. Risk Assessment
3. Hand Hygiene
4. Personal Protective Equipment
5. Environmental Controls

Component 1: Administrative Controls

Administrative controls are measures put in place to reduce the risk of infection to bereavement care personnel which include; policies and procedures, staff education, healthy workplace policies, immunization programs, and sufficient staffing levels.

Policies and Procedures

Policies and procedures ensure that bereavement care personnel are able to deal effectively with transmission risks associated with infectious diseases. It is important to implement policies and procedures that address:

- Use of Personal Protective Equipment
- Hand hygiene
- Prevention of sharps and needlestick injuries
- The requirement to report and follow up on sharps injuries
- Cleaning and disinfection of environmental surfaces in preparation and embalming of deceased remains
- Management of spills of body fluids
- Laundry protocols
- Review of incident and on-going hazards
- Protocols related to the identification and management of deceased remains with infectious diseases requiring Additional Precautions

Staff Education

All bereavement care personnel need to be provided with education that addresses proper Infection Prevention and Control protocols at the initiation of employment and as ongoing continuing education on a scheduled basis. Effective IPAC education programs need to address:

- The orientation of new employees and requirements for on-going infection prevention education and training for employees
- Disease transmission and the risks associated with infectious diseases in a bereavement care setting
- Hand hygiene, including the use of alcohol-based hand rubs and hand washing, and the maintenance of hand health
- Principals and components of Routine Practices as well as Additional Precautions
- Protocols to assess the risk of exposure and the appropriate use and indications for Personal Protective Equipment, including safe application, removal and disposal
- Appropriate cleaning and/or disinfection of equipment, supplies, and surfaces in areas used for preparation and embalming of deceased remains
- Responsibilities associated with keeping oneself and other people safe

Tip

Educate all bereavement care personnel regarding the importance of Infection Prevention and Control (IPAC) at the initiation of employment and as ongoing continuing education.

Component 1: Administrative Controls

Healthy Workplace Policies

All bereavement care settings need to establish a clear expectation that bereavement care personnel do not come to work when ill with symptoms of an infection that may be spread to others (e.g., acute strep throat, influenza-like-illness or gastroenteritis). It is important to support stated expectations with appropriate attendance management policies.

Additionally, bereavement care providers need to implement personal practices that help to prevent the spread of microorganisms that cause respiratory infections. Avoidance measures such as turning the head away from other individuals, or covering the nose and mouth with a disposable tissue are helpful in preventing other people from coming into contact with droplets as a result of coughing or sneezing.

Immunization Programs

The implementation of immunization programs can aid in the prevention of the spread of infection. In the bereavement care setting all licensed and unlicensed individuals are encouraged to participate in immunization programs.

Bereavement care personnel participating in immunization programs need to be vaccinated against:

- Hepatitis C
- Measles, Mumps, Rubella
- Varicella (Chickenpox)
- Diphtheria, Tetanus, Pertussis
- Meningococcus (Neisseria Meningitides)
- Influenza

In the case of Hepatitis B, bereavement care personnel must be tested for antibodies after completion of the vaccination series to document immunity. Individuals who have not developed antibodies need to be referred to a health care provider for assessment and revaccination if appropriate.

To develop immunity against measles, mumps and rubella, two doses of the vaccine are required. One dose of the vaccine is required for diphtheria, tetanus, and acellular pertussis for adults.

Additionally, individuals should be offered the quadrivalent conjugate vaccine against N. meningitides of types A, C, Y and W135. The influenza vaccine needs to be administered annually for individuals who request the vaccination.

Sufficient Staffing Levels

Sufficient staffing levels throughout the organization enable consistent use of Routine Practices. For example, proper application of Routine Practice protocols require individuals who are charged with handling remains to focus exclusively on the task at hand.

Component 2: Risk Assessment

Risk assessment is an evaluation of the interaction between bereavement care personnel, the deceased remains and the environment to assess and analyze the potential for exposure to infectious disease.

The purpose of the risk assessment is to assess the risk of exposure to blood, body fluids and non-intact skin. Strategies need to be identified that will decease exposure risk and prevent the transmission of microorganisms. The risk assessment must be conducted prior to performing any task that involved the handling of deceased remains.

Before any task is performed, conduct a risk assessment to evaluate the risk of disease transmission. Risk assessments take into account the following:

- The time required to complete the task
- The type of body fluids with which the bereavement care personnel may come into contact
- The presence of microorganisms in the body fluids
- The route of potential exposure to these microorganisms
- The environment in which the task is carried out

In the bereavement care setting the information available to the individual handling of the deceased remains regarding the potential risk of infection may be limited. For example, the *Medical Certificate of Death* of the deceased typically provides the information about the cause of death. In some cases, the deceased remains could be infectious, yet the disease does not appear on the *Medical Certificate of Death* because it was not the immediate cause of death. Since bereavement care personnel do not typically have a full history of the deceased's medical history, it is important to treat every deceased as potentially infectious.

Tip

Always perform a risk assessment prior to handling deceased remains.

Component 3: Hand Hygiene

Hand hygiene is the process of removing visible soil and removing or killing microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

Hand hygiene is considered the most important and effective Infection Prevention and Control measure to prevent the spread of associated infections in a bereavement care setting.

Gloves do not replace hand hygiene. Hand hygiene required use of soap and water or an alcohol-based hand rub to remove or destroy microorganisms. Good hand integrity (e.g., keeping skin healthy) is an integral part of hand hygiene.

It is important to perform hand hygiene between each activity where the risk of exposure exists. For example, after handling the deceased remains but before driving the transfer vehicle.

Tip

Remember, gloves do not replace hand hygiene.

For a step by step guide on proper hand hygiene techniques refer to *How to Hand Wash* (Appendix 3) and *How to Hand Rub* (Appendix 2)

Ease of Access to Hand Hygiene

Ensure ease of access to hand hygiene in all bereavement care settings. Where access to hand washing facilities may not be readily available, use alcohol-based hand rub.

Tip

Before moving to another activity, perform hygiene after engaging in any task where a risk of exposure exists.

For a step-by-step guide to putting on and removing Personal Protective Equipment refer to Putting on personal Protective Equipment (Appendix 3) and Removing personal Protective Equipment (Appendix 4).

Component 4: Personal Protective Equipment

Personal Protective Equipment (PPE) is clothing or equipment worn for protection against hazards.

Personal Protective Equipment includes, but is not limited to, gloves, gowns, face protection, head covers and shoe covers. Used alone or in combination to prevent exposure, Personal Protective Equipment acts as a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing.

The selection of Personal Protective Equipment is based on the nature of the interaction with the deceased remains and/or the likely mode(s) of transmission of infectious agents. Selection of the appropriate Personal Protective Equipment is based on the risk assessment that dictates what is worn to break the chain of transmission.

Did you know?

PPE acts as a barrier and prevents exposure to potentially infectious microorganisms.

Tip

Put on PPE immediately prior to handling the deceased. Remove and dispose of PPE upon completion of the task.

The process of putting on and removing Personal Protective Equipment requires strict adherence to a formal protocol to prevent contamination. Personal Protective Equipment should be put on just prior to the interaction with the deceased remains. When the procedure for which the Personal Protective Equipment was used has ended, Personal Protective Equipment should be removed immediately and disposed of in the appropriate receptacle. In the bereavement care setting, the use of scrubs or other similar clothing is encouraged under Personal Protective Equipment.

For a step-by-step guide to putting on and removing Personal Protective Equipment refer to *Putting on personal Protective Equipment (Appendix 3)* and *Removing personal Protective Equipment (Appendix 4).*

Gloves

Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.

The use of gloves provides bereavement care personnel with additional protection beyond intact skin and employing hand hygiene.

Appropriate Glove Use:

- Always wear the correct size gloves.
- Apply gloves immediately before the activity for which they are required.
- Clean hands thoroughly before putting on gloves.
- Remove and discard gloves immediately after the activity for which they were used.
- Perform hand hygiene immediately after glove removal Change or remove gloves after touching a contaminated site of deceased remains and before touching a clean site or the environment.
- Do not wash or reuse disposable gloves.

Glove Removal

Figure 3: Glove Removal depicts the steps for proper glove removal.

1. Grasp the outside edge of the glove, near the wrist and peel away from the hand, turning the glove inside out.
2. Hold the glove in the opposite gloved hand.
3. Slide an ungloved finger or thumb under the wrist of the remaining glove.
4. Peel the glove off and over the first glove, making a bag for both gloves.
5. Discard gloves in appropriate receptacle.

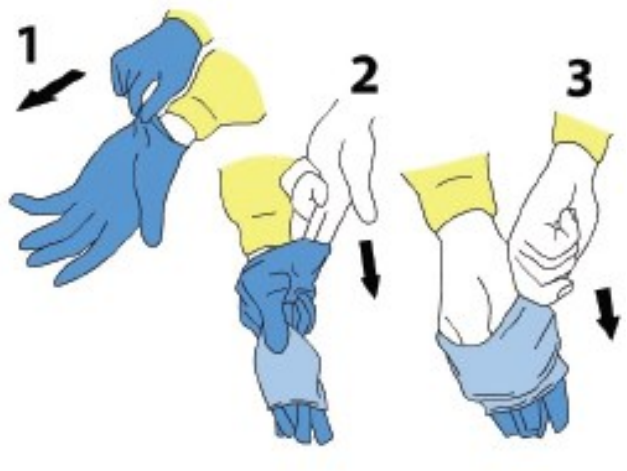


Figure 3: Glove Removal

Tip

To reduce the risk of contamination, use gloves that are disposable

Gown

Gowns used as Personal Protective Equipment need to be cuffed, long-sleeved, and offer full coverage of the body front, from neck to mid-thigh or below. A gown is worn when it is anticipated that a procedure is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Gowns may be disposable or reusable.

Did you know?

Gowns are used to protect skin and clothing against splashes and contact with body fluids.

Putting on Gown

1. Perform hand hygiene
2. Put gown on with the opening to the back
3. Fasten both the neck and waist ties

Gown Removal

Figure 4: Gown Removal

1. Unfasten ties and peel gown away from neck.
2. Slip fingers of one hand under the wrist cuff and pull hand inside.
3. Using inside hand, push sleeve off with the other arm.
4. Fold dirty-to-dirty and roll into bundle (do not shake).
5. Discard disposable gowns or place reusable gowns in hamper for laundering.
6. Perform hand hygiene.

Figure 4: Gown Removal

Face Protection

Face protection is used as a barrier to protect the eye, nose or mouth from coming into contact with splashes and sprays. The types and combinations of protective equipment vary and must be selected based on a risk assessment prior to performing any procedure.

Masks

A mask is used in the bereavement care setting to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

Appropriate Mask Use:

- Select a mask appropriate to the activity.
- Securely cover the nose and mouth with the mask.
- Change mask if it becomes wet.
- Refrain from touching the mask while wearing it.
- Remove mask correctly immediately after completion of task.
- Discard the mask into an appropriate waste receptacle.
- Do not allow the mask to hang or dangle around the neck.
- Perform hand hygiene after removing the mask.
- Do not reuse disposable masks.
- Do not fold the mask or put it in a pocket for later use.

Tip

Use a mask and eye protection to prevent exposure of mucous membranes of the mouth, nose and eyes.

Mask Removal

Figure 5: Mask Removal

The straps, ear loops and ties of the mask may be touched without using gloves. However, the front of the mask must always be considered to be contaminated.

Figure 5: Mask Removal (ties) and ***Figure 6: Mask Removal (straps)*** depicts the steps for proper mask removal.

1. Untie the bottom tie then top, or grasp straps or ear loops.
2. Pull forward off the head, bending forward to allow the mask to fall away from the face.
3. Discard the mask immediately into appropriate receptacle.

Figure 5: Mask Removal (ties)

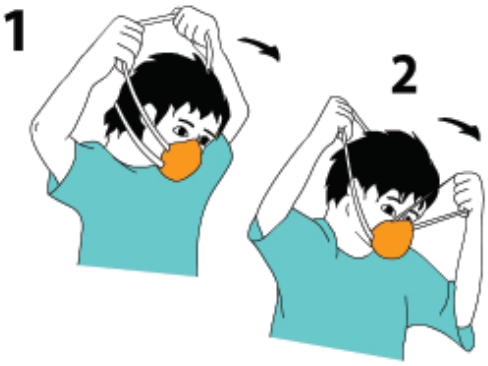


Figure 6: Mask Removal (straps)

Eye Protection

Eye protection is used by bereavement care personnel, in addition to a mask, to protect the mucous membranes of the eyes when it is anticipated that a procedure is likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Eye protection may be disposable or, if reusable, must be cleaned prior to re-use. It is important that eye protection fits comfortably while not interfering with visual activity.

Prescription eye glasses are not acceptable by themselves as eye protection although they may be worn underneath face shields and some types of protective eyewear.

Appropriate eye protection includes:

- Safety Glasses
- Safety Goggles
- Face Shields
- Visors attached to masks

Did you know?

Improper removal of soiled Personal Protective Equipment can result in contamination of the individual.

Eye Protection Removal

The arms of the goggles and the headband of the face shields may be touched without using gloves. However, the front of the goggles/face shield must always be considered to be contaminated.

Figure 7: Eye Protection Removal

- Remove eye protection by handling ear loops, sides or back only.
- Discard into waste receptacle or container to be sent for reprocessing.
- Personally owned eyewear must be cleaned by the individual after use.

Head Covers

Head covers are used in the bereavement care setting to protect the head and hair from contamination by body fluids and should be worn whenever the potential for splashes exist.

Shoe Covers

Shoe covers are used to prevent the spread of microorganisms from affected areas to other areas inside or outside of the bereavement care setting, or to the residence of individuals. To ensure effectiveness, shoe covers should be worn whenever the potential exists for an individual's shoes to come into contact with body fluids.

Component 5: Environmental Controls

Environmental Controls are measures used to control and minimize the level of microorganisms in the bereavement care setting which includes stringent cleaning, laundry protocols, adequate ventilation, and waste management procedures.

Stringent Cleaning of Equipment and Work Area

Cleaning is an important part of environmental controls. The physical removal of dirt and microorganisms must take place before disinfection can occur. The bereavement care setting needs to be thoroughly and consistently cleaned after each use. Standard commercial cleaners may not be adequate for disinfection in the bereavement care setting. Consult the manufacturer or supplier of the cleaner to determine disinfectant properties.

To obtain information on the potential hazards and safe handling of controlled products, refer to the manufacturer's *Material Safety Data Sheet (MSDS*).

Laundry Protocols

Laundry protocols may address the collection, transport, handling, washing and drying of soiled linen. Ensure proper use of Personal Protective Equipment when handling laundry that is potentially contaminated.

Adequate Ventilation

Ventilation requirements may vary depending on the type of bereavement care setting (e.g., embalming room, crematorium, etc.) To ensure that ventilation is adequate and meets with the requirements of the environment, please consult with the manufacturer.

Tip

Consult the *Material Safety Data Sheet* and the manufacturer or supplier of cleaners and disinfectants to ensure proper use.

Did you know?

Cleaning is the physical removal of foreign and organic material. Disinfecting is the inactivation of disease producing microorganisms.

Waste Management Procedures

Biomedical waste includes any of the following:

- Any part of the human body, including tissues and body fluids.
- Any waste that has come into contact with infectious tissues or body fluids.
- Waste material and any substance containing or derived from one or more of the above.
- Sharps.

In Ontario, handling, transportation and disposal methods of biomedical waste and dangerous goods is regulated by the Ministry of Environment and Climate Change. For additional information about local biomedical waste disposal requirements, consult the municipal or regional government.

Bereavement care providers are required to register as biomedical waste generators with the Ministry of the Environment and Climate Change. Biomedical waste should be segregated from all other waste and immediately deposited into an appropriate single use or reusable container.

Biomedical waste and sharps containers must meet the specifications outlined in the Ministry of the Environment and Climate Change's Guideline C-4: *The Management of Biomedical Waste in Ontario*. Appropriate receptacles need to be placed within arm's reach of any individual handling deceased remains in a bereavement care setting.

Waste generators must ensure appropriate biomedical waste containers are available at all times. Removal, transportation, and disposal must be prearranged with a biomedical waste management company approved by the Ministry of the Environment and Climate Change.

Tip

Minimize the level of microorganisms in the bereavement care setting with the use of environmental controls.

Routine Practices: Applied

Applying Routine Practices in Bereavement Care Settings

This guide assumes that bereavement care personnel have determined their eligibility to perform or participate in the provision of services under the *Funeral, Burial and Cremation Services Act, 2002* prior to commencing any activity in the bereavement care setting.

The information provided is intended to assist bereavement care personnel in applying Routine Practices as defined.

The standard activities that follow include some examples of considerations related to the application of Routine Practices in bereavement care settings. Examples provided have been selected to illustrate how the five components of Routine Practices may be applied to various activities performed by bereavement care personnel.

Bereavement care personnel are reminded that individual circumstances may vary. The examples that follow are not all encompassing. Individuals are responsible for applying Routine Practices and performing a risk assessment in each instance.

Did you know?

There are 5 components of Routine Practices:

1. Administrative Controls
2. Risk Assessment
3. Hand Hygiene
4. Personal Protective Equipment
5. Environmental Controls

Transportation of the Deceased

Transportation of the deceased typically refers to the initial transfer from the place of death which is often performed by bereavement care personnel with varying skills levels.

Component 1: Administrative Controls

Policies and Procedures

Establish policies relating to situations and facilities known to require additional bereavement care personnel to safely perform the transfer of the deceased, as well as protocols for potential complications and accidents.

To ensure the safety of bereavement care personnel, equip each vehicle with alcohol-based hand rub, Personal Protective Equipment, disinfectant wipes, and receptacles to manage waste.

Staff Education

Adequate training prior to performing transportation of the deceased remains is paramount. In addition to training on lifting techniques and stretcher operation, it is important to include instructions for Routine Practices and Infection Prevention and Control.

Risk assessment training is required to determine the need for hand hygiene, use of Personal Protective Equipment, cleaning and disinfection of equipment, and prevention and management of spills.

Immunization Programs

An immunization program ought to be offered to all individuals involved in transportation of deceased remains.

Component 2: Risk Assessment

The Presence of Microorganisms in Body Fluids

Whether or not the cause of death is known, it is important to assume that each deceased remains may pose potential risk to bereavement care personnel. Assess each situation to determine what Personal Protective Equipment is required to implement Routine Practices.

When decomposition or trauma has affected the deceased, additional exposure to body fluids may be present. Extra care, equipment and time may be necessary to reduce the risk of infection for bereavement care personnel.

The Route of Potential Exposure to Microorganisms

To reduce the potential for exposure, ensure that sharps present with the deceased remains are handled appropriately.

Component 3: Hand Hygiene

Hand hygiene is considered the most important and effective Infection Prevention and Control measure to prevent the spread of associated infections in bereavement care settings. It is important to perform hand hygiene between each activity where the risk of exposure exists.

Ease of Access to Hand Hygiene

In the absence of facilities to perform hand washing, use alcohol-based hand rub to prevent the spread of infection.

Component 4: Personal Protective Equipment

Gloves

Gloves need to be used in all cases when transporting remains. Gloves should be removed after the remains are transferred to the stretcher and hand hygiene performed before further transport of the deceased. Situations such as coroner's cases may demand the use of heavy duty gloves rather than regular disposable gloves due to an increased risk of gloves tearing or exposure to a high concentration of bodily fluids.

Face Protection

Face protection should be worn whenever there is a risk that body fluids may splash onto the face.

Gown

A gown should be worn whenever there is a risk that body fluids may come into contact with the clothes or skin.

Shoe Covers

Shoe covers or rubber boots should be worn when needed to protect footwear from body fluids.

Component 5: Environmental Controls

Stringent Cleaning of Equipment and Work Area

Stretchers should be cleaned and disinfected after each use.

Waste Management Procedures

Personal Protective Equipment contaminated during the transfer should be disposed of in appropriate receptacles.

Preparation Other than Embalming

Preparation other than embalming refers to the care of the deceased when arterial embalming has not been authorized. The process could include washing, dressing and setting of facial features and is sometimes known as “minimal preparation”.

Component 1: Administrative Controls

Policies and Procedures

Establish policies relating to the use, cleaning and disinfection of required equipment and supplies.

Staff Education

In addition to training related to the physical handling of the remains, ensure bereavement care personnel are adequately educated about Infection Prevention and Control.

Immunization Programs

An immunization program ought to be offered to all individuals who are involved in the preparation other than embalming of deceased remains.

Component 2: Risk Assessment

Routes of Potential Exposure to Microorganisms

All modes of transmission should be reviewed prior to commencing the preparation other than embalming.

The Presence of Microorganisms in the Body Fluid

Treat every deceased remains as potentially infectious.

Component 3: Hand Hygiene

Hand hygiene is considered the most important and effective Infection Prevention and Control measure to prevent the spread of associated infections in a bereavement care setting. It is important to perform hand hygiene between each activity where the risk of exposure exists.

Component 4: Personal Protective Equipment

Gloves

Gloves should be used in all preparations of deceased remains. Gloves should be put on before beginning preparations and removed immediately after completion and discarded into an appropriate receptacle.

Face Protection

The removal of soiled clothing and the bathing of the deceased will generally increase the risk of a splash and can increase the risk of exposure to body fluids. Face protection should be worn whenever there is a risk that body fluids may splash onto the face.

Gown

A gown should be worn whenever there is a risk that body fluids may come into contact with the clothes or skin.

Shoe Covers

To prevent the spread of infection to public areas in the bereavement care setting, shoe covers should be worn while performing preparation other than embalming.

Component 5: Environmental Controls

Stringent Cleaning of Equipment and Work Area

Preparing the work area prior to commencing procedures reduces the potential for contamination of other equipment or surfaces. Identify and place the instruments and supplies required for the entire procedure in a readily accessible area. Ensure all instruments and supplies are disposable or cleaned and disinfected immediately following the procedure.

Waste Management Procedures

Dispose of biomedical waste using appropriate receptacles.

Embalming

Embalming refers to the procedure for preserving, disinfecting, and restoring deceased remains. In Ontario, embalming may be performed only by a licensed Funeral Director — Class 1 or a registered Funeral Director — Class 1 intern acting under supervision of a Funeral Director — Class 1.

Component 1: Administrative Controls

Policies and Procedures

In addition to policies that address the proper use of Personal Protective Equipment, hand hygiene, cleaning and disinfection, individuals must be aware of protocols which relate to the prevention and reporting of sharps injuries, the management of spills and appropriate handling of laundry.

Staff Education

It is essential for bereavement care personnel who perform embalming to be trained in the principles of Infection Prevention and Control, the components of Routine Practices, as well as Additional Precautions.

Immunization Programs

An immunization program ought to be offered to all individuals who are charged with handling deceased remains to focus exclusively on the task at hand.

Component 2: Risk Assessment

Route of Potential Exposure to Microorganisms

Autopsied cases generally present an increased risk of transmission by inoculation due to the open cavities, exposed bone, increased amounts of body fluids, and additional handling of sharp instruments such as suture needles.

The Time Required to Complete the Task

Adequate training, education, skill and experience are integral to mitigate risk. Individuals who are involved with an embalming process over a prolonged period of time may be subjected to increased risk.

Component 3: Hand Hygiene

Hand hygiene is considered the most important and effective Infection Prevention and Control measure to prevent the spread of associated infections in a bereavement care setting. It is important to perform hand hygiene between each activity where the risk of exposure exists.

Component 4: Personal Protective Equipment

Gloves

Gloves need to be worn during all embalming procedures. Put on gloves before beginning the embalming and remove and discard gloves upon completion of the procedure.

Face Protection

Face Protection, including eye protection and a mask, can provide a barrier against splashes or sprays of blood, body fluid, secretions and excretions generated during embalming.

Gown

A gown should be worn during all embalming procedures due to the risk of body fluids coming into contact with the clothes or skin. Remove gown immediately after the procedure is complete in a manner that prevents contamination of clothing or skin. Place used gown into appropriate receptacle.

Component 5: Environmental Controls

Stringent Cleaning of Equipment and Work Area

Preparing the work area prior to commencing procedures lessens the potential for contamination of other equipment or surfaces. Identify and place the items required for the entire procedure in a readily accessible area.

Equipment and instruments used in embalming need to be thoroughly cleaned and disinfected. Select cleaning and disinfection products appropriate for the embalming room and follow manufacturers' recommendations for use and dilution. Ensure the work area is kept clean during the procedure. Clean spills immediately.

Adequate Ventilation

Ensure proper ventilation in the embalming room to control air flow and quality during all procedures.

Waste Management Procedures

Use approved receptacles for the disposal of contaminated waste, including Personal Protective Equipment, biomedical waste and sharps.

Handling of the Deceased at the Crematorium

Handling of the deceased at the crematorium may include receiving and holding the casketed remains in addition to initiating the cremation.

Component 1: Administrative Controls

Policies and Procedures

Policies regarding Personal Protective Equipment, hand hygiene, cleaning and disinfection, and management of spills will ensure bereavement care personnel are able to deal effectively with transmission risks. Policies regarding the use of sturdy, leak-proof cremation caskets will aid in infection prevention.

Staff Education

Training focused on Infection Prevention and Control may serve to improve the level of understanding bereavement care personnel have of infection, exposure and transmission.

Immunization Programs

An immunization program ought to be offered to all individuals who handle the deceased at the crematorium.

Component 2: Risk Assessment

The Presence of Microorganisms in Body Fluids

Embalming can reduce the likelihood of leakage from the cremation casket. While embalming aids in preservation and disinfection, the procedure does not completely eradicate microorganisms. The potential for exposure to infection continues to be a risk even if the deceased remains have been embalmed.

Routes of Potential Exposure to Microorganisms

The time lapse between death and cremation may increase the likelihood of decomposition leading to potential leakage from the cremation casket; therefore, increasing exposure to infectious organisms.

Component 3: Hand Hygiene

Hand hygiene is considered the most important and effective Infection Prevention and Control measure to prevent the spread of associated infections in a bereavement care setting. It is important to perform hand hygiene between each activity where the risk of exposure exists.

Component 4: Personal Protective Equipment

Gloves

Gloves should be worn whenever there is a risk of exposure to body fluids. If leakage of body fluids occurs, ensure use of gloves to clean up spills.

Face Protection

Face protection, including eye protection and a mask, should work whenever there is a risk that body fluids may splash onto the face.

Component 5: Environmental Controls

Adequate Ventilation

Effective ventilation in the crematorium serves to control air flow and air quality. Consideration needs to be given to the direction of air flow and where the air is exhausted.

Stringent Cleaning of Equipment and Work Area

Thoroughly clean and disinfect equipment and floor areas that have been exposed to body fluid leaks from a cremation casket. Clean spills immediately.

Waste Management Procedures

Bereavement care personnel need to use Personal Protective Equipment when handling contaminated waste and using cleaning supplies and equipment. Contaminated waste must be disposed of using appropriate receptacles.

Handling of the Deceased at the Cemetery

Handling of the deceased at the cemetery refers to bereavement care personnel having contact with casketed remains during grave openings, burials and disinterment.

Component 1: Administrative Controls

Policies and Procedures

Policies need to be established that address the extent or limits of the involvement grounds personnel have with casketed remains. Additionally protocols related to Personal Protective Equipment, hand hygiene, cleaning and disinfection procedures may serve to ensure bereavement care personnel are equipped to effectively handle transmission risks.

Staff Education

Bereavement care personnel involved with the opening of graves and the removal of caskets from graves need to receive appropriate training prior to participating in processes related to handling deceased remains at the cemetery. Training focused on Infection Prevention and Control may serve to improve the level of understanding bereavement care personnel have of infection, exposure and transmission.

Immunization Programs

An immunization program ought to be offered to all individuals who handle the deceased at the cemetery.

Component 2: Risk Assessment

The Presence of Microorganisms in Body Fluids

Bereavement care personnel involved in the safe handling of deceased remains at the cemetery need to have a sufficient level of knowledge and skill to perform required tasks as unsafe practices may result in exposure to body fluids.

Component 3: Hand Hygiene

Hand hygiene is considered the most important and effective Infection Prevention and Control measure to prevent the spread of associated infections in a bereavement care setting. It is important to perform hand hygiene between each activity where the risk of exposure ends.

Component 4: Personal Protective Equipment

Gloves

Gloves can be used as a barrier to prevent exposure to an infectious source.

Face Protection

Face protection, including eye protection and a mask, should be worn whenever there is a risk that body fluids may splash onto the face.

Gown

A fluid resistant gown or coverall should be worn whenever there is a risk that body fluids may come into contact with the clothes or skin. Similarly, fluid resistant booths should be worn when needed to protect skin, clothing and shoes from body fluids.

Component 5: Environmental Controls

Stringent Cleaning of Equipment and Work Area

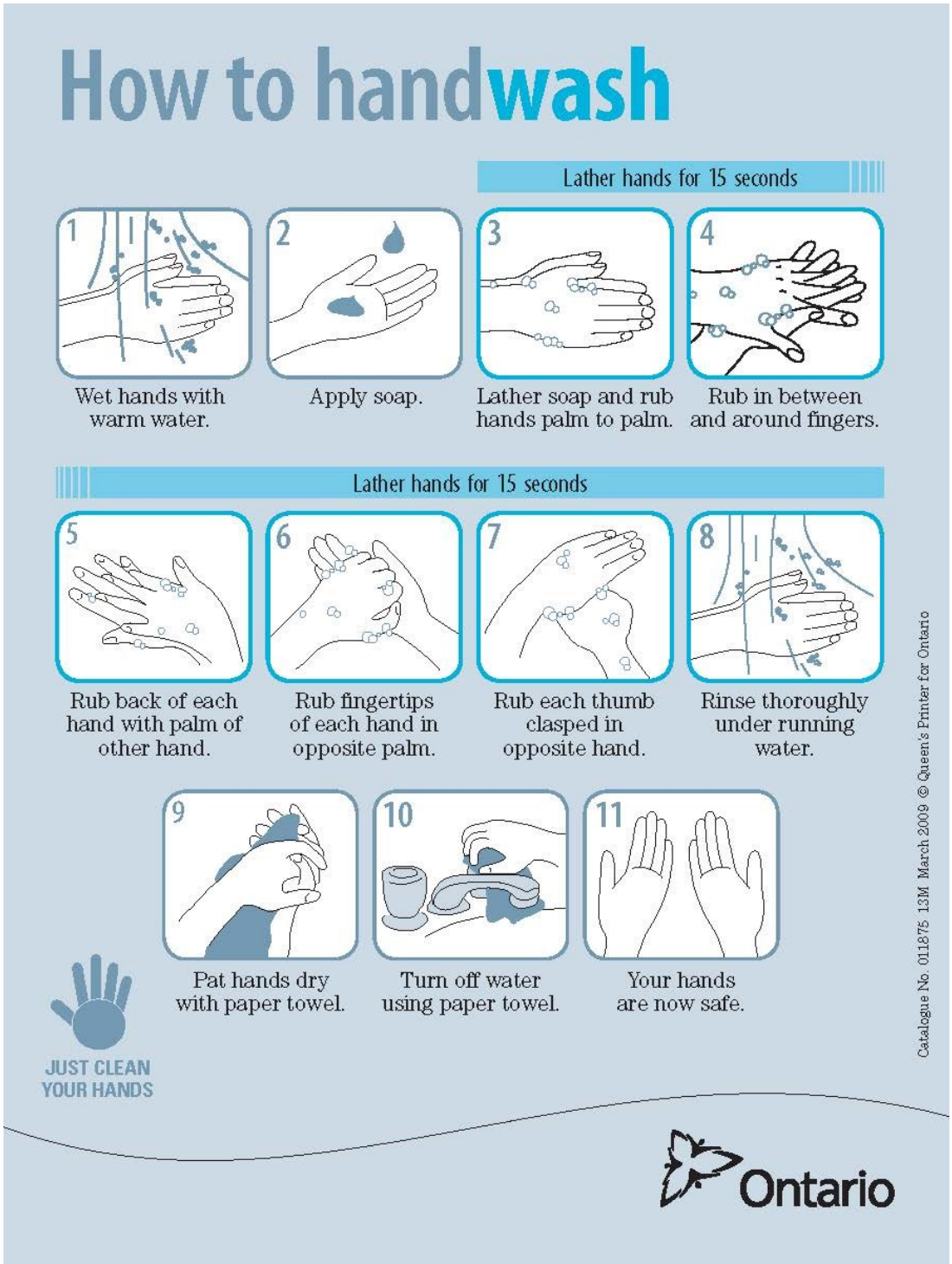
Any equipment exposed to contamination needs to be thoroughly cleaned and disinfected. Appropriate cleaning and disinfectant supplies are Personal Protective Equipment and must be readily available for safe and effective clean up.

Waste Management Procedures

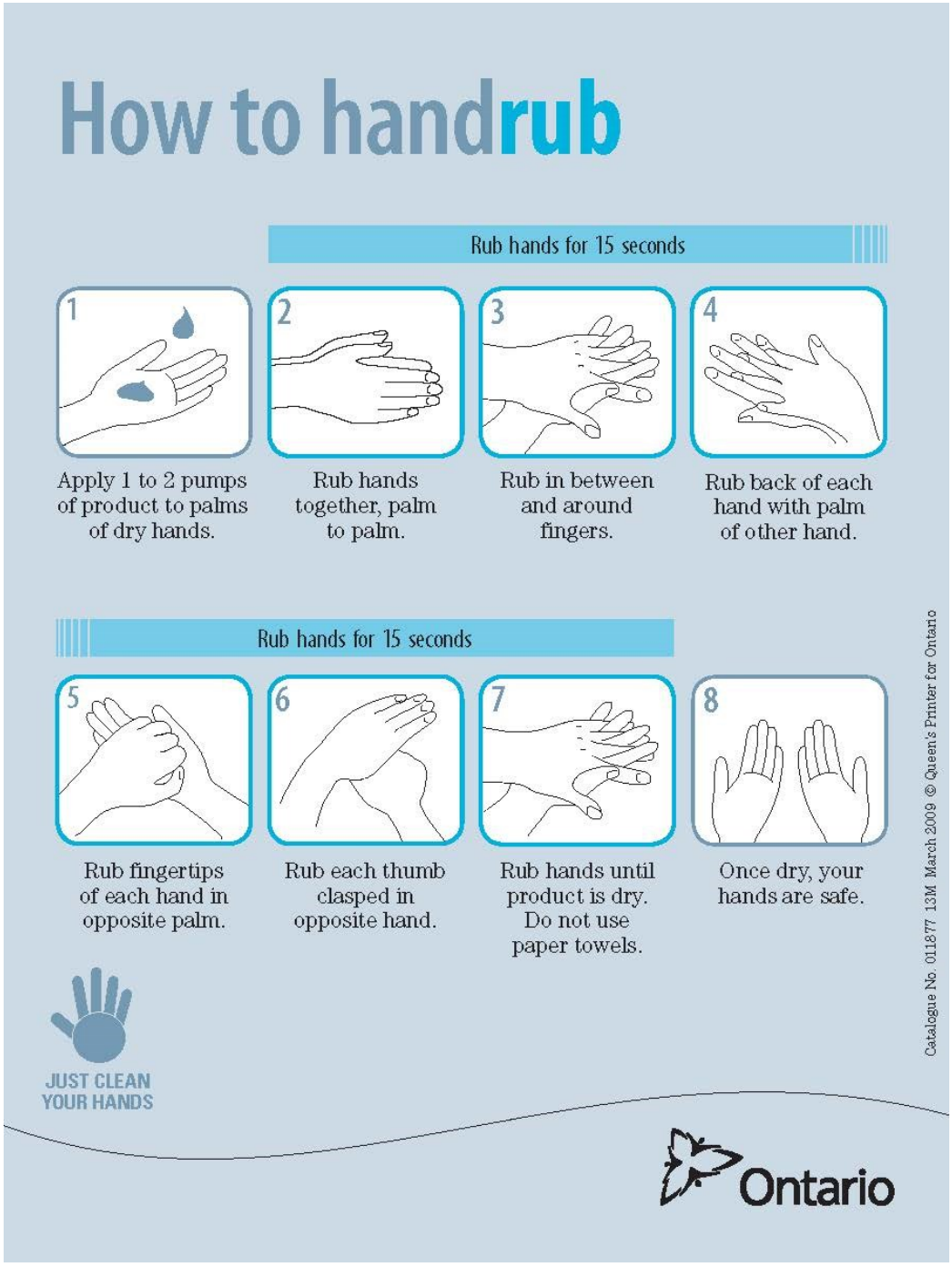
Use approved receptacles for the disposal of contaminated waste, including Personal Protective Equipment and cleaning supplies.

Appendices

Appendix 1: How to Hand Wash



Appendix 2: How to Hand Rub



Appendix 3: Putting on Personal Protective Equipment

Appendix 4: Putting on Personal Protective Equipment

Bereavement Authority of Ontario

100 Sheppard Avenue East, Suite 505

Toronto, Ontario M2N 6N5

Toll-Free: 1-844-493-6356

Email: info@thebao.ca

Fax: 647-748-2645

www.thebao.ca