

## RISK OF INFECTION IN THE FUNERAL INDUSTRY

The routine tasks carried out by funeral service professionals put them at risk of exposure to several infectious agents. Exposure by way of splashes to the mucus membranes, inhalation of aerosolized body fluids, and direct introduction of microorganisms into the body can result in infectious diseases caused by multiple species of bacteria, viruses, and prions.

University of Alabama at Birmingham researchers Susan Salter Davidson and Dr. William H. Benjamin, Jr. conducted a search of scholarly literature using the PubMed service of the National Library of Medicine. This newsletter article summarizes some of their findings. More information is available in their 2006 article published by *The American Journal of Infection Control*.

Davidson and Benjamin concluded that the scientists have studied extensively the risk of exposure to infection for health care workers but have given little attention to the risks for funeral directors.

The scientists from UAB's Department of Clinical Microbiology and Department of Pathology cited an earlier study performed at the request of the British Institute of Embalmers. The British study found that the risk of exposure for funeral directors is well-known, but that there is a need for additional studies focusing on the suggested link between reported infections and the embalming procedure.

The Occupational Information Network (ONET) is sponsored by the US Department of Labor Employment and Training Administration, and its [Summary Report for Embalmers and Funeral Directors](#) provides a detailed description of the tasks performed by funeral directors that place them at risk.

Funeral homes fall under the mandates of the Department of Labor's Occupational Safety & Health Administration's [Bloodborne Pathogens Standard](#) (number 1910.1030), which requires that employers have a written exposure control plan and methods of compliance.

OSHA standards include the practice of universal precautions, the implementation of engineering and work practice controls, and the use of personal protective equipment. OSHA does not tabulate exposure events or infection rates among funeral directors, but remember that funeral inspectors in Pennsylvania check for compliance with this standard.

The CDC maintains the [National Surveillance System for Health Care Workers](#), a voluntary program that monitors exposure events among hospital-based health care workers to HIV, HBV, HCV, and Mycobacterium tuberculosis to assess trends, prevention strategies, and post-exposure prophylaxis, but funeral homes are not part of this surveillance program.

Another reason that it is difficult to evaluate infection risk is the absence of infection control activities in funeral homes analogous to those found in most health care facilities. Hospitals and other health care facilities use infection control programs to analyze policies and procedures to control infectious disease transmission.

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Salter and Davidson conclude by observing that more than 30 states require annual continuing education credits for licensed funeral directors and embalmers, but there are no specific requirements for infection control subject matter. They suggest that there is a need for continuing education to ensure adherence to infection control policies.

### Attendance Issues Addressed for Continuing Education

The board has received complaints from licensees who have attended seminars and who report that they have been denied permission to use lavatory facilities to attend to personal needs, or in which the course schedule does not provide breaks.

Providers of continuing education have a responsibility to assure compliance with board regulations. State law requires that each provider of continuing education shall “[p]rovide adequate physical facilities for the number of anticipated participants and the teaching methods to be used.”

“Adequate physical facilities” implicitly means that the attendees must be permitted to use the facilities. For any approved course that is scheduled to exceed one hour in duration, the provider must schedule at least one break of no less than 10 minutes in order to permit attendees to attend to their personal needs. No course should have more than two hours of continuous instruction without a ten-minute break before resuming instruction. Scheduled breaks may not be credited to instructional time.

In addition to scheduled breaks, an attendee who wishes to be excused temporarily from a seminar other than during a scheduled break should not, solely on the basis of a temporary absence, be denied credit for attending the seminar. A provider should note on the certified continuing education record issued for the licensee the time at which a licensee’s absence begins, and the time at which the licensee returns. If the licensee’s absence from the course unreasonably interferes with attendance or participation in the seminar, either because of the number of absences or the duration, a provider should report the absence, and decline to grant credit for attendance. The matter should be reported to the board administrator.

### Board Meeting Dates

- June 3
- July 1
- August 12
- September 2
- October 7
- November 5
- December 2

All meetings are in Harrisburg. Please contact the board office at (717) 783-3397 for specific location information. A monthly [board meeting schedule](#) is also available.

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