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(Consolidated up to 147/2017)

ALBERTA REGULATION 135/2008

Public Health Act

BODIES OF DECEASED PERSONS REGULATION

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Schedules

Definitions

1 In this Regulation,

(a) “body” means a dead human body or the remains of a dead human body;

(b) “common carrier” means a railcar, boat, aircraft, motor vehicle or other conveyance used for the transportation of goods for the payment of a fee, but does not include a vehicle owned or operated by a funeral director;

(c) “container” means a hermetically sealed container, casket or impervious body bag;

(d) “disposition” means the burial, cremation or other disposition of a body authorized under the Cemeteries Act;

(e) “funeral director” means a person who holds a funeral director licence under section 19 of the General Regulation (AR 226/98);
(f) “handling” means, with respect to a body, the examination, preparation, transportation or disposition of the body;

(g) “hermetically sealed container” means a container that is sealed by welding, soldering or the use of gaskets and suitable screws and is used to enclose a body;

(h) “label” means an impermeable card that is attached
   (i) to a body, and
   (ii) to a container;

(i) “responsible person” means any person who, in the course of carrying out the responsibilities of that person’s occupation, is involved in or is supervising the handling of a body;

(j) “specified communicable disease” means a communicable disease specified in Schedule 1 or 2.

Routine handling of all bodies

2 A responsible person in respect of a body must
   (a) comply with the practices set out in Schedule 3,
   (b) to the extent of his or her professional knowledge and responsibilities, provide any relevant information regarding the safe handling of a body to a subsequent responsible person or other person handling the body, if applicable, and
   (c) make relevant inquiries of the previous responsible person, if applicable.

Routine handling of bodies not known to be infected with specified communicable disease

3(1) This section applies in addition to section 2 in respect of the handling of bodies that are not known to be infected with a specified communicable disease.

(2) A responsible person in respect of a body referred to in subsection (1) must ensure that the body is enclosed in a container as soon as practically possible after the time of death.

(3) The container used under subsection (2) must be suitable to the condition of the body to contain all body fluids.
(4) The body may be removed from a container in which it is transported when it has reached the funeral home or place where it will be prepared for disposition.

**Handling of bodies infected with Schedule 2 communicable disease**

4(1) This section applies in addition to sections 2 and 3 in respect of the handling of bodies that are infected with a communicable disease specified in Schedule 2.

(2) A responsible person in respect of a body referred to in subsection (1) must ensure that

(a) the body and the container in which the body is placed are labelled in accordance with section 6,

(b) the body is transported by a common carrier or a vehicle owned or operated by a funeral director, and

(c) the common carrier or vehicle in which the body is transported is cleaned and disinfected in accordance with Schedule 3 after transport of the body.

**Handling of bodies infected with Schedule 1 communicable disease**

5(1) This section applies in addition to section 2 in respect of the handling of bodies that are infected with a communicable disease specified in Schedule 1.

(2) A responsible person in respect of a body referred to in subsection (1) must ensure that

(a) the body is not embalmed,

(b) contact with the body is as limited as practically possible,

(c) the body is enclosed in a hermetically sealed container as soon as practically possible after the time of death,

(d) the body and the hermetically sealed container are labelled in accordance with section 6,

(e) the body is transported by a common carrier or a vehicle owned or operated by a funeral director,

(f) the common carrier or vehicle in which the body is transported is cleaned and disinfected in accordance with Schedule 3 after transport of the body, and
(g) the body is interred or cremated in the hermetically sealed container.

(3) Despite subsection (2)(b), bodies infected with infectious pulmonary tuberculosis, rabies and suspect, probable or confirmed cases of transmissible spongiform encephalopathies, including classic and variant Creutzfeldt-Jakob disease, may be viewed prior to disposition.

Labels

6(1) Where a person dies with a specified communicable disease, a responsible person must ensure as soon as practically possible that there are attached to the body, and to the head end of the container, the following labels:

(a) for bodies infected with a disease specified in Schedule 1, a label bearing the following words in prominent legible letters:

This body is infected with a communicable disease specified in Schedule 1 to the Bodies of Deceased Persons Regulation and must be handled in accordance with that Regulation. Do not remove this label and do not open the hermetically sealed container.

(b) for bodies infected with a disease specified in Schedule 2, a label bearing the following words in prominent legible letters:

This body is infected with a communicable disease specified in Schedule 2 to the Bodies of Deceased Persons Regulation and must be handled in accordance with that Regulation. Do not remove this label.

(2) Labels attached in accordance with this section must not be removed.

Disinterment

7(1) Where a body is disinterred and the body is to be transported by common carrier, a responsible person must ensure that the body is enclosed in a hermetically sealed container before delivering the body to the common carrier.

(2) Where a body is disinterred and the body is to be transported other than by a common carrier, a responsible person must ensure that
(a) the body is enclosed in a container that contains all body fluids, and

(b) the container is sealed prior to transportation.

(3) Where a body is to be disinterred and the body is known to be infected with a specified communicable disease, a responsible person must ensure

(a) that, prior to the disinterment, a medical officer of health is notified by telephone, electronic mail or facsimile of the disinterment and the infection with a specified communicable disease,

(b) that appropriate labels are attached in accordance with section 6 before the body is transported, and

(c) that the directions, if any, of the medical officer of health are followed.

Waiver or mitigation of the application of this Regulation

8 The application of any provision of this Regulation may be waived or mitigated by a medical officer of health if

(a) in the opinion of the medical officer of health, no increased risk to the public health will result, and

(b) the conditions placed on the waiver or mitigation by the medical officer of health, if any, are complied with.

Repeal

9 The Bodies of Deceased Persons Regulation (AR 14/2001) is repealed.

Expiry

10 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on August 31, 2020.

AR 135/2008 s10;147/2017

Coming into force

11 This Regulation comes into force on September 1, 2008.
Schedule 1

Communicable Diseases with Very High Risk of Transmission

The tissue and body fluids of the body carry a very high risk of transmitting infection and therefore require additional precautions as set out in the Bodies of Deceased Persons Regulation.

- anthrax
- plague
- smallpox
- infectious pulmonary tuberculosis
- rabies
- yellow fever
- suspect, probable and confirmed cases of transmissible spongiform encephalopathies, including classic and variant Creutzfeldt-Jakob disease
- viral hemorrhagic fevers

Schedule 2

Communicable Diseases with High Risk of Transmission

The tissue and body fluids of the body may still be capable of transmitting infection and therefore require additional precautions as set out in the Bodies of Deceased Persons Regulation.

- acquired immunodeficiency syndrome (AIDS)
- hepatitis B
- hepatitis C
- human immunodeficiency virus infections (HIV)
- invasive group A streptococcal infection
- typhus

Schedule 3

Required Practices for the Routine Handling of all Deceased Bodies

Hand hygiene

Hands must be washed in all of the following cases:
(a) after contact with a body, blood, body fluids, secretions or excretions;

(b) after handling items known or considered likely to be contaminated with blood, body fluids, secretions or excretions;

(c) immediately after removing gloves;

(d) before handling any food;

(e) before leaving work for the day.

The following steps must be followed for hand washing:

(a) remove jewellery;

(b) lather with soap and, using friction, cover all surfaces of the hands and fingers for a minimum of 10 seconds;

(c) rinse under warm running water;

(d) dry hands with a single use towel;

(e) turn off faucet without recontaminating hands.

Waterless antiseptic hand hygiene products may be used as an alternative to soap and water if hands are not visibly soiled. When there is visible soiling, hands must be washed with soap and water. If soap and water are unavailable, hands must be cleansed with detergent-containing towelettes with a 60% alcohol concentration.

**Wearing gloves**

Clean, non-sterile gloves that are made of or lined with impervious material must be worn

(a) for contact with blood, body fluids, secretions or excretions,

(b) for handling items visibly soiled with blood, body fluids, secretions or excretions,

(c) where contact with blood, body fluids, secretions or excretions is anticipated, and

(d) by any person with open lesions on the person’s hands who handles a body.

**Wearing gown or apron**

A gown with protective waterproof sleeves or liquid-resistant (plastic) apron must be worn if contamination of clothing with blood, body fluids, secretions or excretions is anticipated.
Gowns must be used to protect uncovered skin and prevent soiling of clothing during procedures and activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

**Wearing mask, eye protection or face shield**

During procedures and activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions, a mask and eye protection or a face shield must be worn to protect the mucous membranes of the eyes, nose and mouth.

**Respirators**

For known or suspected airborne infections, high efficiency particulate air filter respirators must be worn by a person performing an autopsy or during other procedures which present a possibility of aerosolization.

**Shoe covers**

Non-slip shoe covers must be worn during procedures and activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

**Sharps injury prevention**

Sharps must be handled as minimally as possible and placed in puncture-proof sharps containers immediately after use.

**Decontamination**

All blood, body fluids, secretions and excretions must be treated as potentially infectious.

All instruments that come into contact with potentially infectious material must be decontaminated.

Any item that must be disinfected or sterilized must first be cleaned.

Unless they can be cleaned immediately, instruments and small items must be sorted and submerged in water and detergent to prevent organic material from drying on them.

All surfaces that are touched during the handling of a body must be cleaned with a low level disinfectant after each body is handled and when visibly soiled with blood, body fluids, secretions or excretions.

Chemicals that may be used as low level disinfectants include

(a) quaternary ammonium compounds,

(b) accelerated hydrogen peroxide products, and

(c) sodium hypochlorite (1:100 dilution of household bleach).
Low level disinfectants must be used as directed on the product label.

**Sterilization**
Any reusable instrument or device that penetrates a body must be sterilized, where possible, using one of the following processes, and in accordance with the manufacturer’s instructions:

(a) dry heat;
(b) 100% ethylene oxide;
(c) formaldehyde;
(d) steam.

**High level disinfectants**
In the event sterilization is not possible, a high level disinfectant may be used for decontamination in accordance with the manufacturer’s instructions.

Chemicals that may be used as high level disinfectants include

(a) 2% glutaraldehyde,
(b) 6% hydrogen peroxide liquid,
(c) 0.55% ortho-phthalaldehyde (OPA),
(d) pasteurization, and
(e) 0.2% paracetic acid.