MASSACHUSETTS

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WHAT'S INSIDE

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COURSE TITLE	HOURS	PRICE	COURSE CODE
Chapter 1: OSHA and CDC Compliance for the Funeral Profession (Mandatory)	1	$14.95	FMA01OS
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No. The Massachusetts State Board of Registration in Embalming and Funeral Directing requires licensees to certify at the time of renewal that he/she has complied with the continuing education requirement. The board preforms audits at which time proof of continuing education must be provided.

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Important information for licensees:
Always check your state's board website to determine the number of hours required for renewal, mandatory topics (as these are subject to change), and the amount that may be completed through home-study. Also, make sure that you notify the board of any changes of address. It is important that your most current address is on file.

Licensing board contact information:
Massachusetts Board of Registration in Embalming and Funeral Directing
1000 Washington Street, 7th Floor I Boston, MA 02118 I Phone: (617) 701-8628 I Fax: (617) 727-9932
Website: https://www.mass.gov/orgs/board-of-registration-in-embalming-and-funeral-directing

Chapter 1: OSHA and CDC Compliance for the Funeral Profession (Mandatory)

1 CE Hour

By: Staff Writer

Learning objectives

Upon completion of this course, the learner should be able to:

- List and explain the OSHA guidelines for the prevention of the transmission of bloodborne pathogens in the mortuary setting.
- Identify the appropriate personal protective equipment to protect the eyes, face, hands, feet, and respiratory system from hazardous materials in the mortuary setting according to OSHA and CDC guidelines.
- List five guidelines from the OSHA Formaldehyde Protection Standard.
- Identify and define the Standard Precautions from the Centers for Disease Control and Prevention that apply to mortuary and funeral procedures.

Overview

This course provides information about the Occupational Health and Safety Administration's (OSHA) guidelines for employees that are applicable to those in the funeral profession. These guidelines, including bloodborne pathogen training, are based on the Centers for Disease Control and Prevention's (CDC) Universal Precautions to protect workers against infection and transmission of disease. Many states require that workers within the funeral industry complete a course that covers how OSHA rules apply within their profession.

The standards that comprise the OSHA documents pertain to occupational activities that are performed in the funeral industry, as well as other fields that carry with them some inherent risk of bloodborne infection transmission. In addition, recent revisions to CDC guidelines were made in response to additional precautions for handling deceased patients with Creutzfeldt-Jakob disease (CDJ); variant CDJ (vCDJ); bovine spongiform encephalopathy (BSE), or "mad cow disease"; and Ebola (CDC, 2015).

Introduction

Employees in the funeral profession face a variety of health hazards when recovering, handling, or working near human remains. According to OSHA, workers directly involved are susceptible to bloodborne viruses, such as hepatitis and HIV, and bacteria that cause diarrheal diseases like shigella and salmonella (OSHA, 2015). Although some risk is inherent within the funeral industry, this risk can be drastically reduced or eliminated by employing common sense measures, universal precautions, and by closely reviewing OSHA's Bloodborne Pathogen Standard.

It is the right of all workers to work in a safe workplace, and employers are bound by law to provide their employees with healthy, safe workplaces. Furthermore, OHSA law prohibits employers from retaliation against employees who are "exercising their rights under the law (including the right to raise a health and safety concern or report an injury)," according to OSHA.gov

Universal precautions

Universal precautions (UP) is the practice of avoiding contact with bodily fluids by means of the wearing of nonporous articles like gloves, goggles, and face shields (Siegel et al., 2007). The practice was introduced in 1985. In 1996, this term was replaced with "standard precautions." The CDC defines standard precautions as, "a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care" (Siegel et al., 2007). Under standard precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV, and other bloodborne pathogens (Siegel et al., 2007).

The Centers for Disease Control includes mortuary and funeral personnel under the category of health care workers (HCW). The UP guidelines were the foundation for OSHA's 1991 development of precautions to prevent occupational exposure to bloodborne pathogens in health care settings, including the funeral industry. OSHA defines bloodborne pathogens as pathogenic microorganisms that are present in human blood and can cause disease in humans (OSHA, 2012). These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

According to OSHA (2015), there is no direct risk of contagion or infectious disease from being near human remains if not directly involved in recovery or procedures that require handling remains. Viruses associated with human remains do not pose a risk to someone walking nearby, nor do they cause significant environmental contamination. The smell of human decay is unpleasant; however, it does not create a public health hazard (OSHA, 2015).

CDC standard precautions

The following information is summarized from the 2007 CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (Siegel et al., 2007):

- Standard precautions are based on the principle that all blood; body fluids; secretions; excretions, except sweat; non intact skin; and mucous membranes may contain transmissible infectious agents.
- Standard precautions include hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.
- Equipment or items in the environment contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. This includes containing heavily soiled equipment and properly cleaning, disinfecting or sterilizing reusable equipment.
- Education and training on the principles and rationale for recommended practices are critical elements of standard precautions.

Your individual state may have more to say about standard precautions and state-specific principles and practices that pertain to your local health agency. More information can be found regarding hand hygiene, personal protective equipment, needle stick and sharps injury prevention, cleaning and disinfection, respiratory hygiene, waste disposal and safe injection practices. Refer to your state's division of public health and/or legislative details for more information.

Personal protective equipment

Personal protective equipment

Provision: When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, pocket masks, or other ventilation devices (OSHA, 2014).

PPE refers to a variety of barriers and respirators, used alone or in combination, to protect mucous membranes, airways, skin, and clothing from contact with infectious agents. The selection of PPE is based on the nature of the interaction or the likely mode of transmission. Hand hygiene is always the final step after removing and disposing of PPE.

The following sections highlight the primary uses and methods for selecting PPE equipment (OSHA, 2014).

Gloves

Gloves are used to prevent contamination of when (Siegel et al., 2007):

- Anticipating direct contact with blood or body fluids, mucous membranes, non intact skin, and other potentially infectious material.
- Having direct contact with remains colonized or infected with pathogens transmitted by the contact route, such as VRE, MRSA, RSV.
- Handling or touching visibly or potentially contaminated equipment and environmental surfaces.

Gloves manufactured for health care purposes are subject to FDA evaluation and clearance. Nonsterile disposable medical gloves are made of a variety of materials, including latex, vinyl, and nitrile. The selection of glove type is based on a number of factors, including the task that is to be performed, anticipated contact with chemicals and chemotherapeutic agents, latex sensitivity, sizing, and facility policies for creating a latex-free environment.

For contact with blood and body fluids during nonsurgical procedures, a single pair of gloves generally provides adequate barrier protection. CDC studies have shown that vinyl gloves have higher failure rates than latex or nitrile gloves (Siegel et al., 2007). Either latex or nitrile gloves are preferable for procedures that require manual dexterity or will involve more than brief contact with potentially infectious materials. Heavier, reusable utility gloves are indicated for such activities as handling or cleaning contaminated equipment or surfaces. During contact with remains, transmission of infectious organisms can be reduced by adhering to the principles of working from "clean" to "dirty," and confining or limiting contamination to areas essential to the procedure. It may be necessary to change gloves if interaction also involves touching portable computer keyboards or other mobile equipment. Gloves must not be washed for subsequent reuse because microorganisms cannot be removed reliably from glove surfaces and continued glove integrity cannot be ensured. Glove reuse has been associated with transmission of MRSA and gram-negative bacilli (Siegel et al., 2007).

When gloves are worn in combination with other PPE, they are put on last. Gloves that fit snugly around the wrist are preferred for use with an isolation gown because they cover the gown cuff and provide a continuous barrier for arms, wrists, and hands. Gloves removed properly will prevent hand contamination. Hand hygiene following glove removal further ensures that the hands will not carry potentially infectious material that might have penetrated through unrecognized tears or could contaminate hands during glove removal.

Face protection: masks, goggles, face shields

II.E.3.a.: Masks are used to protect against contact with infectious material from secretions and sprays of blood or body fluids. Masks may be used in combination with goggles to protect the mouth, nose and eyes, or a face shield may be used to provide more complete protection for the face. The mucous membranes of the mouth, nose, and eyes are susceptible portals of entry for infectious agents, as can be other skin surfaces if skin integrity is compromised. Procedures that generate splashes or sprays of blood, body fluids, secretions, or excretions, including suctioning or invasive vascular procedures, require either a face shield or mask and goggles. The use of masks, eye protection, and face shields in specified circumstances when blood or body fluid exposures are likely is mandated by the Bloodborne Pathogens Standard. Two mask types are available, which are surgical masks cleared by the FDA, and are required to have fluid-resistant properties and procedure or isolation masks. Procedure/isolation masks are not regulated by the FDA and have more variability in quality and performance than surgical masks have (Siegel et al., 2007).

II.E.3.b.: The eye protection chosen for specific work situations, goggles or face shield, depends upon the circumstances of exposure, other PPE used, and personal vision needs. Personal eyeglasses and contact lenses are not adequate eye protection. The CDC National Institute for Occupational Safety and Health (NIOSH) states: "Eye protection must be comfortable, allow for sufficient peripheral vision, and must be adjustable to ensure a secure fit" (Siegel et al., 2007). Indirectly vented goggles with a manufacturer's anti fog coating may provide the most reliable practical eye protection from splashes, sprays, and respiratory droplets from multiple angles. Newer styles of goggles may provide better indirect airflow properties to reduce fogging, as well as better peripheral vision and more size options for fitting goggles to different workers. Many styles of goggles fit adequately over prescription glasses with minimal gaps.

Protection for the eyes, nose, and mouth is necessary when there may be a splash or spray of body fluids. Disposable or non disposable face shields may be used as an alternative to goggles. Compared to goggles, a face shield can provide protection to other facial areas in addition to the eyes. Face shields extending from chin to crown provide better face and eye protection from splashes. Face shields that wrap around the sides may reduce splashes around the edge of the shield.

Removal of a face shield, goggles, and mask can be performed safely after gloves have been removed, and hand hygiene performed. The ties, ear pieces, and headband used to secure the equipment to the head are considered "clean" and therefore safe to touch with bare hands. The front of a mask, goggles, and face shield are considered contaminated.

II.E.4. Respiratory protection

Respiratory protection requires the use of a respirator with N95 or higher filtration to prevent inhalation of infectious particles. Respiratory protection is broadly regulated by OSHA under the general industry standard for respiratory protection, which requires that U.S. employers in all employment settings implement a program to protect employees from inhalation of toxic materials. CDC recommends N95 or higher level respirators for personnel exposed to diseases that could be transmitted through the airborne route by aerosol-generating procedures. A Respirator may be reused if not damaged or soiled, the fit is not compromised by change in shape, and the respirator has not been contaminated with blood or body fluids (Siegel et al., 2007).

The OSHA Formaldehyde Standard (29 CFR 1910.1048)

Formaldehyde is a colorless, strong-smelling gas often found in aqueous, water-based solutions and commonly used as a preservative in mortuaries (OSHA, n.d.).

Formaldehyde is a sensitizing agent that can cause an immune system response upon initial exposure and is a cancer hazard. Acute exposure is highly irritating to the eyes, nose, and throat and can make anyone exposed cough and wheeze. Subsequent exposure may cause severe allergic reactions of the skin, eyes, and respiratory tract. Ingestion of formaldehyde can be fatal, and long-term exposure to low levels in the air or on the skin can cause asthma-like respiratory problems and skin irritation, such as dermatitis and itching. Concentrations of 100 ppm are immediately dangerous to life and health (IDLH). Note: The National Institute for Occupational Safety and Health (NIOSH) considers 20 ppm of formaldehyde to be IDLH. (OSHA, n.d.).

The OSHA standard and equivalent regulations in states with OSHA-approved state plans protects workers exposed to formaldehyde and apply to all occupational exposures to formaldehyde from formaldehyde gas, its solutions, and materials that release formaldehyde (OSHA, n.d.). The permissible exposure limit (PEL) for formaldehyde in the workplace is 0.75 parts formaldehyde per million parts of air (0.75 ppm) measured as an eight-hour time-weighted average (TWA). The standard includes a second PEL in the form of a short-term exposure limit (STEL) of 2 ppm, the maximum exposure allowed during a 15-minute period. The action level, which is the standard's trigger for increased industrial hygiene monitoring and initiation of worker medical surveillance, is 0.5 ppm when calculated as an eight-hour TWA.

Provisions of the OSHA Standard

Provisions of the OSHA Standard require employers to do the following:

- Identify all workers who may be exposed to formaldehyde at or above the action level or STEL through initial monitoring and determine their exposure.
- Reassign workers who suffer significant adverse effects from formaldehyde exposure to jobs with significantly less or no exposure until their condition improves.
- Implement feasible engineering and work practice controls to reduce and maintain worker exposure to formaldehyde at or below the eight-hour TWA and the STEL. If these controls cannot reduce exposure to or below the PELs, employers must provide workers with respirators.
- Label all mixtures or solutions composed of greater than 0.1% formaldehyde and materials capable of releasing formaldehyde into the air at concentrations reaching or exceeding 0.1 ppm. For all materials capable of releasing formaldehyde at levels above 0.5 ppm during normal use, the label must contain the words "potential cancer hazard."
- Train all workers exposed to formaldehyde concentrations of 0.1 ppm or greater at the time of initial job assignment and whenever a new exposure to formaldehyde is introduced into the work area. Repeat training annually.
- Select, provide, and maintain appropriate personal protective equipment (PPE). Ensure that workers use PPE, such as impervious clothing, gloves, aprons, and chemical splash goggles to prevent skin and eye contact with formaldehyde.
- Provide showers and eyewash stations if splashing is likely.
- Provide medical surveillance for all workers exposed to formaldehyde at concentrations at or above the action level or exceeding the STEL, for those who develop signs and symptoms of overexposure, and for all workers exposed to formaldehyde in emergencies.

Record keeping requirements

Employers are required to do the following regarding worker formaldehyde exposure records:

- Retain exposure records for 30 years.
- Retain medical records for 30 years after employment ends.
- Allow access to medical and exposure records to current and former workers or their designated representatives upon request.

Dress requirement for embalming

Each state has its own individual specifications for dress requirements while embalming. Included within the specifications is likely to be language about "clean" and "sanitary" attire, as well as attire that does not permit blood or other potentially infectious materials to pass through or read the employee's work clothes, undergarments, skin, eyes and other mucous membranes. For more information about where to find your state's individual specifications, visit your state's funeral board website, or the National Funeral Directors Association's webpage (http://www.nfda.org/education/resources) that provides board contact information for all 50 states, as well as the District of Columbia.

Isolation gowns

II.E.2.: Isolation gowns are used as specified by CDC Standard and Transmission-Based Precautions to protect the HCW's arms and exposed body areas and prevent contamination of clothing with blood, body fluids, and other potentially infectious material. The need for and type of isolation gown selected is based on the nature of the interaction, including the anticipated degree of contact with infectious material and potential for blood and body fluid penetration of the barrier. The OSHA Bloodborne Pathogens Standard mandates the wearing of isolation gowns and other protective apparel (Siegel et al., 2007).

- Clinical and laboratory coats or jackets worn over personal clothing are not PPE.
- An isolation gown is worn only if contact with blood or body fluid is anticipated.
- The donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces.
- Isolation gowns are always worn in combination with gloves and with other PPE when indicated. Gowns are usually the first piece of PPE donned.
- Full coverage of the arms and body front from neck to the mid-thigh or below will ensure that clothing and exposed upper body areas are protected.
- Several gown sizes should be available in a health care facility to ensure appropriate coverage for staff members.
- Isolation gowns should be removed before leaving the work area to prevent possible contamination of the environment outside the room.
- Isolation gowns should be removed in a manner that prevents contamination of clothing or skin.
- The outer contaminated side of the gown is turned inward and rolled into a bundle and then discarded into a designated container for waste or linen to contain contamination.

Disposal of blood and excretion

The disposal of regulated waste, in addition to complying with OSHA regulations set forth in 29 CFR 1910.1030 as well as the Centers for Disease Control's recommendations, must be disposed of in a sanitary manner. Precautions should be taken to prevent the spread of any when handling of a dead human body during transportation, during the preparation and embalming work, as well as after contact with the body. Proper hand disinfection must be practiced, as well as the removal of soiled clothing.

Applicable OSHA bloodborne pathogen guidelines

The disposal of regulated waste must be in accordance with applicable regulations of the United States, states and territories, and political subdivisions of states and territories. This section applies to all occupational exposure to blood or other potentially infectious materials (OSHA, 2012).

OSHA's Bloodborne Pathogens Standard provides for the protection of employees during the containment, storage, and transport of regulated waste other than contaminated sharps. The standard defines regulated waste as liquid or semiliquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semiliquid state if compressed; items caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM (OSHA, 2012).

In general, regulated wastes, other than contaminated sharps, must be placed in containers that are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
- Labeled or color-coded in accordance with paragraphs (g)(1)(i).
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping (OSHA, 2012).

It is the employer's responsibility to determine the existence of regulated waste. This determination is not based on actual volume of blood but rather on the potential to release blood, such as when compacted in the waste container.

If OSHA determines that sufficient evidence exists that the Bloodborne Pathogen Standard has been violated, a citation carrying monetary penalties may be issued to the employer.

Ergonomic considerations

Lifting or moving heavy objects, particularly when done repetitively, can result in injuries to the workers involved. Human remains that have been in water for some time are likely to be even heavier than normal. Having more than one person involved in lifting the human remains will help to reduce the potential for injury. Following appropriate lifting techniques will also help to protect against injury, as will the use of mechanical lifts or other devices (Siegel et al., 2007).

Marking receptacles

Each individual state's board may be state-specific on its guidelines for marking receptacles that contain dangerous substances such as embalming fluid, formaldehyde or any other toxic contents. Care must be taken to prevent leakage during both the collection and storage of any blood or potentially infectious materials.

Applicable OSHA bloodborne pathogen guidelines Communication of hazards to employees: Labels and signs (OSHA, 2012)

- Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing potentially infectious material and other containers used to store, transport, or ship potentially infectious materials.
- Labels required by this section shall include the following legend:
  1. These labels shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.
  2. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
  3. Red bags or red containers may be substituted for labels.
  4. Individual containers of potentially infectious materials placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.
  5. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
  6. Regulated waste that has been decontaminated need not be labeled or color coded.
- Labels required by this section shall include the following legend:

BIOHAZARD

Handling and embalming dead bodies with known infectious or contagious diseases

Although great care should be taken when handling and embalming dead bodies as an every day best practice within your scope of occupational duties, even greater care must be taken when it is known that the body being handled died of a known infectious or contagious disease. All individuals who are participating in the burial and/or transportation of the individual (including the funeral director, the embalmer, intern, and the assistants) must comply with OSHA regulations dictated in 29 CFR 1910.1030 (OSHA, 2012), and in many states, conditions placed on the provision of the funeral services based on the cause of death is prohibited.

Care must be taken to prevent any spread of infection in the handling of such body during transportation, in preparation and during embalming, as well as after contact with such body. Any individual involved in the process must disinfect his/her hands and remove any soiled clothing. All instruments, gloves, coverings, and utensils used in embalming or in handling the body must be disinfected immediately after being used. All fluids or other matters removed from such body in the process of embalming must be disposed of in accordance with all applicable state, federal, and local laws and regulations governing medical and infectious waste.

Standard precautions

II.D. Hand hygiene: Hand hygiene is the single most important practice to reduce the transmission of infectious agents in health care settings and is an essential element of Standard Precautions. Hand hygiene includes both hand washing with plain or antiseptic-containing soap and water, and use of alcohol-based products, gels, rinses, and foams that do not require the use of water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience (Siegel et al., 2007).

The effectiveness of hand hygiene can be reduced by the type and length of fingernails. Individuals wearing artificial nails have been shown to harbor more pathogenic organisms, especially gram-negative bacilli and yeasts, on the nails and in the subungual area than those with natural nails. CDC recommends that artificial fingernails and extenders not be worn by HCWs who have contact with high-risk remains due to the association with outbreaks of gram-negative bacillus and candidal infections. There is less evidence that jewelry affects the quality of hand hygiene though hand contamination with potential pathogens is increased with ring wearing (Siegel et al., 2007).

Applicable OSHA bloodborne pathogen guidelines (OSHA, 2012)

- General: Employers shall ensure that the worksite is maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- Protective coverings— such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces—shall be removed and replaced as soon as feasible, when they become overtly contaminated, or at the end of the work shift if they may have become contaminated during the shift.
- All bins, pails, cans, and similar receptacles intended for reuse, which have a likelihood for becoming contaminated, shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- The surfaces of doors, walls, floors, and ceilings in the work area shall be water resistant so that they can be easily

cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.
- Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.
- A ducted exhaust-air ventilation system shall be provided. This shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes.

Creutzfeldt-Jakob Disease (CJD): CDC guidelines

Practitioners at funeral homes, cemeteries, and crematories have encountered many potentially fatal and infectious diseases yet have found ways to both serve families and protect the health of the public. Creutzfeldt-Jakob Disease (CJD) is no exception (CDC, 2015).

The following sections on CJD are from the CDC website (CDC, 2015).

Transporting
Funeral service workers can safely remove the body of a CJD patient from the place of death and transport it to the funeral home preparation room for mortuary procedures using appropriate standard infection control measures, which includes wearing personal protective gear. The World Health Organization (WHO) recommends placing the body in a leakproof pouch prior to moving (CDC, 2015). The bag should be lined with absorbent material to prevent leakage of body fluids. In instances where there is excess fluid, a double bag can be utilized. After transporting, all surfaces, stretchers, and cots should be disinfected with bleach (CDC, 2015).

Preparation and dressing
An autopsied or traumatized body of a suspected or confirmed CJD patient can be embalmed using the precautions outlined in the WHO/ CJD infection control guidelines (CDC, 2015). CJD patients who have not been autopsied or whose bodies have not been traumatized can be embalmed using standard precautions. Family members of CJD patients should be advised to avoid superficial contact, such as touching or kissing the patient's face, with the body of a CJD patient who has been autopsied. However, if the patient has not been autopsied, such contact need not be discouraged (CDC, 2015).

Embalming bodies not autopsied
Embalming bodies of CJD patients who have not been autopsied can be performed using standard precautions. However, it may be prudent to place the body on a waterproof sheet to collect bodily fluids and use disposable instruments. The bodily fluids should be collected in a suitable container. Incision sites should be closed with super glue and wiped down with bleach, and the body washed prior to dressing. Cosmetic restorative work may also be undertaken (CDC, 2015).

Embalming autopsied bodies
Embalming bodies of CJD patients who have been autopsied can also be safely performed. Adherence to standard infection control measures is paramount when embalming an autopsied body of a suspected or clinically diagnosed CJD patient. Autopsies on these individuals are often restricted to removal of the brain; therefore, special precautions should be taken, including placing a plastic sheet with absorbent wadding and raised edges underneath the head to ensure containment of fluids and prevent any spillage. In instances where sutures do not completely control leaking, the cranial cavity should be packed with absorbent material that has been soaked with bleach and tightly sutured (CDC, 2015).

Bodies of autopsied CJD patients
Bodies of autopsied CJD patients should be placed on a waterproof sheet to collect all fluids. It is strongly recommended that disposable instruments, masks, gowns, and puncture-resistant gloves be used whenever possible. The entire body should be washed with bleach, rinsed, and sanitized before dressing. Special care should be taken to limit fluid leakage when performing restorative work on a CJD patient. All fluids should be collected in a suitable container (CDC, 2015).

Casketing and viewing

Avoid unnecessary manipulation of the body that would force purging of body fluids and risk opening of incision sites. If warranted, the casket can be lined with a leak proof sheet. An open casket for viewing should not be prohibited. However, if an autopsy has been performed, family members of CJD patients should be advised to avoid superficial contact with the body, such as touching or kissing the patient's face (CDC, 2015).

Terminal disinfection and waste removal
According to the World Health Organization Infection Control Guidelines for Transmissible Spongiform Encephalopathies, (CDC, 2015), all collected fluids should be disinfected by adding 40 grams of sodium hydroxide pellets per liter of collected fluid. The mixture should be stirred after a few minutes, and care should be taken to avoid spillage, as the fluid will be hot. It should then be left undisturbed for at least one hour, after which it can be disposed of like other mortuary waste. Plastic sheets and other disposable items that have been exposed to bodily fluids should be incinerated. Mortuary working surfaces that have accidentally become contaminated should be flooded with sodium hydroxide or bleach, left undisturbed for at least one hour, then, using gloves, mopped up with absorbent disposable rags and surface swabbed with water sufficient to remove any residual disinfectant solution (CDC, 2015).

Work surfaces can be disinfected by flooding with undiluted bleach. Although the use of disposable instruments is preferred, reusable instruments and tools can be cleaned and disinfected by using CJD sterilization protocols recommended by the CDC. All contaminated solid materials should be disposed of as hazardous waste. Disposing of body fluids, tissues, and hazardous chemicals should be handled in accordance with funeral home policy and state and federal regulations.

Final disposition: Cremation and burial
There are no special interment, entombment, inurnment, or cremation requirements for patients with CJD. Interment of bodies in closed caskets does not present a significant risk of environmental contamination. Cremated remains can be considered sterile, as the infectious agent does not survive incineration-range temperatures (CDC, 2015).

The CDC provides guidance for mortuaries in the handling of the remains of Ebola patients at http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html

OSHA's Bloodborne Pathogens Standard

OSHA's Bloodborne Pathogens Standard requires employers to provide information and training to workers. Employers must ensure that their workers receive regular training on all elements of the standard, including, but not limited to information on bloodborne pathogens and diseases, methods to control occupational exposure, hepatitis B vaccinations, and medical evaluation, including post exposure follow-up procedures. The employer shall train each employee with occupational exposure in accordance with OSHA requirements. Training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's risk of occupational exposure.

The training program shall contain at a minimum the following elements:
- Training at an educational level in a language that workers understand.
- The opportunity to ask questions.

- A copy of the regulatory text of this standard and an explanation of its contents.
- An explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of transmission of bloodborne pathogens.
- An explanation of the exposure control plan and how the employee can obtain a copy of the plan.
- An explanation of tasks and other activities that may involve exposure.
- An explanation of the use and limitations of methods that will prevent or reduce exposure.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation for the selection of personal protective equipment.
- Information on the hepatitis B vaccine, its efficacy, safety, method of administration, benefits of being vaccinated, and that vaccination will be offered free of charge.
- Information on actions to take and persons to contact in an emergency involving blood or other infectious materials.
- An explanation of the procedure to follow if an exposure occurs including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels or color coding.

Conclusion

It is critical for all funeral and mortuary professionals to have a working knowledge of the CDC Standard Precautions and OSHA Bloodborne Pathogen Standards for the protection of all employees. The degree and type of application of the safety guidelines are dictated by the potential for transmission, type of pathogen, degree of exposure, and specific role of the employee.

Hand hygiene guidelines must be followed along with proper assessment of potential safety hazards to determine the appropriate PPE and procedures for disinfection, labeling, isolation, and ventilation to protect all employees from contact with infectious material.

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OSHA AND CDC COMPLIANCE FOR THE FUNERAL PROFESSION

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 37 or for faster service complete your test online at **EliteLearning.com/Book**

1. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment, such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, pocket masks, or other ventilation devices.
   - ○ True
   - ○ False

2. Disinfecting surfaces is always the final step after removing and disposing of PPE.
   - ○ True
   - ○ False

3. Either latex or nitrile gloves are preferable for procedures that require manual dexterity or will involve more than brief contact.
   - ○ True
   - ○ False

4. The use of masks, eye protection, and face shields in specified circumstances when blood or body fluid exposures are likely is mandated by the CDC Universal Standards.
   - ○ True
   - ○ False

5. Formaldehyde is a sensitizing agent that can cause an immune system response upon initial exposure but is not a cancer hazard.
   - ○ True
   - ○ False

6. Employers are required to do the following regarding worker formaldehyde exposure records: retain exposure records for 30 years.
   - ○ True
   - ○ False

7. Full coverage of the arms and body front from neck to the midthigh or below will ensure that clothing and exposed upper body areas are protected.
   - ○ True
   - ○ False

8. Hand hygiene includes both handwashing with plain or antiseptic-containing soap and water and use of anti microbial-based products, gels, rinses, and foams that do not require the use of water.
   - ○ True
   - ○ False

9. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
   - ○ True
   - ○ False

10. A ducted exhaust-air ventilation system shall be provided. This shall create directional airflow that draws air into the work area through the entry area.
    - ○ True
    - ○ False

Course Code: FMA01OS

Chapter 2: Advanced Funeral Planning

4 CE Hours

By: Lindsay A. Andre'

Learning objectives

- Define advanced funeral planning.
- Identify advanced planning options.
- Describe the significance of ethical concerns and legislation in the Death Care Industry.
- List the elements of an advanced planning or preneed contract.
- Discuss the importance of Medicaid and how it affects advanced planning.
- Identify impairments and apply ethical practice in handling advanced planning for elder clientele.

INTRODUCTION

Advanced funeral planning is a general term with many facets. It is a decision that must be fine-tuned to the individuality, lifestyle, and religious base of each person. Many people plan for life events, such as weddings and vacations, well in advance. However, most do not plan for something that is certain to happen: their funeral. Further, many people are unaware of how expensive laying a loved one to rest can be.

Assisting individuals in their quest to plan ahead significantly reduces the risk of leaving family members not only emotionally unprepared, but also financially unprepared.

This course is developed as a guide to help you, as a professional provider or agent, navigate the options that best suit all parties.

A brief history of the funeral ethics that shaped today's industry

The funeral industry, more popularly known as the Death Care Industry, has evolved along with Americans' changing views. These views include what is appropriate and inappropriate in a funeral and in the Death Care Industry. The subject of death is endlessly complex. One Supreme Court justice said in a different context, "death is different." The following provides a brief overview of early regulation and major trends in the history of the American funeral industry.

By the mid-1950s, there were over 50,000 funeral directors and 25,000 funeral homes in the United States. Seventy percent of the country's funeral homes, at the time, were independently owned and many were organizing into a powerful trade group. While many state funeral directors' associations had their own code of ethics, the federal government made no attempt to regulate the business nationally until the 1960s. This is when investigative journalist Jessica Mitford's 1963 book, The American Way of Death, was published, which brought dramatic abuses committed by funeral homes to light.

Mitford publicized already-existing concerns about the industry, accusing funeral homes of bilking stunned, grieving customers; pushing expensive caskets, funeral packages, and ridiculous "extras"; omitting less expensive options; and, in general, taking advantage of grief-stricken survivors. The book's first edition sold out in just one day. Robert Kennedy was so moved by what he read in the book that he decided on a relatively simple funeral with a closed casket after the assassination of his brother, President John F. Kennedy. Even this was controversial: Public opinion strongly opposed Robert Kennedy's (then the U.S. Attorney General) decision.

Mitford's 1963 book, and the strong consumer response to it, prompted increased attention and introduced government oversight to the funeral trade. Hearings eventually culminated in the enactment 1984's Funeral Industry Practice Trade Regulation Rule (16 C.F.R. 453). The Funeral Rule, or "the Rule" as it is usually called, was reenacted and slightly modified in 1994. The Rule focuses on disclosures regarding funeral goods and services. Additionally, it specifies what a funeral business must include on a General Price List (GPL), when the list must be offered, and what consumers cannot be required to buy.

The Federal Trade Commission (FTC) is the government agency that interprets and enforces the Funeral Rule. The FTC has two central missions: to keep the marketplace competitive and to stop unfair and deceptive trade practices. The FTC Act, of which the Funeral Rule is one part, broadly prohibits "unfair business practices and false advertising." State rules also regulate funeral homes to various extents.

In recent years, consumer attitudes about funerals have changed significantly, generally shifting away from traditional funerals. The internet, among other sources, allows consumers access to extensive information about funeral practices and options. Consumers can research their religious traditions and incorporate these traditions into their funerals. They can learn about federal regulations and industry conflicts. They can even buy their own merchandise, such as caskets, urns, and stationery from a third party. This mainstreaming of the funeral industry is likely to continue.

PART I: UNDERSTANDING ADVANCED FUNERAL PLANNING OPTIONS

Advanced funeral planning is the process of discussing, defining, and recording specific and unique funeral wishes with a funeral home provider before the services, ceremonies, traditions, and rituals are needed. These important choices and decisions are better made before the need arises, when one can think more clearly.

Advanced planning options, also referred to as preneed arrangements or simply pre-arrangements, are by no means a new aspect of funeral planning. Preneed arrangements and prepayment of services began informally in the 1930s with oral agreements between directors and community members. Preneed contracts were part of "Main Street" business – discussed orally and sealed with a handshake.

Advanced planning options include life insurance, final expense policies, funeral insurance, and funeral trusts. Each method has its own advantages and disadvantages.

Life insurance

A life insurance policy is a contract with an insurance company. In exchange for premium payments, the insurance company provides a lump-sum payment, known as a death benefit, to beneficiaries upon the insured's death. Under the insurance-funded preneed contract, the consumer purchases a life insurance policy and the policy proceeds are used to pay for the funeral. The funeral home is most times the insurance policy assignee and is paid directly by the insurance company after performance of the preneed contract. All cost increases incurred by the funeral home at the time of need are paid out

of the benefits from the life insurance policy, up to the seller's current price list. It is important to note that these arrangements involve two separate contracts: the preneed contract and the life insurance contract that is used to fund the preneed contract.

Final expense policies
Final expense policies are specifically designed to provide extra money to the decedent's family to cover his or her final medical expenses, burial costs, estate fees, or other costs incurred with the decedent's death. At first glance, there appears to be very little difference between a final expense life insurance policy and an insurance-funded preneed contract, since both products provide death benefits to pay for funeral costs. However, there are two differences: First, final expense policies cannot be assigned to a particular funeral home. Second, the final expense policy must state that the policy's death benefit proceeds are not guaranteed to be adequate to pay for all funeral needs.

Funeral insurance
Funeral insurance can be purchased as a preneed contract in an amount to pay for services, merchandise, and cemetery costs. If the costs are guaranteed, the insurance should cover all the expenses. Before funeral insurance is purchased, the customer should be told, in writing, exactly how much will be paid and what will happen if the insurance premiums are not paid.

Trust-funded preneed contracts
With a trust-funded preneed contract, a consumer purchases specific funeral services and merchandise at a guaranteed price from a preneed contract seller. A written contract that details the types of services and/or merchandise being purchased is required. The consumer pays the preneed contract seller a sum of money, either on an installment payment plan or in a single-payment transaction. The preneed contract seller is then required by law to place a percentage of these funds in a trust account with a qualified trustee. Both the NFDA and the FCA suggest that 100% of the funds be placed in trust, though state requirements vary.

- **Bank-held trusts**
  Bank-held trusts or savings accounts are accounts that are established to pay for funeral expenses. It is up to the customer to let his/her family and the funeral provider know about the money in the account. The cost of funeral services and merchandise is usually not guaranteed with this type of account.
- **Totten trusts**
  Totten trusts (also known as "Payable on Death" accounts) are created when one party, the "settlor," puts money in a bank account. Instructions, which name a beneficiary, are provided and the beneficiary receives the money when the settlor dies. The trust money does not go through probate.

AARP and other groups recommend Totten trusts, in some cases, as preferable to preneed contracts. Advocates of Totten trusts note cases where funeral homes have shut down or changed ownership and refused to honor a preneed contract.

One disadvantage of a Totten trust is that if the beneficiary dies before the settlor, the gift lapses; no money remains. In addition, when a person with a Totten trust dies, the beneficiary must quickly contact the funeral home and make arrangements, especially if the person has not preplanned. Preneed contracts eliminate this stress; the funeral director takes care of all required procedures and the customer has chosen much of the merchandise or services he or she desires. Also, the beneficiary will likely pay more for the funeral than under a preneed contract. Finally, since Totten trusts are revocable: they cannot be used for Medicaid asset spend-down.

AARP and other groups also state that preneed contracts have historically been invested poorly, thus yielding low returns. For example, one very large funeral home ran into financial trouble when it bought up independent homes whose investments were losing money. However, many states have addressed this issue by adopting rules that have tightened investment requirements; they specify how and where assets must be invested and prohibit the funeral director from acting as trustee.

TRUST OR INSURANCE?

Consumer groups recommend that a funeral home provider offer both trust and insurance plans, letting the customer choose which option will work out best for him/her. In addition, the FCA suggests that the funeral provider or agent clearly lay out how much the trust and the insurance option would cost, using a hypothetical $5,000 funeral. This example would include how much the consumer would receive if he /she cancelled after one, three, five, and ten years, as well as the amounts of consumer funds that any other party receives.

State-regulated trusts used to be the most common form of advanced planning financing. The customer pays the provider, and the funds are placed into a special account. The interest pays for the increased cost of the funeral, also known as the inflation, between the "lock-in" purchase time and the time of the funeral. If a customer is applying for Medicaid, he or she will need to render the money irrevocable by paying the funeral cost in a lump sum amount. Otherwise, most states specify that the customer has a choice of paying up-front or in installments.

Most states stipulate that the funds must be entrusted to a financial institution or financial depository; some states specify that the trustee act prudently. A typical example is Massachusetts:

> Chapter 203C: Section 3(a): "A trustee shall invest and manage trust assets as a prudent investor would, considering the purposes, terms, and other circumstances of the trust, including those set forth in subsection (c). In satisfying this standard, the trustee shall exercise reasonable care, skill, and caution."

The section goes on to list circumstances trustees must consider in each individual case.

With life insurance, the purchaser is not taxed for interest income earned. However, the rate of return is usually lower than that of trust funds. Providers often receive a commission from the insurance company. A few states, such as New York, prohibit funeral directors from accepting preneed fund commissions from any third party, such as an insurance company or a trust fund.

It is essential to advise the customer in writing where the funds are being invested. In many cases, these companies will have their own forms that require a signature, in addition to the forms required by the funeral provider or agent. In some states, it is required that consumers receive an annual statement with all important account information. It must also be disclosed who will receive interest from the funds. State laws vary regarding the amount the trustee must put in a trust fund. The NFDA and FCA propose that 100% must be put in; currently, 23 states have this requirement. Hawaii and Alabama require the lowest percentage: 75%. Many experts recommend 100%, even if one's state requires less. Most of the media coverage about preneed consists of stories about greedy providers who spent the preneed money. This is an issue that justifiably concerns customers.

Always
- Advise potential customers to have the contract reviewed by an attorney or a trusted adviser before they sign it.
- Use a written contract: Most states require the preneed contract to be in writing, often providing forms the funeral director must, or may, use.

Terms of an advanced planning or preneed contract

An advanced planning contract should list all goods and services purchased and must be signed by both the provider and the customer. A third party with no knowledge of the goods and services purchased should be able to know these details just by reading the contract. The customer should receive a copy of it. The following items should be listed on the contract:

- Itemized goods and services on the preneed contracts.
- "Cash advance" items and cemetery goods and plots.
- At least 15 excluded goods and services, due to the inability to anticipate their need in advance (for example, preparing a body after autopsy), or are provided by third parties whose costs may change, such as cremation fees. According to the AARP's 200 survey, 66% of preneed purchasers signed contracts that didn't specify that more money might be due when the customer died. Whether their contracts omitted this disclosure or the purchaser didn't comprehend it, the result is likely to be the same: angry consumers. Some readers complained about extra charges on the message board linked to the 2008 AARP article.
- Avoid potential problems by writing clear, detailed disclosures of possible charges. Require the purchaser to initial this disclosure to indicate he or she has been told this information.
- Several state statutes require contracts to further break down the monetary information. For example, Massachusetts requires the provider to designate the percentage of the total funeral costs attributable to goods and services that the funeral home provides, as well as the percentage attributable to goods and services that other suppliers or vendors provide.

Revocability versus irrevocability

Understanding the two different types of funeral trusts is essential to choosing the right type for the needs of the consumer.

Revocability, as its name implies, can be dissolved by the person who originally created it or by a designated person or entity at any time. The downside to a revocable trust or contract is that is does not receive favorable tax treatment and is not exempt from confiscation from hospitals, doctors, nursing homes, and other health care providers. Medicaid spend-down rules will be imposed on the trust before Medicaid-covered nursing home care is provided.

Almost all states allow customers to cancel trusts or contracts, assuming the customer requests a revocable contract. Most states require the seller to refund the money within a specified period. In some states, however, the customer won't receive a full refund; some states assess cancellation penalties. Although most states require all principal plus the interest, others exclude interest.

Irrevocable trusts or contracts can't be dissolved – by the creator or by any other designated entity. The funds can't be accessed until the terms of the trust or contract are satisfied. This means that the death must occur before the assets are paid out. This implies that irrevocable trusts are superior in that they are not subject to Medicaid spend-down rules and the assets cannot be paid out until after the trust pays for funeral expenses.

The FCA recommends that when a customer revokes, he or she receives 100% of the principal and the interest. The FCA also recommends that no preneed contract is made irrevocable as a condition of the contract and that if the customer elects irrevocability, he or she is to be allowed fifteen days, in some cases thirty days, to think about the decision after signing. Further, the FCA recommends that a plain language version of the life insurance policy terms is given to the customer.

Single pay versus multi pay

"*Single-pay plans*" are guaranteed issue, with no health questions asked. A face value is calculated at the agreement of payment. In most cases, the initial premium paid locks in the funeral cost, including goods and services, but generally excluding cash advances. Cash advances are products and services not controlled by the funeral home. Examples of cash advances include: cemetery fees, death notices, and honorariums.

"*Multi-pay plans*" are issuable based on a few simple health questions on the application. They are available with an immediate full death benefit or, for those with health issues, a modified benefit for the first one or two years, depending on the policy issued. Fluctuations in premiums are based on a person's health history, age, and affordability of services.

Guaranteed versus non-guaranteed

A guaranteed advanced planning contract means that the funeral home accepts a customer's payment as payment-in-full at the time of death for the goods and services that are selected in his/her contract. Survivors, or the deceased individual's estate, will not have to pay out additional funds for guaranteed contracts. Certain items that the funeral home has no control over, such as cemetery costs and clergy honorariums, are typically not included in the price guarantee. State laws vary regarding guaranteed advanced planning contracts.

A non-guaranteed advanced planning contract means that if the payment option selected is insufficient at time of death to cover the total cost of the funeral chosen, the survivors or estate must pay any difference. Preneed funds in excess of the actual funeral cost at the time of need are usually refundable to the survivor(s) or to the estate; however, this is not true in all states. It is important to know and understand the rules in your state of practice.

"Guaranteed" is a strong selling point for advanced funeral planning and it does seem to save the consumer money. A survey found that preneed contracts cost families less than at-need ones. One reason for this, of course, is that prices of goods and services rise over time due to inflation. Another reason is that a customer preplanning his/her own funeral, especially an elderly person used to modest living, might choose less expensive options than his/her grief-stricken family. Funeral homes can offer preneed funding without a guaranteed price lock-in. In fact, a growing number of funeral home owners and business advisors advocate ending guaranteed funerals or lock-ins entirely. According to a Funeral Wire article, customers simply don't ask whether their preneed contract is guaranteed. If the provider or agent decides not to offer a lock-in price, he/she must be very clear to the customer, both verbally and in writing, that the preneed does not include guaranteed prices. If the provider or agent does offer it, the customer must be given a choice whether or not to "lock-in" to a guaranteed contract.

The value of advanced funeral planning

There are many valid reasons to encourage advanced funeral planning. Consumer organizations concerned with funerals, such as the American Association of Retired Persons (AARP) and the Funeral Consumers Alliance (FCA), encourage preplanning. The process of making these arrangements can benefit both customers and their families. (We refer to the person considering or making a preneed contract as "the customer or consumer" throughout this course and the funeral home director as the "provider.")

Advanced funeral planning can be of great value to the customer. Elderly persons often struggle with issues of retaining and losing control. Some people see death as the ultimate loss of control; preplanning for one's death allows the individual to confront these issues. Planning for the funeral offers an individual

something tangible and important to organize and oversee. Having an opportunity to organize some aspects of how the individual will be commemorated can help him/her come to terms with relinquishing independence in other areas of his/her life. Additionally, families that preplan together tend to learn more about the preferences of the family member who is the customer.

Preplanning, combined with paying ahead through a preneed contract, can offer the customer more control and peace of mind than simply preplanning. Ideally, the customer learns about his or her options for goods and services. He/she inspects the merchandise and the home's facilities. Prepaying lifts burdens from loved ones by ensuring that a professional is lined up to handle what needs to be done right after a death, such as transporting, storing the body, and obtaining the needed certificates.

In contrast, when a person does not preplan or prepay, his or her family must quickly make important and costly decisions while they are in the midst of intense emotions, including shock, grief, confusion, or anger. Grieving family members and friends may be unfamiliar with both the process and the role of the funeral director. They may feel uncomfortable asking questions. At the same time, they may be vulnerable to pressure from unscrupulous funeral homes, buying more expensive services and goods and spending money "to show how much they care." They struggle with not knowing how the loved one wanted to be commemorated. These decisions can also create or exacerbate family conflict.

An ethical and reputable funeral home and its provider will include the following:

- A detailed price lists of goods and services before the customer makes his/her selections.
- A written statement listing all of the goods and services selected and their prices.
- A written preneed funeral contract explaining, in plain language, the customer rights and obligations.
- A guarantee in the contract that if any of the selected goods or services are not available at the time of need, goods and services of equal or greater value will be substituted at no extra cost.
- An explanation within the contract of the geographical boundaries of the funeral home's service area and under what circumstances the customer can transfer the preneed contract to another funeral home if the customer relocates, or if the death occurs outside of the service area.
- A statement in the contract to where and how much of the funds will be deposited, until the funeral is needed.
- An explanation in the contract of whom will be responsible for paying taxes on any income or interest generated by the preneed funds that are invested.
- A disclosure in the contract to whether, and to what extent, the funeral home will guarantee the price of goods and services selected and purchased. If the prices are not guaranteed, the contract will explain who is responsible for any additional amounts that may be due at the time of the funeral.
- An explanation in the contract whether, and under what circumstances, a cancellation of a preneed contract can be requested and how much of the funds paid will be refunded.

PART II: GENERAL RULES, REGULATIONS, AND ETHICAL PRACTICES OF ADVANCED FUNERAL PLANNING

Advanced planning and Medicaid

One factor that has contributed to the popularity of advanced funeral planning and preneed contracts is its relationship to Medicaid, the federal health program. Medicaid, which was passed in 1965, covers health care costs for low-income people – including senior citizens who receive it as a supplement to Medicare. Each state administers Medicaid differently: It creates its own rules, yet still obeys federal guidelines. Some states further break Medicaid's administration down by administering Medicaid on a county level.

For purposes of Medicaid eligibility, certain assets are considered exempt. An exempt asset is one that does not count as a resource in the determination of whether or not an applicant is eligible for Medicaid. A person may continue to own exempt assets and receive Medicaid coverage for nursing home care. Certain types of assets commonly used for a funeral, cremation, or burial are exempt under Medicaid.

For both Medicaid and SSI, certain types of funeral arrangements – including burial funds, prepaid funeral agreements, life insurance, and burial plots – are exempt from consideration as assets. In this way, an applicant can reduce his or her countable assets while also ensuring that his/her wishes about the planned funeral are respected. Unlike other asset transfers, a Medicaid applicant may set up a preneed trust before needing Medicaid. Customers in the past have typically requested traditional funerals, complete with embalming, casket, and funeral home services. Funeral conglomerates, in some cases, have been known to market these contracts aggressively.

Many think advanced funeral planning works well in terms of Medicaid spend down. While some strongly advocate more consumer-friendly preneed requirements, existing research typically shows general satisfaction with most current regulations. Anecdotal evidence from respondents who represented state offices on aging, consumer advocacy groups, social service agencies, state attorneys general, and funeral directors' associations considered current consumer protection regulations adequate. Only about one in five respondents had received any complaints about preneed policies, most concerning lack of transferability.

Transferability

In addition to losing money, the lack of transferability is the biggest problem preneed consumers report. As with every preneed aspect, state laws about transferability vary widely. Some states allow customers who move to another state to transfer funds, some do not; some allow the provider to charge for the service, some don't.

According to one article on the Maryland FCA's website, a preneed consumer asked her provider what would happen if she died elsewhere. The provider answered, "around $1,500 to an outside funeral home to forward your body here, then another $1,500 to receive it. In addition, you'd have to pay the airfare, and weight counts. Of course, none of this is covered in your preneed guaranteed price."

The NFDA's position is that a customer with an irrevocable contract should have the right to transfer, but that the original provider can charge for it. The FCA's position is that both types of contract ought to be transferable without penalty; if the second home is less expensive, the customer should receive the difference.

Leftover money or a shortfall of money

If the customer was on Medicaid, any leftover funds after the funeral go to Medicaid or to the decedent's estate. Again, this is a state-by-state law. As of 1995, 12 states specified that the estate had to receive the money; many allowed the provider to retain it, some stated that it could be negotiated in the contract. If an individual lives in such a state, make sure that the customer understands what he or she is negotiating. Few states address the shortfall issue. One large chain's policy is to not perform the contract unless it has been paid in full, which has probably not engendered goodwill.

State regulation of advanced funeral planning

State advanced funeral planning regulations are not uniform. They may or may not address specific issues of concern to the consumer. Complicating matters, states use different bodies to regulate state policy and may not specify who does what. While states such as New York and Connecticut have strong laws that cover many aspects of the preneed process, the District of Columbia has no law. Other states, such as Alabama, have very weak laws. Furthermore, there's no reliable guide to current laws; as a provider, it is essential to research and understand your state's individual statutes. This fact further underscores the need for an attorney or a financial planner to look over a preneed contract. It also highlights the need for a funeral director to thoroughly understand his/her state's rules and know how to look up the rules of another state if a customer dies there.

Courts have proven that state advanced planning statutes are constitutional. In one case, a funeral service provider in West Virginia filed suit, arguing that the state statute regulating preneed contracts violated his constitutional right to free speech. He further claimed that the Funeral Rule preempted the state rule. The court held that the statute was constitutional because regulating advanced planning sales was an important state interest and the statute reasonably restricted preneed sales. It also stated that the Funeral Rule didn't provide comprehensive regulation of the industry and did not conflict with the state statute, so the two were able to coexist.

All funeral professionals are required to comply with the Funeral Rule when making both preneed and at-need contracts. If the survivors ask about goods and services, change the preneed arrangements, or must pay additional amounts of money (for example, in a contract that is non-guaranteed), the provider must provide them with the GPL and make all the disclosures required by the Funeral Rule. If the preneed contract was made before 1984 and had not been modified since, the Rule does not apply unless the survivors wish to change provisions of the contract. For example, if a person made a preneed contract in 1983 and dies now without changing any aspects of it, the funeral director does not need to make the now-required disclosures and otherwise follow the Rule. However, if the family wishes to buy a more expensive casket, the funeral director must comply with all provisions of the Funeral Rule.

The FTC has focused strong efforts on conducting unannounced "sweeps" of funeral homes. Agents act as members of a family, or "shoppers," in order to ensure a funeral home's compliance with the law. Again, it is essential for any funeral professional to know his/her specific state regulations regarding funerals, embalming, preneed contracts, and Medicaid (each state has its own limit as to how much a person can put into a preneed account for Medicaid spend-down purposes). Additionally, there are often rules that specify that any money left after a funeral that is paid for from such an account must be returned to the state, not kept by the home or given to the beneficiaries. Penalties for businesses found in violation usually require violators to undergo training, participate in additional testing, and pay fines.

Specific laws and guidelines may fall under the scope of different agencies. In Minnesota, for example, a rule under "Regulation of Trade Practices" prohibits insurance companies or agents from promoting a specific funeral home (§72A.325); Chapter 149A regulates mortuary science, licensing, and solicitation practices and contains the state's version of the Funeral Rule, which is more stringent than the federal version. Chapter 525, the Uniform Probate Code, discusses who receives trust funds. Each state is organized differently.

Designated agent and statutory obligation laws

More than half of all states have enacted a personal preference law, a statutory obligation for survivors to honor the written wishes of the deceased (with the exception of cremation in a few states). In Ohio, for example, a person can specify that the arrangements of the preneed contract must be followed; a state-provided form is used. If a person doesn't have details in mind but wants a specific person to make the arrangements, he or she can execute a declaration of intent by assigning a representative the right to dispose of the person's body in any manner the representative desires. The customer can thus designate the person he or she trusts the most – which might not be the same individual responsible under state law. It is wise to honor a customer's written requests, even without a personal preference law. Courts tend to honor nearly all wishes.

Ethical practices for advanced funeral planning

Imagine that a customer discusses an important, expensive purchase, which relates to a subject that evokes strong feelings. The customer knows very little about his/her options and about how the planning process is executed. Some of his/her friends and family have chosen non-traditional products and services and have been satisfied with the results, but the consumer is not sure what these products were – or even their benefits and disadvantages. The agent knows all the tricks, but can the agent be trusted?

Now, consider that the agent gives the consumer a price list written in a language that he/she can understand. The price list explains the meaning of terms that the consumer is not familiar with, and the font and type are large enough that he/she does not have to squint. The agent explains many of the options and appears even-handed, discussing the advantages and disadvantages of each. The atmosphere he/she creates relaxes and the consumer is comfortable. The agent summarizes the discussion in writing and advises the consumer to review the options carefully and consult with his/her family and trusted advisors. The likelihood that this individual will utilize this provider is very high.

On the contrary, some funeral chains or homes engage in unprofessional or inappropriate practices: They pursue customers by borrowing guest books at funerals to obtain contact information for funeral attendees. They approach persons visiting graves, call funeral attendees a few days after the funeral, and give gifts to intensive-care nurses and priests to entice them to recommend their home.

One example published in newspapers nationwide concerned an outraged woman who wrote to "Dear Abby." She explained that a funeral home where she had attended a funeral took her contact information and called her two days later, advocating preneed arrangements. These strategies tend to backfire: Potential customers (both Baby Boomers and Generation X'ers) have become more savvy and better informed about funerals, as well as increasingly cynical and skeptical about pushy sales tactics.

State statutes may limit how a provider or an agent contacts a customer. Some states, for example, prohibit paying money or other valuable considerations to secure business or obtain the authority to dispose of a dead body. An agent may not visit a hospital, a gravesite, or a visitation in order to solicit business without receiving a request from the solicitee. Without a specific request from the individual involved, he or she cannot solicit from a person about to die or, for a certain period of days after death, from the person controlling the decedent's body.

Some state statutes, such as that of Massachusetts, are broadly worded: They prohibit any attempts to sell preneed contracts in "false, deceiving, deceptive, misleading, coercive, intimidating, or threatening" ways [239 CMR §4.11(3)]. The Funeral Consumers Association recommends that funeral agents be prohibited from any form of solicitation, direct or indirect, of a consumer in a health care or retirement facility unless the consumer has explicitly requested it. ("Any form of solicitation" would include offering gifts to hospital personnel.) Furthermore, the FCA believes that a customer should be solicited by

telephone, fax, or by e-mail only if they have consented to it in writing.

One funeral professional suggests that a director who obtains contact information from funeral attendees specifically ask them if they would like to be contacted. This professional also recommends waiting at least two weeks before contact and then e-mailing the request. He also advocates better use of technology, noting that many funeral homes lack websites that address the needs of recent funeral attendees. For example, the main page could include a menu item, such as "How Can We Help You," and then direct site visitors to pages about posting online condolences, finding funeral service times, and requesting pre-planning, if desired.

Employees who resort to desperate tactics are often encouraged by places of employment that require agents to meet a preneed sales quota. Sales people receive incentives, commissions, or other rewards for sales. According to a law review article, one funeral conglomerate expects its new salespeople to average at least one dollar in every pre-need sale for every at-need one; after six months, the ratio becomes 1.5 pre-need for every dollar at-need. The same company rewards top sellers with prizes and vacations abroad. Salespersons that lag in their required preneed sales volume may be fired, even if their at-need sales are sufficient.

Consumer groups look askance on preneed sales when salespeople are required to sell them by their employers. If one works for a company that implements these practices, it makes financial sense to comply with the company's policies in order to retain a job, but in doing so one can also maintain his/her integrity.

Consider the following scenario

> You are meeting with an elderly person and her son in her large, well-decorated home. She is interested in purchasing a preneed arrangement. Neither mother nor son ask many questions or scan your written materials carefully. Do you emphasize the higher-priced goods and services because the more she spends, the better you'll do at work? Or do you try to present the options evenhandedly and suggest that she take time to review her options and consult with an advisor?

Ethical sales tactics related to preneed sales require tailoring recommendations to knowledge of the consumer's resources.

A well-informed consumer

Funerals rank among the most expensive purchases many consumers will ever make. A traditional funeral, including a casket and vault, costs about $6,000-$8,000, although extras such as flowers, death notices, and cemetery property can add thousands of dollars to the bottom line.

Every family is different in terms of their individual funeral preferences. Most funeral practices are influenced by religious and cultural traditions, costs, and personal choices. These factors help determine whether the funeral will be elaborate or simple, public or private, religious or secular, and where services will be held. They also influence whether the body will be present at the funeral, if there will be a viewing or a visitation and if so, whether the casket will be open or closed. These factors will also determine whether the remains will be buried or cremated.

Again, this is why the often-mentioned Funeral Rule is so important. The Funeral Rule, enforced by the Federal Trade Commission (FTC), makes it possible for the consumer to choose only those goods and services he/she wants or needs, and pay only for those selected – whether s/he is making arrangements when a death occurs, or well in advance. The Rule allows a consumer to compare prices among funeral homes. It also makes it possible to select the funeral arrangements the consumer wants at the funeral home of his/her choosing. (The Rule does not apply to third-party sellers, such as casket and monument dealers, or to cemeteries that lack an on-site funeral home.)

Since the Funeral Rule became law over twenty years ago, it is increasingly accepted that consumers and readers of government documents should understand what they are reading. Government documents are not known for their clarity. The Funeral Rule, for example, has long sentences, is stuffed with information, and is difficult to navigate. It is ethical to write documents that consumers can understand.

Many states have passed "plain language" rules for persons drafting government legislation and for service providers, such as funeral directors, who provide information to consumers. Texas, for example, requires preneed contracts to be clear and readable in both English and Spanish. These plain language principles, increasingly required by law in consumer transactions, are discussed in detail in Texas Administrative Code Title 7, Part 2, Subchapter A, Rule §25.4. The Department of Finance has written sample contract forms and requires anyone who sells preneed contracts to use their model contract, or to submit their own contract to the Department for approval.

Most states require preneed information to be presented in clear, concise language. The writer should choose everyday words and avoid complicated legal terms. If a complex term is necessary, an explanation of the term is required when it is first mentioned. Copying legal language from a document without explaining it is prohibited. Regarding style, sellers should use short, explanatory sentences whenever possible, include bullet lists, and avoid passive voice. The language must avoid repetition, wordiness, and multiple negatives, such as "this contract is not irrevocable."

In a passive voice sentence, the subject of the sentence does not *perform* the action, but instead *receives* it. For example, in the passive voice sentence, "This contract must be signed by the consumer," the subject of the sentence is "Contract." However, this subject does nothing; it merely gets signed. The reader may become confused because the subject does nothing; also, if the person or thing performing the action – here, "consumer" – isn't mentioned in the sentence, the reader has no idea who performs the vital action. On the other hand, the active voice sentence, "The consumer must sign the contract" leaves no doubt.

The Code explains that complex information becomes easier to understand when the seller uses a question and answer format or provides an example scenario. The seller should also group related points together when possible and should not repeat the same information at different points in the document. The Code even specifies fonts, font size, and margins. Refer to this useful statute as a guide when you draft written materials for the consumer. Of course, its content is tailored to Texas state law; your own state law will likely differ.

A consumer-friendly General Price List (GPL)

The following suggestions, compiled from state statutes, the National Funeral Directors Association (NFDA), and other consumer group recommendations, offer possibilities for revising a GPL to make it clearer for the consumer.

- Clearly define what "goods" and "services" mean and the difference in how prices are handled.
- In any contract, identify all goods and services purchased so clearly that someone with no knowledge of these purchases will understand what they are.
- Specify each good and service not included in the contract.
- Clarify if the contract excludes cemetery services and goods.
- The GPL requires the provider to include separate prices for cremations and burials when the consumer provides the urn or casket. A provider is not required to emphasize this information or offer tips on comparison casket shopping. However, since the Funeral Rule was enacted, third-party casket and urn businesses have proliferated; many people have heard of the "Costco casket." Using the internet, consumers have many choices at their fingertips. It makes sense to tell the customer that many third-party retailers offer merchandise.

- Keep your GPL prices current. The Funeral Rule requires the list have an "effective date."
- The Funeral Rule says that a provider must inform customers when the price the provider charges the customers for cash-advance items is different from the cost the provider pays for them. It provides required wording for such cases. It is vital to add the required disclosures where the Funeral Rule specifies they must be. Do not change the punctuation, such as placing a sentence or part of one in parentheses, since punctuation may affect what the reader absorbs or ignores in the sentence.

For example, according to 453.5(b) of the Funeral Rule, a funeral provider or agent is required to include the statement:

> "If you selected a funeral that may require embalming, such as a funeral with a viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below."

Suppose a provider included this statement on your GPL, but put the second and third sentences in parentheses:

> *If you selected a funeral that may require embalming, such as a funeral with a viewing, you may have to pay for embalming. (You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.)*

A reader might put less emphasis on the parenthetical statement. He/she might not realize that if the final remains will not be embalmed, he/she probably won't need to pay for embalming.

Comparison shopping

Encourage customers to shop around and contact other service providers in the area. Prices for goods and services vary widely among homes. It is estimated that large chains charge up to 37% more for funeral services than independent or privately owned establishments. Connecticut, Massachusetts, and Minnesota require funeral homes to prominently disclose who owns the home; however, in the majority of states, a home does not need to disclose whether or not a chain has acquired it. (Chains usually have no incentive to reveal their ownership, wanting to capitalize on the "goodwill" of the name of a long-standing funeral provider, and not wishing to be linked with a chain. Therefore, when a town has a few homes, several which are owned by a large corporation, customers "shopping around" may not know that they're visiting homes owned by the same company.)

Discuss options other than advanced-planning contracts. Consumer publications often advise pre-planning without prepaying. If one facilitates a thorough advanced planning session with a customer and his/her family, assuring him/her that the provider or agent will keep the information, then the family will use this home when the customer dies. Since at-need funerals tend to be more profitable than preneed ones, whether or not the preneed contract has guaranteed prices, preplanning (instead of prepaying) may financially benefit the provider or agent.

Advise consumers to choose carefully

In a case that shook the funeral industry and its ability to treat people fairly, one preneed-funding provider had to inform 9,500 preneed contract holders that because of poor investments and fund mismanagement, the contracts might pay 12% less than face value. Funeralwire offers the following tips for consumers choosing a provider:

- Make sure the insurance or trust provider that your funeral home or agency is using has an A.M. Best rating of "A-" or better.
- Don't use a company that allows its capital and surplus to fall below seven percent of its total assets.
- Treat any non-mainstream company that offers a great deal with skepticism: Funeral directors agree that the products with the highest commissions turn into trouble later.
- Check how the company determines its preneed policy growth rate: Is it guaranteed at a certain annual percentage for the long-term future by the Consumer Price Index, or by another index? Or, do the company directors themselves determine the growth rate?

Trust deductions and interest

State regulations differ, as do the positions of the NFDA and CFA. Most states limit access by the provider until the customer dies. The FCA wants trustee fees or administrative costs deducted to be 25% or less of net annual interest earned. Minnesota prohibits the provider from charging any finance charges. The NFDA simply recommends that the provider disclose to the customer how much interest the provider will receive and whether or not trustee funds or other administrative charges will be deducted.

Equal quality

Consumer complaint concerns often occur if the merchandise the customer selected is no longer available when he or she dies. An example posted by AARP went so far as to characterize the following example as "bait and switch," or advertising one product with the intent to substitute an inferior one. The AARP reported the story of a woman who chose a lavender casket when she made her preneed contract. After she died, the provider told the family that the lavender casket would require a special order and would take ten days to arrive. The family unhappily accepted an "iridescent pink" casket. This is a controversial point given the fact that the time between an advanced planning contract signing and the customer's death could be many years. By then, the merchandise may no longer be manufactured or the provider may discontinue the offering because of its unpopularity.

In order to avoid occasional customer dissatisfaction about discontinued items, it is critical to explain to the customer that there is a chance that an item he/she has chosen might be discontinued or otherwise unavailable when needed. Ordering the item when the contract is signed could be expensive for the customer, especially since the FTC recently affirmed that a provider can charge if it stores an item for a long time – specifically mentioning at-need caskets.

In addition, instead of language simply saying that an item of equal quality will be substituted in the contract, specify that:

a. Goods and services of equal or greater value will be substituted at no extra cost.
b. The decedent's disposition agent may inspect the items and shall approve them if they are of the same disposition and quality as those included in the preneed contract (FCA recommendation).

Consumer restitution funds

The NFDA advocates that states provide for the funding and the administration of a consumer restitution fund to pay back an advanced-planning customer if the seller defaults. A provider, however, could not advertise the fund's existence to induce a customer to purchase a preneed contract. In such a case, the customer would pay a small fee, and the provider would deposit the money into the government fund. If the provider defaults, the customer could file a written complaint. The agency would investigate and order restitution or dismissal. A handful of states have consumer restitution plans. It seems likely that these plans will become more common, given the media reports of defrauded preneed consumers. One drawback of restitution funds, however, is that they might not contain enough money to fully refund customers.

What happens if a consumer or family complains?

The dissatisfied consumer can file a complaint with the state's funeral director licensing board. In addition, every state has its own consumer protection office. A list for all states can be found at http://consumeraction.gov/state.shtml. Forty-three states provide possible penalties for violators of the state's own codes. The court may order injunctive relief (the court orders the wrongdoer to stop the behavior), revoke the provider's license, or impose hefty fines.

As for what happens if the consumer seeks federal action, it depends where he/she goes. The FTC's position, upheld by state courts that have considered the issue, is that consumers cannot bring suit themselves under the Funeral Rule; the FTC must do so. It recommends civil or criminal court. The customer would presumably allege larceny, fraud, or other felonies. Federal courts have approved civil penalties of $20,000 and $121,000 in two preneed cases, settling charges that defendants didn't provide preneed customers with price lists.

PART III: WORKING WITH ELDERLY AND IMPAIRED CLIENTS

Many of the individuals who make up preneed sales are elderly, and some may be impaired by various disabilities. Some of these disabilities may make decision-making more time consuming or difficult. Many elderly people, however, have none of the impairments or characteristics described below. Conversely, a person of any age – not just the elderly – may have some impairment. It is the obligation of the provider or agent to present information clearly and ensure (to the greatest extent possible) that the customer understands the terms of the agreement. One must also make every effort to understand the requests of the elderly, or the impaired, customer.

Ethical concerns are particularly important with regard to senior citizens: Elderly individuals may be more vulnerable to scams and less assertive with pushy sales tactics. Many seniors are not aware of their rights under the Funeral Rule. In an AARP study, for example, most elderly customers did not know they could choose individual items instead of buying a funeral package. The FTC also noted that senior citizens often do not know where to report fraud, don't know they have been scammed in some cases, or are too ashamed to reveal it. Indeed, the 2007 AARP survey of preneed customers found that 37% did not know where they would go if they had a problem with their funeral plan. These customers also may be less likely to question authority figures, may be more socially isolated, and may be less able to gather information through other sources – like the internet. Consider this anecdote offered by one consumer:

> "Dad wanted me to make prearranged funeral plans. He has a hard time talking to salesmen. As we began to visit with the young funeral director, Dad suddenly got very quiet and didn't seem to be able to talk. And the funeral director began to sell Dad what he didn't want, as if he hadn't heard the request we made for simple cremation plans. I asked for a price list because the package of services he was showing us wasn't what Dad had in mind. Dad didn't seem to notice the warning I had sent to the funeral director. The director suddenly said that this other price list was probably more what we were after. I noticed the price was now half of what the other price had been. And Dad said yes, this was what he wanted."

If this gentleman's son was not there, the provider might have convinced the father to go with something more expensive than he wanted. To ensure ethical practices among funeral homes, the FTC conducts anonymous visits nationwide to make sure homes comply with the Funeral Rule. It fines violators or requires them to take classes if it finds these businesses to be non-compliant with the Rule.

Natural results of aging

Aging need not come with mental and emotional challenges: Many elderly individuals lead vital, undiminished lives well into old age. For many, however, aging brings with it a special set of challenges different from other adults. Aging may alter how a person takes in and processes information, or may affect his or her way of relating to others. Although we all know people who are exceptions, psychologists and doctors maintain that elderly persons become less adept in five areas:

1. **Speed of processing**
   Since it may take a senior citizen longer to absorb a large amount of information (such as funeral arrangements), it is important to provide this information in several ways, including written materials, and give the customer more time to let it sink in.
2. **Cognitive flexibility**
   Cognitive flexibility refers to an adaptability to new situations and the ability to restructure one's thinking based on new information. When we say, "you can't teach an old dog new tricks," we are talking about cognitive flexibility. Seniors often make decisions that are based on first impressions and gut feelings; they also tend to stick to those first impressions and feelings. As a funeral home provider, make sure your materials create a good first impression. Also, many recent industry publications focus on designing easy-to-navigate and comprehensive websites.
3. **Capacity to draw inferences from information**
   "Capacity to draw inferences from information" means reading between the lines and understanding the implications of statements. Older adults lose some of this capacity, taking information at face value. It's important, then, that providers spell out the implications specifically. For example, suppose the provider offers a prepayment plan that can be canceled within thirty days without a substantial penalty. However, after thirty days, the policy cannot be cancelled – or a large cancellation penalty applies. An informational brochure may state, "We promise you a full refund if you change your mind in the month after you purchase the policy." From this sentence, a senior citizen might not realize that if he or she cancels on day 31, the consequences can be severe.
4. **Multitasking**
   Another cognitive change to be aware of is the loss of ability to multitask. Multitasking doesn't refer to doing more than one thing at once; rather, it means switching attention and focus quickly between tasks. It makes sense that since speed of processing slows as part of the aging process, the ability to switch from one new topic to an even newer one slows as well. The practical application: If a provider is discussing one aspect of a funeral, such as casket selection, it is important not to move abruptly to another topic, such

as where the service is to be held, without some kind of transition.

5. **Ability to focus attention**
   The last change to consider is that seniors' ability to focus decreases, as does their ability to tune out distractions. Take breaks to allow the senior to regroup. If the provider is meeting at the funeral home, it is important to ensure that planning rooms are well insulated from outside noise and motion and are not over-decorated.

Developmental tasks

Every life stage brings with it a specific set of developmental tasks. As a society, we often are aware of the stages that people at other ages experience. For instance, toddlers and preschoolers need parental security, but they are also developing a separate identity. Teenagers face difficulties asserting their independence. In early adulthood, individuals may struggle balancing parenting and earning an income. Parents have ample resources to help them understand and appropriately respond to their children's developmental stages. Many self-help books offer reassurance and guidance, describing the challenges of early and middle adulthood or retirement. We are less familiar with the tasks of old age. One would not be overly surprised at a toddler throwing a tantrum; a senior citizen whose actions reflects his or her developmental tasks, however, may be subject to impatience or condescension. Others may attribute the behavior to dementia.

The main task of old age, according to psychologist Erik Erikson, is to look over one's whole life and ask, "What kind of life have I lived?" Those who can look back with gladness, forgiveness, and self-respect are able to develop a new sense of integrity and are ready for whatever comes next in life or death. Someone who concludes that his or her life was not well-lived is susceptible to despair. Planning for one's own funeral often forces a person to confront these issues. Senior citizens also face issues of retaining and relinquishing control. The expertise of the funeral provider or agent consists in knowing and understanding the fine details of the options and explaining them to the customer, being clear as to the costs involved. The customer is the one who will compare the choices and make the final decisions.

Conversations may show:

A lack of urgency: Even though some seniors may make decisions quickly and hastily, others feel no need to settle matters immediately. Remember this if a senior citizen begins to reminisce or bring up recent events. Also, if an elderly person comes in for a preplanning session with his or her family members, be aware that they may become impatient with the senior. Be prepared to be a presence who defuses the family's annoyance by showing interest in what the senior is saying: Be an advocate for his or her legitimacy as a person. Then, direct the discussion back to the topic of the funeral planning.

Nonlinear thinking, repetition, and focus on small details: When an elderly person wanders from topic to topic, transitions abruptly between topics, or repeats the same story over and over, use principles of active listening (repeating the topic you are discussing and what you heard the clients say about it) to return to the topic at hand. Give the consumer the benefit of the doubt: Sometimes these reminiscences are not non-sequiturs, but have relevance to the funeral arrangements.

Uncoupling

Uncoupling refers to suddenly stopping a conversation. It is linked to both a desire to maintain control and a diminishment of cognitive flexibility. Imagine a provider or an agent suggesting a particular funeral package to a potential customer. The customer feels that the agent is being pushy, trying to make the decision for him/her. Furthermore, the potential customer is confused by some aspects of the package. Feeling overwhelmed, the customer says she's no longer interested and gets up to leave. How should the provider or agent respond?

Principles of clear communication

When speaking to an elderly or impaired client, keep questions specific, direct, and clear. Ask questions in a logical order; don't combine many related questions in one sentence. Instead, ask one question at a time and clarify each answer before moving on. Make sure the client understands the context of the questions and your reasons for asking them so he/she can provide the most specific, relevant information. Evasive, vague, or incomplete responses to sensitive questions can be common and should be reviewed, and then clarified, as delicately as possible.

Questions should be phrased in a neutral or an unbiased way to avoid "leading" the client in a particular direction. Seemingly minor wording differences can encourage wildly different responses from clients. Examine phrasing to avoid any language that might cue the customer to respond in a particular way, such as suggesting by your words or tone that one answer versus another is right, wrong, or preferred in any way. For example, "Would you like more information about our alternative containers?" is better wording than, "You're not interested in alternative containers, are you?" The second question is more likely to skew the customer's response because it suggests that the provider expects or wishes the answer to be, "No, I'm not."

A provider or agent must give full attention and apply the principles of active listening to increase the accuracy and reliability of shared information. Active listening includes, first and foremost, listening: no mind wandering, no preconceptions about the customer that affect what the provider "hears" him/her saying. At the same time, "listen" to what he or she *doesn't* say as well as to his/her body language. For example, if a customer claims to understand a concept but looks confused, go over the concept again in different words. If he/she looks evasive when answering a question, gently ask for more information. If the person looks at his/her watch often and glances at the door, review what has been discussed so far and ask when another appointment would be convenient.

Give the customer adequate time to contemplate the question and consider an answer. Never interrupt or rush a response. After the individual has finished, restate the comments to confirm that what the customer said was interpreted correctly. If necessary, identify areas in which the customer's intended message or meaning and your understanding or interpretation of it differ. Get clarification. At times, summarize all that you have heard, reviewing the most significant points and relevant implications. These implications are especially important for senior citizens because they might not realize them.

It is vital to:

- Provide information and questions in writing.
- Re-state the customer's responses to confirm that they are understood.
- Keep a pre-made form to record the customer's responses and give them the form at the end of the session as you review what happened during the session. Require that the customer sign or initial the form when he or she agrees it is accurate. Keep a copy and give the customer and family members copies.
- Begin all new meetings by going over what happened at the previous meeting and review details of any signed or initialed forms from the previous meeting.

Seniors with different physical difficulties and their advocates and caregivers offer many suggestions for better communication. If your customer is hearing-impaired, shows cognitive difficulties, or is experiencing other physical or mental problems:

- Ask the affected persons what helps them understand and communicate.

- Stay patient and relaxed.
- Request, if appropriate, that other people attend your meetings, such as family members, trusted friends, advisors, clergypersons, or attorneys.

You are very likely to come in contact with individuals who have hearing or vision loss. The following sections provide helpful hints for working with these individuals.

Hearing loss

About one-third of people between the ages of 65 and 74 and half of those ages 85 and older have hearing loss. This hearing loss could be due to heredity, changes in the ear due to aging, exposure to loud noises, certain medications, and health conditions such as strokes. Most age-related hearing loss increases with time.

Family members are often the first to notice a relative's hearing loss. Sometimes the senior citizen will not admit the problem, refusing to wear a hearing aid or taking other steps to maximize his/her remaining hearing. Meanwhile, the provider or agent (and even family members) may think that an elderly customer is confused, uncooperative, or uninterested; in reality, he/she may not be able to hear what is being said. People who don't want to reveal a hearing impairment may nod and pretend they understand. Print information in large type or write it clearly by hand as you talk; be sure you give the person copies in writing of whatever is discussed.

The severity of hearing loss ranges from missing certain sounds to complete deafness. Some hearing-impaired people have difficulty hearing high-pitched sounds; others can't hear low tones. Gauge what is the right pitch for the customer. If you as the provider or agent speak in a very low or high voice, consider asking another agent with a differently pitched voice to take over the session. It is important not to assume that the family will explain the information to the senior later. Additionally, individuals who wear hearing aids hear some sounds very loudly, but may have trouble hearing ambient noises in the room.

Sometimes hearing-impaired individuals hear ringing or hissing noises in the background. Written contracts, even if not required by the state, ensure that a deaf or a hard-of-hearing person can understand and see what he or she is signing.

Some strategies to help persons with hearing loss understand what is being said are:

- Speak to the person with hearing loss himself or herself, not to the others in the room.
- Ask the person if he/she has a better ear and sit on that side.
- If someone cannot hear, repeat information clearly and slowly. Don't shout. Enunciate. Keep sentence speed the same throughout the sentence. Utter the ends of sentences clearly and keep the pitch the same.
- Arrange the participants in the room so the hearing-impaired customer can see everybody. Don't turn away from the person you are addressing. Do not speak when your head is turned away or if you are coming into or going out of a room. If you do say something when you are not facing the customer, repeat the statement when you are looking at him/her again. Some hard-of-hearing people recommend touching the person lightly on the shoulder, hand, or arm to attract his/her attention before speaking.
- Do not eat or chew gum while speaking.
- Hold meetings where there is good lighting.
- Minimize background noise.
- Use facial expressions or gestures to give useful clues.
- Re-word what you have said, if needed, to clarify.

Visual impairment

Many elderly people suffer loss of sight due to age-related macular degeneration (AMD). The leading cause of blindness in people over 65, AMD will increase to almost three million people by the year 2020. Symptoms manifest themselves in different ways, varying in form and degree of severity. Sometimes referred to as "legal blindness" or "low vision," it can result in an inability to see detail or read without assistive technology. If the client repeatedly "does not have her glasses with her," for example, she may be providing this as an excuse, rather than explaining her degree of disability.

Some strategies to help persons with vision loss understand what is being said are:

- Ask how you can help.
- Warn visually disabled consumers about steps or other hazards in front of them.
- Describe the room layout and where everyone is in the room.
- Identify yourself and everyone in the room.
- Always address the person and others in the room by name.
- Say when you are leaving the room.
- Indicate when the meeting is at an end.
- Allow the person to take your arm for guidance (do not forcefully guide them).

Cognitive impairments

Cognitive impairment is often the greatest worry one may have when working with senior citizens. Some seniors will face declining cognition in the form of dementia, which is a decline in mental ability that impedes normal functioning. Compounding this difficulty, the family may not know (or may not want to admit) that the family member is impaired.

Reversible dementia: About 10% of dementias stem from untreatable conditions or from medications. An underactive thyroid or vitamin B-12 deficiency, for example, can cause symptoms of dementia. Some medications (narcotic pain medications, muscle relaxants) or mixtures of medications can cause confusion, memory loss, and clumsiness. Since many seniors take a variety of pills each day, this problem is not uncommon. Switching or reducing medications, or changing when they are taken, can minimize these effects.

Irreversible dementia: Although most people associate dementia with Alzheimer's disease, other conditions can cause it as well. These conditions include strokes, tumors, head trauma, alcoholism, AIDS, and end-stage kidney disease. Additionally, Parkinson's disease causes dementia in 80% of elderly Parkinson's patients.

Alzheimer's is the most common form of irreversible dementia. The longer a person lives, the more likely he/she is to develop the condition. It is estimated to affect 30% of persons over 65 years of age, and 50% of those over 80 years of age. Sixty percent of nursing home residents are estimated to suffer from it. The only way to confirm an Alzheimer's diagnosis is by an autopsy, which reveals the nerve tangles in the brain.

Alzheimer's begins with memory loss. A person's personality may change; a formerly gentle man, for example, may strike out at others. Alzheimer's sufferers often have trouble hearing: This makes it even harder for them to understand information and to effectively communicate. As the disease progresses, the sufferer loses the ability to remember words, perform familiar tasks, and travel to familiar places. Eventually he/she needs help with activities of daily living, such as eating and dressing; finally, the sufferer can't walk or speak.

When communicating with persons with Alzheimer's disease or other dementias, follow cues from family members. Ask the individual (or his/her family members) how to make things as clear as possible for the individual.

- Always approach the person from the front, or within his or her line of vision. Don't suddenly appear.
- Speak in a normal tone; greet the person as you would anyone else.
- Face the customer when speaking to him/her.
- Be respectful of the person's personal space and notice his/her reaction as you move closer. Maintain a distance of one-

to one-and-a-half feet at first; minimize hand movements that approach the other person.
- Avoid a setting with too much sensory stimulation, such as a big room, where many people may be sitting or talking. Avoid noisy or busy areas.
- Maintain eye contact and smile.
- If a person is a pacer, walk alongside him/her as you talk.
- Use a low-pitched, slow speaking voice.
- Ask only one question at a time.
- Repeat key words if the person does not understand at first.

A customer in the early stages of dementia may be able to make his/her own funeral planning decisions. Most states have laws, such as "The Colorado Disposition of Last Remains Act," which specify that competent adults have the right and power to direct the disposition of his/her remains after death. These laws state that the competent adult should be protected from interested persons who may try to impose their wishes regarding such disposition that are contrary to the deceased's desires. The exception to this is if a person has died, leaving an unreasonable declaration (or is inappropriate regarding finances, for example).

Note that the decision maker must be competent and must be able to think rationally. If the customer cannot do so, someone else must make the decisions for him/her. When it comes to medical treatment, the issue of incapacity has been discussed extensively. In these cases, procedures are in place to ensure that patients can make decisions while unimpaired, or can appoint persons of their choice to make these decisions if the patient cannot. Persons can execute advance-planning directives, durable powers or attorney, or living wills. Perhaps the impaired customer has already appointed a proxy decision-maker who can make the funeral plans. What should you do if you think your customer isn't capable of independent choices, but he or she has not specifically appointed a decision maker? How can you protect the customer from others imposing their own wishes? Or, since the customer isn't competent, does this statute even apply? Is the family the customer?

Opinions vary: One could follow the wishes of the family, hoping that they choose what their loved one would have wanted, recognizing that they control the pocketbook. The legal procedure that declares someone incapacitated involves various steps: A state court probate judge will examine the person and decide as precisely as possible what the person can and cannot manage for him/herself. The judge then appoints a guardian who has authority over the person's affairs, financial affairs, or all affairs – depending on the extent of impairment. The judge must act according to two basic ethical directives: "First, do no harm" and "do good."

In some cases, it is difficult to communicate with the individual because he/she has aphasia – an inability to understand speaking or writing. The affected individual may also be unable to respond. Various forms of aphasia exist. It is most often caused by strokes or head injuries; in these cases, speech therapy can help. It can also result from neurological disorders, such as brain tumors or Alzheimer's disease. There is also a rare, unrelated disorder called "primary progressive aphasia." This condition typically begins with difficulty speaking and progresses to a near inability to speak. However, the person can still comprehend most information.

Suggestions for communicating with a person with aphasia include:
- Be patient. Allow plenty of time to communicate.
- Be honest with the person. The provider or agent must let the person know if he/she cannot comprehend what the individual is saying.
- Allow the aphasic to try to complete his or her thoughts, to struggle with words. Avoid being too quick to guess what he/she is trying to say.
- If the customer can write, encourage him/her to do so and read it aloud.
- Use gestures or point to objects in supplying words or adding meaning.
- Use touch to aid in concentration, to establish another avenue of communication, and to offer reassurance and encouragement.

For seniors with hearing trouble, aphasia, or cognitive difficulty, consider making a pictogram. Pictograms replace written language for people with limited hearing, speaking, reading, writing, or comprehending. A pictogram is a chart with pictures that represent objects or situations. Some pictograms even include symbols to indicate emotions or verbs, such as hearts for "love" or frowns for "dislike." Pictogram developers suggest that one may use black and white only, to increase contrast. Besides symbols representing immediate needs, such as a glass for water, the pictogram could include pictures of kinds of services and events, such as open or closed casket funerals, places for a memorial services or receptions, pictures of caskets, urns, and other containers. The provider or agent can begin a sentence, such as "I need" or "I want," and the customer need only point to the appropriate picture.

PART IV: CONSUMER INFORMATION

Please note that each state differs in its specific regulatory requirements. This information should be used as a general guide only; be sure to check with your individual state for the specific regulations that pertain to you.

Consumer information: Advanced funeral planning

Increasingly, people are making the choice to pre-plan their funeral arrangements. One choice is to pay funeral or burial expenses in advance. This relieves family members of the need to make these decisions and arrange the contracts. It can also provide heirs or the estate with specific information regarding burial wishes.

Most insurance statutes currently permit two methods of funding preneed funeral needs: (1) trust-funded preneed contracts, and (2) insurance funded preneed contracts. In some states, all preneed sellers who offer trust funded preneed contracts and/or insurance-funded preneed contracts must be licensed as preneed contract sellers. Although anyone can become a licensed preneed contract seller, the majority of licensed preneed contract sellers are funeral homes, mortuaries, and cemeteries. Some states also permit licensed insurance agents to be preneed contract sellers. In the preneed industry, these individuals are referred to as preneed brokers.

Do not purchase a preneed contract from a funeral home, mortuary, cemetery, or insurance producer that is not licensed with your state as a preneed contract seller.

INSURANCE-FUNDED PRENEED CONTRACTS

Common questions concerning preneed contracts

Q: Who receives the interest on the trust funds?

A: Although most states limit the funds' access by the provider until the customer dies, the interest earned is the property of the preneed contract seller, who uses it to offset price increases between the signing of the preneed contract and the funeral.

Q: If money remains after the funeral, who receives it?

A: Some states allow the provider to retain any remaining funds, while others specify that the beneficiaries do; many states do not specify. The state receives any money leftover if the customer was on Medicaid.

Q: Does a preneed contract qualify as a method for spending down assets for Medicaid?

A. Yes. However, each state Medicaid office has its own qualification guidelines. Contact your state Department of Health Care Policy and Financing for further information.

Q: Can a contract be used at any funeral home?

A. It depends on the state. Some states allow customers who move to another state to transfer, some do not; some allow the provider to charge for the service, some don't. As of 1996, 17 states allowed transfer of irrevocable contracts only; seven states allowed both types to transfer, but with limitations.

The NFDA's position is that a customer with an irrevocable contract should have the right to transfer, but that the original provider can charge for it. The FCA's position is that either type of contract ought to be transferable without penalty; if the second home is less expensive, the customer should receive the difference.

Q: Are the proceeds of an insurance-funded preneed contract taxable?

A: Insurance policy premiums and proceeds are not currently considered taxable income for U.S. Internal Revenue Service purposes.

Q: Can I borrow the cash value of my insurance policy?

A: If your contract is revocable, yes. However, the estate must make up the difference in policy value at the time of death or the preneed contract may be terminated.

Q: What if I cancel my life insurance policy that funds my preneed contract?

A: The insurance policy will be subject to surrender charges and perhaps a reduced cash value. The preneed contract will terminate when the insurance policy is canceled.

Q: What if I fail to pay my insurance premium on my life insurance-funded preneed contract?

A: Life insurance policies continue the policy by paying the premium out of the cash value of the policy. Once the cash value is exhausted, the life insurance policy will be canceled causing termination of the preneed contract.

Q: What if I cancel my trust-funded preneed contract prior to need?

A: Once again, it depends on your state. Almost everywhere, purchasers have the right to terminate a revocable contract any time prior to use and the provider must refund your money within a specified time period. However, in some states the provider may retain some of the money.

Q: What if my heir(s) or designated representative wants to cancel the trust-funded preneed funeral contract?

A: More than half of the states have enacted a personal preference law, a statutory obligation for survivors to honor the written wishes of the deceased (with the exception of cremation in a few states). Thus, a customer can specify that the arrangements in the preneed contract must be followed.

Consumer tips

- Be certain the funeral home, mortuary, cemetery, or licensed insurance producer is licensed with the state as a preneed contract seller.
- A friend or family member should accompany the consumer when making the preneed funeral arrangements.
- Ask the preneed seller for a detailed price list of services and merchandise before selecting anything.
- Before signing a preneed contract, read it carefully and understand all provisions. Ask questions.
- If purchasing a preneed funeral arrangement, the consumer should receive a copy of the contract that explains his/her rights and obligations, along with a written statement of all services, merchandise, and prices of items that have been purchased.
- The contract must clearly state how it is funded (life insurance or trust-funded), as well as the terms of payment.
- If purchasing a trust-funded product, ask how the funds are secured.
- The written contract must state under what terms the contract may be canceled and how much the consumer will be refunded.
- The written contract is required to include to what extent the preneed seller or general provider guarantees the selected merchandise and service prices. If the prices are not guaranteed, the preneed seller should explain who is responsible for paying additional monies that may be due at the time of the funeral.
- Thoroughly consider before accepting an irrevocable agreement (a contract that cannot be canceled). Irrevocable agreements may limit one's flexibility.
- Keep a copy of the plan in a safe place. Inform a close family member or a friend that arrangements have been made and where these documents are kept.

Pricing

Q: How will I know that the prices of items I select are the same for everyone?

A: The funeral home maintains a general price list as well as a casket and an outer burial container price list. Your preneed arranger will provide these lists before beginning arrangement discussions. When these discussions are finished, you will be given a copy of the preneed contract on which charges will be listed. Charges will only be made for the items selected. If there are any legal or other requirements that mandate the purchase of any items not specifically requested, the preneed arranger will explain the reason for these charges in writing.

A consumer may ask a funeral home to purchase certain items or make special arrangements. If the funeral home charges for these services, the consumer must receive an explanation in writing. The charges for these services may be higher than if an individual or a family purchased them directly.

At the time of an individual's death, the family or estate will be given an itemized statement, which will list all of the specific charges. This is a requirement of the Federal Trade Commission. Although not required to do so, some funeral homes may also choose to provide an itemized statement when making these arrangements.

Q: What is meant by guaranteed and nonguaranteed prices?

A: Some preneed arrangers may agree that certain prices are guaranteed. Some may guarantee the price of the total package. Other funeral homes may not guarantee any prices.

Guaranteed prices are those that will not increase at the time of an individual's death. Basically, this means that the funeral arrangement for those items will be covered by, and will not exceed, the funding and the interest it earns. Nonguaranteed prices are those that might increase or decrease. The nonguaranteed prices may be written in at the time of the contract, with an understanding that the price is an estimate only and may increase or decrease. A settlement to that effect may have to be made with one's family or representative after his/her death.

Q: Can the preneed arranger and I negotiate a projected charge for the nonguaranteed items based on the rate of inflation?

A: It is entirely up to the preneed arranger to inform the consumer of the funeral home policy in that regard.

Caskets and containers

Q: Do I have to buy a vault or a container to surround the casket in the grave?

A: In most areas of the country, state and local laws do not require the purchase of a container to surround the casket in the grave. However, many cemeteries ask that you have such a container to support the earth above the grave. Either a burial vault or a grave liner will satisfy these requirements if they exist.

Q: Is a casket required?

A: A casket is not required for direct cremation. If arranging a direct cremation, a customer may use an unfinished wood box or an alternative container made of heavy cardboard or composition materials. The customer may also choose a canvas pouch.

Q: Do certain cemeteries and crematoriums have special requirements?

A: Some cemeteries and crematoriums may have policies that require certain goods and services be purchased. If the consumer decides not to purchase goods and services required by a cemetery or crematorium, s/he has the right to select another location that has no such policy.

Embalming

Q: Is embalming always required?

A: Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, when selecting certain funeral arrangements, such as viewing or open-casket visitation. The customer does not have to pay for embalming if s/he did not approve it when selecting arrangements, such as a direct cremation or immediate burial. If the funeral home must charge to conduct an embalming, the customer's designee will be notified of the reasons in writing.

Assistance

Q: This is all very confusing to me. May I pick someone close to me to help with all of this? May this person also work with the funeral home to ensure that my wishes as written in the preneed contract are carried out?

A: You may designate in writing a person of your choice to work with the funeral home and preneed arranger either before or after your death to ensure that your wishes are fulfilled. You must sign the statement and have it notarized. The designated person must agree to this in writing. Under the laws governing preneed contracts, the designated individual has the final authority at the time of your death.

For more information, see the following additional resources

Federal Trade Commission
CRC-240
Washington, D.C. 20580
1-877-FTC-HELP (382-4357)
http://www.ftc.gov/bcp/conline/pubs/services/funeral.htm

AARP
601 E St. NW
Washington, DC 20049
Phone: 1-800-424-3410
http://www.aarp.org/

National Funeral Directors Association
13625 Bishop's Drive
Brookfield, WI 53005
Toll- free: 800-228-6332
http://www. nfda.org/ (Please note that the address is .ORG, NOT .com)

Undertaker and writer Thomas Lynch eloquently articulates the importance of a well-done funeral:

"A good funeral…serves the living by caring for the dead… because a death in the family happens to both. A good funeral transports the newly deceased and the newly bereaved to the borders of a changed reality. The dead are disposed of in a way that says they mattered to us, and the living are brought to the edge of a life they will lead without the one who has died."

Conclusion

The advantage of advanced funeral planning makes sense for many individuals and goes beyond cost savings. For many families, advanced funeral planning provides an important opportunity to talk about sensitive issues and concerns that might otherwise have gone unspoken. It also allows the family to decide together which funeral options will be most meaningful to them. In many ways, advanced funeral planning allows families to lay the foundation for a faster process in the future.

As a death care professional, the knowledge and encouragement needed to make these end-of-life decisions is paramount to the success of the preneed industry. Advanced funeral planning is a broad subject and must be conveyed in terms that the consumer can understand; additionally, it must be presented in a way that will best benefit him or her.

Although advanced funeral plans serve a very important purpose, their exact benefits, limitations, and risk factors are not always well described in broad or common language by providers and/or agents. This oversight on the part of the funeral professional means that consumers are not always made aware of the advantages or the risks of prepaid funeral plans, or the specifications put in place by many states. Therefore, learning and sharing expertise in the area of advanced planning and/or knowing how to direct a consumer will not only benefit the insured, but will also fortify the empathy and compassion that the Death Care Industry was formed upon.

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ADVANCED FUNERAL PLANNING

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 37 or for faster service complete your test online at **EliteLearning.com/Book**

11. Advanced funeral planning is the process of discussing, defining, and recording specific and unique funeral wishes with a funeral home provider before the services, ceremonies, traditions, and rituals are needed.
    - ○ True
    - ○ False
12. State-regulated trusts used to be the rarest form of advanced planning financing.
    - ○ True
    - ○ False
13. A guaranteed advanced planning contract means that if the payment option selected is insufficient at the time of death to cover the total cost of the funeral chosen, the survivors or the estate must pay any difference.
    - ○ True
    - ○ False
14. More than half of all the states have enacted a "personal preference law," which is a statutory obligation for survivors to honor the written wishes of the deceased.
    - ○ True
    - ○ False
15. A person may continue to own exempt assets and receive Medicaid coverage for nursing home care.
    - ○ True
    - ○ False
16. The Funeral Rule says that a provider must tell customers when the price the provider charges for cash advance items is different from the cost the provider pays for them.
    - ○ True
    - ○ False
17. The FTC advocates that states provide for the funding and the administration of a consumer restitution fund to pay back an advanced planning customer if the seller defaults.
    - ○ True
    - ○ False
18. The FTC notes that senior citizens often don't know where to report fraud, don't know they have been scammed in some cases, or are too ashamed to reveal it.
    - ○ True
    - ○ False
19. Uncoupling refers to suddenly beginning a conversation.
    - ○ True
    - ○ False
20. When communicating with an individual with Alzheimer's disease or another form of dementia, follow cues from family members and ask the individual or family members how to make things as clear as possible for the affected individual.
    - ○ True
    - ○ False
21. The National Funeral Directors Association (NFDA) is the government agency that interprets and enforces the Funeral Rule.
    - ○ True
    - ○ False
22. Before purchasing funeral insurance, the consumer should be told in writing exactly how much will be paid and what will happen if the insurance premiums are not paid.
    - ○ True
    - ○ False
23. The customer does not have to pay for embalming if it was not approved, and if certain arrangements, such as a direct cremation or immediate burial, are selected.
    - ○ True
    - ○ False
24. The NFDA's position is that a customer with an irrevocable contract should have the right to transfer, but that the original provider can charge for it.
    - ○ True
    - ○ False
25. Most insurance statutes currently permit two methods of funding preneed funeral needs: (1) trust-funded preneed contracts, and (2) insurance-funded preneed contracts.
    - ○ True
    - ○ False

Course Code: FMA04AP

Chapter 3: Modern Restorative Arts and Embalming Techniques

3 CE Hours

By: Staff Writer

Objectives

- Define the green funeral trend and explain how it impacts embalming and the restorative arts.
- List the OSHA guidelines for the use of formaldehyde in embalming.
- Identify the possible effects of formaldehyde on mortuary professionals and the environment.
- List four problem cases where embalming pre-injection is required.
- Select and describe three techniques to manage edema.
- Describe two alternative chemicals for embalming.
- Select and explain four techniques for bariatric embalming.
- Identify four components of pre-embalming analysis.
- Define the career of desairology and its function in mortuary practice.
- List the four areas of the desairology course of study for certification.
- Describe the importance of restorative art in the funeral process for families.
- Identify four examples of restorative art techniques for minor and major cases.
- Discuss the ethical principles and professional codes of conduct that apply to the practice of embalming and restorative arts.
- Describe three new trends that impact embalming and restorative arts today.
- Identify four objectives of ecobalming.

Course overview

New customs and practices surrounding embalming and the restorative arts are emerging in the United States. After remaining unchanged for more than 100 years, there are new trends in the funeral industry that meet consumers' demands for funeral practices that are environmentally safe and reflect the unique persona of the deceased individual.

Today, procedures of embalming and restorative art reflect these demands within the traditional goals of preservation and restoration. The funeral industry must be responsive to the family's requests or plans left by the deceased, while implementing procedures to insure the safety of staff and the general public. New embalming and restorative practices that allow the industry to meet both objectives to honor the wishes of the deceased while meeting all Occupational Safety and Health Administration (OSHA) standards will be explored in this course.

Funeral homes or mortuaries may vary in size, number of employees, services offered, organization of job duties, and community customs. In some cases, the funeral director may do embalming and restorative work. The embalmer may also be the restorative artist and provide all of the cosmetic, hair, and nail services. Other businesses may call in a cosmetologist certified in desairology to provide makeup, hair, and nail care. Today, many people plan all services in advance, including every detail related to their final appearance. Emerging trends and demands of the public concerning final instructions will be covered as they impact the embalmer and restorative artist.

The skills and responsibilities may also be impacted by county and state statutes that govern the industry as well as licensing and certification guidelines that vary by state.

Specific techniques to address challenges faced by professional embalmers, restorative artists, and desairologists will be explored as well as laws, regulations, ethics, and standards that govern these professions.

This course was written for professionals working in the field as a way to update and enhance proficiency. It is not meant to teach fundamental skills at the entry level.

Introduction

There are dissenting opinions concerning the use of embalming and restorative arts that center on religious or environmental objections. Though no federal or state law requires embalming and restoration, there are health standards that must be met to insure the general public is not exposed to infectious disease or toxic chemicals. Environmental concerns drive the growing trend of ecobalming for a "green burial." The goal is to return the deceased back to the earth in a natural state without any non-biodegradable materials or toxins found in traditional embalming fluids and metal caskets (Green Burial Council, 2011). In addition, there are minimal restorative measures taken because the physical state of the body is no longer the focus and is secondary to the celebration of the spirit.

Proponents of embalming and restorative art emphasize the positive effects of seeing their loved ones, for the last time, looking peaceful and as life-like as possible. Throughout the industry, the objective for the last experience with the deceased is referred to as providing a "positive memory picture." Embalming and restorative art are critical to achieving this objective in cases where disease or trauma have drastically altered the appearance of the deceased. A skilled embalmer, restorative artist, or funeral cosmetologist (i.e., desairologist), can restore the individual's appearance and provide a positive, final, experience for loved ones. This last visual memory experience can facilitate the grieving process for the family (Seiple, 2016).

Regardless of preference for or against embalming and restorative art, there are many new options available for individuals and families faced with decisions concerning funeral services. Some new techniques and practices may be controversial, but funeral decisions should be made according to the last wishes of the deceased with a secondary goal to assist family members through this difficult time.

Industry trends

The personalization of presentation

Today, individuals are seeking funeral services that reflect their values, interests, passions and hobbies. They are planning for unique embalming, restorative arts, and presentation services that are personalized, unlike traditional open-casket viewings. Viewings often have themes suggested by the family, if not preplanned, using creative ways to show the deceased person in a setting that expresses his or her personality. The service may be a celebration of the deceased and the activities he or she valued. For instance, the deceased may be displayed in a way that reflects a preferred activity enjoyed in life.

The National Funeral Directors Association (NFDA), "encourages all funeral service consumers to discuss their ideas with the

funeral director to ensure an individualized ceremony fitting of the person who died (NFDA, 2016 b)."

Changes in profession demographics
Funeral service professionals are no longer predominately male. In the past, the profession was usually a family business that was passed down through generations. Today, many mortuary school graduates have chosen the profession independent of any family connections and often began embalming or the restorative arts as a second career after working as medical personnel, chemists, cosmetologists, nurses, or artists, for example. According to NFDA 2016 statistics, "57% of mortuary science students in the United States are women. Many of these women have discovered and are attracted to the skills and traits needed as a funeral director, including communication skills, compassion, a desire to comfort those coping with a death, as well as organizational and event-planning skills (Ibid)."

New environmentally safe chemicals
One of the major changes in embalming is the variety of chemicals available to meet any embalming or restorative challenges for the client. The hazards of formaldehyde and potential for damaging effects on staff in funeral service are well documented. Safer embalming chemicals are available, as well as a variety of chemicals to achieve specialized effects, but they have not replaced formaldehyde as the primary chemical. These chemicals also address environmental concerns for toxic contamination of the environment and support the commitment to "green funeral" procedures. These chemicals will be discussed in later sections.

Green funerals and ecobalming
This trend against embalming with toxic chemicals is gaining popularity in the United States. The NFDA has recognized this trend and provides training and resources for members to simplify the embalming and funeral process in a way that is free of all toxic chemicals, naturally occurring, less intrusive on the body, and cost effective. Details on these trends will be covered.

Licensing and certification changes

National, state, and law exams for embalmers and restorative artists
The International Conference of Funeral Service Examination Board (Conference) administers these three exams. The information below gives basic information on these exams as provided by the Conference. As of January 1, 2016, eligible candidates may sit for these exams up to three times in one calendar year. Candidates must wait 30 days between exam attempts.

National Board Examination
The purpose of the National Board Examination (NBE) is to provide official licensing agencies with a national competency evaluation of an applicant for licensure in all areas of funeral service. The International Conference of Funeral Service Examining Board develops, administers, and provides score reporting services to state licensure boards.

The NBE is used in all 50 states and the District of Columbia as an assessment of content knowledge needed to practice as a licensed funeral director or embalmer. The exam contains two separate sections, a 170-item Arts section and a 170-item Sciences section, which assess embalming and the restorative arts. These examination sections cover the following topics (Conference, 2016 b):

NBE science section
Embalming 60 Items, Restorative Art 38 Items, Preparation for Disposition 22 Items, Funeral Service Sciences 30 Items, Pretest Questions 20 Items.

Law, Rules, and Regulations exam
The purpose of the Law, Rules, and Regulations (LRR) exam is to provide official licensing boards with an evaluation of an applicant for licensure in areas of states laws, rules, and regulations governing and relating to the field of funeral service. Each LRR exam is carefully developed by the state licensing board and administered through the Conference. A Candidate Handbook is available for LRR examination details for each state. The LRR is a timed, multiple choice examination. The Conference website outlines the licensing requirements of each state (Conference, 2016 a).

State Board Examination
The purpose of the State Board Examination (SBE) is provided for various state official licensing agencies as an assessment of content knowledge needed to practice as a licensed funeral director or embalmer in a particular state. The International Conference of Funeral Service Examining Boards develops, administers, and provides score reporting services to the state licensing boards. Availability of exams may vary due to state-specific licensing requirements. Depending on the state, a State Board Arts Exam or a State Board Science Exam may be offered.

SBE sciences (embalmer)
Embalming 60 Items, Restorative Art 38 Items, Preparation for Disposition 22 Items, Funeral Service Sciences 30 Items (Conference, 2016 c).

The NFDA Code of Professional Conduct

Every professional organization has ethical standards and rules for professional conduct that set the goals and ideals that guide the profession. The NFDA Code of Professional Conduct includes five sections that address the professional obligations of funeral personnel. Each section begins with the ethical principle and is followed by information concerning professional conduct to meet the principle. The ethics sections should be reviewed in its entirety by visiting the NFDA 2016 website and downloading the code.

The NFDA Code of Professional Conduct for the funeral professional in five key areas (NFDA, 2008):
1. Obligations to the family.
2. Obligations for the care of the decedent.
3. Obligations to the public.
4. Obligations to the government.
5. Obligations to NFDA.

Three of these areas, Sections 1, 2, and 4 apply directly to embalmers, restorative artists, and desairologists and they are important to review periodically.

1. Obligation to the family
Ethical principle: Members have an ethical obligation to serve each family in a professional and caring manner, being respectful of their wishes and confidences, being honest and fair in all dealings with them, and being considerate of those of lesser means.

Code of professional conduct
1. Members shall provide funeral services to families without regard to religion, race, color, national origin, sex, sexual orientation, or disability.
2. Members shall comply with all applicable federal or state laws or regulations relating to the prearrangement, prepayment, or pre-financing of funeral services or merchandise.
3. Members shall release deceased persons to the custody of the person or entity who has the legal right to affect a release without requiring payment prior to the release.
4. Members shall not use any funeral merchandise previously used and sold without prior permission of the person selecting or paying for the use of the merchandise.
5. Members shall comply with the Federal Trade Commission's Funeral Industry Practices Regulation.
6. Members shall protect confidential information pertaining to the deceased or the family of the deceased from disclosure.

7. Members shall carry out all aspects of the funeral service in a competent and respectful manner.
8. Members shall properly account for and remit any monies, documents, or personal property that belongs to others that comes into the member's possession.
9. Members shall not engage in any unprofessional conduct of a character likely to deceive, defraud, or harm the families they serve in the course of providing professional services.

2. Care of the decedent
Ethical principle: Members have an ethical obligation to care for each deceased person with the highest respect and dignity, and to transport, prepare, and shelter the remains in a professional, caring, and conscientious manner.

Code of professional conduct
1. All deceased persons shall be treated with proper care and dignity during transfer from the place of death and subsequent transportation of the remains.
2. Only authorized personnel of the funeral home or those persons authorized by the family shall be in attendance during the preparation of the remains.
3. Members shall only allow embalmers, apprentices, and interns, who are licensed to the extent required by state law, to embalm human remains.
4. All deceased persons in the preparation room shall be treated with proper care and dignity and shall be properly covered at all times.
5. Members shall not transport, hold, or carry out the disposition of human remains without all permits and authorizations required by law.
6. Members shall not violate any statute, ordinance, or regulation affecting the handling, custody, care, or transportation of human remains.
7. Members shall not knowingly dispose of parts of human remains that are received with the body by the funeral home in a manner different from that used for the final disposition of the body, unless the person authorizing the method of final disposition gives permission that the body part may be disposed of in a manner different from the disposition of the body.

4. Obligations to the government
Ethical principle: Members have an ethical obligation to maintain strict compliance with the letter and spirit of all governmental laws and regulations that impact the funeral consumer, the funeral profession, and the public health.

Code of professional conduct
1. Members engaging in the profession of funeral directing or embalming shall hold all necessary licenses to engage in such businesses.
2. Members shall require any person in their employ or under their control who serves as a funeral director or embalmer, or as an apprentice, or intern, to have all appropriate licenses.
3. Members shall not knowingly make a false statement on a death certificate.
4. Members shall not knowingly make or file false records or reports in the practice of funeral service.
5. Members shall comply with all federal, state, or local laws, rules, or regulations governing or impacting the practice of funeral service.
6. Members shall comply with all federal, state, or local laws, rules, or regulations that were enacted to protect consumers.
7. Members shall comply with all federal, state, or local laws, rules, or regulations that were enacted to protect the environment.

Desairologist certification

There is no licensing exam—only certification through a course of study. Desairologists must first be licensed cosmetolologists before they can enter a program to become certified in mortuary cosmetology, or desairology. In 1996, Noella C. Charest-Papagno wrote, The Handbook of Desairology for Cosmetologists Servicing Funeral Homes (Charest-Papagno, 1996). She created the term desairology by combining the words deceased and hair. Many restorative artists prefer the term because it requires a separate certification beyond cosmetology.

Desairologists must observe the laws governing their state cosmetology licenses, licensing regulations governing funeral home services in the county and state, as well as OSHA regulations including personal protective equipment (PPE) when required. A detailed review of the course of study for certification is included in this course.

Glossary of embalming and restorative arts terminology

1. **Amino acids**: First products of decomposition.
2. **Antemortem or postmortem**: Occurring after death.
3. **Aqueous humor**: A clear, thin, alkaline fluid, which fills the anterior chamber of the eyeball.
4. **Basket weave suture**: Cross-stitch, a network of stitches, which cross the borders of a cavity or excision to anchor fillers and to hold tissues in proper position.
5. **Biohazard**: Biological agents or condition that constitutes a hazard to humans.
6. **Bridge stitch**: Interrupted suture, a temporary suture consisting of individually cut and tied stitches to maintain the proper position of tissues.
7. **Buffers**: Embalming chemicals that work to help stabilize acid-base balance within embalming solutions and in tissues.
8. **Cancer**: Any malignant neoplasm, marked by uncontrolled growth of abnormal cells.
9. **Carcinogen**: Cancer-causing material or chemical.
10. **Cauterizing agent**: A chemical capable of drying tissues by searing.
11. **Cavity**: A hollow place or area.
12. **Coagulation**: The action of formaldehyde (HCHO) on protein.
13. **Decomposition**: Separation of body compounds into simpler substances.
14. **Deep filler**: A material used to fill cavities or excisions that serves as a foundation for the repair and restoration.
15. **Dehydration**: Loss of moisture from the body tissue that may occur after death.
16. **Distention**: State of stretching out or becoming inflated.
17. **Edema**: Abnormal accumulation of fluids in tissues or body cavities.
18. **Embalming**: Process of chemically treating the dead human body to reduce the presence and growth of microorganisms, for preservation and restoration.
19. **Excision**: Area from which tissue has been removed.
20. **Excise**: To remove as by cutting out.
21. **Eye cap**: Thin, dome-like cover made of hardened cloth, metal, or plastic placed beneath the eyelids to restore natural curvature and keep lids in place.
22. **Facial proportions**: Mathematical relationships of the facial features to one another or to the head and face.
23. **Filler**: Material used to fill a large cavity such as plaster of paris, cotton, liquid sealer, and other materials used in restoration.
24. **Firmness**: Degree of rigidity or stability: a condition of the tissues necessary for the fixation and surface repair of features or application of wax or cosmetics.
25. **Firm wax**: Wound filler, the most viscous type of wax: a putty-like material used to fill in large cavities or model features.
26. **Fixation**: Act of making tissue rigid, solidification of a compound.
27. **Gas gangrene**: Necrosis in a wound from Clostridium Perfringens.
28. **Gravity method**: 0.5 lb of pressure per ft of elevation.

29. **Hand pump, gravity percolator, or pressure machine**: Method of obtaining pressure for the injection of arterial fluid.
30. **Head tilt during embalming**: Approximately 15 degrees to the right.
31. **Hemolytic**: Swelling and bursting of red blood cells.
32. **HCHO**: Chemical name for formaldehyde.
33. **HCHO** danger level: 100 ppm.
34. **Hydrolysis**: Reaction between water and broken-down compounds.
35. **Hypodermic tissue-building**: Injection of creams, liquids, or other materials into the tissues through the use of a syringe and needle to restore natural contour or depth.
36. **Hypostasis**: Settling of blood or other fluids to dependant areas of the body.
37. **Humectant**: Chemical that increases ability to retain moisture.
38. **Incision**: Exact, surgical cut into tissue or skin.
39. **Index**: Strength of an embalming fluid, indicated by the number of grams of pure HCHO gas dissolved in 100 mL of water.
40. **Injection**: Forcing fluids into the vascular system or tissues.
41. **Inner canthus**: Starting at the inner corner of the closed eyelids.
42. **Integumentary lips**: Skin portion of the upper lip and the skin of the lower lip, mucous membrane.
43. **Intercellular fluid**: Outside or between body cells.
44. **Intradermal suture**: Hidden suture used to close incisions so that the ligature remains under the skin.
45. **Inversion**: Tissues turned in an opposite direction or folded inward.
46. **Jaundice fluid**: Low HCHO embalming fluid, contains special bleaching agents.
47. **Left common carotid**: Begins at the level of the second costal cartilage.
48. **Legate**: Tying or closing with cord, wire, or thread.
49. **Major restoration**: Requiring more time, extensive, requiring advanced technical skill, and written consent to perform.
50. **Massage cream**: Preparation used as a protective coating for external tissues, base for cream cosmetics, and an emollient and wax softener.
51. **Minor restoration**: Requiring minimum effort, skill, or time to finish.
52. **Necrosis**: Death of most or all of the cells in an organ or tissue due to disease, injury, or failure of the blood supply.
53. **Restorative art**: The care of the deceased to recreate natural form and color, to restore accurate appearance or resemblance in life.
54. **Sternoclavicular articulation**: Level at which the right common carotid artery begins.
55. **Sternocleidomastoideus muscle**: Muscle of the neck that is attached to the mastoid process of the temporal bone and to the sternum and clavicle.
56. **TWA**: Total weight average permissible 0.75ppm/8 hours.
57. **Vitreous humor**: Semi-fluid, transparent substance that lies between the retina and the lens of the eyeball (Quizlet,2016).

Modern embalming procedures

Embalmers today are professionals with expertise in mortuary science that includes anatomy, pathology, microbiology, chemistry, cosmetology, restorative art, psychology in grief management, and OSHA safety guidelines.

The Indiana Funeral Directors Association (IFDA) installed funeral director Wallace P. Hooker as its president for 2015-2016. The NFDA Conference in 2014 included a presentation by Hooker entitled, Common Sense Embalming Tips and Techniques (Hooker, 2014). Hooker lists a number of product recommendations in his presentations on embalming techniques and he includes the following disclaimer:

> "I have mentioned by name and company, many products. I am neither, compensated nor employed by those companies, nor am I endorsing their products. I am simply sharing information and discussing these products that work for me."

The course author does not endorse any products or receive any compensation from any product or company.

Hooker's tips and techniques are summarized below:

1. There are no short cuts to excellent quality embalming results. Begin with the following pre-embalming analysis.
    - Know what problems exist.
    - Anticipate problems based on the body condition.
    - Be prepared for all situations that may arise.
    - Keep a well-stocked prep room.
2. Humectant – Prepare equal parts Dodge Restorative and Dodge Rectifiant:
    - Spray or brush it on the face and hands, before, during, and following embalming.
3. Upgrade the embalming machine. High-pressure embalming machines will achieve better results.
4. Keep embalming room floors clean.
5. Limb manipulation aids circulation.
6. Use warm water for embalming.
7. NEVER inject water when dealing with edematous body. This term refers to excess water in cells, tissues, or body cavities.
8. Learn about chemical options:
    - Do not use the same fluid and mixture each time because chemicals today have been formulated and refined to address specific issues rather than the traditional "one size fits all" approach.
9. Do not mistake subcutaneous emphysema for tissue gas. Subcutaneous emphysema refers to gas or air under the skin layer.
10. Determine if there is tissue gas from Clostridium Perfringes bacteria that enters the bloodstream and spreads rapidly.
    - Common conditions leading to tissue gas include recent abdominal surgery, gangrene at the time of death, intestinal tears, skin punctures, or wounds from accidental deaths.
11. Extraordinary measures are required to treat tissue gas:
    - With your normal arterial solution, add 16 ounces of Dodge Dis-Spray per gallon of arterial solution. The solution will turn blue but note this is a chemical reaction not dye.
12. Keep scissors and other equipment sharp.
13. Tips for locating the jugular vein:
    - Locate the jugular by dissecting through the sternocleidomastoid muscle (SCM).
    - Locate a small vertical muscle called the omo hyoid muscle and the jugular vein is directly below it.
14. Blood removal and other difficult stains:
    - Use original formula Windex® or Dunn E-Z™ which attacks the proteins in blood quickly.
15. When using cotton to moderately build the features of the mouth and cheeks, treat the cotton with humectant—this keeps the cotton from dehydrating the delicate tissues and causing parting problems of the lips.
16. Prepare eye caps:
    - Coat both sides with a product that will produce surface tension to keep the eyelid in proper position. Examples: Stay Cream, Kalip, or massage cream.
17. Treat sunken eyes:
    - Use Webril® towel under eyelid coated with Kalip or similar product.
18. Additional measures to position eyelids:
    - Fold several layers of Webril® cotton into a triangular shape, saturate with humectant, and place over upper eyelid.
    - For lower lid, use the same technique to push it up to lower 1/3 position.
19. Dodge Restorative is a great product for emaciated cases. It is formulated to carry moisture and humectant conditioners into the emaciated cellular complex to restore cellular hydration and physically rebuild and plump tissues.

20. When you are beginning your embalming procedure, inject fluids in a closed circulatory system.
21. The closer to the heart, for injection and draining, the better the results especially when using chemicals with dyes for the cosmetic affect.
    - One exception is the jaundiced body, where using the femoral artery helps maintain control over color distribution when using dye combined with a chemical to reduce jaundice color.
22. Intermediate or restricted drainage is a good technique to aid in clearing problem areas and to force fluids deep into tissues.
23. For a more natural, life-like appearance, use dyes to inject color and do not hide freckles, moles, furrows, or other flaws with cosmetics.
24. Always use a pre-injection with problem cases.
    - Pre-injection helps flush contaminants from the body and prepares tissues for a thorough arterial embalming.
    - Problem cases include:
      a. Jaundice.
      b. Extended hospital stays with multiple drug lines.
      c. People with diabetes.
      d. Edema.
      e. Asphyxiation.
      f. Massive cardiac events with the usual purple facial discoloration.
      g. Delayed embalming.
      h. Overdoses.
25. Disinfecting instruments is critical.
26. Keep the trocar tip sharp to adequately penetrate hollow organs for thorough cavity treatment.
27. Delayed cavity aspiration allows embalming fluids to continue working long after embalming.
28. For a normal size adult, two bottles of cavity fluids should suffice.
29. Inadequate aspiration and cutting corners with cavity fluids can lead to undesirable results, such as purge, gas, odors, and possible tissue gas.
30. Do not comb hair straight back.
31. For a more even color appearance, use facial tints as a base before any cosmetic work and allow it to dry in place for several minutes.

Special embalming cases

Embalming bariatric cases

The United States leads the world in morbidly obese citizens per capita and that can present problems for the funeral director, embalmer, restorative artist, and desairologist in transport, preparation, funeral supplies, and services. National Institutes of Health (NIH) statistics state that 97 million Americans are obese, which contributes to 300,000 premature deaths. Obesity is the second leading cause of death in the United States (NIH, 2014).

Paul Sobczyk is a leader in bariatric embalming and has personally completed hundreds of these cases and presented seminars to teach techniques for providing funeral services for this population. Below is a summary of his tips and techniques for bariatric embalming (Sobczyk, 2014):

- If elbow-to-elbow or hip measurements of a deceased are 42 inches or greater, and the weight is over 500 pounds or more, problems occur that require special consideration.
- The flaccidity of the excess adipose tissue easily conforms to the contours of the table blocking drainage routes. Use head blocks and body positioners to re-establish drainage on the table or purchase a specially built table that measures at least 42 inches wide with a maximum capacity of one ton.
- Inject fluids using the carotid artery, which is the easiest and most efficient route to the circulatory system, though additional or alternative points of injection may be needed.
- Because of the added depth needed to gain access, raising the artery is accomplished by touch rather than sight because these arteries are often narrower in diameter and tauter.
- When working in the confined area of the incision, a tissue spreader is helpful. Use smaller, one-inch arterial tubes or cannulas because they are the most maneuverable inside the incision.
- These cases have high volumes of edema with circulation problems so anticoagulants and edema corrective solutions are often used. A fluid index of 35 and a more penetrating arterial fluid work the best. Secondary dilution is increased because of the excess fluid in the adipose tissue.
- Delay drainage until after the third or fourth gallon of fluid. By delaying drainage, the pressure of the fluid counteracts the external pressure of the body weight and helps open the arteries for equal distribution of embalming fluid. It is important to watch for swelling in the neck or face and correct if needed.
- Aspirate the thoracic, abdominal, and nasal cavity using 32 to 64 ounces of a 50 index cavity to ensure proper treatment of the visceral organs.
- One of the common problems is purging because of the external pressure and weight caused by the tissue on the abdominal and thoracic cavity. Cutting and plugging the trachea helps gain access through the carotid incision and bisect the esophagus and trachea.
- Make two plugs of 3 inch by 6 inch sheets of Webril®cotton and incision sealer. Place some incision sealer in the middle of the cotton and roll the cotton into a small tube or plug. Use the index finger to place one plug in the bottom portion of the trachea and one above. These same plugs can be made smaller and packed into the nasal cavity for added protection.
- Decubitus ulcers, or bedsores, must be treated.
- Lack of circulation, combined with the inability of embalming fluid to reach the outer layers of the adipose tissue, increases the chances of forming water blisters and skin slip on the lower extremities. Use embalming gel and wrap the legs in plastic wrap for preservation.
- Oversized caskets will be needed. Never casket the deceased alone, use a good lift with a high enough weight capacity and long straps to ensure the safety of personnel and respect for the deceased.
- Ensure the weight capacity of the casket bier is rated high enough to handle the weight of the deceased and casket.
- All routes of entry and exit must be wide enough for the casket to fit.
- When working on all cases it is the responsibility of funeral professionals to ensure needs are met in a dignified and respectful manner.

Embalming cases with edema

Cases with extreme edema present challenges for even the most experienced embalmer. Jeff Seiple (2014) provides the following suggestions to handle these cases that can predispose the body to early decomposition.

- These cases require a hypertonic or strong primary dilution with edema, eliminating chemicals added to the primary dilution. This primary dilution additive has the ability to crenate or leave, through osmosis, in tissues saturated with water. The dehydrating ability of these chemicals can be very effective in reducing swollen areas due to edema.

  Gravity and the correct elevation, along with proper primary dilution strength, are very effective to remove fluids.
- An embalmer should not assume that a general primary dilution injection from the right common carotid would correctly treat an edematous limb, so inject a stronger primary dilution in close proximity to the edematous extremity. Injecting edematous legs through the femoral arteries is one of the best techniques and involves not only injecting the edematous limb(s) but requires the embalmer to slightly elevate the legs.
- After the injection, place cotton wicks or thin rolls of cotton within the femoral incisions and allow to drain.
- Once drained, tie off the femoral arteries and properly close the incision(s).
- It is wise to place the lower limb(s) in plastics such as stockings or capri pants to prevent leakage from the legs. Plastics must be used as a final barrier before dressing and casketing the deceased.

Safety consideration for embalming

OSHA and formaldehyde safety

As previously mentioned, the current trend is to move away from the use of toxins in the embalming process. To date, formaldehyde is still the embalming fluid of choice because other nontoxic preservation fluids have not been developed that ensure the same result. OSHA and the NFDA continue to research and develop training and guidelines that warn of the hazards of formaldehyde and the precautions that must be taken to mitigate the harmful effects of the toxin on funeral personnel and the environment.

OSHA has produced a fact sheet, which is summarized below, to explain the effects of formaldehyde exposure as well as precautions that must be in place to protect funeral staff at high risk for exposure to the dangerous chemical. The OSHA information is as follows (OSHA, 2015):

> Formaldehyde is a colorless, strong-smelling gas often found in aqueous (water-based) solutions. It is commonly used as a preservative in medical laboratories and mortuaries.

What funeral service professionals should know

The OSHA formaldehyde standard (29 CFR 1910.1048) and equivalent regulations in states with OSHA-approved state plans protects workers exposed to formaldehyde and apply to all occupational exposures to formaldehyde from formaldehyde gas, its solutions, and materials that release formaldehyde.

- The permissible exposure limit (PEL) for formaldehyde in the workplace is 0.75 parts formaldehyde per million parts of air (0.75 ppm) measured as an 8-hour time-weighted average (TWA).
- The standard includes a second PEL in the form of a short-term exposure limit (STEL) of 2 ppm, which is the maximum exposure allowed during a 15-minute period.
- The action level, which is the standard's trigger for increased industrial hygiene monitoring and initiation of worker medical surveillance, is 0.5 ppm when calculated as an 8-hour TWA.

Harmful effects on workers

The OSHA fact sheet identifies formaldehyde as a sensitizing agent that can cause an immune system response upon initial exposure and is also a cancer hazard. Acute exposure is highly irritating to the eyes, nose, and throat and can make anyone exposed cough and wheeze. Subsequent exposure may cause severe allergic reactions of the skin, eyes, and respiratory tract. Ingestion of formaldehyde can be fatal, and long-term exposure to low levels in the air or on the skin can cause asthma-like respiratory problems and skin irritation such as dermatitis and itching. Concentrations of 100 ppm are immediately dangerous to life and health (IDLH).

Note: The National Institute for Occupational Safety and Health (NIOSH) considers 20 ppm of formaldehyde to be IDLH.

Routes of exposure

OSHA clarifies that workers can inhale formaldehyde as a gas or vapor or absorb it through the skin as a liquid. Groups at potentially high risk include mortuary workers as well as instructors and students who handle biological specimens preserved with formaldehyde.

How employers can protect workers

Airborne concentrations of formaldehyde above 0.1 ppm can cause irritation of the respiratory tract. The severity of irritation intensifies as concentrations increase.

OSHA requires employers to do the following:

- Identify all workers who may be exposed to formaldehyde at or above the action level or STEL through initial monitoring and determine their exposure.
- Reassign workers who suffer significant adverse effects from formaldehyde exposure to jobs with significantly less or no exposure until their condition improves. Reassignment may continue for up to 6 months until the worker is determined to be able to return to the original job or to be unable to return to work, whichever comes first.
- Implement feasible engineering and work practice controls to reduce and maintain worker exposure to formaldehyde at or below the 8-hour TWA and the STEL. If these controls cannot reduce exposure to or below the PELs, employers must provide workers with respirators.
- Label all mixtures or solutions composed of greater than 0.1% formaldehyde and materials capable of releasing formaldehyde into the air at concentrations reaching or exceeding 0.1 ppm. For all materials capable of releasing formaldehyde at levels above 0.5 ppm during normal use, the label must contain the words "potential cancer hazard."
- Train all workers exposed to formaldehyde concentrations of 0.1 ppm or greater at the time of initial job assignment and whenever a new exposure to formaldehyde is introduced into the work area. Repeat training annually.
- Select, provide, and maintain appropriate PPE. Ensure that workers use PPE, such as impervious clothing, gloves, aprons, and chemical splash goggles, to prevent skin and eye contact with formaldehyde.
- Provide showers and eyewash stations if splashing is likely.
- Provide medical surveillance for all workers exposed to formaldehyde at concentrations at or above the action level or exceeding the STEL, for those who develop signs and symptoms of overexposure, and for all workers exposed to formaldehyde in emergencies.

Recordkeeping requirements

Employers are required to do the following regarding worker exposure records:

- Retain exposure records for 30 years.
- Retain medical records for 30 years after employment ends.
- Allow access to medical and exposure records to current and former workers or their designated representatives upon request.

Additional information: For more information on this, and other health-related issues affecting workers, visit OSHA's website at www.osha.gov.

NFDA on formaldehyde safety

The NFDA provides the following information to members based on their research (NFDA, 2012 a):

NFDA urges its members, if they have not already done so, to complete the required sampling for formaldehyde to confirm that the formaldehyde levels in the preparation room are within the allowable OSHA limits of 0.75 parts per million for an 8-hour time-weighted average and 2 ppm for a short-term exposure limit. Relatively inexpensive test kits for formaldehyde sampling are available through preparation chemical suppliers. To further reduce exposure levels to formaldehyde in the preparation room, NFDA members are also urged to follow the NFDA Formaldehyde Best Management Practices and review the NFDA Prep Room Ventilation Study that follow.

Measures to reduce formaldehyde levels, in the preparation room atmosphere, include improvement in ventilation by measures such as lowering the preparation room's exhaust vent to below the breathing zone, insuring that all exhaust vents are unblocked, the use of formaldehyde-containing products strictly by the manufacturer's instructions, the substitution of formaldehyde-containing preparation products with reduced or formaldehyde-free products wherever possible, and simple measures such as keeping the lid on the embalming machine, immediately cleaning up any spills, the use of drain tubes, and covering the flush sinks.

NFDA Formaldehyde Best Management Practices 2012

The following information is from the NFDA report on Formaldehyde Best Management Practices (2012 a).

History
More than 15 years ago, the NFDA issued Environmental Best Practices, which were designed to assist members to meet the high standards of the funeral profession by providing guidelines for protecting the health and safety of the public, the environment in the community in which funeral directors live and work; themselves, their employees, and families.

NFDA issues these Formaldehyde Best Management Practices (BMPs) at a time when there are continuing appraisals about the health hazards associated with formaldehyde. In 2009, after reviewing additional scientific studies, the IARC found sufficient evidence to conclude that formaldehyde exposure may cause leukemia, a disease of the blood and bone marrow (IARC, 2009). In 2009, following a 20-year study of embalmers, the National Cancer Institute (NCI) published a report, which observed an association between embalming and death from myeloid leukemia, with the greatest risk among those who practiced embalming for more than 20 years and who experienced greater formaldehyde exposure in the preparation room (NCI, 2009).

The Formaldehyde Best Management Practices is a working document. It may be updated or modified as important new information about formaldehyde becomes available. The following information is a summary of the best practices guidelines and subsections. It is important to review this document in its entirety on the NFDA website (NFDA, 2012 a).

Preparation room ventilation is the single most important factor in reducing health risks associated with formaldehyde exposure. Make sure that the ventilation system in your funeral home's preparation room is properly designed and operating effectively. An effective ventilation system assures that as much formaldehyde as possible is drawn away from the embalmer's breathing zone. Consult a heating, ventilation and air conditioning (HVAC) professional to assess and maintain the ventilation system and the heating and cooling needs of the work area. NFDA provides the following guidelines:

1. Ensure adequate and effective ventilation in the preparation room.
2. Select and use the proper embalming product in considering the environmental, health and safety characteristics of the product, and the condition of the remains.
3. Take precautions in the preparation room to limit formaldehyde exposure and emissions during routine embalming.
4. Observe special precautions to limit formaldehyde exposure and emissions when embalming organ procurement cases and autopsied remains, as such embalming may increase the embalmer's formaldehyde exposure risk.
5. Be familiar with and follow federal, state, and local environmental, OSHA, and health requirements that apply when embalming is performed.

Various environmental, OSHA and health requirements apply when embalming is performed. Often product selection will govern the application of these requirements. Periodically review and re-evaluate the products used in the preparation of the remains. Know the constituents of the products and the requirements that these constituents make applicable. Determine whether your locality has mechanical code or other requirements that apply to ventilation systems.

Formaldehyde Vapor Reduction in the Funeral Home Preparation Room: NFDA Recommendations for Effective Preparation Room Ventilation 2010

This study reached a number of conclusions of critical importance to funeral directors. Several of the key findings are summarized below (NFDA, 2010).

The report concludes that an effective ventilation system, designed, operated, and maintained to meet the criteria in the study, can be effective in removing formaldehyde vapors from the breathing zone of the embalmer in the preparation room and lowering overall levels of formaldehyde. The NFDA criteria follow:

Criterion 1. The ventilation system should be a dedicated, non-recirculating system.
Criterion 2. As a general proposition, the minimum air change rate for the preparation room should be no less than 15 air changes per hour.
Criterion 3. The ventilation system should exhaust more air from the space than it supplies to the space to create a slightly negative pressure within the preparation room relative to adjacent spaces in the funeral home.
Criterion 4. The number and location of supply diffusers and exhaust grilles should be adequate to direct a sufficient amount of air across the preparation table(s) so that formaldehyde vapors are transported away from and out of the embalmer's breathing zone.
Criterion 5. Installation of an LEV device, designed to serve the preparation table(s), will control formaldehyde at its source and enhance the effective operation of a general ventilation system.

The design, installation, maintenance, and alteration of the preparation room ventilation system should always be in consultation with an HVAC professional to ensure the system is functioning effectively to reduce formaldehyde exposure to the greatest extent possible.

NFDA 5-Step Guide for Effective Preparation Room Ventilation
An essential preliminary step for the funeral home is to assemble all information about the current preparation room ventilation system (NFDA, 2010).

STEP 1. Complete the formaldehyde ventilation assessment.
NFDA members may download the Funeral Home Preparation Room Formaldehyde Ventilation Assessment from the NFDA website.

STEP 2. Complete expert HVAC consultation.
NFDA strongly recommends the periodic re-evaluation of the preparation room ventilation system by an expert HVAC consultant.

STEP 3. Evaluate recommendations.
Evaluate the expert's recommendations to determine the actions to take that will provide the greatest short- and long-term benefits.

STEP 4. Make simple changes in ventilation system.
Simple changes in the ventilation system can often result in major improvements in ventilation, such as:
- Resizing the exhaust fan.
- Relocating and resizing the exhaust grille so that it is adjacent to the embalming table(s) near the floor.

STEP 5. Scheduling implementation and maintenance.

Establish a schedule to implement the expert's recommendations for improving ventilation system effectiveness and maintaining the funeral home's ventilation system. Additional studies concerning formaldehyde hazards and precaution guidelines are ongoing and will be published on the NFDA website.

Other chemicals for embalming and the restorative arts

Today there are chemicals for all stages of the embalming and restorative art used for disinfecting, pre-injection, arterial and cavity embalming, and tissue repair. The colors of the fluids can provide the ability to control skin tones and colors to achieve the most natural and life-like effects for all ethnicities.

Cavity embalming chemicals can preserve the contents of the body and counteract the effects of medical conditions on the body that occurred over a period of years or after death. For example, products are available to build tissue that had been lost during the wasting effects of cancer.

Some products aid in circulation needed to deliver embalming and restorative chemicals throughout the body to help disinfect, preserve, and restore. Chemicals have been developed to meet restorative arts challenges to fill, repair, rebuild, conceal, stabilize, and set features for the most natural and accurate resemblance.

Other new chemicals are designed for the ventilation system in the mortuary to purify the air and counteract the toxic effects of formaldehyde vapors. Examples of the use of these new chemicals can be found in the descriptions of specific techniques throughout the course but none of these products are endorsed by the authors.

Green funerals

According to the NFDA, "green funeral incorporates environmentally friendly options in order to meet the needs of a family requesting a green service." A green funeral may include any or all of the following: a small gathering in a natural setting, use of only recycled paper products, locally grown organic flowers, carpooling, organic food, no embalming or embalming with formaldehyde-free products, the use of sustainable biodegradable clothing, shroud or casket, and natural or green burial (NFDA, 2016 a).

Another trend is a natural burial, which includes no embalming at all. All parts of the funeral, including the clothing and casket must be made of materials that are nontoxic and biodegradable. Grave markers are also naturally occurring and environmentally conscious, so rocks, trees, or flowers may be used as markers rather than mining granite or quartz to make a traditional headstone.

Ecobalming

The mission of ecobalming is to develop environmentally safe embalming practices that preserve the body, as part of the green burial process. The objective is to have:

- No toxins in the embalming or burial process.
- No secret or undisclosed ingredients.
- Full disclosure of all chemicals and processes.
- Documented environmental impact of all chemical components.
- Little to no impact on the environment.
- Full disclosure and clean sheet material safety data sheets (MSDS).
- Only biodegradable items will be used in all aspects of the embalming burial process.

The process of ecobalming, which in the true form would complement a natural burial, exemplifies the new ways of thinking about death, funerals, and the celebration of the person and rejects traditional methods that have been used in the funeral industry for hundreds of years. The goal is to provide a funeral and burial that is more natural, affordable, practical, and personal to provide a more meaningful celebration as the end of life.

Alternative embalming chemicals for green funerals and ecobalming

New embalming chemicals have been developed that are safe, effective, nontoxic, and made from nonhazardous plant-based oils that can deliver temporary cosmetic/restorative, sanitation, and preservation results. The first of these chemicals, Aardbalm®, was produced in the United Kingdom. It was iodine-based and purported to be nontoxic and environmentally safe. It did not provide the firmness of traditional embalming fluids, so critics questioned if it really preserved the body or simply delayed decomposition for a short period of time.

The Dodge Company followed with a product called Freedom Art that was alcohol-based, though the exact formula was not open for review. The company claims it is effective for disinfecting, deodorizing, and preserving the body and admits that the product will not produce the tissue firmness of traditional embalming fluids.

Next, the Champion Company created Enigma, with the active ingredient propylene glycol. This chemical is water-soluble, synthetic, nontoxic, and petroleum-based. The company claims it slows decomposition for 3 to 5 days, up to a week, or longer (Champion, 2016). These products do not produce long-term embalming results, just temporary preservation. To date, Champion products are the only ones certified by the Green Burial Council (GBC), which works to "inspire and advocate for environmentally sustainable, natural death care through education and product certification (GBC, 2015)."

These products include:

- Enigma Arterial Ecobalming: Chemicals can sanitize and deodorize while reducing water retention and moisture problems. These chemicals can also deliver natural skin tone coloration.
- Enigma Cavity Ecobalming: Chemicals use a plant-based oil formula delivered with almost no water. It provides sanitation and deodorizing effects and can enhance the arterial action in compromised bodies.
- Other Enigma topical formulas are available for sanitizing and deodorizing the surface of the body and can be combined with plant-based Enigma compound materials to prevent leakage.

Another chemical, glutaraldehyde, may be a possible alternative to formaldehyde because it produces less irritating vapors and is very effective for preservation. However, it is still classified as a hazardous, toxic chemical regulated by OSHA and has similar harmful effects as formaldehyde. It has not replaced the use of formaldehyde because it does not produce the same level of firmness. Firmness is one measure embalmers use to determine the amount of penetration by chemicals for use in arterial and cavity embalming. The degree of tissue firmness relates to the degree of tissue preservation, so this is an important factor.

All of the major embalming fluid producers are working to develop a green product that can match the preservation properties of traditional fluids. They may be able to disinfect and preserve to some degree, but are not able to fix and produce tissue firmness. This is a major setback because it translates into difficulties in the area of restoration and setting of soft tissues that can result in drooping lips and cheeks. Facial features are the most important and viewable aspects of restorative art and critical to the positive memory experience for loved ones.

The new embalming fluids on the market today produce a shorter preservation window and cannot produce the effects that mainstream embalmers demand, but they may appeal to the green or natural funeral market if they meet the standards of ecobalming. They will also appeal to those who protest the toxic fluids that pollute the environment.

New legal form: Formaldehyde-free embalming authorization

In keeping with the trend of moving the funeral industry toward environmentally safe embalming for a green funeral, the NFDA developed a form in 2012 that authorizes formaldehyde-free embalming. According to the NFDA, this new form not only serves as an embalming authorization form, but also includes a clause indicating the family wants the funeral home to use a formaldehyde-free embalming solution and understands that results may differ from those of a solution containing formaldehyde. Members can download this and all sample legal forms and documents from the NFDA website at www.nfda.org/legalforms at no cost (NFDA, 2012 b).

Many people suffer from diseases that have devastating effects on their physical appearance. Others are victims of physical trauma from car accidents, falls, violent encounters, drowning, dehydration, malnutrition, decomposition, or drug overdoses that leave them with an appearance in death far different than life. They are not able to make their wishes known, but one can imagine that they would not want their loved ones to see them in that state.

The restorative arts play a critical role in the grieving and healing process for loved ones left behind and dignity to the deceased. Research shows restorative arts can be traced back as far as 1200 BC (Gillies, 2011). The ancient Egyptians were practicing a range of restorative techniques on the emaciated features of the dead, from filling the inside of the mouths with sawdust to improve hollowed cheeks to stuffing linen under the eyelids or replacing eyes with stones. They would continue this procedure, tending to any disability, injury, or disfigurement until the face and body were contoured to approximate the original features and shape of the person they were preparing for their death ceremony.

The next milestone in restoration arts occurred in 1912, when embalmer Joel E. Crandall introduced demisurgery, a practice he described as "the art of building or creating parts of the body which have been destroyed by accident, disease, decomposition or discoloration, and making the body perfectly natural and lifelike"(Ibid). Demisurgery was added to the practice of embalming as a way to make the appearance of the deceased more presentable especially in trauma cases. Many people of that era felt that the practice of demisurgery in principle was unacceptable and should not be practiced after death.

Crandall continued to make a case for the practice of demisurgery as an important service for bodies that had suffered severe trauma or mutilation. He provided photographic evidence to document the dramatic results of his work using before and after pictures. His photographs changed the attitudes of many in the funeral industry at that time and demisurgery for the deceased became an accepted practice.

By the 1930s, demisurgery was referred to as restorative art and had become an important part of embalming in part because it was used to repair and cover the impact of injury or disease that resulted from World War I. Professionals in the field began to realize the positive healing effects that restorative art could have on loved ones because the body could be restored to resemble its original appearance.

The next major milestone occurred with the publications of the textbook, Restorative Art, in 1943 by Sheridan Mayer followed by the Workbook on Color and Mortuary Cosmetology, and the textbook Color and Cosmetics. Gillis (2011) explains Mayer's important work:

While trained as an artist and sculptor, and employed as a theatrical cosmetician and makeup expert, his greatest contribution to restorative art was his encouragement of adopting a uniform curriculum and standards for instructional and testing purposes, in which he prepared sample syllabi and curricula, as well as examination questions that became standards in the field of study.

However, it wasn't until 1945 that restorative art became a formally adopted discipline when it was the subject of the NFDA Convention in Chicago, where it was addressed as being a value and necessity of the procedures of embalming.

Beyond restoring the physical appearance of the deceased to provide loved ones with the last positive memory experience, the restorative arts can do much more to facilitate comfort and healing for loved ones as they move through the healing process. When loved ones are notified of a sudden, tragic, and unexpected death, they are in a state of disbelief and shock. They often do not know immediately what really happened and they begin to imagine a number of scenarios and wonder what pain and fear their loved one suffered during their last moments of life. Many family members refuse to believe their loved one has died and insist it must be mistaken identity, hopeful that all will be resolved as soon as they can contact them. Slowly, as the evidence mounts, they realize they will never see them again and devastation and sadness take over. They still may not know the details surrounding the death and continue to suffer the pain of not knowing what their loved one experienced. Not knowing the truth can be very destructive mentally and emotionally and their imagination may lead them to very dark and sad conclusions.

Restorative arts can play a pivotal role in assisting love ones in healing, moving toward acceptance, and beginning the grieving process. At this point, the ability to see their loved one looking peaceful could help through the grieving process.

When funeral directors urge families to keep the casket closed, or when the family member in charge hastily decides to not allow viewing, it has the same effect as saying the situation is horrible and too shocking to view, which reinforces the cycle of fear, sadness, and haunting images of the unknown. A positive viewing experience may help family and friends acknowledge and accept the death.

Practice guidelines for restorative art

Edward J. Grey holds a master's degree in restorative art from the International College of Mortuary Science, Liege, Belgium. He provides the following information outlining the progression of restoration art techniques corresponding to the degree of restoration required, restorative guidelines, and practical advice to face challenging tasks:

In the best case scenario, a simple case of restorative art would involve the proper setting of facial features, which is one of the most important responsibilities of the artist. Setting facial features can never receive too much attention because it is the focal point of the viewing. The effect should be as natural as possible and resemble the person in life as compared to a recent photo. Make up application would be minimal at this level and should reflect the skin tone, coloring and style that the person preferred in life. A summary of Grey's guidelines follows (Grey, 2004):

Minor cases of restoration would include:

- Operations such as hypodermic tissue building because of a wasting disease or malnutrition prior to death, reduction of swelling usually caused by drugs administered prior to death, removal and restoration of small skin blemishes, subtissue surgery, bleaching and concealing discoloration, and rehydration of tissues.

More extensive restorations

These cases generally take a longer period of time and the embalmer/restorative artist should be consulted before deciding viewing times with relatives. These operations require extensive time, patience, and skill to complete and could include:

- Restoration or replacement of hair or major feature, reduction of large tumors or swelling, reconstruction of major fractures, removal and replacement of damaged areas, and deep wounds.
- Most restorative art or corrective procedures are carried out after arterial embalming; although some need to be attended to before arterial injection is started.
- Some procedures will involve surgical skill, others will require technical skill, but all require patience and time.
- Take short breaks to stop to look at the progress made. A little break away from the task at hand can shine a different light on the subject and make a big problem seem easier.
- Sometimes the sheer sight of the task to be undertaken can frighten even the most experienced restorative artist, but a little time, reflection, and careful planning can reveal that most things are possible.
- If the visually offensive area is removed and cleaned, the restorative artist can concentrate on the task at hand, and repair the damaged area.

- The restorative artist must adopt a positive attitude and not associate the condition with human pain.
- The restorative artist may not achieve perfect presentation and should consult with the family before procedures begin. In most cases at least one family member will have already viewed the deceased so they will understand the degree of restoration required.
- A professional, qualified embalmer/restorative artist will be able to evaluate the situation very quickly, explain the options available, and the time involved. Most families are willing to allow enough time if they are approached with professionalism and due respect. Consulting with families can be helpful for both parties and build rapport if approached correctly with the utmost respect shown towards the family.
- If reasonable lifelike appearance can be achieved, the family will be eternally grateful and the viewing will ease the grieving process, which should be every funeral director's goal.

Restorative art and the Canon of Beauty

In the past, mortuary science students were taught to review and consider of the Canon of Beauty that was established in the 4th century by the Greek sculptor Polykleitos. The principles of the Canon of Beauty, or the aesthetic canon, were a set of mathematical calculations that represented the standard of human proportions that were considered the most pleasing to the eye. These were included in mortuary education as a way to teach human proportions and guide restoration. Some educational programs required the students to use these dimensions to totally design and create a face so these proportions served as the foundation for those exercises.

Today they only serve as a baseline comparison and not considered to be a standard or norm of beauty. With the increased emphasis on individuality, and belief that there is no one standard of beauty that encompasses all racial and ethnic characteristics, this is especially true. The following concepts should be considered when implementing any aesthetic standard as a basis for the restorative art (Quizlet, 2016):

- No standard or proportion should be used in every case to ensure accurate resemblance or clients would look the same.
- No standard should be used to alter, improve, or enhance the natural physical appearance.
- No standard should be used other than the actual anatomical analysis.
- Standards or measurements should be used only as a guideline for restoration practices.

Restorative arts tips and techniques

The following list includes a summary of the 2014 NFDA Conference presentation by Wallace P. Hooker (2014):

1. The first rule for a case involving any amount of restoration is find a known feature and work with it.
2. For drying and treating open sores and wounds use a cauterizing chemical before embalming such as Dodge Dryene, SynGel, or mix the two to a gel like consistency.
3. For facial suturing try dental floss with a hidden stitch.
    - Dodge has a great adhesive called Tech Bond that is faster and neater than suturing and will adhere to moist tissue.
4. For delicate areas of the face needing tissue building, subdural bleaching or if you are using a cauterant, try using diabetic syringes.
5. When using Inr Seel to recreate sunken checks, use the Inr Seel applicator and overfill the area between the jaw and cheek on each side.
6. For extremely emaciated bodies, remember to be careful not to overdo it. The families have watched the downward progression for maybe months or years so be careful not to turn back the clock too far.
7. To speed the softening of restorative waxes and make application simpler, use a hand held hair blow dryer.
8. For filling larger facial deficits, cover the missing area with mortuary putty, such as Dodge Inr-Seel, and sculpt to shape.
9. For non-facial surface dicing, scrapes, cancers, skin slip, or other possible sources of leakage, first cauterize the area with a product such as Dryene.
    - Let it dry then cover with a product called DodgeSeal, which is a new product that works very well for sealing orifices, punctures, bullet holes, incisions, and deep wounds.
10. An electric tissue reducer or electric iron should be in every prep room. It works great in reducing swelling of the lips and eyelids.
11. Treating swollen eyes:
    - For severe cases, it may be necessary to remove the vitreous humor.
    - Channel the upper eyelid, following the curvature of the skull, to create channeling to relieve the swelling.
    - Coat with massage cream and manipulate the fluid from the deep tissue.
    - After physically manipulating as much fluid as possible from the tissue, use the electric tissue dryer and if time allows, insert Webril® toweling into channels to wick the moisture away.
12. For ease of suturing complete the following:
    - If you are right handed, suture from right to left, or if left handed suture from left to right.
13. If preparing for the final stages of substantial facial restoration, dress the remains and casket them to eliminate the chance of damaging extensive restorative efforts while handling the body.
14. Autopsy cases:
    - Use mortuary putty over the cranial separation before replacing the scalp, manipulate the putty through the scalp and fill or hide the deficit.
    - Use tissue gatherers to assist holding suture lines together while suturing.
15. Donor/harvested cases:
    - Embalm on the bottom of the body pouch.
    - Always open the harvest sites of the upper arm and leg bones and treat the tissue in these sites with a strong cauterizing material, cover with cotton and wrap with plastic while you embalm.
    - If skin was harvested, treat the area with cauterizing material and cover with plastic.
    - Try to ligate any severed arteries.
    - If time allows, let the body set for 12 hours, remove the cotton and plastic, retreat with more cauterizing material, then dry the tissue.
    - Use plastic garments before dressing the body. (See earlier product disclaimer.)

Desairology

Mortuary cosmetology, referred to as desairology, is a growing specialty in the funeral profession. Noella C. Charest-Papagno and other cosmetology and funeral professionals recognized that many people spend a great deal of time and effort devoted to their appearance in life. They argued that the same quality of services should be available to them after death.

Desairology law and legal definition

As defined by U.S. Legal:

> The art of desairology involves caring for the hair, skin, and nails of the deceased in a funeral home preparation room. The specialty is performed by a desairologist licensed in cosmetology under state law. State regulations typically require the funeral home preparation room be of approved size, properly equipped, and must provide a well ventilated work environment for the personnel (U.S. Legal, 2016).

These professionals are state-licensed cosmetologists and barber stylists, with additional certification that qualifies them

to perform specialized techniques for hair, nail, skin care, and makeup services in a funeral setting. They provide services upon request by the family or by prior arrangement with the deceased. Desairologists may work as full-time staff for one director, though most maintain a private practice and work as independent contractors on call to assist funeral directors or embalmers throughout the community.

Desairologists must follow all OSHA, cosmetology, desairology, state, and local funeral laws and regulations, as well as adhere to the code of ethics for their licensing and certifying organizations.

The Desairology Code of Ethics

- I will practice cosmetology-desairology on the deceased under a licensed funeral director, funeral home, or mortuary.
- I will continue to explore the developmental education of desairology.
- I will uphold the confidentiality of the business of the funeral home and the working environments concerning preparation, embalming, and desairology services for the deceased.
- I will uphold the laws and the board of cosmetology in the state in which I am practicing cosmetology-desairology (Source: Developmental Desairology, 2016).

Usually the career of desairology begins with cosmetology school. Some programs teach only desairology though cosmetology schools are adding training and certification programs for licensed graduates. There are also home school and distance learning programs available for education and certification.

Desairology study includes the following areas:

- Shampooing of the deceased client's hair.
- Haircutting in ergonomically challenging conditions.
- Color restoration.
- Wig care and hair replacements.
- Identifying hairstyles and parting.
- Anatomy and physiology of the deceased.
- Chemical makeup of hair, skin, and nails after death and the embalming process.
- HIV/AIDS.
- Universal precautions.
- Bacteriology.
- Sanitation and disposal of biohazardous waste.
- Observation of electrical safety.
- OSHA standards for the funeral home industry including required PPE.

Assessing risk

Nellie Brown, western regional director of the Chemical Hazard Information Program at Cornell University, discussed the chemical and disease exposure risks involved in working as a desairologist and provides the following guidelines (Brown & Platner, 2008):

- Exposure to disease should not be a threat. Make sure immunizations are up to date, particularly tetanus. Disease and decay organisms are not uncommon, so besides being immunized for tetanus, having a hepatitis B series of vaccinations and a tuberculosis vaccination is a good preventative measure.
- Wearing gloves and an apron or lab coat while working in the prep room, the area of the mortuary where the body is prepared for the funeral service and interment, is recommended.
- Cover street clothes, preferably something that can be bleached, to prevent them from being contaminated. Place the clothes worn during the service separately in a plastic bag until they are washed in a separate load.
- Be as cautious working on a corpse as you would a living body.

The desairology student will complete supervised, hands-on practicum exams to test practical knowledge. Mannequin heads may be used as practice and licensed cosmetologists, certified desairologists, or licensed funeral home staff will develop hypothetical cases for study and practice.

Any student interested in the field should take classes in mortuary science to be familiar with the basics of embalming and to help them deal with the unique challenges of working with deceased clients. Coping strategies are needed to support a career in desairology to avoid stress and manage emotional issues related to this challenging and important work.

In the past, the funeral directors or embalmers would provide these services and their studies in mortuary science provided basic training in makeup application, hair styling, and nail grooming. In most cases where no trauma had occurred, basic makeup application was sufficient and families would provide a picture to assist in hair styling and makeup.

Today the emphasis on individuality and appearance may require a desairologist skilled in advanced makeup, hair, and nail styling. The individual may have left detailed plans or the family may request special services to continue the same appearance and unique style the deceased enjoyed in life.

Changing presentations and personalization for viewing

The recent interest and demand for cosmetic surgery to improve appearance does not end with death. An NBC news documentary, entitled, Final Touch: A Cosmetic Lift for Your Funeral, interviewed a number of embalmers and restorative artists. The report found that many people are consulting funeral professionals to plan restorative procedures to enhance their appearance at their funeral. Some of the requests include smoothing lines, plumping lips, and even lifting sagging areas for the funeral (NBC, 2008). "People used to say, just throw me in a pine box and bury me in the back yard," says Mark Duffey, president and CEO of Everest Funeral, a national funeral planning and concierge service. "But that's all changing. Now people want to be remembered. A funeral is their last major event and they want to look good for it. I've even had people say, 'I want you to get rid of my wrinkles and make me look younger (Ibid).'"

Restorative artists and embalmers have always tried to restore a life-like appearance. The difference today is the number of people who are preplanning their final touches, which is a new phenomenon in the funeral industry. "I've had people mention that they want their breasts to look perky when they're dead," says David Temrowski, funeral director of Temrowski and Sons Funeral Home in Warren, Michigan. "Or they'll say, 'Can you get these wrinkles out?' It's all in humor, but I think people do think more about what they're going to look like when they're dead and lying in a casket (Ibid)."

A 2014 ABC News report, Lifelike Embalming Positions a New Funeral Trend, noted that funeral plans are becoming more extravagant (ABC, 2014). The trend calls for individuals to be embalmed and presented for viewing in ways that are personalized and accurately celebrate their life. Rather than the traditional casket-viewing and burial, some choose to have loved ones posed in ways that show their hobbies and personalities.

ABC News tells the story of an 83-year-old party girl who was embalmed to look as if she was sitting at a party with a glass of champagne. Her "set" included a bright feather boa, patterned outfit, decorative benches and décor (Ibid). Other stories included a man who was an avid boxer during life, posed standing like a boxer in the ring, complete with a hood and boxing gloves (Ibid). Other examples showed a jazz musician standing with instruments at his funeral and a young man dressed in leather and posed riding his motorcycle.

One embalmer told ABC that in doing these types of "extreme embalming," as ABC put it, they would have to use different mixtures of fluid so the body would stay stiff in a more upright position (Ibid). This type of personalization in funeral presentation rejects the traditional way of displaying the body, peacefully resting in the casket, dressed in their Sunday best. Further investigation shows that these highly customized funeral presentations have been practiced for years in some sections of the country but they are becoming more popular throughout the United States.

Conclusion

Funeral directors, embalmers, restorative artists, and desairologists must share a common goal to continue their education and training to provide the highest level of quality to meet the challenging and dynamic demands of clients. They need to keep an open mind, free of judgment, to collaborate as professionals to provide client-centered services.

Safety in the work place and environment requires strict adherence to all federal, state, and local laws and guideline.

Professionals need to continually assess their practice and collaborate on best practices that may require making changes in products and procedures to keep pace with safety changes and client demands.

All industry professionals are urged to consult their state licensing and certification boards, along with OSHA, NFDA, or their professional organizations, for the latest updates that regulate and protect their area of practice.

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Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 37 or for faster service complete your test online at **EliteLearning.com/Book**

26. Today, individuals are seeking funeral services that reflect their values, interests, passions, and hobbies.
    - ○ True
    - ○ False
27. The NBE is used in all 50 states and the District of Columbia as an assessment of content knowledge needed to practice as a licensed funeral director or embalmer.
    - ○ True
    - ○ False
28. Only authorized personnel of the funeral home or those persons authorized by the family shall be in attendance during the preparation of the remains.
    - ○ True
    - ○ False
29. Desairologists do not need be licensed cosmetolologists before they can become certified in the mortuary science called desairology.
    - ○ True
    - ○ False
30. Pre-embalming analysis includes knowing what problems exist, anticipating problems based on the body condition, being prepared for all situations that may arise, and keeping a well-stocked prep room.
    - ○ True
    - ○ False
31. Problem cases including edema, asphyxiation, massive cardiac events, and delayed embalming do not need pre-injection.
    - ○ True
    - ○ False
32. Lack of circulation, combined with the inability of embalming fluid to reach the outer layers of the adipose tissue, increases the chances of forming water blisters and skin slip on the lower extremities.
    - ○ True
    - ○ False
33. The OSHA fact sheet identifies formaldehyde as a sensitizing agent that can cause an immune system response upon initial exposure but is not a cancer hazard.
    - ○ True
    - ○ False
34. OSHA requires workers to implement feasible engineering and work practice controls to reduce and maintain worker exposure to formaldehyde at or below the 8-hour TWA and STEL.
    - ○ True
    - ○ False
35. Many people are consulting funeral professionals to plan restorative procedures to enhance their appearances at their funerals.
    - ○ True
    - ○ False

Course Code: FMA03MR

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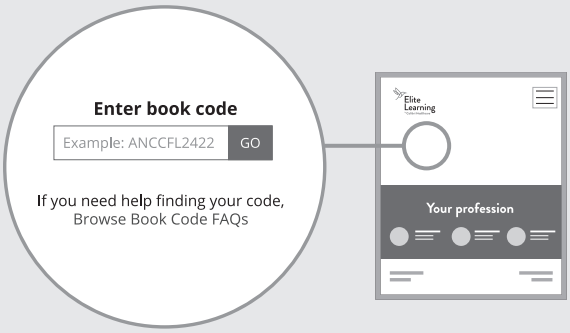

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1	○	○	11	○	○	21	○	○	31	○	○
2	○	○	12	○	○	22	○	○	32	○	○
3	○	○	13	○	○	23	○	○	33	○	○
4	○	○	14	○	○	24	○	○	34	○	○
5	○	○	15	○	○	25	○	○	35	○	○
6	○	○	16	○	○	26	○	○			
7	○	○	17	○	○	27	○	○			
8	○	○	18	○	○	28	○	○			
9	○	○	19	○	○	29	○	○			
10	○	○	20	○	○	30	○	○			

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