National Committee on Infant Cremation

Code of Practice

November 2015

The Scottish Government
Riaghaltas na h-Alba

NATIONAL COMMITTEE ON INFANT CREMATION

CODE OF PRACTICE

This document sets out the key principles and minimum standards for all organisations conducting infant cremations, as agreed by the National Committee on Infant Cremation.

The Code will be reviewed on an annual basis.

It is expected that all relevant organisations will adhere to this Code of Practice, ensuring that their applicable policies, procedures, practice, and both internal and public facing documentation are fully aligned with its requirements.

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CODE OF PRACTICE - LEVEL 1

1. The deceased infant*, their family and their friends must be treated with respect, dignity and sensitivity at all times.

2. The nearest relative* must be the main signatory or applicant on all relevant documents, unless exceptional circumstances apply.

3. The principle of informed choice for next of kin* must apply to all decision-making discussions and documentation. This must include transparency as to alternative options and applicable costs, and provide clarity over who may hold future decision-making powers.

4. Communication with, and the information available to, family and friends of the deceased must be consistent across all involved organisations and institutions.

5. Next of kin must be allowed some time to reflect and, if necessary, make changes to their initial decisions.

6. Next of kin must be provided with a copy of any documentation signed by them.

7. 'Ashes' is defined as '"all that is left in the cremator at the end of the cremation process and following the removal of any metal"*, irrespective of their composition.

8. All organisations and institutions involved in infant cremations* must adhere to the principle of maximising the recovery of ashes when agreeing contracts, arranging and/or conducting infant cremations.

9. Arrangements relating to any hospital-arranged infant cremations must be set out in a contract / be agreed in writing between NHS, funeral director, cremation authority and/or burial authority, as applicable.

10. All organisations and institutions involved in infant cremations must regularly review their own procedures and policies to ensure best practice is maintained.

11. All organisations and institutions involved in infant cremations must establish regular sharing and learning of multi-agency and cross-country best practice.

12. All relevant staff must successfully complete relevant, available training before their involvement in discussing, organising or conducting infant cremations.

13. Records must be accurate, clear, accessible and maintained electronically where possible.

14. All organisations and institutions involved in infant cremations must allow and assist with regular inspection of their premises, personnel, policies, procedures and/or records etc by the individuals or bodies designated by statute for this purpose.

15. All organisations involved in infant cremations must ensure that all their existing or new infant cremation policies, codes of practice, guidance, procedures and processes adhere to this national Code of Practice, including its supplementary Level 2 Guidelines and any accompanying Explanatory Notes.

16. All organisations involved in infant cremations must ensure they are and continue to be fully compliant with the law in Scotland.

***** *See 'Definitions' Annex*

CODE OF PRACTICE LEVEL 2 – COMMUNICATION

Introduction

1. This Code sets out minimum standards in both written and verbal communication with those who have experienced the loss of a pregnancy or infant. It is extrapolated from the overarching Level 1 Code of Practice, and takes account of existing good practice across all the sectors and organisations involved in infant cremation.

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2. Verbal or written communication with those who have been bereaved, will be:

2.1 Sensitive to their feelings at such a difficult time and seek to minimise any additional distress

2.2 Tailored to individual needs and circumstances

2.3 Respectful of their right to privacy

2.4 Clear and straightforward

2.5 Consistent and aligned with local partners' current practices and procedures

2.6 Transparent as to all relevant options, practices and procedures, including costs, timeframes, outcomes and any current and future obligations or restrictions on the signatory

2.7 Clear on what to do, and who to contact and when, if they have a change of mind

2.8 Accurate in regards to the definition of ashes as 'all that remains in the cremator at the end of the cremation process and following the removal of any metal', irrespective of the composition of the ashes.

2.9 Clear as to the probability of recovery and return of ashes following cremation, in order to inform decision-making on, for example, whether to have a shared or individual cremation (for a pre 24 week pregnancy loss); whether to bury or cremate, and choice of coffin.

3. Verbal communication with those who have been bereaved, must additionally be:

3.1 Free of assumptions about their abilities, views or wishes,

3.2 In language that can be well understood by all of the bereaved involved in decision-making, with the offer of interpretation services.

3.2 Take place in a location that protects the bereaved family's privacy

4. Written communication with those who have been bereaved, must additionally be:

4.1 Consistent with, and where appropriate include relevant extracts from, local partners' leaflets, guidance and policy statements

4.2 Available in different languages that are used in the local community.

4.3 All written records will be stored and shared in a manner that protects confidentiality

4.4 Available to them to take away and keep, whether a signed document or a general information leaflet.

CODE OF PRACTICE LEVEL 2 – TRAINING

Introduction

This Code sets out minimum standards for initial and on-going, and formal and informal, training requirements for those whose professional role includes direct contact with, and assistance to, those who have experienced the loss of a child and are considering the option of cremation (or burial). It is extrapolated from the overarching Level 1 Code of Practice, and takes account of existing training programmes and networks, as well as those still to be developed and established.

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Initial Training

1. All staff, at all levels, should complete their organisation's relevant operational training prior to their involvement in discussing, arranging or conducting infant cremations.

2. Both formal and informal training programmes should place the needs of the bereaved at their centre.

Continuing Professional Development Training

3. All staff, at all levels, have a responsibility to maintain their own skills, through:

3.1 completing any designated continuing professional development training programmes, linked to annual appraisals, where available

3.2 ensuring their individual compliance with the requirements of current law and relevant regulatory bodies.

3.3 participating in joint learning and sharing of information opportunities with local partners and/or other eg branches or institutions of their own organisation.

Company / Institutional Training Responsibilities

4. Time and resources should be set aside for the purpose of staff training

5. There should be a designated lead person responsible for supporting / developing training in the area of infant cremations

6. Staff training should be monitored and a record kept of training undertaken and completed.

7. Leads should establish a network or group with their other local partners, for joint multi-agency learning and information sharing opportunities.

8. Leads / networks should establish regular opportunities for the learning and sharing of good practice and the reviewing, learning and sharing of current or any new laws, practices, policies and procedures.

CODE OF PRACTICE LEVEL 2 – RECORD-KEEPING

Introduction

1. This Code sets out the minimum standards and general principles that should apply to all forms, records and registers associated with the decisions about, and the conduct of, infant cremations.

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Sensitivity

3. Documents requiring the signature of next of kin should be worded in such a way as to minimise the risk of additional distress to them.

Security & Privacy

4. Records must be stored and secured in such a way as to ensure any legal right to privacy of the signatory / next of kin.

Accuracy

5. Information pertaining to policies and procedures must be regularly checked to ensure it is accurate and up-to-date.

6. Information pertaining to the policies and procedures of local partners, where applicable, must be regularly checked with them to ensure it is accurate and up-to-date.

Transparency and Accessibility

7. Options available to next of kin, including in relation to ashes recovery and return, must be clearly set out alongside the point in the document that requires their signature.

8. The decisions required and who they are required from should be clearly set out in documentation for next of kin.

9. A copy of any form or record signed by next of kin should be offered them at the time of signing, for their own personal records.

10. A copy of any form or record signed by another party on behalf of the next of kin should be available to next of kin, where possible and where the law allows.

Format

11. All records should be maintained electronically, wherever possible.

12. Forms and documents signed by next of kin should be kept in such a way that the entirety of the form's content and the signature are available.

Retention

13. The formal retention period for records and documents, and how to access them in the future, should be advised to next of kin.

Monitoring, Audit and Assurance

14. All organisations and institutions involved in infant cremations must allow and assist with regular inspection of their premises, personnel, policies, procedures and/or records etc by the individuals or bodies designated by statute for this purpose.

CODE OF PRACTICE LEVEL 2 - FUNERAL DIRECTORS

Introduction

1. This Code of Practice contains the professional standards that funeral directors must uphold in respect to arrangements for infant and child cremation. Funeral directors must act in line with the requirements of the Code, whether they are communicating directly with parents or allied organisations, to ensure consistency of approach.

2. The Code's series of statements aim to set out best practice that puts the needs of parents and families first. Following the Code will provide additional assurance to parents and families that they can place their trust and confidence in the hands of funeral directors.

3. This Code relates primarily to individual infant cremations, but includes where information relevant to shared cremations should be borne in mind. Funeral directors who have an arrangement (eg transportation) with an NHS Health Board regarding shared cremation or burial services should ensure they are adhering to that Health Board's designated required standards.

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Parents

8. Parents must be treated as individuals and the dignity of the deceased must be maintained. To achieve this, funeral directors must:

8.1 treat parents with sensitivity, kindness, respect and compassion.

8.2 ensure trained funeral service staff communicate sensitively with, meet with, listen to and follow the wishes of the parents, allowing time for decision-making based on a clear understanding of eg the choice between burial and cremation and other funeral options, without undue haste or pressure.

8.3 ensure the fundamentals of care of the deceased and the arrangements for the funeral are carried out in accordance with the needs of the parents (clients), within the parameters of the law.

8.4 avoid making any assumptions, check understanding and recognise diversity and individual choice.

8.5 respect the dignity and care of the deceased.

8.6 discuss options (where applicable) with parents for shared cremation.

8.7 organise and personalise the funeral to reflect the wishes of the parents within the parameters of the law.

8.8 offer parents the choice of a private family funeral or the option to open the funeral service to all.

8.9 respect a parent's right to privacy in all aspects of the care of their baby, infant or child.

Ashes

9. A family's decision on whether to cremate or bury can be affected by whether ashes can be retrieved and returned to them afterwards. For this reason, funeral directors must:

9.1 be aware, and advise the family if applicable, that the accepted definition of ‘ashes’ is now ‘all that is left in the cremator at the end of the cremation process and following the removal of any metal’ irrespective of their composition.

9.2 make clear to the family, if there is contact with them, that ashes from shared cremations are scattered together and therefore it is not possible to return ashes in this instance.

9.3 make clear to the family that whilst crematoria will make every effort to maximise the recovery and return of ashes from individual cremations, this cannot be absolutely guaranteed.

9.4 openly communicate all scenarios surrounding the retention and ultimate sensitive disposition of any retained ashes.

9.5 ensure the decision as to whether ashes are returned (if recovered) is made by the parents.

Allied Organisations

10. Funeral directors are recognised as the vital link between other allied organisations and with the parents, therefore it is vital that funeral directors are well-versed and familiar with their procedures following loss of a baby, infant or child. To achieve this, funeral directors must:

10.1 ensure local processes are in place to enable regular contact and discussion with all allied organisations i.e. crematoria, health trusts and boards, NHS and children’s hospices.

10.2 regularly meet with partner crematoria to ensure staff are fully aware of any differing equipment or processes which could affect the possibility of recovery of ashes.

10.3 seek collaboration and communication to ensure clients receive transparent information in order to reach an informed decision eg inclusion of appropriate extracts from cremation authority published policy statements in public facing leaflets.

10.4 care should always be taken if organ retention or further testing is required and factored into the timing of the service.

Training and Administration

11. Funeral directors must:

11.1 have the knowledge of how the selected crematorium carries out pre and post 24 week gestation, stillbirth and infant cremations.

11.2 ensure staff are trained according to the requirements of the Code of Practice.

11.3 ensure a full copy of all signed documentation is given to parents.

11.4 ensure that parents (the client/applicant) review and sign the appropriate cremation documentation accordingly.

11.5 ensure accurate records are maintained and retained.

11.6 not dispose of ashes until 14 days have passed after instructions have been received, unless otherwise instructed.

CODE OF PRACTICE LEVEL 2 - CREMATORIA

Introduction

1. This guidance relates to the single cremation of infants and babies (i.e. not shared cremations). This guidance forms part of the overarching Code of Practice for infant cremation in Scotland.

2. All Cremation Authorities will ensure that they have published, and are compliant with, the agreed policy statement on infant cremation, issued to them by the National Committee on Infant Cremation.

3. The purpose of this guidance is to set down recommendations on approaches cremation authorities should use to maximise the recovery of any ashes in the cremation of an infant or child, where 'ashes' is defined as 'all that is left in the cremator at the end of the cremation process and following the removal of any metal."

Practices for maximising the recovery of ashes:

4. All crematoria in Scotland should use baby trays, wherever practically possible, to maximise the recovery of ashes when cremating an infant or baby. Baby trays should be of robust construction to minimise buckling and scaling in the course of use, and should enable easy collection and removal of ashes. Cremation authorities must conduct a risk assessment on the use of baby trays, and ensure staff involved in the handling of baby trays have been appropriately trained and are aware of best practice.

5. In instances where a baby tray cannot be used eg a coffin is too large to fit into the tray, the technician must apply additional care and vigilance in order to maximise the recovery of any ash.

6. Baby trays should be used in conjunction with other methods for maximising the recovery of ashes, including:

6.1 Manufacturer pre-programmed infant settings, or equivalent manual settings, must be used to restrict or eliminate the introduction of turbulent air into the primary chamber. There should also be minimal use of the primary chamber burner in order to create the best conditions possible for the recovery of ashes. Vigilance must be maintained, with manual adjustments of air and burner made when necessary in order to maximise the recovery of ash. Advice should be sought from manufacturers/suppliers on the use of settings, and the age/weight/size of babies and infants where such settings should no longer be used.

6.2 Cremation of infants and babies at the end of the day, and cooling the tray containing ashes outside of the cremator overnight is acceptable, provided a risk assessment is conducted. Cremation authorities are advised to refer to their manufacturer for operational information before leaving ashes to cool within the cremator overnight, as in many instances the automatic introduction of turbulent cooling air during the close down process could result in fragile ash being lost.

6.3 The coffin and baby tray should be placed just inside the cremator at the charge door end. Where possible the coffin and baby tray should be in view throughout cremation, so the process can be monitored.

6.4 In order to maximise the recovery of ashes, any ash resulting from cremation of an infant or baby should be appropriately processed, but not using a standard, adult cremulator.

6.5 Where the above approaches are adopted it is expected that the recovery of ashes will be maximised.

6.6 Baby cremators are not considered necessary to maximise the recovery of ashes, provided the other approaches recommended above are followed. Cremation Authorities are however free to use baby cremators if they so wish.

Monitoring and Assurance

7. Cremation Authorities will be expected to follow the above practices for all infant and baby cremations.

8. In any rare instance of non-recovery of ashes, Cremation Authorities will have management plans in place that ensure a review of the cremation process is undertaken to understand why this was the case. The management plan will include notifying the Inspector of Crematoria within 48 hours of the situation occurring. The outcome of the review will be documented and will be available to next of kin and to the Inspector of Crematoria.

9. No crematoria can conduct infant cremations unless crematoria staff have been specifically trained and certificated by either the Institute of Cemetery and Crematorium Management (ICCM) or the Federation of Burial and Cremation Authorities (FBCA).

10. In addition, all crematoria must adhere to the requirements of SEPA permits, and all crematoria will be inspected by SEPA at regular intervals.

11. Professional guidance and training from professional membership bodies, including the Federation of Burial and Cremation Authorities (FBCA) and the Institute of Cemetery and Crematorium Management (ICCM) reflects the above guidance.

12. The Inspector of Crematoria will, in the course of inspections of crematoria, assess compliance against these above recommendations and requirements.

References

ICCM Crematorium Technicians Training Scheme information can be found at: http://www.iccm-uk.com/iccm/index.php?pagename=training

ICCM Policy and Guidance on the Sensitive Disposal of Fetal Remains can be found at: http://www.iccm-uk.com/iccm/library/FetalRemainsPolicyNOV2014ReviewFINAL.pdf

ICCM Baby & Infant Funerals Policy can be found at: http://www.iccm-uk.com/iccm/library/BabyandInfantFuneralsNovember%202014.pdf

FBCA "TEST" Training and Examination Scheme for Crematorium Technicians, revised July 2015 – Available to all current and future trainees registered under the FBCA training scheme.

FBCA "A Guide to Cremation and Crematoria" Instructions to Funeral Directors.

FBCA "A Guide to Cremation and Crematoria" Questions People Ask About Cremation.

CODE OF PRACTICE LEVEL 2 - NHS

These Guidelines form part of, and align with, the content and structure of the national Code of Practice documents developed and maintained by the National Committee on Infant Cremation: http://www.gov.scot/Topics/Health/Policy/BurialsCremation/NCIC/CoP

These Guidelines are applicable to:

- *all pregnancy losses< 24 weeks occurring in hospital, stillbirths and infant deaths (to circa 1 year of age).*
- *situations where the loss / death and the cremation occurs in Scotland*
- *all NHS Scotland staff and premises*
- *all cremation options arranged or supported by NHS Scotland (eg shared cremations individual cremation without funeral service; individual cremation with funeral service; advice and support on privately arranged funerals).*

These Guidelines are not applicable to:

- *the clinical measures and procedures involved in pregnancy losses, stillbirths and infant deaths.*
- *options other than a) cremation and b) pre-24 week gestation shared burial, although it is recommended any such other options are recognised in relevant documentation.*

1. Sensitivity

- The pregnancy loss / deceased infant, their family and their friends must be treated with respect, dignity and sensitivity at all times

- All documentation and discussions on cremation must be tailored to the different circumstances in which, in particular, a pregnancy loss may occur.

- Patients, parents and next of kin must be able to make fully-informed decisions on the cremation options available to them, although additional steps aligned with person-centred care may be required to minimise any additional distress this may cause, acknowledging that these will be difficult conversations.

2. Contracts

- Arrangements between NHS, funeral director and/or crematorium must be set out within a formal written agreement that should be made available to anyone on request. At a minimum, the agreement must include:
  - confirmation that all parties adhere to National Committee Code of Practice documentation (Levels 1 and 2) and CMO/CNO guidance
  - any / all applicable costs to all parties
  - timescales in relation to transportation and cremation
  - for shared cremations, maximum number of pregnancy losses per container and per cremation
  - Suggested good practice would be to have the following representation on groups which develop the written agreement:
    - NHS clinical lead for early pregnancy care
    - Contract/procurement representative
    - Mortuary representative
    - Funeral Director representative
    - Crematorium representative
    - Spiritual advisor /bereavement / SANDs/miscarriage association representative or similar

3. Cremation-related documentation for patients / parents

- All documentation must reflect the new 'ashes' definition of "all that is left in the cremator at the end of the cremation process and following the removal of any metal", irrespective of the composition of the ashes

- All documentation must make clear that the policy of cremation authorities is to maximise the recovery of ashes, whilst noting that in exceptional circumstances ashes may not be available and parents may therefore wish to make their own private burial arrangements

- All documentation should include any other appropriate extracts from the applicable Cremation Authority's policy statement, in order to support and maintain consistency of information available to patients / families.

- A copy of any such documentation must be offered / provided to the patient / parent to take away with them, particularly any signed documentation.

4. Record Keeping

- Whilst the official record of the cremation is the responsibility of the cremation authority, patient records in respect of shared cremation must be maintained in accordance with the CMO & CNO Guidance on the Disposal of Pregnancy Loss Up To and Including 23 Weeks and 6 Days Gestation, issued 17 April 2015.

- Records must be managed in accordance with the National Committee's Code of Practice Level 2 Guidelines on Record-Keeping.

5. Training, Monitoring and Continuing Professional Development

- Every Health Board must designate a lead officer to work with other Health Boards to support, promote and review the regular sharing, learning and implementation of best practice in the area of infant cremation and sensitive disposal of pregnancy loss

- Designated leads must report back to the National Committee on Infant Cremations, on request, regarding their Health Board's progress

- All staff must undertake relevant training to ensure their own knowledge and skills remain up-to-date.

- All Health Boards and staff must ensure they adhere to the National Committee's Code of Practice Level 2 Guidelines on Training and Communication.

ANNEX

CODE OF PRACTICE - DEFINITIONS

For the purposes of this document, the following definitions apply:

Signatory / Applicant

Application forms and other documentation must be signed by the person who has the legal right to do so. In most instances, this will be the nearest relative, although the law may recognise other persons, depending on the particular form or documentation.

Nearest relative

The 'nearest relative' is a legal definition, set out within Sections 46 and 47 of the Burial and Cremation (Scotland) Bill. This sets out a list of people who can be regarded as the nearest relative in different situations.

Next of kin

The Code recognises that, regardless of who may be the official signatory or nearest relative, decisions will often be the result of discussions between several or many relatives of the child (see 'child' definition below). The term 'next of kin' is used to generally refer to the relatives involved in these discussions.

Ashes

Lord Bonomy defined ashes as 'all that is left in the cremator at the end of the cremation process and following the removal of any metal'. This definition has been retained throughout the Code. To note that this differs substantively in wording, but not in its meaning or effect, from the legal definition set out in Section 36 of the Burial and Cremation (Scotland) Bill, as follows:

'(1) In this Act, "cremation" means the reduction to ashes of human remains by the burning of the remains and the application to the burnt human remains of grinding or other processes.

(2) In this section—

"ashes" does not include metal,
"coffin" includes any type of receptacle,
"human remains" includes, where remains are clothed, in a coffin or with any other thing, the clothing, coffin or other thing.'

Shared cremation

Shared cremations are only for the cremation of pre 24 week pregnancy losses, and must be conducted as set out within Section 50 to 55 of the Burial and Cremation (Scotland) Bill and in accordance with relevant Guidance from the Chief Medical Officer and Chief Nursing Officer for Scotland. Whilst the general standards and principles within these Code of Practice documents do encompass shared cremations, the restricted provision of this type of cremation means there are some sections of the Code where they are explicitly excluded.

Infant cremation

For reasons of clarity and brevity, the term ‘infant cremation’ is used at points within the document to encompass cremations relating to all of the below circumstances.

Child / infant

For reasons of brevity and of sensitivity, the term ‘child’ or ‘infant’ is used at points within the document to encompass all of the below circumstances.

Pregnancy loss

A pregnancy loss is delivered at less than 24 weeks’ gestation, and has shown no signs of life on delivery.

Stillbirth

A still-born is delivered at 24 weeks’ gestation or more, and has shown no signs of life on delivery.

Neo-natal death

A death which occurs after the birth and within the first 28 days of life.

Infant death

A death which occurs after 28 days and before the end of the first year of life.

This publication is available at **www.gov.scot**

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St Andrew's House
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ISBN: 978-1-78544-861-4 (web only)

Published by The Scottish Government, November 2015

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS59311 (11/15)