

**[DOH ADMINISTRATIVE ORDER NO. 2010 - 0033,
December 06, 2010]**

**REVISED IMPLEMENTING RULES AND REGULATIONS OF PD 856
CODE ON SANITATION OF THE PHILIPPINES CHAPTER XXI
"DISPOSAL OF DEAD PERSONS"**

I. RATIONALE

Embalming is the process of cleaning, disinfecting and treating the dead human body with chemicals to delay its decomposition after death, so as to provide time for viewing and mourning before the final disposition. In ancient times, embalming was done for religious reasons. During the American Civil War, it was done to preserve the bodies of soldiers so they could be brought home for burial by their families. Today, embalming is considered a science and an art. It is not only done to delay natural decomposition but also to restore the pleasing appearance as family and friends say their last farewells. Likewise, the procedure is significant for preservation of evidence that could be used in medico-legal cases.

Over the past decades, practices involving disposal of the dead have undergone profound transformation, not only in the Philippines but worldwide. These changes requires revision of the subject implementing rules and regulations to improve the quality of embalming practice in the country to become globally comparable with other countries. Embalmers today are therefore, looked up to, because of the significant services they render including counseling assistance to bereaved parties.

The Department of Health created the Committee of Examiners for Undertakers and Embalmers (CEUE) to regulate the practice of embalming in accordance with the provisions of the Code on Sanitation of the Philippines (PD 856) and Executive Order No. 102 s.1999. The issuance mandates the committee to ensure that only qualified individuals enter the regulated profession and that the care and services which the embalmers provide are within the standards of the practice.

This revised Implementing Rules and Regulations (IRR) shall adopt among others, the current trends and modern practices of embalming towards competence and globally competitiveness of the profession, hence improve the quality of health service delivery.

II. OBJECTIVES

General: To update the standards in the disposal of dead persons.

Specific:

1. Upgrade the quality of services accorded to dead persons;
2. Recognize the specific offices responsible relative to the disposal of dead persons;
3. Instill the essence of compassionate service among those responsible for care of dead persons.

III. SCOPE

This implementing rules and regulations shall apply to all embalmers, accredited embalming training institutions and training providers public and private burial grounds and other similar institutions operated by government agencies or instrumentalities including government – owned or controlled corporations, private organization, firms, individuals or other entities.

IV. DEFINITION OF TERMS

To provide the implementers / stakeholders a common frame of reference in the interpretation of these rules and regulations, the following terms as used in this Order are herein defined.

1. Burial – This refers to the interment or burying of the remains of a dead person in a grave or tomb.
2. Code – This refers to the Code on Sanitation of the Philippines, PD # 856
3. Committee – This refers to the Department of Health Committee of Examiners for Undertakers and Embalmers (CEUE)
4. Death Certificate – This refers to a legal document certifying the death of a person issued by the attending physician or in his/her absence, by the city/municipal health officer or other duly authorized government official, using the prescribed form.
5. Dead – This refers to a person exhibiting one or more of the following signs and observations:
 - Irreversible absence of pulse and respiration
 - Total absence of brain activity
 - Cooling of the body to well below normal temperature, 35°C or less after 6 hours (algor mortis)
 - Pooling of blood in dependent (lower) parts giving the skin a red coloration in those areas (livor mortis)
 - Stiffening of the body due to rigor mortis

- Sunken and cloudy eye balls
- No moisture appears on a mirror placed near the mouth

6. Department – This refers to the Department of Health (DOH)

7. Embalming – This refers to the process by which a dead body is sanitized, preserved and restored before final disposition through the application, injection or introduction of any chemical substance, drug or herb internally and/or externally.

8. Embalming Facility – This refers to a place authorized by law where dead bodies are embalmed and prepared for final disposition.

9. Embalmer – This refers to a person duly licensed by the DOH to embalm dead bodies

10. Extreme Case – This refers to an exceptionally difficult situation with one or more of the following conditions:

- Absence of a doctor
- Far flung area
- Mass casualty incidence
- Mass burial
- Absence of relatives

11. Funeral Establishment – This refers to a place authorized by law offering funeral services, chapels and embalming facilities for a deceased person for burial or cremation.

12. Health Certificate – This refers to an official written certification issued by the city or municipal health officer to a person employed in a funeral establishment or other related service after passing the required physical and medical examinations.

13. Local Government Unit (LGU) – This refers to a local political subdivision; the province, city, municipality or barangay.

14. Local Health Authority – This refers to the official or employee responsible for the application of a prescribed health measure in a local political subdivision. For a province, the local health authority is the governor and for a city or municipality, the local health authority is the mayor.

15. Local Health Officer – This refers to the officer heading the health team of the local health authority; the provincial, city or municipal health officer.

16. Morgue – This refers to a place in which dead bodies are temporarily kept pending identification, autopsy and/or removal for final disposition.

17. Regional Director – This refers to the DOH official heading the Regional Health Office or the Center for Health Development (CHD).

18. Sanitary Engineer – This refers to a person duly registered with the Board of Examiners for Sanitary Engineers (Republic Act 1364) and who heads the Sanitation Division/ Section/Unit of the provincial, city or municipal health office or rural health unit or employed with the Department of Health or its regional health offices.

19. Sanitation Inspector – This refers to a government officer, employed by the national, provincial, city or municipal government, who enforces sanitary rules, laws and regulations and implements environmental sanitation activities under the supervision of the provincial/ city/ municipal health officer/ sanitary engineer.

20. Sanitary Permit – This refers to a written permission or certification of the city or municipal health officer or in his absence, the chief or head of the sanitation division/ section/ unit, that the establishment complies with existing sanitation requirements upon evaluation or inspection conducted in accordance with Presidential Decree No. 522 and 856 and local ordinances.

21. Undertaker – This refers to a person who practices undertaking.

22. Undertaking – the care, transport and disposal of the body of a deceased person by any means other than embalming.

V. GENERAL GUIDELINES

Article I

Sanitary Requirements in Establishments and Operations

Section 1: Burial Ground Requirements

1.1 The requirement for a death certificate before burial may be waived in the case of special circumstances when the death certificate cannot be issued in time. These includes but are not limited to:

1.1a The deceased died from a dangerous communicable disease and must be buried within 12 hours

1.1b The family members of the deceased have requested immediate cremation without embalming or viewing

1.1c The kin opt for immediate burial

1.1d Religious Beliefs or Tradition, such as Islam or

the Jewish faith calls for burial within 12 hours after death

In these cases, death certificate issuance shall be completed within 12 hours after burial or sanction shall be imposed by the local health authority.

1.2 No remains shall be buried without a burial permit issued by the city/municipality where the burial will take place.

1.3 Funeral parlors or embalming establishments shall not hold unclaimed bodies longer than 60 days or sanction shall be imposed by the local health authority.

1.4 The following are declared as Dangerous Communicable Diseases:

1.4a Hepatitis B and C

1.4b Rabies

1.4c Invasive group A streptococcal infections

1.4d Transmissible spongiform encephalopathies (e.g. Creutzfeldt-Jakob Disease or CJD and mad cow disease)

1.4e HIV/AIDS

1.4f Meningococemia

1.4g Viral hemorrhagic fevers (e.g. African Ebolas, Lassa or Marburg)

1.4h Yellow fever

1.4i Plague

1.4j SARS

1.4k Other communicable diseases that shall be declared by the Department of Health

It is recognized that viral hemorrhagic fever, yellow fever, plague and SARS are not found in the Philippines at this time but they may be brought in at any time by travelers.

1.5 The following are the requirements when the cause of death is dangerous communicable disease:

1.5a The remains shall be placed in a plastic cadaver bag or other durable, airtight container at the point of death and a biohazard tag attached, provided, that, this container shall not be opened