

## **Policy Statement Relating to the Cremation of Non-Viable Babies, Stillborn Babies and very young deceased Babies**

This Cremation Authority wishes it to be known that it considers the interests of the bereaved family and the baby or infant left in our care to be the central focus of our attention. This will be reflected in all of our administrative and operational practices and procedures.

### **Definition of ‘ashes’**

Whilst our employees might use the terms ‘ashes’ and ‘cremated remains’ we deem these to be one and the same and defined as *‘all that is left in the cremator at the end of the cremation process and following the removal of any metal’*. There might be a small number of cases where there are no ashes remaining at the end of the cremation process. If this is the case our staff will contact the Applicant for Cremation and advise them of this.

### **Maximising the recovery of ashes during cremation**

We have developed an approach to the cremation of babies and infants that is designed to maximise the recovery of ashes. This includes the use of a cremation tray designed to retain ashes where practicable, and the maintenance of operational conditions that will minimise the loss of any ashes during the process of cremation. It should be noted that to allow the use of a metal baby tray, the external dimensions of the coffin cannot exceed 33” (838mm) lengths and 17” (431mm) wide.

Our staff will be vigilant during the cremation process and adjust operational conditions when necessary in order to protect the ashes of babies and infants and maximise their recovery.

In any rare instance of non-recovery of ashes, we will notify the Inspector of Crematoria within 48 hours and conduct a review of the cremation process to understand why this is the case. The results of this review will be documented and will be available to next of kin and to the Inspector of Crematoria.

We will adhere to our identification procedure that guarantees that the ashes resulting from individual cremations returned to parents are those of their babies.

### **Shared cremations**

Where a shared cremation has been authorised, and hence ashes are not individually identifiable, we will take the same care throughout the cremation process, including steps to maximise the recovery of ashes, and will scatter or bury the ashes within the crematorium’s designated area. The location will be recorded for future reference.

### **Disposal of Ashes**

In relation to the disposal of ashes in the case of a private cremation, this Cremation Authority will only act upon the written instruction of the parent who is acting as the Applicant for Cremation or other person nominated in writing by the parent.

In the case of shared cremations we will only act on the written instruction of the designated person at the relevant hospital, who is acting as the Applicant.

Ashes will be held at the crematorium for up to 6 weeks to await collection by representatives or instructions as to their disposal. Where no further instructions have been received within the six week period, a further fourteen days' notice will be given in writing to the Applicant, following which the ashes will be interred within the grounds of the crematorium should no further instructions have been received.

### **Record-Keeping**

All cremations of babies and infants will be registered at the crematorium, with all information as contained in forms and certificates being retained indefinitely.

If ashes are buried within the grounds of the crematorium the final resting place will be registered. Where ashes are to be collected, the details of any person authorised by the applicant to remove/collect the ashes will be registered.

The policy of this Cremation Authority is designed to provide an audit trail from the receipt of initial funeral instructions to the final disposal of ashes, either by collection from the crematorium or by burial within the confines of the Gardens of Remembrance.

### **Questions or Queries**

If you have any questions or queries about the cremation of your baby, you can speak to:

**Brian William Petrie** (Manager)

Baldarroch Crematorium

Crathes

Aberdeenshire

AB31 5JL

Tel: 01330 844042

## INFANT CREMATION CODE OF PRACTICE 2015 - LEVEL 1

1. The deceased infant, their family and their friends must be treated with respect, dignity and sensitivity at all times.
2. 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.
3. Communication with, and information available to, family and friends of the deceased must be consistent across all involved organisations and institutions.
4. Next of kin must be allowed some time to reflect and, if necessary, make changes to their initial decisions.
5. Next of kin must be provided with a copy of any documentation signed by them.
6. "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.
7. 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.
8. 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.
9. All organisations and institutions involved in infant cremations must regularly review their own procedures and policies to ensure best practice is maintained.
10. All organisations and institutions involved in infant cremations must establish regular sharing and learning of multi-agency and cross-country best practice.
11. All relevant staff must successfully complete relevant, available training before their involvement in discussing, organising or conducting infant cremations.
12. Records must be accurate, clear, accessible and maintained electronically where possible.
13. 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.
14. All organisations involved in infant cremations, and all their existing or new infant cremation policies, codes of practice, guidance, procedures and processes must ensure they adhere to this national Code of Practice, including its Supplementary Guidelines and any accompanying explanatory Notes.
15. All organisations involved in infant cremations must ensure they are and continue to be fully compliant with the law in Scotland, England and Wales.

\* 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.

### **Code of Practice**

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.

### **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 e.g. 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.

### **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 - 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 e.g. 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.

## 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 Bonyon 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.