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**INDUSTRY STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

MZ/T 139-2019

**Embalming Operational Specification
(English Translation)**

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

This standard was proposed by the Ministry of Civil Affairs of the People's Republic of China.

This standard is under the jurisdiction and interpretation of the National Funeral Standardization Technical Committee (SAC/TC 354).

This standard was drafted. Institute 101, Ministry of Civil Affairs, Lotus Mountain Funeral Home, Jinan City, Shandong Province, Nanjing Public Security Bureau Mouth Branch, Beijing Babaoshan Funeral Parlour, Beijing Daxing District Funeral Parlour.

1 Scope

This standard specifies the basic requirements, basic principles, operating procedures and operating methods for anticorrosive operation of remains.

This standard applies to the operation of burial and cremation areas for chemical preservation of corpses, domestic and international long-distance transportation of corpses, and other operations.

The requirements for cryopreservation of remains and make-up of remains are not within this requirement.

2 Normative references

The following documents are essential for the application of this document. For dated references, only the dated version applies to this file. For undated references, the latest version (including all amendments) applies to this document.

GB/T 23287 Funeral terms GB/T 24441 Qualifications for practitioners in funeral services
MZ/T 091-2011 remains preservation service WS/T 367-2012 Medical Institution
Disinfection Technical Specification

3 Terms and definitions

The definitions established in GB/T 23287-2009 and the following apply to this document.

Anticorrosive Embalming Use physical and chemical methods to prevent or slow down the corruption of the remains, to reduce the potential biological hazards of the remains, and to better preserve and Transport to prevent the occurrence of infectious diseases. This includes the operator's personal hygiene protection, the use of preservatives and equipment, the selection of preservative methods and Closure of the corpse wound.

4.1 Object

This anti-corrosion operation is applicable to Class III remains (see Appendix A). Class I remains shall be in accordance with Relevant regulations for Class A infectious diseases were sanitized and immediately cremated. For short stays, use a chlorinated solution containing 5000 mg/L of available chlorine.

Venom or 5000 mg/L peroxyacetic acid solution was sprayed to disinfect, and prion remains were disinfected with 40 g/L sodium hydroxide solution. Type II remains should be disinfected with a disinfectant with a medium effect or above, the remains should be packed in a sealed corpse bag, cremated nearby or buried as required. Unsure belongs to the second According to the actual situation, the anti-corrosion operation method of the remains should be carefully selected to ensure that the operator's personal hygiene protection is in place.

Strengthen health and epidemic prevention in terms of sources of infection and transmission routes.

4.2 Facilities

4.2.1

Funeral and interment service agencies shall set up anticorrosion rooms suitable for the anticorrosive work of the remains;

4.2.2

The anticorrosive room shall be sanitary, safe and ventilated;

4.2.3

The anticorrosive room should be equipped with the following basic items and equipment. antiseptic liquid, perfusion suction equipment, arterial hooks, surgical tweezers (non-tooth tweezers, Toothed forceps), tissue forceps, hemostats, tissue scissors, scalpel handles, surgical blades, syringes, puncture needles, needle holders, suture needles, sutures Wire, tissue retractor, ultraviolet lamp, instrument disinfection cabinet, body fluid and excrement disinfection device, air purification and disinfection device.

4.3 Personnel

4.3.1

The anti-corrosionist should have a technical secondary school or higher education in funeral,, or other related disciplines, or meet the "8 heritages in GB/T 24441-2009" Technical Requirements for Physical Antiseptics ".

4.3.2

Master basic knowledge in chemistry and anatomy, participate in professional knowledge and skills training, and continuously improve professional quality and professional practice Work skills.

4.4 Disinfection and sanitation protection

4.4.1

The disinfection of the anticorrosive room of the remains shall refer to "9 Disinfection of Moderately Hazardous Materials" and "10 Low-level Hazards" in WS/T 367-2012.

"Disinfection of sexual articles" is required.

4.4.2

Anti-corrosionists should establish self-protection concepts, improve personal protection level, wear protective clothing, protective glasses, masks, rubber hands Sanitary protective articles such as covers, shoe covers; master the performance, role and use of disinfectants and preservatives; master the remains, instruments and equipment and environmental protection Environment disinfection methods and precautions.

5.1 Safety protection principles

Operators should avoid direct contact with corpse organs and body fluids.

5.2 Closed wound principle

All open wounds are closed.

5.3 The principle of operating as small as possible on the basis of convenient and effective operation, the length of the incision in the corpse should be reduced as much as possible.

5.4 Tissue incision and suture principles

The skin incision should be combined with the skin texture and tissue structure, and no extravasation of body fluids should occur after suture, and there should be no obvious wrinkles in the suture mouth.

6 Basic process of anticorrosive operation

- a). Initially assess the status of the remains, conclude an agreement, and fill in the "Records of Anticorrosive Operation Records" (see Appendix B);
- b). Thawing the remains;
- c). Select the appropriate perfusion method. Remains can be stored within 7 days, and only one can be selected from cardiovascular perfusion methods. Long-term remains Remains that are preserved or need long-distance transportation should be supplemented reasonably by intraluminal injection and local injection according to the actual perfusion effect.
- d) cleaning the remains and cutting the skin and subcutaneous tissue of the perfusion site;
- e) After the perfusion blood vessel is exposed, it should be carefully peeled off, and it can be peeled up and down, free 1 cm-3 cm to make it fully exposed;
- f) Transversely cut the blood vessel with a length of about 1/3 to 2/3 of the circumference of the blood vessel. Insert a 2 mm to 4 mm perfusion tube to the proximal end and ligate the silk thread.

Fix the catheter, insert another outflow catheter to the distal end, and ligate the catheter with a silk thread. The insertion depth of the perfusion catheter and the outflow catheter is 3 cm to 15 cm, pay attention to whether the intima of the blood vessel is separated during insertion to prevent insertion into the dissection of the blood vessel wall. Transcardiac injection Inject 20 mL of air into the device, and after confirming that the blood vessels are unobstructed, input the remains to preserve the antiseptic solution;

- g). Observe whether the proximal and distal ends of the catheter have any liquid overflow. When perfusion to the proximal end, the distal end has a little less blood than the perfusion volume.

When the color of the outflow blood gradually fades, and the color of the antiseptic liquid is