

# Consultation and risk summary

For the Discussion Paper – Management of Public Health Risks Associated With Morgues in Western Australia

June 2018

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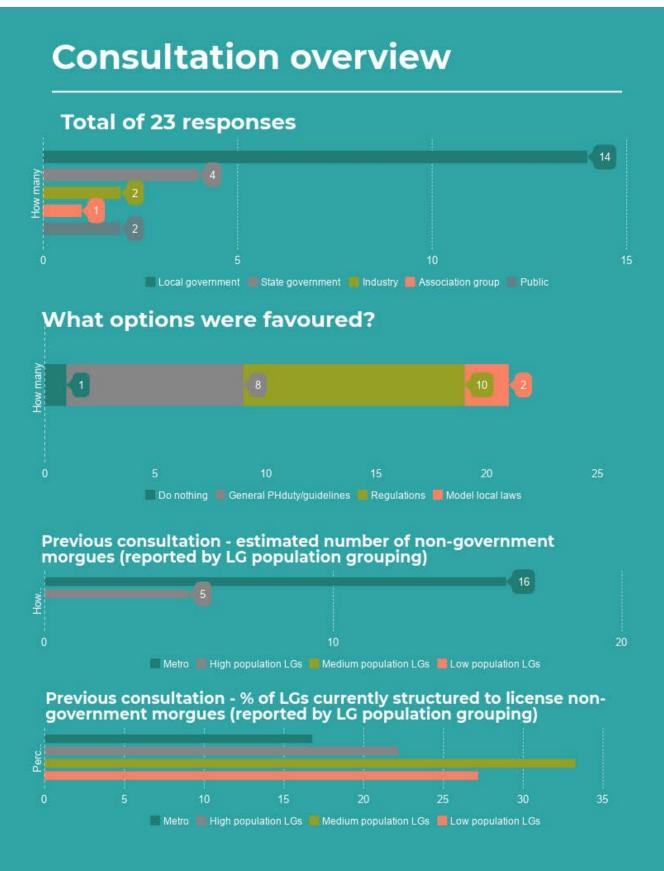
#### **Executive Summary**

This paper has considered non-government morgues in Western Australia. This represents premises of industry or private citizens operating as transport and/or temporary storage facilities for the deceased.

The stakeholder consultation has demonstrated that there is significant support for a legislative management solution to regulate the operation of morgues in Western Australia. A combination of the general public health duty, a relevant Guideline, the *Cemeteries Act 1986* and model local laws should provide a robust solution for this issue. The lack of significant health risk associated with the practices in this issue suggest that the development of any further subsidiary legislation relating to the operation of morgues would be unmerited.

A Guideline for the Management of the Operation of Morgues for use by local government agencies and other stakeholders will be developed by the Department of Health as the primary guidance material to assist in the management of morgues. The Department will also make a recommendation to develop model local laws specific to the management and operation of morgues under either the *Cemeteries Act 1986* or the *Local Government Act 1995*. This option would allow local governments to autonomously manage the public health risks yet achieve a degree of standardisation through the adoption of the model local laws. The DOH will seek to draft the model local laws in consultation with local governments.

#### **Consultation Summary**



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#### Background

The Discussion Paper Management of Public Health Risks Associated with Morgues in Western Australia was released in September 2017. The discussion paper assessed the overall risk to public health from the operation of morgues and rated the risk as **very low**. While this type of risk rating would not typically require any form of regulatory structure, the status quo in Western Australia is that several local governments currently prescribe a fee and set conditions relating to the licensing of morgues provided by Sections 133 and 134(45) of the Health (Miscellaneous Provisions) Act 1911.

The Department of Health had previously determined in 2016-2017 that a number of morgues were licensed across various local government jurisdictions in Western Australia. This information was gathered as part of the optional reporting of operational matters under the *Public Health Act 2016.* Local government authorities were invited to provide information relating to the operation of morgues in their jurisdiction, with 55 responses received from a total of 139 local government authorities.

The Discussion Paper outlined that there were several methods under which local government authorities could continue to regulate the operation of morgues in their jurisdictions and listed four management options. Of these four listed options, three of them (Option A, B, and D) did not include additional legislation under the *Public Health Act 2016*. One of the alternatives provided an option where regulations under the *Public Health Act 2016* would be developed. The discussion paper was released in order to obtain stakeholder feedback on these listed options. The four options for managing public health risks associated with morgues were:

- Option A: Do nothing. The provisions of the Health (Miscellaneous Provisions) Act 1911 related to morgues will be repealed at stage 5 of implementation of the Public Health Act 2016. Local government may rely on the general public health duty under the Public Health Act 2016 and could continue to make local laws related to morgues under the Local Government Act 1995 if they so desire.
- Option B: Rely on the general public health duty and issue a Code of Practice or Guideline outlining the acceptable practices for managing the public health risks related to morgues. Local governments may also continue to make local laws under the *Local Government Act 1995* if they so desire to the extent they are not inconsistent with any Code of Practice or Guidelines prepared by the Department.
- Option C: Develop new regulations for morgues in WA. New regulations for the temporary storage of human remains and the content of the current health local laws could be developed to ensure consistency across WA.
- Option D: Develop provisions regarding morgues to be included in model health local laws for local governments in WA. While it will be very difficult to achieve consistency across WA, as not every local government will necessarily choose to make local laws, experience has shown that those that do adopt will generally use the model laws provided.

#### **Current management of morgues**

#### Part IV, Division 8 of the Health (Miscellaneous Provisions) Act 1911

In WA local governments may currently licence morgues, with exemptions for any hospital and police or local government morgue, under the *Health (Miscellaneous Provisions) Act 1911*. The Act does not prescribe any requirements that must be met but it is expected that local governments issuing licences would require compliance with structural and storage temperature requirements as section 133 and 134(45) allow conditions to be applied to the licence. Any new morgue would also require planning (development application) and building (building permit) approval from the local government.

A temporary morgue can also be a facility not designed and constructed as a morgue but used as such in an emergency because there is no alternative available. It can also be a family home, when a deceased person is to be kept at home, prior to the funeral, for cultural reasons. Family homes are not currently captured by the *Health (Miscellaneous Provisions) Act 1911* where the person died in the home.

In 2016/17 the Department of Health surveyed local governments in WA to determine how many local governments were using the provisions of the *Health (Miscellaneous Provisions) Act 1911* to manage morgues in their jurisdiction. Responses were received from 41 of 139 local governments, 10 of whom advised that they licence morgues in their jurisdiction. This data was extrapolated to estimate that only twenty four percent of local governments are managing morgues using the provisions of the *Health (Miscellaneous Provisions) Act 1911*.

#### The Cemeteries Act 1986

The *Cemeteries Act 1986*, administered by the Metropolitan Cemeteries Board (MCB), provides for the declaration and management of cemeteries, the establishment, constitution and functions of cemetery boards and the licensing of funeral directors. In accordance with that Act all cemeteries must be managed by a cemeteries board. In the metropolitan area this is the Metropolitan Cemeteries Board and outside the metropolitan area, the local government exercises that duty and has all the powers conferred on a board by the Act.

In accordance with the *Cemeteries Act 1986* a person cannot conduct a funeral at a cemetery unless they hold a licence or a permit issued under that Act by the relevant cemetery board. In order to be granted a licence or a permit, the applicant must have suitable facilities and equipment for handling and storing dead bodies and conducting funerals. The Act also provides boards with the power to inspect those facilities and equipment at any reasonable time. Where a board considers that a licence holder does not have the required facilities or equipment, it may revoke or suspend the licence.

All local governments with a cemetery within their jurisdiction not captured by the Metropolitan Cemeteries Board were contacted by Department of Health staff to determine whether they were managing those cemeteries in accordance with the requirements of the *Cemeteries Act 1986*. All local governments confirmed that they were.

#### Local Laws

Local Governments can make local laws under the *Health (Miscellaneous Provisions)* Act 1911 and the *Cemeteries Act 1986* that may require such things as;

- The conditions on which such licences may be granted, for example -
- o Impervious finish of walls, floors and fixtures
- o Adequate ventilation
- o Temperature requirements for storage of human remains

#### Summary of previous consultation with local government

Local government is a significant stakeholder with respect to any health issues surrounding the health requirements and regulation of morgues. Local Government Authorities were surveyed on the following considerations in 2016/2017:

- 1. the number of morgues in their jurisdictions (Summary results are provided in Table 1);
- 2. whether they licensed morgues in their jurisdictions (Summary results are provided in Table 2);
- 3. whether they believed that there was a need for public health legislation on nongovernment morgues (Summary results are provided in Table 3); and
- 4. whether they believed that there was a need for public health legislation on the temporary storage of a body in a premise that is not a premise of a funeral director (Summary results are provided in Table 4).

Region	No. of non-government morgues reported	Projected Total
metro LGs	7	16
country mid population LGs	2	5
country low population LGs	0	0
country high population LGs	0	0
Total in Western Australia	<b>9</b> (n=52 of 139 LGs)	21

Table 1: Generally - How many non-government morgues are there in your LG? (2016/2017)

Table 2: Generally - Do you license non-government morgues? (2016/2017)

Region	No. of LGs that license non- government morgues	Projected % Yes
metro LGs	2	17%
country mid population LGs	2	22%
country low population LGs	3	33%
country high population LGs	3	27%
Total in Western Australia	<b>10</b> (n=41 of 139 LGs)	24%

Table 3: Generally - Do you believe there is a need for legislation regarding the temporary storage of a body in a temporary morgue? (2016/2017)

Region	No. of LGs that believe that legislation is required for temporary storage of a body	Projected % Yes
metro LGs	7	64%
country mid population LGs	7	87%
country low population LGs	6	86%
country high population LGs	8	73%
Total in Western Australia	<b>28</b> (n=37 of 139 LGs)	76%

The projected percentages from Table 3 suggest that local government authorities in general consider that morgues and bodies of the deceased should be regulated by legislation. The Optional reporting results suggest that each local government currently has a different consideration in managing non-government morgues in their jurisdiction though only 24.4% are currently managing them using the licensing provisions provided by the *Health (Miscellaneous Provisions) Act 1911*.

#### **Objectives**

The key objectives for consulting on the management of public health risks associated with morgues in Western Australia were to:

- 1. manage public health risks associated with the temporary storage of human remains in morgues;
- 2. seek input on the manner of achieving objective 1, by offering a choice from four options;
- 3. provide an opportunity for stakeholders to comment on the issue.

#### Methodology

#### Methods for providing feedback

The Discussion Paper was distributed to a large stakeholder network. The stakeholder distribution was identified as having the most relevant cross-sectional interests in the management of non-government morgues in Western Australia. The stakeholder network can be viewed in Appendix 1.

Stakeholders were provided a link to the Department of Health's corporate website <u>www.health.wa.gov.au</u> directing the respondent to provide feedback by one of three methods:

- 1. Completing the questions on the online citizen space survey (see Appendix 2)
- 2. Submitting a personalised response by emailing the <u>publichealthact@health.wa.gov.au</u> email address
- 3. Writing a letter addressed to the Environmental Health Directorate.

In all of these alternative methods, stakeholders were encouraged to identify at least one of the options A-D as specified in the Discussion Paper.

#### **Summary of responses**

Respondents were advised that all information provided was confidential and would not be reported publicly. A total of **23** responses were received from various stakeholder groups.

Stakeholder	Responses
Local government	14
State government	4
Non-government organisation	0
Industry or small business	2
Association group	1
Public	2
Other	0
Total	23

While the number of responses received was not overly large at 23, a fair representation of the cross-section of the various stakeholder groups was achieved.

#### Summary of all responses individually

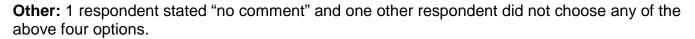
Respondents were asked to choose between 4 possible legislative options for the future. A summary of Options A-D expressed across all respondents was as follows:

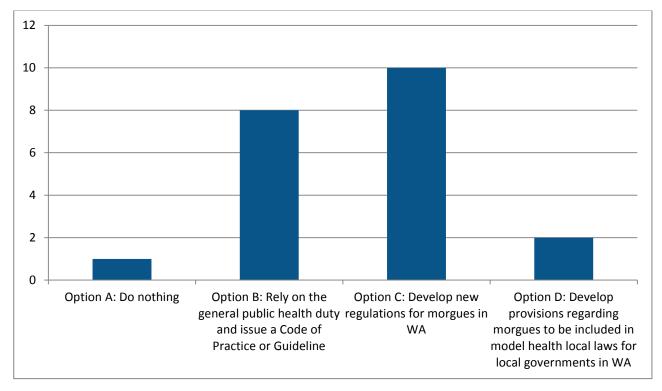
Option A: Do nothing. 1 respondent chose this option.

Option B: Rely on the general public health duty and issue a Code of Practice or Guideline. 8 respondents chose this option.

#### Option C: Develop new regulations for morgues in WA. 10 respondents chose this option.

Option D: Develop provisions regarding morgues to be included in model health local laws for local governments in WA. 2 respondents chose this option.



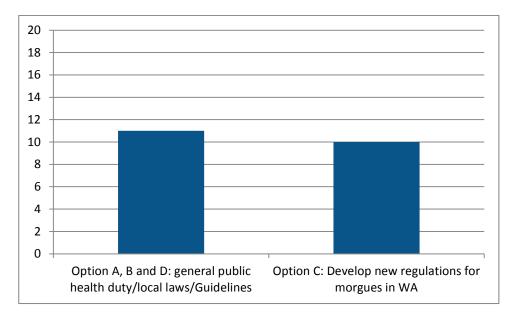


#### Summary of grouped responses relating to the option to develop Regulations

One of the considerations of the consultation summary was determining whether a strong stakeholder sentiment for the management of non-government morgues would require the development of public health regulations despite an overall risk rating that was deemed as very low. In assessing the level of sentiment towards the development of regulations under the *Public Health Act 2016*, the considerations for Options A, B and D can be grouped and directly compared against the Option C considerations:

Option A, B and D: general public health duty/model local laws/Guideline/Code of Practice. 11 respondents

Option C: Develop new regulations for morgues in WA. 10 respondents.



#### **Key observations**

In reviewing the absolute numbers from the returned surveys, there is a similar overall level of support for both Option B and Option C with a slight majority evident for Option C.

There is a similar overall level of support for the development of regulations when compared to the level of support for using available methods including the general public health duty with a Code of Practice/Guidelines.

The major stakeholder groups that supported the development of regulations were state government and industry. The distribution of support is understandably weighted towards regulation development, where comments from industry bodies favoured maintaining consistent best practice requirements across jurisdictions.

Option B – General public health duty plus Code of Practice/Guidelines is supported by several local governments and a business advocate.

Option C – Support for the development of regulations was observed from state government departments and agencies, two funeral directors and their association and several local governments.

Option A and D – Local government and members of the public supported these options.

Of particular interest in considering stakeholders is that the support from local government is spread across the four options that were presented.

Comments provided by respondents raised a number of points of concern, some of which are listed below and can be addressed in future:

- burial in shrouds, not coffins may require additional controls;
- funeral services to be conducted in non-traditional venues may be requested;
- temporary storage of bodies at home or in places other than the morgue of a funeral director; and
- handling and transport of the deceased in non-commercial situations.

Generally the free-text comments of respondents can be grouped into two categories.

- Stakeholders that have had no previous concerns with the current operation and management of morgues cannot see any specific reason why public health regulations would be needed for the low level of risk. Most of the comments of stakeholders in this category are of the opinion that if circumstances did require regulatory intervention, then a Code of Practice or a Guideline should be able to provide the necessary direction for management strategies. The major stakeholder group that held views in category 1 are local government.
- 2. Stakeholders that have concerns about a lack of standardisation including an overall concern about industry practices without formal regulations. There is also some specific concern in this category mostly in regard to hygiene issues where some operators may not always voluntarily achieve the levels of best practice that are achieved across other sectors of the industry. The major stakeholder groups that held views in category 2 are state government and industry.

While many of the category 2 concerns about hygiene issues are based on anecdotal evidence of existing industry practice, outcome-based evidence of specific health issues leading to an increased risk environment across the industry is not available. Furthermore, the provisions of the *Public Health Act 2016* are not prescriptive and may be used by each local authority to initiate corrective action where appropriate through tools under the Act such as improvement notices and enforcement orders. These do not exist under the current legislative structure.

Concerns about the need for standardisation are relevant. Considered alone, however, these are not a justification for regulation. The use of local laws represents an adequate tool to regulate yet may be subject to wide variation across jurisdictions. While regulation may be a suitable tool to achieve standardisation across an industry and across jurisdictions, the publication of model local laws may assist to achieve this purpose.

#### **Discussion**

The Discussion Paper *Management of Public Health Risks Associated with Morgues in Western Australia* determined that the overall risk rating for the operation of morgues as a public health risk is **Very Low**. The Cemeteries Act 1986 ensures that suitable facilities and equipment for handling and storing dead bodies and conducting funerals are provided, whether by morgue operators or any person seeking a permit to undertake reception of a body and preparation for funeral. There is little to no support for the development of regulations based on a risk assessment of the issue. A review of existing non-mandatory industry Guidelines and reference material (see Appendix 3) has been unable to identify issues within the requirements that are critically in need of additional legislation in order to maintain public health standards and avoid public health incidents.

The stakeholder consultation has determined that although there is significant support for a legislative management solution to regulate the operation of morgues in Western Australia, there is no clear majority preference of how this legislative arrangement should be designed. It is also noted that the level of feedback received was small and this made any responses appear to be proportionately significant despite any evidence that of a high level risk. The combination of the general public health duty, a relevant Guideline, the *Cemeteries Act 1986* and model local laws provides sufficiency and this would suggest that the development of any further subsidiary legislation relating to the operation of morgues would be unmerited.

The general public health duty requires that a person must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from

anything done or omitted to be done by the person. Under the *Public Health Act 2016* harm includes activities that may have adverse impacts and effects on a person's physical or psychological wellbeing, whether it is long term or an immediate impact.

The provision of a Guideline sets out the generally accepted practices relating to the risks related to morgues and the handling of the deceased. Under section 34(3) of the *Public Health Act 2016*, a person will not be taken to be in breach of the general public health duty if they are acting in a manner that accords with generally accepted practices. Where a person fails to follow these generally accepted practices, this may be considered a failure to comply with the general public health duty. This may constitute grounds for action to be taken under the *Public Health Act 2016*, including the issuing of an improvement notice or enforcement order. Local governments would also have the ability to prosecute under the *Public Health Act 2016* when a breach of the general public health duty can be demonstrated and supported with evidence.

A Guideline for the Management of the Operation of Morgues for use by local government agencies and other stakeholders will be developed by the DOH as the primary guidance material to assist in the management of morgues. This Guideline would be the main reference document to assist in the management of morgues, supported by model local laws, the general public health duty and any relevant licensing conditions made under local laws. The Guideline could also contain information to establish industry best practice, which could be used to ensure compliance with the General Public Health Duty. Should they wish to, local governments could require mandatory compliance with the guideline by way of a condition of the licence issued under the *Cemeteries Act 1986*. This model also allows for a guideline to be immediately strengthened if emergent practices are identified with a greater risk for the industry than is currently understood.

The DOH will make a recommendation to develop model local laws specific to the management and operation of morgues under either the *Cemeteries Act 1986* or the *Local Government Act 1995*. This option would allow local governments to autonomously manage the public health risks yet achieve a degree of standardisation through the adoption of the model local laws according to their requirements.

The DOH will seek to draft the model local laws in consultation with local governments. The enforcement tools available under Local Government Act local laws include penalties, infringement notices and licensing provisions.

#### Recommendation

The recommendation of this consultation and risk analysis is that the legislative structure for the operation of morgues in Western Australia uses a combination of the general public health duty, the provision of a relevant Guideline, the *Cemeteries Act 1986* and model local laws. This approach will be monitored for five years after implementation and reviewed should a need for further management options be identified.

#### **Next Steps**

The information gathered from the consultation and the recommendation in this report will be considered by the CHO.

#### Appendix 1 – Stakeholder engagement list

The following stakeholders were targeted in communications designed to encourage a submission.

Local Government
138 local governments in WA
Local Government associations
Industry associations
Association of Independent Funeral Directors
The Independent Funeral Directors Association of Australia Inc.
Funeral director associations
Medical associations
Australian Hotels Associations (WA)
Western Australian funeral directors
State Government
Department of Mines, Industry Regulation and Safety – Consumer Protection
Department of Local Government, Sport and Cultural Industries
The Metropolitan Cemeteries Board
Small Business Development Corporation

#### Appendix 2 – Online citizen space questionnaire

Citizenspace is the Department of Health's preferred online community consultation and citizen engagement software. This program was used to ask stakeholders 9 questions, structured around five themes:

- 1. Respondent details
- 2. Legislative Options
- 3. Respondents preferred option and why it is preferred
- 4. Any alternative option, other comments
- 5. Costs and benefits of any proposed alternative option.

A total of **18** responses were received via citizen space.

The 9 questions asked in the questionnaire are outlined below.

Questions 1 to 6 were mandatory and required a response. Questions 7 to 9 did not require a response if the respondent chose not to provide an answer.

#### **Citizenspace questions:**

Introduction

- 1 What is your name?
- 2 What is your email address?
- 3 Please indicate who you represent? Choose one from: Local government; State government; Industry representative; Member of the public; Other.
- 4 What is the name of the organisation you represent? If you are a member of the public please type 'public'.
- 5 Please indicate your preferred option for managing public health risks associated with morgues in WA in order of 1 to 5, with 1 being your most preferred option and 5 being your least preferred option.
- 6 Based on your answer to the previous question, please explain why this is your preferred option.

Alternative options.

- 7 Do you have any suggestions for alternative options that have not been considered in the discussion paper? Please explain your ideas by providing examples of complaints, case studies, data or other useful evidence.
- 8 Do you have any other comments about controlling the public health risks related to morgues in WA? For example, do you have any examples of complaints, health issues or other possible concerns that may need to be addressed into the future that may assist with this review?
- 9 Do you have any comments or advice about costs and benefits of the alternative options?

#### Appendix 3 – Industry Guidelines and reference documents

## Guidelines for the preparation of the deceased for burial and cremation

Guideline	Issue	Alternative
A person who is not a Funeral Director must not retain a body where more than 5 days have elapsed since death.	<ul> <li>A hospital may keep a deceased person for more than 5 days in refrigeration</li> <li>A deceased person may be taken to a residence or place of worship later than 5 days after death</li> <li>Severe decomposition would be apparent with a potential for public health risk after 5 days where a deceased person is not fully embalmed or kept in refrigeration</li> <li>Without proper authorisation from an executor or next of kin, and doctor's paperwork, a body may not be taken from a hospital morgue, which may take more than 5 days</li> </ul>	A hospital or a person who is not a Funeral Director must not retain a deceased body outside refrigeration for more than 48 hours unless it has been fully embalmed by a qualified embalmer. If the deceased body has been fully embalmed, it may not be held by a person other than a Funeral Director for not more than 5 days.
If a full embalming has occurred, removal from refrigerated storage for the purposes of funeral rites for up to four days may be considered.	• After a full embalming, a deceased body will not pose a public health risk until later than four days. More time may be required for religious and cultural funeral rites.	Suggest changing the timeframe to 10 days
The name of - or an identification of - the deceased is clearly and indelibly written on the top surface of the bag or wrapping.	• This can be quite confronting for the family and other members of the public who witness the transfer of a deceased person from a nursing home or residence.	Suggest "The name of, or an identification of, the dead person is clearly and indelibly written on the top surface of the bag or wrapping <i>or a wristband attached to the dead person</i> "
After Funeral Director has completed temporary embalming procedure, or otherwise prepared a deceased body, he/she must place it in a new body bag.	<ul> <li>Body bags are not suitable except where communicable or reportable disease is present or where severe decomposition has occurred. Body bags can encourage oedema, bacterial and fungal growth due to the lack of airflow.</li> <li>After temporary embalming or other preparation, bodies are often placed directly into a coffin or casket.</li> </ul>	Remove this Guideline and replace with prepared a body a Funeral Director must place into a coffin or casket, or onto a new waterproof sheet and back into refrigeration.'
If the body is for repatriation, the coffin should be placed in the wrap.	• Deceased bodies for interstate repatriation are required to be placed in a hermetically sealed container; most efficiently this will be in a hermetically sealed body bag. For international repatriation, the body must also be placed in a sealed metal liner.	Suggest removing advice around skin of deceased and replace with 'If the body is for <i>interstate</i> repatriation, <i>it must be</i> <i>placed in a hermetically sealed container</i> <i>or bag. If the body is for international</i> <i>repatriation, the body must also be</i> <i>placed in a sealed metal bag or liner.</i> '



## Required Standards for Premises Equipment and Vehicles Please do not print this form double sided

Premises and Member Details	
This application for accreditation applies to:	
Trading Name of firm	
Address of premises	
State	
Is this the member's head office? Yes □	No 🗆
If NO where is the head office located	
State	,
Please advise the registered business name of the Head Office	
Please list all branches held by this member	
Please list all trading names used by this member	



### **Required Standards for** Premises Equipment and Vehicles Please do not print this form double sided

Premises and Member Details				
This application for accreditation applies to:				
Trading Name of firm				
Address of premises				
State				
Is this the member's head office? Yes □ No □				
If NO where is the head office located				
State				
Please advise the registered business name of the Head Office				
Please list all branches held by this member				
Please list all trading names used by this member				

#### Checklist 2015

AFDA has an established policy regarding required standards for premises, equipment and vehicles that all Members must meet.

The criteria for the required standards for premises, equipment and vehicles are outlined below.

#### 1. General Statement

Appropriate standards for facilities and practice in funeral service are necessary to:

- Comply with all local, state and Commonwealth Occupational Health and Safety standards
- Comply with all local, state and Commonwealth public health standards
- Enable funerals to be arranged and conducted in accordance with the needs and wishes of client families

#### 2. Criteria for a PEV

A PEV inspection is necessary every three years where:

- 1. A Head Office or Branch of a Member that is used for the storage/holding of bodies for any period of time.
- 2. The premises at which a hearse(s) or transfer vehicle(s) are located if different to the above.
- 3. Other facilities in accordance with the required standards set out within the standards guidelines.

#### 3. Members with Shopfront/Arrangement Office only premises

A Statutory Declaration must be completed every three years confirming that the premises is a shopfront only and that there are not bodies stored at the premises.

#### 4. The PEV Assessor

The PEV Assessor is a representative of AFDA authorised to conduct PEV assessments of Member's premises on behalf of AFDA.

#### 5. The Assessment Process

A PEV Assessor will contact the owner/manager of the business in order to make an appointment to inspect the appropriate premises. The inspection will be conducted, where possible, with the owner or their nominated representative being present.

#### 6. Conclusion of the Inspection

At the conclusion of the inspection, the owner (or their authorised representative) is required to sign this checklist and make any comments in regard to the inspection or the action recommended. The PEV Assessor should then request a copy be made of the completed PEV so that the owner/manager of the business has a signed copy for their records.

#### Checklist

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1	<b>Registration, Licensing &amp; Permits</b> Does the funeral business possess all registrations, licenses and state and Commonwealth Governments in the place where busine	permits requi ess is conduc <b>Yes</b> □	red by local, ted? <b>No</b> □
1.1	Where local, state or Commonwealth Government standards excerned in the standards excerned in the standards and the standards are standards and the standards are standards and standards are standards and standards are standards and standards are standards and standards are standard	ed AFDA	
2	Premises Please indicate the type of premises being inspected:		
	Branch Office with a cool room for storage of bodies	Yes 🗆	No 🗆
	Funeral Home with a cool room for storage of bodies	Yes 🛛	No 🗆
	Funeral Home (with mortuary)	Yes 🗆	No 🗆
	Stand alone mortuary	Yes 🗆	No 🗆
2.1	.1 Do you maintain and control (that is not sub-contract) at least one premises that incorporates <u>all</u> the following in accordance with the required standards for premises, equipment and vehicles as set by the AFDA?		
	A Head Office or Branch of a Member firm that is used for the storage/holding of bodies for any period of time	Yes 🗆	No 🗆
	A funeral chapel and/or viewing room	Yes 🗆	No 🗆
	Mortuary facilities **	Yes 🗆	No 🗆
	A hearse	Yes 🛛	No 🗆
	A transfer vehicle	Yes 🗆	No 🗆
	** Compliant mortuary facilities can be secured by way of adherend subcontract mortuary premises and/or services	ce to the AFD.	A policy to
	Other facilities located at this premises:		

Other facilities located at this premises:

Reception/Office Area	Yes 🗆	No 🗆
Arrangement Room	Yes 🗆	No 🗆
Coffin Selection Room	Yes 🗆	No 🗆
Toilet/s (for visitors)	Yes 🛛	No 🗆
Catering facilities	Yes 🗆	No 🗆
Holding room	Yes 🗆	No 🗅
Non Operational Mortuary	Yes 🛛	No 🗆
Other facilities		

Are these areas clean, well maintained and free from obvious hazards? Yes  $\hfill \Box$ 

No 🗆

2.2	Do you operate more than one branch or business outlet (as deta	ailed on the co Yes □	over sheet)? <b>No</b> □
	Are these branches within the required four hour return journey from facilities?		tuary and/or
			No 🗆
2.3	/ / /		
	embalming of bodies?	Yes 🗆	No 🗆
	Do you have an appropriate written agreement with the third party?		No 🗆
2.4	Do the third party premises meet the required standards set out in the storage, preparation and/or embalming of bodies?	n the AFDA g	juidelines for
		Yes 🗆	No 🗆

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For premises with mortuary facilities, please complete sections 3, 4 and 5

For premises with a holding room, please complete section 6

If vehicles are garaged at these premises, please complete section 7

If no vehicles are garaged at these premises, please proceed directly to section 8

3	Mortuary Facilities a.) Is the mortuary operational?	Yes 🛛	No 🗆
	(if no please go to Section 6)		
	b.) Is embalming carried out in this mortuary?	Yes 🛛	No 🗆
3.10	Does the location of the mortuary maintain public health and decency? Yes $\Box$ No $\Box$		
3.1.1	Does the mortuary have a Mortuary Register?	Yes 🗆	No 🗆
3.1.2	Is there a register of deceased person's property and or jewellery? Yes  No		No 🗆
3.1.3	Is there a body identification system or process used within the m	ortuary facility Yes □	? No □
3.1.4	Does the Mortuary contain at least the following Personal Protective Equipment (PPE):		
	Disposable gloves	Yes 🗆	No 🗆
	Heavy duty gloves	Yes 🗆	No 🗆
	Protective over garments	Yes 🗆	No 🗆
	Overshoes (waterproof)	Yes 🗆	No 🗆
	Waterproof aprons	Yes 🗆	No 🗆
	Masks and/or eye goggles	Yes 🗆	No 🗆
3.2	Service Connections Is the mortuary connected to a permanent water supply in complia requirements of the local water supply authority?	ance with the <b>Yes</b> □	No 🗆
	Do you hydro-aspirate?	Yes 🗆	No 🗆
	If yes, do you have a physical discontinuity in the water supply to aspirators are or could be connected to? Does this comply with a requirements? Yes	ocal governm	lro- ent N/A □
	Is the mortuary connected to a water carriage sewerage system t local authority?	hat is approve <b>Yes</b> □	ed by the No □
3.3	Mortuary/Body Preparation Area Requirements Is the mortuary/preparation floor area greater than 9.3 square me	tres? Yes □	No 🗆
	Is the ceiling height in the mortuary/preparation area at least 2.4 finished floor level? (a lineal metre is measured in a straight line f	ineal metres a rom point A to <b>Yes</b> □	above the b B) <b>No</b>
	Is the floor constructed of an impervious slip resistant material wi surface?	th a smooth, ו Yes ם	unbroken <b>No</b> □
	Is the floor uniformly graded to discharge liquids to a floor drain?	Yes 🗆	No 🗆
	Does the floor drain have a removable screen so as to prevent th material to the drainage system?		of solid No □

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	Are all walls and partitions constructed of impervious materials wi surface finish capable of being readily cleansed?	th a smooth, Yes □	unbroken No □	
3.4	Joints between the floor and walls or partitions Are all joints between the floor and wall or partitions and coving in water resistant in order to facilitate cleansing and avoid the build	n the mortuar up of contam <b>Yes</b> □	y sealed and inants? <b>No</b> □	
3.5	Are all external windows that <u>can be</u> opened fitted with fly proof s	creens? Yes □	No 🗆	
3.6	Are all external doors fitted with self closing fly screen doors or of apparatus to prevent the entry of insects, vermin and other anima	ther suitable t als? Yes □	types of No □	
3.7	Mortuary/Body Preparation Area Fittings and Equipmen Does the body preparation area have at least one sink with an ac cold water and fitted with elbow, sensor remote or foot operated t	lequate supp	ly of hot and <b>No</b> □	
	Is/are the mortuary table/s and fixtures for body preparation cons impervious material designed to facilitate draining and cleansing?	tructed of a s ? Yes □	mooth No □	
	Are eyewash facilities readily available for use? (Eyewash bath sufficient as long as saline solution does not exceed the expiry da	with saline so ate) <b>Yes</b> □	olution is <b>No</b> □	
	Is there a First Aid kit that contains items specified in the relevant Health and Safety legislation?	t state's Occι <b>Yes</b> □	upational <b>No</b> □	
	Does the mortuary facility have sterilization equipment such as d bleach or suitable commercial products?	isinfectant, h Yes □	eavy duty No □	
	Are power outlets suitably designed for use in wet areas? (Wet ar areas require waterproof power outlets (IP56 series) to be installed		reas and hosing down d in accordance with the	
	AS/NZS 3012: 2010 standard)	Yes 🗆	No 🗆	
	Lighting Is the lighting of sufficient intensity to be consistent with mortuan (Preferably should incorporate natural light)	y preparation Yes □	procedures? No □	
	Ventilation Are ventilation fans installed in the mortuary/body preparation ar offensive odours and fumes from the worker' breathing zones? ceiling level with extraction to be as near to floor level and should table movement)	d have effecti Yes □	ive cross air No □	
	Is below table legs extraction of gasses achievable? (When emi below table legs extraction of gasses must be achievable in accorrequirements and OH&S legislation) Yes □	balming is ca ordance with <b>No</b> □	rried out, government <b>N/A</b> □	
	(On the tisk AUA if no emboliging is carried out in this mortuary)			

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(Only tick N/A if no embalming is carried out in this mortuary)

#### Safe Storage of Hazardous Chemicals

Are hazardous chemicals stored safely according to the corresponding Act in the respective state or territory? Yes 
No

Handling of Hazardous Chemicals Are Material Safety Data Sheets (MSDS) provided for each chemical?

No

Yes 🗆

#### \*Note: Bleach and Formaldehyde must not be stored together. This is highly dangerous.

#### 3.8 Waste Disposal

- **3.8.1** Are there one or more impervious containers (yellow bag/container labelled as contaminated waste) each with a close fitting cover or lid provided in the mortuary/body preparation area for the reception and storage of all solid waste (not sharps) arising from the preparation of bodies and the screenings from the floor drain?
  - Yes 🛛 🛛 No 🗆
- 3.8.2 Is contaminated waste appropriately labelled and being transferred by a company holding a current Trade Waste permit? Yes □ No □
- 3.8.3 Is contaminated waste transferred to a hospital for disposal? Yes D No D
  - If YES, you must attach:
    - Written procedures for packing, handling and transporting waste to the hospital
    - Documentation verifying the hospital is prepared to receive and dispose of contaminated waste
- **3.8.4** Are all solid wastes arising from procedures carried out in the mortuary/body preparation area identified and disposed of as contaminated waste in an approved manner according to local government Acts and regulations? Yes □ No □
- 3.8.5 Are sharps (scalpels, needles etc) being placed in properly identified sharps containers and disposed of in a manner consistent with effective infection control practice?

   Yes
   No
- 4 Embalming
  - Is embalming being carried out in a mortuary that is compliant with all of section 3 above? Yes D No N/A D

(Only tick N/A if no embalming is carried out in this mortuary)

Embalming should only be carried out in accordance with state and territory regulations and guidelines

#### 5 Toilet and Ablution Facilities

- 5.1 Does the mortuary contain at least one toilet for persons working in or about the mortuary/body preparation area? Yes □ No □
- 5.2 Are there shower facilities approved by the local authority with adequate hot and cold water for use by persons working in or about the mortuary/body preparation area?

   Yes
   No
- 5.3 Is there a hand basin with adequate hot and cold water adjacent to each toilet in or about the mortuary/body preparation area?
  Yes □ No □

#### 6 Body Storage Facilities

- Do the refrigerated body storage facilities have sufficient capacity for the storage of at least 6.1 No 🗆 Yes D two adult bodies? Are the refrigerated body storage facilities maintained permanently at an internal 6.2 temperature of 3 degrees Celsius (plus or minus two degrees)? No 🗆 Yes n Are the refrigerated body storage facilities used for any purpose other than the storage of 6.3 Yes 🗆 No 🗆 bodies? No 🗆 Are all refrigeration surfaces impervious and easily cleaned? Yes 🗆 6.4 Funeral Vehicles 7 Vehicle Area Are all funeral vehicles (hearse, transfer vehicle etc) garaged in a secure and appropriate 7.1 Yes 🗆 No 🗆 location? Is there an enclosed vehicle reception area or garage that is adjacent to, and with direct 7.2 access to, the mortuary/body preparation area? Yes n No 🗆 Is the design of the vehicle reception area or garage such that the transfer of uncoffined 7.3 bodies to or from any vehicle is screened from public view? Yes 🗆 No 🗆 7.4 Hearse Is the vehicle used as a hearse in roadworthy condition and well presented? No 🗆 Yes D Does the vehicle used as a hearse have an efficiently operating roller device and Yes 🗆 No n coffin/casket clamping facility? Transfer Vehicle 7.5 Is the transfer vehicle fitted with blinds, treated windows or suitable screening to ensure that vision into the body storage area is blocked from external view? Yes D No 🗆 "The vehicle must be built so that the stretcher compartment is sealed and separate from the driving/passenger compartment" (refer page 12, section 2, 'Infection Control Guidelines for the Funeral Industry' 1992 AFDA). This can be achieved by installing either: (please tick one of the following) a fixed sealed barrier between the driver and the compartment Yes D No n a.
- b. a fixed and portable fully enclosed capsule Yes 
  No
- c. a cargo barrier that is compliant with local state roads and traffic authority regulations for transport carriers and a portable fully enclosed capsule to be inserted in the compartment Yes D No D

7.6	Does the transfer vehicle contain at least the following:				
7.0	Disposable gloves	Yes 🗆	No 🗆		
	Heavy duty gloves	Yes 🗆	No 🗆		
	Protective over garments	Yes 🗆	No 🗆		
	Overshoes (waterproof)	Yes 🗆	No 🗆		
	Waterproof aprons	Yes 🗆	No 🗆		
	<ul> <li>Masks and eye goggles</li> </ul>	Yes	No 🗆		
	<ul> <li>Disinfectant hand solution, paper towels &amp; soap</li> </ul>	Yes 🗆	No 🗆		
	<ul> <li>Ordinary laundry bags</li> </ul>	Yes 🗆	No 🗆		
	<ul> <li>Plastic laundry bags with ties for contaminated linen</li> </ul>	Yes 🗆	No 🗆		
	<ul> <li>Plastic radiaty bage with tice for containing of the second second</li></ul>	Yes 🗆	No 🗆		
	The second	Yes 🗆	No 🗆		
	<ul> <li>Disposable paper towers for cleaning</li> <li>Hypochlorite disinfectant solution</li> </ul>	Yes 🗆	No 🗆		
		Yes	No 🗆		
	- the station of the state with the for dropping wounds				
	<ul> <li>Packs of padding, plastic etc suitable for dressing wounds on bodies to prevent leakage</li> </ul>	Yes 🗆	No 🗆		
	<ul> <li>Plastic sheeting for wrapping bodies and waterproof tape</li> </ul>				
	for the sealing of wrapped bodies	Yes 🗆	No 🗆		
	<ul> <li>Special containers for transporting babies</li> </ul>	Yes 🗆	No 🛛		
7.7 7.8	Taken from the Infection Control Guidelines for the Funeral In <b>Dual Purpose Vehicles</b> Is the hearse/transfer vehicle a dual purpose vehicle? If YES: Does the transfer vehicle meet the requirements of 7.5 above?	Yes 🛛	No 🛛		
	Yes 🗆	No 🗆	N/A 🗆		
	Does the hearse meet the requirements of 7.4 above? Yes	No 🗆	<b>N/A</b> 🗆		
7.9	<b>Transport of Young Children</b> Do you use a station wagon or sedan type vehicle to transport the (including stillborn) and/or children under 3 years?	e bodies of b <b>Yes</b> □	abies No □		
	Does the vehicle comply with AFDA standards? Yes	No 🗆	<b>N/A</b> □		
7.10	Vehicle Cleanliness Is your transfer vehicle routinely disinfected and thoroughly disinfected:				
	When the vehicle has been contaminated with body exudates immediately upon its return				
	to the mortuary?		No 🗆		
	Before sale of other disposal of the vehicle?	Yes 🗆	No 🗆		

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> Section 8 This section is to be completed by the AFDA appointed person conducting the PEV Inspection.

Name						
Signature	ature					
Recommendation: This applying Funeral Directing Firm be	e granted PEV accreditation					
This Member Firm be granted PEV Re-	accreditation	D				
This Applying/Member Funeral Directin (Non compliant areas listed below)	g Firm is not compliant					
Areas requiring attention:						
Section 9 This section is to be completed by the nominated representative or an authorised staff member of the premises assessed.						
This is to confirm that a PEV inspection	was conduced at these prem	ses and that I was:				
Present at the time of the inspection						
Not Present						
Signed:	_ Print Name:	Date:				
I agree with the recommendations mad						
I do not agree with the recommendations made for the following reasons:						
Comments:						

All queries regarding the AFDA PEV guidelines and checklist should be directed to: The Membership Manager Australian Funeral Directors Association PO Box 291 Kew East VIC 3102 Tel: (03) 9859 9966 Fax: (03) 9819 7390 Email: <u>membership@afda.org.au</u>

#### This document can be made available in alternative formats on request for a person with a disability.

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