



Introduction

In 2010 WorkSafe conducted an inspection campaign in the funeral industry aimed at improving safety and health issues within the industry. The following newsletter was developed to identify safety issues in the industry and to assist you in meeting the requirements of the OSH legislation.

The checklists used by WorkSafe inspectors during this campaign are included in this newsletter. Please use the checklists to ensure your workplace meets the occupation safety and health legislation.

What issues are covered in the checklists?

A checklist has been developed which may assist you assess your workplace prior to being visited by an inspector. The checklist is included in this publication.

Issues covered by the checklists include:

- Electricity
- Hazardous substances;
- Manual tasks
- New and young people (employees and visitors)
- Vehicles;
- Emergency procedures;
- Mortuaries;
- Infection control;
- Slips, trips and falls;
- Machine guarding; and

Further information can be obtained by contacting WorkSafe on 1300 307 877 or by visiting the website at www.worksafe.wa.gov.au

What are the more common safety issues in your industry?

Some of the more common safety issues found in the funeral industry are:

- Inadequate risk assessment of both the environment and access to the gravesite;
- Training and information on infectious diseases and viruses including consequences on persons health;
- The adequacy of the 'first call checklist' in use.
- Issues which should be included are:
 - where the deceased is situated;
 - the deceased weight;
 - medical information such as infectious diseases, pacemakers, cytotoxic drugs.
 - dogs;
 - stair and steps and lighting.

What is a risk assessment?

The occupational safety and health laws require risk assessments to be carried out.

A risk assessment is the process of determining whether there is a risk associated with an identified hazard, that is, whether there is any likelihood of injury or harm. The process should include consultation with people involved in the task, as well as consideration of the, experience and training of the operator, individual tasks to be performed and the length of time the operator is exposed to the identified hazards

How do I use these checklists?

1. Use the checklists in this newsletter to inspect your workplace. You may see other hazards as you are going through – add them to the checklist.
2. Anything that you have ticked 'No' or added to the list needs to be fixed. So, look at each hazard using the table below to prioritise identified hazards.

Risk rating table – for working out level of risk Use the vertical and horizontal columns to consider both the likelihood of injury or harm to health and the consequences to work out the level of risk

Likelihood of injury or harm to health	Consequences of any injuries or harm to health			
	Insignificant eg no injuries	Moderate eg first aid	Major eg extensive injuries	Catastrophic eg death
Very likely	High	Extreme	Extreme	Extreme
Likely	Moderate	High	Extreme	Extreme
Moderate	Low	High	Extreme	Extreme
Unlikely	Low	Moderate	High	Extreme
Highly unlikely (rare)	Low	Moderate	High	High

Risk assessment is a 'best estimate' on the basis of available information. It is important the responsible person undertaking a risk assessment has the necessary information, knowledge and experience of the work environment and work process, or such a person is involved.

3. If the hazard falls into 'high' or 'extreme', based on your view of how likely it is someone will get hurt and what level of injury could happen, then you need to fix it straight away.
If it is lower down in the table – moderate or low – then plan when you will fix it.

Remember hazards have to be controlled – you can't ignore them.

Hazardous SUBSTANCES

Funeral industry workers may be exposed to a wide range of products containing hazardous substances, including:

- embalming products;
- disinfectants;
- hearse/car detailing products;
- cleaning agents;
- dusts produced from the cremation process;
- coffin polishes and finishes;
- poisons present in persons who have committed suicide; and
- cytotoxic drugs present in deceased cancer patients

Obtain information about the hazardous substance Material Safety Data Sheets (MSDSs)

MSDSs provide information about ingredients, potential health effects, the safe use, first aid requirements and storage of hazardous substances. Under the Occupational Safety and Health Regulation, employers are required to:

- obtain a current copy of the MSDS from the supplier;
- keep a register containing a list of all hazardous substances used at the workplace with the current MSDS for each substance;
- keep a copy of the MSDS close to where the hazardous substance is being used.

Health effects of hazardous substances

Exposure to some of these hazardous substances can pose a serious risk to the health of workers, or can worsen existing health problems. Some examples of the health effects from exposure to hazardous substances include:

- **Dermatitis** or inflammation of the skin.
There are two types of dermatitis.
 - (1) Irritant contact dermatitis results from contact with irritant substances, such as detergents in cleaning agents.
 - (2) Allergic contact dermatitis occurs when a person develops an allergic reaction to a chemical, such as glutaraldehyde or formaldehyde.
- **Asthma** is a respiratory disease, which narrows the air passages and results in breathing difficulties. Chemicals, such as glutaraldehyde and formaldehyde, used in the funeral industry may aggravate preexisting asthma or cause occupational asthma.
- **Cancer.** Certain workers in the funeral industry may be exposed to chemicals, such as formaldehyde and cytotoxic drugs, which are probable human carcinogens (chemicals that are thought to cause cancer).

Hazardous substances can enter the body through the skin, by inhalation or by swallowing. Acute health effects, such as eye and throat irritation may occur after single, large or repeated exposures, with effects occurring soon after exposure (minutes, hours or months). Chronic health effects, such as allergic contact dermatitis, usually develop after long term, but small exposures and take some time to appear.

The likelihood of a hazardous substance causing adverse health effects depends on a number of factors, including:

- the toxicity of the substance;
- the amount of hazardous substances to which workers are exposed;
- the length of exposure;
- the frequency of exposure;
- the route of entry into the body, for example, skin absorption, inhalation or ingestion;
- the physical nature of the substance, for example, a liquid, vapour or dust (dust particles smaller than 10 micrometres in diameter may readily penetrate into the lungs); and
- in some circumstances, the worker's history of exposure to the hazardous substance.

You can determine whether or not a product is a hazardous substance by reading the label and Material Safety Data Sheet (MSDS). If you are unsure, contact the supplier.

What are cytotoxic drugs?

Cytotoxic drugs which are used in the treatment of cancer are hazardous substances. Funeral workers may be at risk of exposure to these drugs during body preparation and embalming procedures if these drugs have been recently administered to the deceased person. These drugs are excreted in body fluids, such as urine and faeces.

Cytotoxic drugs are highly toxic to cells and many are known to be carcinogens (capable of causing cancer), mutagens (capable of causing mutations) and teratogens (capable of causing birth defects).

Where there is a risk of exposure to these drugs, employers and self employed persons must implement appropriate control measures and monitor and review these controls for their effectiveness (see section on 'Control Measures').

Train workers about the risks and how to use the controls

Employers and self employed people must provide workers who may be exposed to a hazardous substance with relevant and adequate information and training on a substance.

For more information on the health effects and appropriate control measures for cytotoxic drugs, refer to the Workplace Health and Safety Queensland Guide for Handling Cytotoxic Drugs and Related Wastes.

Control the RISK

Hazardous SUBSTANCES cont...

Eliminate

Stop using particular hazardous substances, for example, eliminate the use of formaldehyde and glutaraldehyde products for cleaning and disinfecting mortuary instruments, and for cleaning surfaces, such as trolleys.

Substitute

- Replace a product with an alternative one containing a less hazardous substance. Health information found in a MSDS may assist in selecting a less hazardous substance. For example:
 - Substitute glutaraldehyde with ophthalaldehyde (OPA) when disinfecting mortuary instruments. Note: The long term health effects of OPA have not been established. Therefore, the same level of precaution used when working with glutaraldehyde should be adopted when using OPA.
 - Substitute glutaraldehyde with non hazardous detergents and disinfectants when cleaning work surfaces, and blood and body fluid spills.

Redesign

- Chemicals used for cleaning, disinfecting and embalming may contain hazardous substances that can cause respiratory irritation and sensitisation. Ensure the mortuary room is supplied with fresh air.
- Install local exhaust ventilation (LEV) over the mortuary table for tasks involving the use of embalming fluids.
- Install local exhaust ventilation over mortuary instrument soaking containers if using glutaraldehyde products for disinfecting mortuary instruments.
- Install extraction ventilation over the sluice where run off collects from the mortuary table.
- Replace pressurised aerosol container products with pump sprays to reduce aerosols. Pump sprays should not be used for dispensing cleaning products because of the potential for bacterial growth.

Isolate

- Make sure mortuary instrument soaking containers containing glutaraldehyde products are kept covered with a tight fitting lid.
- Do not treat autopsy viscera in an open container. Use a covered pail or closed viscera bag.
- Keep the lid on the embalming machine when in use.

Administrative controls

- Ensure the MSDSs are available to workers for all hazardous substances.
- Provide workers with information, training and supervision on the safe use of hazardous substances.
- Allow only authorised personnel to access hazardous substances.
- Provide emergency eyewash and shower facilities for persons exposed to hazardous substances.
- During the 'filling the body cavity task' ensure all connections are tight on the gravity feeding equipment.
- Reduce the concentration of formaldehyde and/or glutaraldehyde used to the lowest concentration possible by diluting the embalming fluid concentrate.
- Have procedures in place for the clean up of spills. For example, ensure hazardous substance spills are cleaned up promptly and the area is cordoned off to prevent access. Refer to the MSDS for guidance on the type of PPE and absorbent material to use when cleaning up spills.
- Dispose of spilt hazardous substances safely, and thoroughly wash any equipment used to clean the spills. Contact the Environmental Protection Agency for advice on safely disposing hazardous substances.
- Purchase chemical products in ready-to use packages rather than transferring from large containers.
- Prohibit eating, drinking or smoking in areas that contain chemicals.
- Wash hands with a pH neutral soap before eating, drinking or smoking.

Personal protective equipment

- Provide suitable PPE as determined by the risk assessment for the hazardous substance. Guidance can be found in the MSDS. (Note: Latex gloves may not provide adequate protection against exposure to some hazardous substances, such as formaldehyde or glutaraldehyde, particularly where exposure is prolonged. If latex gloves are used they should be changed frequently.)
- Workers should wear eye protection, face shields, impervious aprons and covered shoes to protect against chemical splashes.
- Workers at risk of inhaling hazardous substances, such as gases or vapours, should be provided with respiratory protection specific to the type of gas or vapour hazard. For example, use an organic gas vapour filter for formaldehyde and glutaraldehyde exposure. Guidance can be found in the MSDS, or by referring to Australian Standard/New Zealand Standard (AS/NZS) 1715. (Note: A surgical mask does not protect against inhaling hazardous substances.)
- Workers at risk of inhaling fine dust particles from the cremation process should be provided with respirators fitted with at least P2 particulate filters.
- Make sure workers apply barrier creams on exposed skin areas if the area becomes irritated.
- Ensure workers cover broken skin with a waterproof dressing.

Manual TASKS

The manual tasks performed in the funeral industry can be physically demanding and have the potential to cause musculoskeletal disorders. Manual tasks are activities that require the use of force by a person to grasp, manipulate, strike, throw, carry, move (lift, lower, push, pull), hold or restrain an object, load or body part. Examples of manual tasks in the funeral industry include collecting deceased persons, storing and preparing the deceased, and handling caskets.

Injuries from manual tasks result from ongoing wear and tear to the joints, ligaments, tendons, muscles and discs. Over a period of time, damage can gradually build up through:

- exerting a lot of muscular effort while in an awkward posture, for example, bending and lifting a heavy load; and
- holding fixed positions for prolonged periods.

If fatigued muscles are given insufficient time to rest, inflammation and tissue damage can result. Injury is more likely to occur when this happens repeatedly. Injuries can also be caused by a one off overload situation, although this is less common.

Risk factors are defined as factors associated with the demands of a job that can contribute to or aggravate musculoskeletal injuries. Risk factors for funeral employees may include:

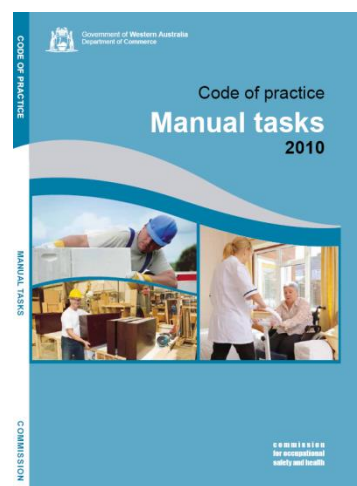
- an awkward or static posture, for example, an embalmer who maintains the same posture while preparing the body for many hours during the day;
- forceful exertions, for example, pushing a casket onto storage shelves or into a hearse;
- performing a repetitive movement;
- the size, shape and weight of the deceased person;
- the type of handling methods used, for example, lifting, carrying a load or pushing a trolley;
- the height of storage shelves or preparation table;
- the indoor and outdoor environment such as stairs, ramps and access to gravesites; and
- the worker's individual factors, for example, the worker's experience.

Code of practice MANUAL TASKS

Keep up to date with the latest information regarding manual tasks.... it's in your best interest.

Copies are available to download from the WorkSafe website www.worksafe.wa.gov.au

WorkSafe has based this document on the Guide to the funeral industry produced by the Workplace Health and Safety Queensland.



Control the risk Manual TASKS cont...

The following control measures provide practical examples for how to manage manual task risks. The particular control measures appropriate for your workplace, however, will depend on the outcomes of the risk assessment.

Eliminate

- Use hoists, mechanical lifters or pre placement of the coffin by crane, to eliminate lifting heavy persons.
- Use trolleys for safe access to the gravesite if access is inadequate such as in old monumental areas of the cemetery or pre placement of the coffin by crane.

Redesign

- Plan work processes to minimise double handling and lifting, for example, storing loads on trolleys.
- Ensure workbenches are adjusted to a comfortable height for the worker to promote an upright posture of the back and neck.
- Make sure there is enough room for easy movement around furniture and work areas including the movement of loads, for example, pushing trolleys.
- Ensure appropriate lifting device available for when storing deceased on shelf.
- Ensure there is adequate storage space to store heavy items (including deceased persons) at approximately the waist height of workers.
- Provide adequate lighting for the task to reduce bending the neck.
- Place frequently required work items within easy reach and close to waist height.
- Discuss the selection and purchase of new tools and equipment with staff prior to purchase.
- Provide mechanical handling devices including:
 - trolleys to minimise carrying, for example, to move the casket from the hearse and in or out of the church and gravesite;
 - adjustable trolleys or tables that match work surface heights to minimise lifting and lowering during transfers;
 - an automatic device to lower coffins into graves, where practical; and
 - rollers to help reduce the pushing forces, for example, when putting body trays on shelves or into the hearse.

Administrative controls

- Ensure clothing and footwear does not restrict movement of workers.
- Carry coffins using its handles. Avoid resting the coffin on the shoulders of pallbearers.

Work organisation

- Ensure workers take regular breaks from tasks, either by alternating with other tasks that use different muscles or by taking fixed breaks.
- Ensure there is adequate staffing for any team handling requirements.

Training

- Train workers to perform particular tasks, such as recovering bodies from awkward spaces, the use of tools, mechanical devices, and handling methods such as team lifting.
- Ensure pallbearers are taught how to safely handle the coffin/casket, including how to hold the casket and team lifting techniques.

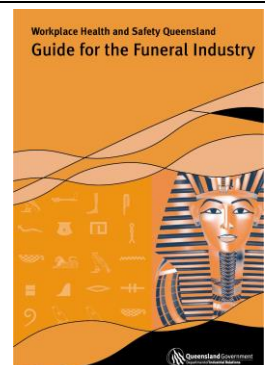
Maintenance programs

- Maintain all equipment and tools so they do not require extra effort to use.

Further reading

WorkSafe has also produced documents which may assist creating a safer workplace and include:

- Code of practice: Manual tasks
- Code of practice: Safeguarding of machinery and plant
- Code of practice: Violence aggression and bullying at work
- Guidance note: Safe movement of vehicles at workplaces
- Guidance note: General duty of care
- Guidance note: Material safety data sheets (MSDS)
- Guidance note: Alcohol and other drugs at the workplace
- Older workers and safety



Biological hazards & INFECTIOUS DISEASES

Funeral workers may be at risk of exposure to infectious diseases from handling deceased persons. While all body handling activities create a risk of exposure to infectious diseases, invasive procedures, such as those associated with body preparation and embalming create the highest risk.

However, it is not only funeral workers who may be exposed to infectious diseases at the workplace. Visitors, such as relatives of the deceased, contractors and cleaners may potentially be exposed to infectious diseases.

Consider all persons who may be affected when assessing risks and deciding on controls to prevent or minimise exposure to biological hazards and infectious diseases.

In the funeral industry infectious diseases may be transmitted by:

- blood or body fluid exposure, for example, infected blood and body fluids coming into contact with a worker's broken skin or the mucous membranes of the eyes, nose and mouth;
- skin penetrating injuries, for example, needle stick injuries;
- ingesting microorganisms, for example, from faecal matter contaminating hands and food;
- inhaling infectious agents, for example, from procedures that generate aerosols; and
- handling and using contaminated mortuary instruments.

Funeral workers are at particular risk of skin penetrating injuries which can transmit blood borne diseases, such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus ([HIV] the virus that causes AIDS).

Skin penetrating injuries can occur from handling or coming into contact with sharp objects, such as:

- needles;
- scalpel blades;
- trocars;
- razor blades;
- sharp body parts, such as bone and teeth;
- sharp medical instruments that are attached to the deceased person's body; and
- broken glass at the site of a fatality.

Some procedures, for example, inserting a mandibular/nasal suture also pose a high risk for skin penetrating injuries.

Standard and additional precautions

Standard and additional precautions provide a high level of protection against occupational exposure to infectious diseases.

Standard precautions are work practices required for the basic level of infection control. These include:

- good hygiene practices, especially hand washing;
- using protective barriers, such as disposable gloves, waterproof aprons and safety eyewear or face shields; and
- appropriate handling and disposal of clinical waste and sharps.

Additional precautions are used for preventing exposure to infectious diseases where standard precautions alone are not sufficient to manage the risk. This includes infectious diseases that are spread by airborne and droplet transmission, for example, tuberculosis. Additional precautions include ventilation controls and using respiratory protective devices where there is the potential for aerosolisation of infectious agents.

All bodies should be considered to be potentially infectious, and standard precautions should always be adopted, regardless of the cause of death.

Control the RISK

Biological hazards & INFECTIOUS DISEASES cont...

The following section outlines control measures that may be used to prevent or minimise exposure to the risk of death, injury or illness from biological hazards and infectious diseases.

Eliminate

Eliminate unsafe work practices, for example, do not recap needles and have a safe method to remove and contain used scalpel blades.

Substitute

Where possible, substitute reusable equipment with single use disposable equipment, for example, use disposable razors and scalpel blades.

- Substitute conventional sharps with those that have integrated safety features, for example, retractable needles that isolate the exposed sharp after use.
- Substitute conventional sharp suture needles with blunt suture needles. These needles have a relatively blunt tip and are capable of being used on many types of tissue.
- Substitute sharp ended scissors with blunt ended scissors, where possible.

Redesign

- Make sure floors, surfaces, equipment, furnishings and fittings are made of materials that can be readily cleaned.
- Establish dedicated clean and dirty areas, for example, dedicated sinks for hand washing and for instrument cleaning.
- Organise one way work flow between clean and dirty areas, preventing unnecessary movements.
- Install sufficient bench space to separate clean and dirty instruments and equipment.
- Taps and waste bins in the mortuary should have non hand operated controls to reduce the risk of hands contaminating fixtures.
- Fit taps with an anti splash device.
- Redesign work methods to reduce exposure to risks from blood and body fluids and skin penetrating injuries, for example:
 - use stapling devices instead of conventional suturing methods;
 - use a needle holder instead of holding needles by hand; and
 - use a scalpel blade removal device instead of removing scalpel blades by hand.
- Develop disposal methods for bulk volumes of blood and body fluids to minimize splashing and the creation of aerosols.

Isolate

- Make sure all used sharps are disposed immediately after use in a labelled, rigid walled, puncture resistant container that meets the standards of AS/NZS 4031 or AS/NZS 4261.
- Ensure all clinical and related waste is placed in a labelled, leak proof bag or container, and sealed.
- Cover the deceased person's wounds and other body areas with plastic or similar material during handling and transportation to prevent leakage of blood and body fluids.
- Place the deceased person in a body bag. Where this is not possible, the body should be wrapped to make sure that body fluids are contained.
- Use dry seal powders on incisions after suturing to prevent leakage.

Administrative controls

- Ensure workers adopt standard and additional precautions.
- Avoid all actions that can bring the hands (gloved or otherwise) into contact with the face, eyes, nose and mouth, for example, cleaning and touching spectacles or contact lenses.
- Contain sharps, such as scalpel blades, in a receptacle during body preparation activities.
- Position sharps containers close to the point of use.
- Make sure the storage, disposal and transportation of clinical and related waste, including sharps, meet the requirements of your local council.
- Provide adequate hand washing and drying facilities at the workplace.
- Provide a hand antiseptic, for example, an alcohol based hand gel for field situations where hand washing facilities are not readily available.
- Prohibit eating, drinking and smoking in the mortuary.

- Provide a spill kit to clean up spills of blood, body fluids and clinical waste. Spill kits should contain the following items:
 - disposable gloves;
 - protective eyewear;
 - plastic apron;
 - absorbent material, such as granular chlorine releasing formulations to contain blood spills for field situations;
 - disposable sturdy cardboard scraper and pan; and
 - plastic bags for waste disposal.
- A portable spill kit should be made available in transfer vehicles.
- Workers should cover abrasions, lesions or areas of dermatitis on exposed skin with a waterproof dressing.
- Ensure workers avoid actions that may result in forceful expulsion of air from the body to reduce the risk of aerosols. Eg TB - Risk of contracting Tuberculosis
- Provide emergency eyewash and shower facilities to manage accidental blood and body fluid exposures.
- Provide workers with information and training on infectious disease risks, infection control practices and use of personal protective equipment (PPE).
- Prevent unauthorised access to the mortuary room.

Personal protective equipment

- Select PPE according to the risk assessment. The PPE should:
 - meet relevant Australian Standards;
 - provide adequate fit; and
 - be regularly inspected, cleaned and maintained.
- Workers should receive proper instruction regarding appropriate use, maintenance and cleaning of PPE
- PPE may include:
 - **Protective** clothing, such as a full length waterproof apron, gown or coveralls;
 - Protective clothing with a high neck and long sleeves with tight cuffs, if there is a risk of exposure to significant amounts of blood and body fluids; and
 - Metallic mesh sleeves worn underneath protective clothing if there is a risk of exposure to sharp bone fragments.
- **Gloves** (for example, latex, vinyl or nitrile gloves) when:
 - handling bodies where contact with blood or body fluids is likely;
 - performing skin penetrating or invasive procedures;
 - handling contaminated equipment, laundry and clinical waste; or
 - cleaning contaminated surfaces and blood and body fluid spills.
- Use **reinforced** or cut resistant (for example, fine mesh) protective gloves where there is a risk of skin penetrating injuries. (Note: These gloves will not eliminate the risk of a skin penetrating injury.)
- **Safety glasses, goggles** and **face shields** should be worn for procedures that may cause a splashing hazard or create aerosols of blood or body fluids. Where there is a risk of blood or body fluids splashing or spraying, face shields and safety goggles should have a seal above the eyes preventing fluid from entering into the eyes.
- Respiratory **protective devices**, such as disposable, P2 type particulate respirators should be worn for any aerosol generating activity. Surgical masks are not respiratory protective devices and do not protect against inhaling infectious aerosols.
- **Protective footwear**, for example, protective over-shoes or rubber boots. This should be worn where there is gross spillage of blood or body fluids, or where a body has to be collected from a watery site. Footwear should have nonslip soles and provide adequate protection against sharps being dropped.

Further information on Biological hazards and infectious diseases can be found:

National Code of Practice for the Control of Work-Related Exposure to Hepatitis and HIV (blood borne) viruses [NOSHC:2010 (2003)]

Copies of this document can be downloaded free of charge from www.safeworkaustralia.gov.au

Checklists

Electricity safety checklist			
Check	yes	no	n/a
Electrical installations are installed, constructed, maintained, protected (cover) and tested to minimise the risk of electric shock or fire.			
<ul style="list-style-type: none"> Evidence of maintenance and testing is in place. 			
<ul style="list-style-type: none"> Components are clearly marked and switchboard is free from obstructions. 			
Hand held portable equipment is protected by a residual current device (RCD)			
<ul style="list-style-type: none"> Switchboard or fixed sockets are marked when RCD protected. 			
<ul style="list-style-type: none"> RCD's are tested (full function test and push button test) on a regular basis. 			
Flexible cords and extension cords are used in a safe manner. Plugs, sockets and extension leads are in good condition and protected from damage			
Electrical installations are protected from damage that would increase the risk of electrical shock or fire.			

Hazardous substances safety checklist			
Check	yes	no	n/a
Register of hazardous substances is complete (contents list and MSDS) The register is readily available for employees that may be exposed to substances			
Hazardous substances are properly labelled: manufacturer's labels on containers. Decanted containers, including hand wash in mortuary, are labelled with name, risk and safety phrases.			
Risk assessments have been completed for all hazardous substances. A record is made in the hazardous substances register that the assessments have been done.			
Practicable control measures have been implemented and maintained. The hierarchy of control is taken into account when implementing control measures.			
People who may be exposed or work with hazardous substances have been provided with adequate information, instruction and training. A record of training is present at the workplace and includes health effects, controls, safe work methods, personal protective equipment and details of health surveillance.			
A procedure is in place for handling formaldehyde.			
Formaldehyde waste is labelled appropriately.			
A spill clean up procedure is in place for hazardous substances. Adequate equipment (e.g. spill kit) is in place for clean up of spills in the mortuary.			
Procedure and control measures are in place for situations where: <ul style="list-style-type: none"> cytotoxic drugs are present in the deceased; poisons are present in the deceased (e.g. who has committed suicide); radio active material is present in the deceased; and deceased was known with infectious disease.			
Adequate personal protective equipment (PPE) is provided and used for hazardous substances			

Mobile plant safety checklist			
Check	yes	no	n/a
Practicable control measures have been implemented and maintained to eliminate or reduce risks associated with manual tasks (e.g. handling of occupied coffins or caskets, recovery of deceased, use and maintenance of trolleys).			
Manual handling hazard identification and risk assessment has been undertaken in consultation with employees (employee feedback has been taken into account), especially for activities such as: <ul style="list-style-type: none"> recovering the deceased from the residential home unloading of coffin from vehicle transporting the coffin to the grave site lowering the coffin into/onto the ground 			
Everyone involved in organising and implementing manual handling process or tasks where manual handling hazards have been identified have been provided with adequate instruction and training (induction and ongoing training)			
The work is organised in such manner that workers are not exposed to hazards related to mobile plant – for instance, pedestrian walkways, traffic management/signage, high visibility clothing, two-way communication as required is in place			
Where mobile plant is used, site hazards such as ramps, slopes, rough ground, power lines, excavations, ground load limits, underground services, etc. are identified, assessed and controlled			

Vehicles - Recovery vehicles, hearses and limousines safety checklist			
Check	yes	no	n/a
Vehicles are maintained and in a good condition			
Systems (such as adequate respiratory equipment) are in place to protect employees from odours, e.g. when the body smells due to the cause of death.			
An adequate first aid kit, including water proof dressings, is available in the vehicles.			
Hand cleaner/disinfectant is available in the vehicles.			
Adequate personal protective equipment is available in the vehicles e.g. disposable gloves, waterproof aprons, masks.			
Trolleys are maintained and are stored safely.			

Slips, trips and falls safety checklist			
Check	yes	no	n/a
Floors or any stairs or ramps have an unbroken and slip resistant surface. Special provisions for slip resistance are in place for wet areas.			
Floors or any stairs or ramps are free from any obstruction that may cause a person to fall (e.g. electrical leads, hoses, floor mounted power boxes in walkways).			
Access to and egress from the workplace is safe and at all times kept free from obstructions, pathways clear.			
Safe systems of work are in place to reduce the risk of slips, trips and falls (e.g. clean as you go policy).			
Warning signs are available and are erected near spills.			
Guard rails or other safeguards are provided on ramps and stairs.			
Appropriate slip resistant footwear is provided and used.			
Ramps are available in areas where height of floor levels change, trolley access is required, or items are carried regularly.			

Manual tasks safety checklist

Check	yes	no	n/a
<p>Practicable control measures have been implemented and maintained to eliminate or reduce risks associated with manual tasks (e.g: handling of occupied coffins or caskets, recovery of deceased, use and maintenance of trolleys).</p> <p>Manual handling hazard identification and risk assessment has been undertaken in consultation with employees (employee feedback has been taken into account), especially for activities such as:</p> <ul style="list-style-type: none"> • recovering the deceased from the residential home • unloading of coffin from vehicle • transporting the coffin to the grave site <p>lowering the coffin into/onto the ground</p>			
<p>Everyone involved in organising and implementing manual handling process or tasks where manual handling hazards have been identified have been provided with adequate instruction and training (induction and ongoing training)</p>			
<p>Funeral directors and employees know:</p> <ul style="list-style-type: none"> • the weight of the coffin or casket • the combined weight of the coffin/casket and prepared body. 			
<p>Industrial weighing scales are available.</p> <p>If industrial weighing scales are not available, systems are in place to obtain the combined weight of the prepared body and the coffin or casket.</p> <p>Funeral directors and employees know the weight limits of their equipment and know the related weight restrictions at the cemetery (e.g. crematorium charging biers).</p> <p>Policy/guidelines in place related to weight limits. Funeral director or employees will not accept body if does not have appropriate equipment or employees for the task.</p>			
<p>Trolleys, hoists and other mechanical lifting devices and moving equipment such as slide sheets are regularly inspected and maintained and are in good condition.</p>			
<p>When the funeral director accepts bariatric bodies, adequate equipment is in place, such as trolleys, hoists, vehicles, pre placement arrangements at cemetery such as cranes.</p>			
<p>A "first call checklist" is in use (first call to funeral director from nurse/ family for recovery of deceased at residential home/ nursing home/ hospital etc) and covers:</p> <ul style="list-style-type: none"> • the location of the deceased • the weight of the deceased • existence of infectious disease, radioactive material, cytotoxic drugs, poisons • access to the deceased (stairs, steps, etc.) <p>environmental factors such as lighting, dogs, and any other hazards.</p>			
<p>Systems are in place to safely move the occupied coffin:</p> <ul style="list-style-type: none"> • into the vehicle • onto the crematorium bench • onto/into the ground. <p>Pallbearers are able to carry out the manual task required.</p> <p>Pallbearers use adequate footwear when handling the occupied coffin.</p> <p>Trolleys are used or a pre-placement with the use of a crane is arranged, for instance at monumental sites or with bariatric bodies.</p>			
<p>A risk assessment is conducted at the burial site prior to the burial by the funeral director. The risk assessment takes into account factors such as the environment and safe access to the site to ensure adequate staff numbers and appropriate staff, or the requirement for trolleys or pre-placement arrangements with cranes.</p>			
<p>Funeral directors have adequate systems in place such as trolleys or pre-placement arrangements with cranes for monumental areas at cemeteries.</p> <p>For instance, monumental areas at cemeteries such as the Macedonian area at Karrakatta Cemetery exposes employees to hazards due to inadequate access due to narrow sandy walkways, risk of slip, trip, fall (if wet or stepping on ledgers or curbing of other gravestones), adopting awkward postures with the risk of musculoskeletal injuries and possible damage to ledgers (from stepping on them).</p>			

New and young people (employees and visitors) safety checklist			
Check	yes	no	n/a
Induction, information, instruction and training is provided in relation to emergency/evacuation procedures.			
Induction, information, instruction and training is provided in relation to hazard and accident reporting			
Induction, information, instruction and training is provided in how to reduce the risk of injury or harm for hazards new or young workers may be exposed to in the course of their work			
Induction, information, instruction and training is provided in the use, maintenance and storage of personal protective equipment.			
New and young workers are being supervised. The funeral directors has systems in place to ensure that new and young workers are working in accordance with safety instructions			
The effect on people emotionally and mentally is considered before employment.			
Employees have received training in relation to infectious diseases and viruses. Training includes the: <ul style="list-style-type: none"> • handling of sharps including used needles and syringes • cleaning up body fluids, including blood, faeces and urine • consequences on persons health if obtaining the infectious disease or virus • Ongoing training, including current risks. Adequate procedures are in place for the immediate first aid after incidents of exposure to blood or other body fluids or substances from a sharps injury or splashing onto mucous membranes or broken skin.			
Employees have been offered appropriate vaccinations after having received infectious disease training.			

Mortuary safety checklist			
Check	yes	no	n/a
Sharps and clinical waste is appropriately handled. An impenetrable sharps container is available in the mortuary.			
A procedure/policy is in place for needle-stick and sharps injuries.			
Disposable scalpel blades are used and scalpel blade remover is available to prevent sharps injuries.			
Respirators are adequately stored and filters/ cartridges are stored in an air-tight container and are not exposed to contaminants when not in use.			
Areas are clearly marked as contaminated areas in the mortuary or outside of the mortuary.			
A refrigerator is available and working in order to control infection/ contamination.			
Adequate procedures are in place for cleaning, disinfecting and sterilising equipment.			
An emergency eye wash and shower is available and checked / maintained for persons exposed to hazardous substances, infectious diseases or other substances.			
Adequate personal protective equipment is provided including, masks, respirators, face shields, full length water proof aprons, protective overshoes, rubber boots (non slip soles).			
Employees have been instructed on the correct storage, maintenance and use of personal protective equipment.			
The embalming preparation table is adjustable for height.			
The mortuary is supplied with adequate ventilation/fresh air. A local exhaust ventilation system (LEV) is available and maintained for: <ul style="list-style-type: none"> • tasks involving embalming fluids; and • tasks involving soaking instruments in substances containing glutaraldehyde used for disinfecting. 			
All embalming and draining equipment is checked and maintained on a regular basis.			
During the "filling the body cavity task" all connections are tight on the gravity feeding equipment.			

Consultation safety checklist			
Check	yes	no	n/a
Workers and contractors are consulted on safety issues.			
Safety and health issues are discussed at staff meetings.			
Safety and health representatives are elected at the workplace where requested by employees			
Safety and health committee is in place where requested.			

Other areas safety checklist			
Check	yes	no	n/a
Systems are in place to notify WorkSafe of reportable injuries and diseases.			
Injuries and hazards reported by employees are investigated by the employer.			
Emergency egress enables safe egress in the event of an emergency Exit signs have been provided and are maintained.			
Portable fire extinguishers are provided and maintained (e.g. where candles are used).			
Evacuation procedures and a diagram showing the exits is available and displayed and the evacuation procedure is practised.			
Warning signs are provided where required.			
Adequate workplace facilities have been provided.			
Portable ladders comply with AS 1892.1 (metal) or AS 1892.2 (wooden)			
Gas cylinders are secured to prevent them from falling over.			
Adequate first aid facilities are available.			
First aid trained person is available.			
Smoking is not permitted in the enclosed workplaces.			
Adequate means of communication are available when persons are working alone (e.g. cleaners, funeral employees after hours) A procedure is in place for regular contact with workers that work alone.			
Employees have access to an Employee Assistance Program (EAP).			
Employees have received information, instruction and training in relation to dealing with violence and aggression (including difficult, upset or aggressive clients).			

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