

Health (Offensive Trades Fees) Amendment Regulations 2014

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Offensive Trades Fees) Amendment Regulations 2014*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 July 2014.

3. Regulations amended

These regulations amend the *Health (Offensive Trades Fees) Regulations 1976*.

4. Regulation 3 amended

In regulation 3 delete the Table and insert:

Table

Offensive Trade	Fee (\$)
Slaughterhouses	298
Piggeries	298
Artificial manure depots	211
Bone mills	171
Places for storing, drying or preserving bones	171
Fat melting, fat extracting or tallow melting establishments —	
(a) Butcher shops and similar	171
(b) Larger establishments	298
Blood drying	171
Gut scraping, preparation of sausage skins	171

Offensive Trade	Fee (\$)
Fellmongeries	171
Manure works	211
Fish curing establishments	211
Laundries, dry-cleaning establishments	147
Bone merchant premises	171
Flock factories	171
Knackeries	298
Poultry processing establishments	298
Poultry farming	298
Rabbit farming	298
Fish processing establishments in which whole fish are cleaned and prepared	298
Shellfish and crustacean processing establishments	298
Any other offensive trade not specified	298

N. HAGLEY, Clerk of the Executive Council.

Health (Public Buildings) Amendment Regulations 2014

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Public Buildings) Amendment Regulations 2014*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 July 2014.

3. Regulations amended

These regulations amend the *Health (Public Buildings) Regulations 1992*.

4. Schedule 1 amended

In Schedule 1 delete “\$832.” and insert:

\$871.

N. HAGLEY, Clerk of the Executive Council.

Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Amendment Regulations 2014

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Amendment Regulations 2014*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 July 2014.

3. Regulations amended

These regulations amend the *Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974*.

4. Schedule 1 amended

- (1) In Schedule 1 in item 1 delete “113.00” and insert:

118.00

- (2) In Schedule 1 in item 3 delete “113.00” and insert:

118.00

N. HAGLEY, Clerk of the Executive Council.

Health (Notifications by Midwives) Amendment Regulations 2014

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2014*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 July 2014.

3. Regulations amended

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

4. Schedule amended

In the Schedule delete Form 2 and insert:

FORM 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 **NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS** MR15

Last name _____ Unit Record No [][][][][][][][][] First name _____ Birth date (Mother) [][][][][][][][] 2 0 Address of usual residence Number and street _____ State _____ Post code [][][][][][] Town or suburb _____ Height [][] (whole cm) Weight [][] (whole kilogram) Maiden name _____ Telephone [][][][][][][][][][]	Etab _____ Ward _____ Marital status [] 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown Ethnic status of mother [][] 1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Other _____
PREGNANCY DETAILS	
PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): [][] Parity (excluding this pregnancy): [][] Previous pregnancy outcomes: - liveborn, now living [][] - liveborn, now dead [][] - stillborn [][] Number of previous caesareans [][] Caesarean last delivery 1=yes 2=no [][] Previous multiple births 1=yes 2=no [][]	
THIS PREGNANCY: Estimated gest wk at 1 st antenatal visit [][] Total number of antenatal care visits [][] Date of LMP: [][][][][][][][] 2 0 This date certain 1=yes 2=no [][] Expected due date: [][][][][][][][] 2 0 Based on 1=clinical signs/dates [][] 2=ultrasound <20 wks [][] 3=ultrasound ≥20 wks [][]	
Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy [][][] Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy [][][] (If none use '000'; occasional or smoked < 1 use '998', undetermined use '999')	
Complications of pregnancy: 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37wks) 3 <input type="checkbox"/> urinary tract infection 4 <input type="checkbox"/> pre-eclampsia 5 <input type="checkbox"/> antepartum haemorrhage (APH) - placenta praevia 6 <input type="checkbox"/> APH - placental abruption 7 <input type="checkbox"/> APH - other [][][][] 8 <input type="checkbox"/> pre-labour rupture of membranes 9 <input type="checkbox"/> gestational diabetes 11 <input type="checkbox"/> gestational hypertension 12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension 99 <input type="checkbox"/> other (specify) [][][][][][][][]	
Medical conditions: 1 <input type="checkbox"/> essential hypertension 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 5 <input type="checkbox"/> type 1 diabetes 6 <input type="checkbox"/> type 2 diabetes 8 <input type="checkbox"/> other (specify) [][][][][][][][]	
Procedures/treatments: 1 <input type="checkbox"/> fertility treatments (include drugs) 2 <input type="checkbox"/> cervical suture 3 <input type="checkbox"/> CVS/placental biopsy 4 <input type="checkbox"/> amniocentesis 5 <input type="checkbox"/> ultrasound 6 <input type="checkbox"/> CTG antepartum 7 <input type="checkbox"/> CTG intrapartum	
Intended place of birth at onset of labour: [] 1=hospital 2=birth centre allocated to hospital 3=birth centre free standing 4=home 8=other	
LABOUR DETAILS	
Onset of labour: [] 1=spontaneous 2=induced 3=no labour	
Augmentation (labour has begun): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 8 <input type="checkbox"/> other	
Induction (before labour begun) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> dilatation device i.e. Foley Catheter 8 <input type="checkbox"/> other	
Analgesia (during labour) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 6 <input type="checkbox"/> systemic opioids 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other	
Duration of labour [][] hr [][] min 1 st stage (hour & min): [][] hr [][] min 2 nd stage (hour & min): [][] hr [][] min	
Postnatal blood loss in mLs: [][][][] Number of babies born (admin purposes only): [][]	
MIDWIFE Name _____ Signature _____ Date [][][][][][][][] 2 0 Reg. No. [][][][][][][][][][]	

Complete this **Pregnancy** form once for each woman giving birth, and submit one **Baby** form for each baby born

Mother last name _____	First name _____	Unit Rec No _____	Estab _____
-------------------------------	-------------------------	--------------------------	--------------------

<p style="text-align: center;">BIRTH DETAILS</p> <p>Anaesthesia (during delivery):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> local anaesthesia to perineum</p> <p>3 <input type="checkbox"/> pudendal</p> <p>4 <input type="checkbox"/> epidural/caudal</p> <p>5 <input type="checkbox"/> spinal</p> <p>6 <input type="checkbox"/> general</p> <p>7 <input type="checkbox"/> combined spinal/epidural</p> <p>8 <input type="checkbox"/> other (specify) _____</p> <p>Complications of labour and birth <i>(include the reason for instrument delivery):</i></p> <p>1 <input type="checkbox"/> precipitate delivery</p> <p>2 <input type="checkbox"/> fetal distress</p> <p>3 <input type="checkbox"/> prolapsed cord</p> <p>4 <input type="checkbox"/> cord tight around neck</p> <p>5 <input type="checkbox"/> cephalopelvic disproportion</p> <p>7 <input type="checkbox"/> retained placenta – manual removal</p> <p>8 <input type="checkbox"/> persistent occipito posterior</p> <p>9 <input type="checkbox"/> shoulder dystocia</p> <p>10 <input type="checkbox"/> failure to progress <= 3cm</p> <p>11 <input type="checkbox"/> failure to progress > 3cm</p> <p>12 <input type="checkbox"/> previous caesarean section</p> <p>13 <input type="checkbox"/> other (specify) _____</p> <p>Principal reason for Caesarean Section (Tick one box only)</p> <p>1 <input type="checkbox"/> fetal compromise</p> <p>2 <input type="checkbox"/> suspected fetal macrosomia</p> <p>3 <input type="checkbox"/> malpresentation</p> <p>4 <input type="checkbox"/> lack of progress <= 3cm</p> <p>5 <input type="checkbox"/> lack of progress in the 1st stage, 4cm to < 10cm</p> <p>6 <input type="checkbox"/> lack of progress in the 2nd stage</p> <p>7 <input type="checkbox"/> placenta praevia</p> <p>8 <input type="checkbox"/> placental abruption</p> <p>9 <input type="checkbox"/> vasa praevia</p> <p>10 <input type="checkbox"/> antepartum/intrapartum haemorrhage</p> <p>11 <input type="checkbox"/> multiple pregnancy</p> <p>12 <input type="checkbox"/> unsuccessful attempt at assisted delivery</p> <p>13 <input type="checkbox"/> unsuccessful induction</p> <p>14 <input type="checkbox"/> cord prolapse</p> <p>15 <input type="checkbox"/> previous caesarean section</p> <p>16 <input type="checkbox"/> previous shoulder dystocia</p> <p>17 <input type="checkbox"/> previous perineal trauma/4th degree tear</p> <p>18 <input type="checkbox"/> previous adverse fetal/neonatal outcome</p> <p>19 <input type="checkbox"/> other obstetric, medical, surgical, psychological indications</p> <p>20 <input type="checkbox"/> maternal choice in the absence of any obstetric, medical, surgical, psychological indications</p> <p>Perineal status</p> <p>1 <input type="checkbox"/> intact</p> <p>2 <input type="checkbox"/> 1st degree tear/vaginal tear</p> <p>3 <input type="checkbox"/> 2nd degree tear</p> <p>4 <input type="checkbox"/> 3rd degree tear</p> <p>5 <input type="checkbox"/> episiotomy</p> <p>7 <input type="checkbox"/> 4th degree tear</p> <p>8 <input type="checkbox"/> other</p>	<p style="text-align: center;">BABY DETAILS (continued)</p> <p>Born before arrival: 1=yes 2=no</p> <p>Birth date: _____ 2 0 _____</p> <p>Birth time: (24hr clock) _____</p> <p>Plurality: (number of babies this birth) _____</p> <p>Birth order: <i>(specify this baby, eg, 1=1st baby born, 2=2nd baby born, etc)</i></p> <p>Presentation: 1=vertex 2=breech 3=face 4=brow 8=other</p> <p>Method of birth:</p> <p>1 <input type="checkbox"/> spontaneous</p> <p>2 <input type="checkbox"/> vacuum successful</p> <p>3 <input type="checkbox"/> vacuum unsuccessful</p> <p>4 <input type="checkbox"/> forceps successful</p> <p>5 <input type="checkbox"/> forceps unsuccessful</p> <p>6 <input type="checkbox"/> breech (vaginal)</p> <p>7 <input type="checkbox"/> elective caesarean</p> <p>8 <input type="checkbox"/> emergency caesarean</p> <p>Accoucheur(s):</p> <p>1 <input type="checkbox"/> obstetrician</p> <p>2 <input type="checkbox"/> other medical officer</p> <p>3 <input type="checkbox"/> midwife</p> <p>4 <input type="checkbox"/> student</p> <p>5 <input type="checkbox"/> self/no attendant</p> <p>8 <input type="checkbox"/> other</p> <p>Gender: 1=male 2=female 3=indeterminate</p> <p>Status of baby at birth: 1=liveborn 2=stillborn (unspecified)</p> <p>3=antepartum stillborn 4=intrapartum stillborn</p> <p>Infant weight: (whole gram): _____</p> <p>Length: (whole cm): _____</p> <p>Head circumference: (whole cm): _____</p> <p>Time to establish unassisted regular breathing: (whole min) _____</p> <p>Resuscitation: (Record one only – the most intensive or highest number)</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> suction only</p> <p>3 <input type="checkbox"/> oxygen therapy only</p> <p>4 <input type="checkbox"/> continuous positive airway pressure (CPAP)</p> <p>5 <input type="checkbox"/> bag and mask (IPPV)</p> <p>6 <input type="checkbox"/> endotracheal intubation</p> <p>7 <input type="checkbox"/> ext. cardiac massage and ventilation</p> <p>8 <input type="checkbox"/> other</p> <p>Apgar score: 1 minute _____ 5 minutes _____</p> <p>Estimated gestation: (whole weeks): _____</p> <p>Birth defects: (specify): _____</p> <p>Birth trauma: (specify): _____</p> <p>BABY SEPARATION DETAILS</p> <p>Separation date: _____ 2 0 _____</p> <p>Mode of separation: 1=transferred 8=died 9=discharged home</p> <p>Transferred to: (specify establishment code) _____</p> <p>Special care number of days: _____ <i>(excludes Level 1; whole days only)</i></p> <p>MIDWIFE Name _____ Date _____ 2 0 _____</p>
---	---

<p style="text-align: center;">BABY DETAILS</p> <p>ABORIGINAL STATUS OF BABY (Tick one box only)</p> <p>1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander</p> <p>2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal</p> <p>3 <input type="checkbox"/> Aboriginal and Torres Strait Islander</p> <p>4 <input type="checkbox"/> other</p>	<p>Complete this Baby form once for each baby born, and submit with Pregnancy form</p>
--	--

R. KENNEDY, Clerk of the Executive Council.