

# the monitor

Keeping all those with an interest in OHS informed of current developments in workplace health and safety nationally and internationally



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## Occupational Health Society of Australia (WA)

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## President's report

Hello to all 2018 Society members. At the AGM held in April this year it was decided to kick on with the Society, take us back to our roots and as such I took on the role of President. I had been the Treasurer since 2009. The past ten years have seen many ups and downs and until 2013 when Pat Gilroy took on the Secretary's role, allowing us access to the services provided by his Marcsta experience, the Society battled through inconsistencies. However, the core committee members who had been involved with the Society for many years managed to just keep the Society going and hold a couple of events each year. These events were very well received.

The new committee hit the ground running at the first committee meeting with previous and new committee members eager to stabilise the organisation which includes governance, revising the constitution and most importantly providing value for members.

Our first event will be held on the 27<sup>th</sup> July and a flyer will be sent out inviting members to attend. Our presenter is Dr Sherrilyn Mills who will provide a session on Pre-claim prevention of long duration workers' compensation claims, followed by refreshments, socialising and a chance to network.

The committee for 2018 are a diverse group from interesting professional and practitioner backgrounds. We will be presenting bios on all our committee members in the Monitor. I have started the ball rolling with my bio.

As reported in the last Monitor, MARCSTA has wrapped up. This means access to the wonderful Pat Gilroy and his remarkable production of the Monitor is to cease. The Society's Committee will be producing their own version. This is the first edition. For those of you who have received the Monitor for so long at no cost, unfortunately this is no longer possible. Should you wish to continue to receive the Monitor, please complete the Application form attached and you will be placed on the mailing list to receive future editions.

**David Lampard**  
President

Editor:

## BIO - David Lampard



So, what started my interest and involvement in occupational health, safety and welfare? I started work at 15 in 1965 as an apprentice Carpenter and Joiner. In that period there were various separate and disjointed legislation in the UK. It was a

comparable situation in Australia. My trade exposed me to dangerous machines, the debris from those machines, asbestos, creosote and lead. One nasty hazard that had not been anticipated was the use of a substitute timber called Parana pine from the candelabra tree in Brazil used to make timber kitchen draining boards as the supply of Teak was running out. When machined the Parana pine's dust floated in the air and if ingested or breathed in could cause bleeding from the nose. It was soon outlawed and is now an endangered species.

Moving out of the joiner's workshop into the Carpenters arena brought along different hazards such as bending and shaping lead for roof flashing, work in confined spaces handling all sorts of nasties and work at heights erecting timber constructions with no instructions, training or harnesses. Just before we emigrated I even pushed a handcart loaded with window frames down a main street in Lytham Saint Anne's. I continued my trade in Australia for two years before joining the WA Police (WAPF).

Career #2, policing, came as a surprise and I could not fathom why some blatantly obvious risks and hazards had not been subject to any form of control measures. This was 11 years before OSH legislation was introduced for the general workforce. Sworn police officers would remain exempt for a further 20 years as they were labelled servants of the crown not employees or workers. Regimental organisations such as the WAPF in the 1970's were steadfast in traditional uniforms and equipment standards.

I spent five years as a Police Draughtsman measuring the scenes of fatal traffic accidents wearing a blue uniform and white cap would hardly qualify as appropriate PPE. I was nearly cleaned up on many occasions and in today's era of mobile phone distractions would probably not be writing this piece. I sourced the best HV garments of the day from the Main Roads Department and tailored the bright orange tabard and floppy hat with bold

black POLICE lettering to make sure I was sufficiently visible on the roads.

The WA Police Union (WAPU) became the vehicle for getting resources through branch meeting motions supporting any departmental proposal that had been submitted. Some of the serious hazards were; single officer patrols often with no reliable form of communications, motorcycle crash helmets that offered little protection in a crash or from the sun, using asbestos gloves to free occupants from a burning vehicle and no ear muffs when firearm training. Even though I was only a baggy bottomed second year constable I managed to persuade the bosses that these issues needed to be addressed and covered in the Police Force Regulations and Police Manual Policies. In the 1970s police worked atrocious hours of duty, probably only second in health concerns after doctors and nurses. Night shifts were two weeks, back to back, often with single split weekly leave days and short change overs. In 1996 I was elected a Director of WAPU and took on the responsibility of occupational safety and health. The next eight years was spent preparing for inclusion of sworn police in the OSH legislation which was strongly resisted by the WA Police Force (WAPF) and the conservative side of politics. This was achieved in 2004 coinciding with my retirement from WAPF. I was appointed the Safety Officer for the WAPU and had been fortunate to have been one of the first participants in the WAPF OSH Managers Course, completed just before I announced my retirement.

Career #3, OSH inclusion was a real challenge for the WAPF hierarchy the WAPU had to be constantly vigilant and hold the WAPF management, government and WorkSafe to account on many occasions. Unlike any other employee or worker in Australia WAPF sworn police could not invoke the protection of Sec 26 of the Act and refuse to work in dangerous operations due to Sec4A of the Act. This meant I had to press the Police to meet their obligations to remove, mitigate or engineer out as many risks as possible. Just before I retired from the WAPU in November 2017, we were still fighting to prevent similar legislation carrying on into the Model Work Health legislation.

The last 13 years were interesting, challenging and mainly rewarding, especially working with my counterparts in other police jurisdictions around Australia through the Police Federation of Australia.

Most members would be aware of the hazards and risks faced by police and are mostly well trained to

deal with issues. It is the intangible events that presented the biggest challenges;

- Bullying
- Fatigue
- Hours of Duty, rosters and lengthy commutes
- Workload and stress
- Poor diets often no opportunity to take a meal break
- Substandard and insecure country housing
- A multitude of PPE and policy shortcomings
- Conveyance of vulnerable detainees'

This leads me onto my involvement and membership of the Occupational Health Society, Safety Institute of Australia (SIA), International Commission on Occupational Health (ICOH) and Working Time Society (WTS). I needed to source sufficient professional knowledge to challenge my peers in the WAPF and on occasions WorkSafe or the Minister for Police. During my varied careers I have managed to complete a Diploma OHS, Advanced Diploma Business Management, Diploma Policing, Diploma Public Safety Policing. I am a Certified Generalist OHS Practitioner (SIA).

Hopefully all three of my careers will assist me in this new role of professional association organisation of the Society. We are the only such establishment in Australia.

I encourage you all to look after the workers, employees, students and associates and continue to seek methods to improve their working lives. Work safely, go home healthy

*Dave Lampard*



## Modernised Work Health and Safety (WHS) legislation in Western Australia

On 12 July 2017, the Government announced the development of a modernised WHS Act for Western Australia. This Act is intended to cover all Western Australian workplaces and will be based on the national model Work Health and Safety Bill.

Following this announcement, the Ministerial Advisory Panel (MAP) on WHS Reform was established to provide advice on adopting the model WHS laws in Western Australia. The MAP has provided its advice to the Minister and has prepared a report that is now available for public comment.

The Department for Mines, Industry Regulation and Safety (DMIRS) will be holding information sessions to provide an overview of the proposals developed by the MAP. It will also outline how to provide feedback on the proposals or on any other aspect of the model WHS Act. Book early, as the sessions have been filling up quickly.

Anyone with an interest in modernising the Western Australian WHS laws is invited to comment. A copy of the recommendations, together with supporting information and how you can make a submission is available on the Modernising work health and safety laws in WA webpage.



## WHS managers urged to learn from Dreamworld inquest

Emerging safety lessons from the ongoing coronial inquest into the Dreamworld deaths include the pressing need for safety professionals to put a business case to management for effective resourcing, according to senior health, safety and security lawyer Alena Titterton (Clyde & CO partner).

Four members of the public were killed when their raft flipped over on the Queensland amusement park's Thunder River Rapids ride in October 2016. The incident and other fatalities prompted the introduction of industrial manslaughter laws in the State.

Dreamworld's WHS manager at the time of the deaths told the inquest that only two members of the park's safety committee had formal safety qualifications, and he had little opportunity to perform proactive work.

Titterton, says she hears "eerily similar statements from safety professionals working across many industries all the time", and notes that Dreamworld employed a dedicated team of six safety professionals after the incident.

"Take this moment to ask yourselves whether you have put the business case to management for effective resourcing for safety and have briefed them specifically on what functions are not being performed because of your resourcing levels," she urges safety professionals in a report on the coronial inquest to date.

"Appropriate resourcing for critical operational and support functions has been at the heart of many of the lessons suggested by the early evidence." Other lessons include the impact of cost cutting on safety, with the minutes of a March 2016 Dreamworld engineering management meeting stating that cutbacks were being enforced and spending on repairs and maintenance "needs to stop", Titterton says.

"In the context of amusement ride operations, preventative maintenance regimes are such fundamental functions," she says. "It will be interesting to see whether the inquest further explores what level of oversight and due diligence was exercised by managers and senior leaders from a safety perspective given those stark statements from the engineering records."

The inquest also heard that two electrical faults caused the water levels on the Thunder River Rapids ride to drop in the hours leading up to the incident, and workers were unaware of a breakdown policy requiring a ride to be shut down and reported to an engineering supervisor if two "exact malfunctions" occurred within 24 hours.

The incident was ultimately caused by a pump failing, resulting in a massive drop in water and a raft becoming caught on the rails.

The ride operator told investigators that she was unaware that she had access to an emergency stop button that could halt the ride within two seconds, but a trainer told the inquest that she did instruct the operator on this point.

"Unfortunately, it is not uncommon following a serious incident to see a disconnect in evidence between workers and trainers," Titterton says.

"What this highlight is the need to continuously test assumptions and check that your training approach has the desired effect, assessing that there has been effective knowledge transfer that can be used in practice. This is one of the reasons why scenario-based drills are an important part of effective systems," she says.

In a statement issued on the weekend, Dr Gary Weiss – the new chair of Dreamworld's parent company Ardent Leisure Group – says he has been "deeply concerned by what has emerged from the inquiry over the past fortnight, and this is why it is important that we listen to the evidence, understand all we can and apply the lessons learned to ensure such accidents never occur at our parks".

"We will continue to fully cooperate with the Coroner and counsel assisting throughout further inquest hearings and implement all recommendations in consultation with Workplace Health and Safety Queensland and the theme park industry," Weiss says.

Source – OHS Alert – Tuesday 03 July 2018

## Register of WHS offenders flagged by ACTU

Penalties for fatality-related WHS breaches should be tied to the offending company's size, Safe Work Australia should maintain a register of corporate offenders, and unions should have access to the Fair Work Commission's anti-bullying jurisdiction, according to draft ACTU policies.

The 220-page policy document (not available online) for the Australian Council of Trade Unions' 2018 congress in Brisbane next week includes hundreds of draft policies and resolutions on workplace health and safety, workers' compensation, asbestos management, industrial relations, healthcare and other issues.

Source – OHS Alert - Wednesday 11 July 2018



## The dark side of beauty

An article in the recent HesaMag from the European Trade Union Institute related the hazards associated with the beauty industry. Because this industry contributes to our wellbeing, beauty professionals are rarely seen as workers who face health and safety risks. And yet, those who take care of the body of others pay the price with their personal health. There are extremely few of these beauty workers who do not suffer from musculoskeletal problems. Daily use of cosmetic products containing chemical substances that are allergenic or irritate the skin causes other health problems.

The issue is particularly severe in manicuring services. In recent years the trend for artificial nails has spread throughout industrialised countries. Cheap nail salons have literally taken over some parts of large cities.

These salons use toxic chemicals, especially solvents. Europe's response to these threats to

the health of tens of thousands of workers is unsatisfactory. The European Commission is strongly opposed to turn into law a framework agreement the European social partners concluded in order to improve safety and health protection in the hairdressing sector. In addition, the European legislation that regulates the marketing of cosmetic products primarily protects consumers rather than the professionals who work with them for at least 30 hours a week.

So next time you visit your beauty therapist, consider what hazards they might be exposed to.

## PTSD compensation looming; and WHS reviews progress

Tasmania could become the first jurisdiction to provide presumptive workers' compensation for emergency services workers and others who develop post-traumatic stress disorder, with State Building and Construction Minister Guy Barnett initiating a mandatory review of the issue.

The Tasmanian Government last year amended the *Workers Rehabilitation and Compensation Act 1988* to expand existing presumptive provisions for firefighters with certain types of cancer, this triggered an investigation into whether these provisions should apply to emergency workers with Post Traumatic Stress Disorder (PTSD).

The Health and Community Services Union told the State Government that paramedics diagnosed with PTSD should be automatically entitled to workers' compensation without having to prove their employment significantly contributed to their disorder.

The union said it was currently too difficult for workers to establish a PTSD claim because entitlements were structured around specific injury dates, and dealing with the adversarial scheme made these workers' conditions worse.

The mandatory review will be conducted by former Chief Commissioner of the State Workers Rehabilitation and Compensation Tribunal Stephen Carey and psychologist Dr Jacqueline Triffitt.

Source – OHS Alert Monday 09 July 2018



## Confined Space work.

### Why it is still a problem?

A PCBU has been convicted and fined for WHS breaches in a case that amounts to a guide to how *not* to enter and work in a confined space.

A NSW employer pleaded guilty to breaching sections 19 and 32 of the State WHS Act in exposing two labourers supplied by its subsidiary company, to the risk of serious injury or death in confined spaces.

District Court Judge Wendy Strathdee fined the company just \$45,000 from a maximum \$1.5 million, after finding the workers were exposed to hazardous thinners because a company production manager amended the proposed system of work.

"It is the change in the direction provided by [the manager], and given to [the workers] that caused the incident to occur, and it is from here that the breach stems," she said.

The works involved cleaning the inside of 21 pontoons from a naval vessel. Specific guidance was provided to: conduct a risk assessment before commencing work in the confined spaces; use only suitably trained confined-space-entry personnel; and clean the surfaces with high-pressure water or abrasive blasting.

However, neither of the two subsidiary company workers were trained or assessed as competent to enter or work in confined spaces, and the production manager directed them to use thinners instead of blasting to break down the substances in the pontoons, the Court heard.

In September 2015, the workers entered one of the pontoons through a hatch, but were subsequently found wandering around outside the pontoon in a disoriented state and vomiting, after being overcome by fumes from the thinners, it heard.

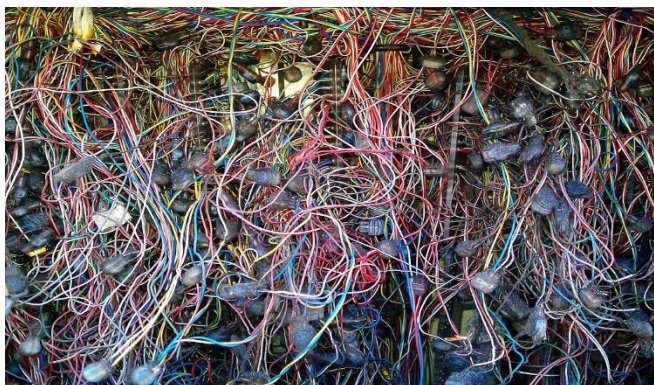
Judge Strathdee found:

- the material safety data sheet (MSDS) for the thinners warned that prolonged exposure could cause "serious damage to health", and they should only be used with adequate ventilation;
- the workers weren't aware of the MSDS and weren't provided with adequate protective respiratory devices, while a half-face respirator provided to one of them was cracked and needed to be taped up;
- mechanical ventilation equipment was available at the site but wasn't used;
- the workers weren't provided with a standby person, spotter or supervision;
- no risk assessment or safe work method statement was developed for cleaning the surfaces inside the pontoons or using thinners to do so, while the workers weren't provided with any information on emergency procedures or the safe handling or storage of the thinners;
- an existing confined space entry permit wasn't job specific and incorrectly stated that all relevant personnel were properly trained;
- the two workers weren't directed to sign the permit on each occasion they entered or left a confined space; and
- the confined spaces weren't tested for airborne contaminants or oxygen deficiency before the workers entered them, despite testing equipment being available.

Judge Strathdee heard that in the weeks after the incident, both companies had spent about \$20,000 implementing preventive measures, like amending their safety procedures, formalising inductions, providing air monitoring devices and air-fed respirators, and discontinuing the use of thinners for cleaning.

She found an appropriate fine for the "mid-range" offence was \$60,000, but reduced this by 25 per cent to \$45,000 for an early guilty plea. She also ordered the principal company to pay the prosecutor's costs of \$26,500.

Source – OHS Alert - Tuesday 03 July 2018



## New wiring rules

The new, authorised edition of the Wiring Rules has been published with updates to key safety areas, while workers' comp levies for seafarers have been increased by 66 per cent.

Standards Australia said the release of the new Wiring Rules – also known as *AS/NZS 3000:2018, Electrical Installations* – became particularly important in recent days, with "illegal activity" resulting in an unauthorised pre-publication draft version of the new Standard being uploaded and circulated on social media.

Standards raised the possibility of the unauthorised document being "developed to cause harm", and warned electricians that it wasn't safe to use it.

Standards Australia strategy and public affairs general manager Adam Stingemore said "it is extremely important that licensed practitioners do not use this 'pirated' document, as it is simply not accurate, it is uncontrolled, and able to be edited by anyone".

"Anyone who thinks they are covered by using this document may be putting employees, customers and community lives at risk, not to mention their own lives and livelihoods," he said.

**Meanwhile**, the new authorised version includes key updates on topics like residual current devices (RCDs), main switches and DC wiring systems, Stingemore said.

The Queensland Electrical Safety Office said that changes from the 2007 edition include: increased mechanical protection for cables installed in ceiling spaces; additional installation requirements for electrical appliances, accessories and equipment; and enhanced safety requirements for electrical equipment installed in locations exposed to water.

Standards' Stingemore stressed that complying with electrical Standards is a critical part of ensuring industry and community safety.

"The technology and recognised best practice change over time, so it is important that we have appropriate Standards for practitioners," he said.

Source OHS Alert – 27 June 2018



## NZ: Police to Reopen Investigation into Pike River Mine Explosion

New Zealand police will reopen the investigation into the 2010 Pike River disaster should re-entry to the mine be achieved. Police say they are open to laying criminal charges.

In November 2010, a methane explosion at the remote Pike River Mine on New Zealand's South Island, tragically killed 29 men whose bodies have never been recovered.

The original police investigation was closed in 2013 with charges against former Pike River Coal boss Peter Whittall dropped. At that time families were told there was not enough evidence to pursue manslaughter charges.

The New Zealand's new government has committed to re-opening the mine for the first time, Police officials have been visiting the families affected by the tragedy to discuss the possibility of a fresh investigation.

In a statement, Police said they would have a dual role should re-entry to the mine be achieved. "One involves completion of the scene examination in relation to the original police investigation. The other role involves management of any processes required on behalf of the coroner.



"Any new evidence which is identified would be assessed to determine what, if any relevance it had on the original investigation which concluded in July 2013." The question of whether to re-enter the mine has polarised New Zealand politics in recent years, with issues and questions over safety and cost. However, it seems re-entry to the mine may happen by the end of 2018 at a budgeted cost of \$NZ23 million (\$A21 million).

Source: Jared Butt, New Zealand Mining



## Women working long hours more likely to get diabetes

In yet another study on the health impacts of working long hours, Canadian researchers have found it significantly increases the risk of diabetes among women.

From an analysis of 7,065 workers over a 12-year period, the researchers from a Université Laval research centre, the Institute for Work and Health and other bodies found women who work more than 45 hours per week are 63 per cent more likely to develop diabetes than those working 35 to 40 hours per week.

This association remains strong after taking into account factors like smoking, leisure time physical activity, alcohol consumption and body mass index, the researchers say. The findings show that promoting regular work weeks of 35 to 40 hours is an effective strategy for preventing diabetes among women, which can cause death and lead to other chronic diseases, they say.

Other recent studies on the adverse effects of long hours included US research, which found women working excessive hours were more prone to chronic illnesses like heart disease and a Korean study that found workers working more than 52 hours a week were twice as likely to experience

sleep deprivation, depression, anxiety and cardiovascular disease.

"Working long work hours might lead to diabetes through a chronic stress response mechanism involving an acceleration of the hypothalamic-pituitary-adrenal activity boosting glucocorticoids and cortisol levels, and increasing the risk of endocrine abnormalities, insulin resistance, glucose intolerance, and obesity," the researchers of the current study say.

They also found the association between long work hours and diabetes is elevated among women who live with children under the age of 12.

They say this is in line with evidence that high family responsibilities intensify the tendency of a worker working long hours to engage in unhealthy behaviours, experience sleep difficulties and have poor mental health.

Further, women often perform more unpaid work, and perceiving a "too high" workload from both paid and unpaid work has been more closely associated with ill-health than long hours of paid work alone, the researchers say.

## Standing and walking combats risk

Interestingly, the researchers found that among male workers, working long hours is associated with a decreased risk of diabetes. They say this could be a result of a "healthy workers selection effect" where men who work long hours are more physically active at work and healthier than those working fewer hours.

"Supporting this hypothesis, more than a third of men working long hours in our sample (36%) were holding jobs involving combinations of sitting, standing and walking," they say. "These occupations have previously been linked to a reduction in the risk of heart diseases among men."

The researchers say other explanations for this finding include that: men tend to get an important sense of identity through work; many men working long hours have high-skilled and well-paid occupations; and they performed less unpaid work related to family and household responsibilities than women.

[Adverse effect of long work hours on incident diabetes in 7065 Ontario workers followed for 12 years.](#)

Mahée Gilbert-Ouimet, et al, Canada, *BMJ Open Diabetes Research & Care*, Volume 6, Issue 1, July 2018.

Source: OHS Alert – 4 July 2018

## WORK CANCER HAZARDS ARE BEING NEGLECTED, IARC EXPERTS WARN

Experts have warned that workers are at risk, due to inadequate standards to assess the exposure to tens of thousands of chemicals at workplaces.

Scientists from the [International Agency for Research on Cancer \(IARC\)](#) note the “recognition of occupational carcinogens is important for primary prevention, compensation and surveillance of exposed workers, as well as identifying causes of cancer in the general population.” Occupational exposure to carcinogens is a major cause of death and disability worldwide, with an estimated occurrence of 666,000 fatal work-related cancers annually, they indicate.

Writing in the journal [Occupational and Environmental Medicine](#), they say their review found the number of known, top ranked ‘group 1’ occupational carcinogens has increased over time: 47 agents were identified as known occupational carcinogens in 2017 compared with 28 in 2004. These estimates are conservative and likely underestimate the number of carcinogenic agents present in workplaces.”

They add: “The number of carcinogens in the workplace may be substantially larger for additional reasons. New substances are introduced into workplace and environmental settings faster than information on potential health effects can be generated. For example, over 80,000 chemicals are currently registered for use in the USA alone, but only a small fraction have ever been evaluated for carcinogenicity.”

Even where IARC has investigated a substance, the risks to workers has rarely been properly considered.

The IARC experts conclude: “Despite notable progress, there continues to be a need for research on the causes of work-related cancer. Epidemiologic evidence is inadequate or entirely lacking for the majority of the over 1,000 agents evaluated by IARC; many more agents present in workplaces have never been evaluated for carcinogenicity. There is also a need to identify the numbers of exposed workers by geographic location and to produce quantitative exposure data as a basis for hazard identification, exposure-response estimation and risk assessment.”

Source: Rory O’Neill <http://cancerhazards.org/?p=2020>

## People who work nights and shifts at higher risk of workplace injury.

A study published in April 2018 by the Health and Safety Authority (HAS), the national body in Ireland with responsibility for occupational health and safety found, the rate of fatalities is highest in the agriculture, forestry and fishing sector. The combined fatalities in industry, construction, transport and agriculture, forestry and fishing accounted for 85% of all worker fatalities in Ireland in 2014.

The authors of the study pointed out that longer working weeks are associated with injury. In terms of specific illness, musculoskeletal disorders continued to be the main reported disorder.

It was also shown that the health sector has the most days lost per week due to work-related illness.

“Our research shows that new recruits in construction, health, agriculture and transport have a significantly higher risk of occupational injury” commented Helen Russell. “Hence, there is a need for supervision, training, and support to prevent rising injury and illness rates”.

Source: Irish Examiner, The Irish Times

## Busting vaccine myths with science



Religion and politics are no longer the only taboo subjects at backyard barbeques. The topic of vaccines and vaccinations can trigger strong, and often opposing viewpoints for many people. It's also fair to say there's a lot of misinformation out there about even some of the most common and well-known types of vaccinations. And if there's one thing we like doing here, it's dispelling myths – with SCIENCE. We spoke to our immunology expert, Daniel Layton, to get the low down on this viral topic.

### 1. Vaccines cause autism – MYTH

Right off the bat we're going for the most divisive myth, and it's not because we want to upset anyone, it's just that we know that we know what we're talking about. We are Australia's national science agency after all!

Here's a bit of background info for this one: 20 years ago, a former British doctor had an article published that falsely linked the MMR (measles, mumps and rubella) vaccine to autism. The paper was retracted and the former doctor has his medical licence revoked, but unfortunately the myth persisted and it's still endangering people's lives today.

Since then a number of high quality studies have compared the health of large numbers of vaccinated and unvaccinated children. The largest of these included 537,303 children born in Denmark and found that unvaccinated children were just as likely to develop autism as vaccinated children. When the results of this study were combined with the results of nine other studies to include medical information from nearly 1.5 million children living all around the world, researchers confirmed that vaccination does not cause autism.

### 2. The flu vaccine can give me the flu – MYTH

Nah, we've all heard this one. Maybe you've even said it yourself?! Don't worry, this is a safe space and we don't judge! But it's simply not true. In Australia if you're getting the flu vaccine (and yes, you *do* need to get it every year because the virus changes so the vaccine is updated to protect you from the worst strain) you're getting jabbed with a 'completely killed vaccine'. It doesn't contain a live virus so it cannot cause an infection.

### 3. If everyone else is vaccinated, I don't need to be – MYTH

Vaccines can limit the amount of a virus in the community and when enough people are vaccinated against a disease (measles or whooping cough for example) the entire community is less likely to get the disease. So, to keep this community protection – known as herd immunity – going, and help protect people who can't get vaccinated (babies, pregnant women and people with immune deficiencies or recovering from cancer) we all need to do our part and keep those vaccination levels up. Eventually, the disease can become rare — and sometimes, it's wiped out altogether, like small pox, for instance. Hooray!

### 4. Vaccines weaken your immune system – MYTH

Short answer: No, they don't.

Long answer: No, they don't, and it's actually the opposite that's true. Vaccines strengthen your immune system by stimulating your own natural defence mechanisms that in turn protect you from specific diseases. For some vaccines this immune strengthening can last for decades.

### 5. Vaccines are not proven to prevent the flu – MYTH

Wrong! The flu vaccine has been shown to protect against 60% of confirmed influenza infections (as opposed to a bad cold, which can seem very similar) and this can be even higher in children. Influenza is a virus that just keeps on giving...in a bad way. Influenza is responsible for over 10,000 hospital visits and more than 1,000 deaths in Australia each year. In fact, 2017 was the worst year on record with over 220,000 cases of influenza reported – not to mention the three to five million cases of influenza globally each year. So, it's really important that you make the time to get your shot!

Source – CSIRO Scope - Ellen Singleton - 5 June 2018

[https://blog.csiro.au/busting-vaccine-myths-with-science/?utm\\_source=Snapshot-June-2018&utm\\_medium=newsletter&utm\\_campaign=Snapshot](https://blog.csiro.au/busting-vaccine-myths-with-science/?utm_source=Snapshot-June-2018&utm_medium=newsletter&utm_campaign=Snapshot)

# Occupational Health Society of Australia (WA)



Membership of the Society is open to all those interested in occupational health and safety.  
\$100 Corporate membership  
\$50 ordinary membership  
\$20 student membership.  
Simply email [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au) with your details.

Incorporated in 1978, the Occupational Health Society of Australia (WA Branch) is a non-profit association which provides a forum for the wide range of disciplines engaged in the occupational health profession in Western Australia. The aims of the Society are:

- to develop effective occupational health practice within Western Australia
- to encourage awareness by individuals, organisations and other bodies, of the role of occupational health
- to provide a forum for professional contact between persons interested in, and working in, occupational health
- to express an independent, professional viewpoint on all aspects of occupational health considered desirable in the public interest
- to seek the improvement or an extension of the existing legislation for the promotion of safety and health at work
- in order to ensure uniform principles are applied in all occupational activities.

**Please contact the Secretariat on [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au) regarding membership matters.**

# Occupational Health Society of Australia (WA)

## Members

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Mr Michael French  
Mr Patrick Gilroy  
Mr Ross Graham On Call Safety Services  
Mr Antony Green Holcim (Australia) Pty Ltd  
Ms Zoë Holdaway Zone Workplace Health Solutions  
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Ms Sheryl Kelly IAG  
Mr Geoff Knight Chaos WA  
Mr David Lampard  
Dr Evelyn Lee  
Mr Guy Lenoir Switched Onto Safety  
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Ms Jacqueline Luseno  
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Mr Joseph Maglizza Holcim (Australia) Pty Ltd  
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Mr Peter McMahon Safety Expertise Australia  
Ms Ana Milosavljevic WorkSafe WA  
Mr Peter Nicholls FMR Investments Pty Ltd  
Dr Nicol Ormonde Ormonde Health Consulting  
Ms Zelica Palamara Next Health Group  
Mr Stuart Platt Switched Onto Safety  
Ms Hannah Riley  
Mr Peter Rohan DMIRS  
Dr June Sim  
Mrs Paula Sinclair  
Dr John Suthers  
Prof. Geoff Taylor  
Mr Sam Tsakisiris  
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Ms Karen Whip

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## The Occupational Health Society of Australia (WA Branch)

### Presentation by Dr Sherrilyn Mills



#### Pre-claim prevention of long duration workers' compensation claims

Research was conducted to investigate the incidence of long-duration workers' compensation claims and more specifically claims that appear to be minor yet result in significant claims, referred to as Adversely Disproportionate Outcomes [ADO's]. Reviews show that within all workers' compensation systems worldwide, this small group of claims represent the majority of costs within systems.

Traditional methods of prevention lie in post injury intervention however, the question needs to be asked if the worker is already injured is it too late?

This presentation will provide further insight into long duration workers compensation, the individual, organisational and psychosocial factors that were found to contribute to the onset of long duration workers' compensation claims and discuss methods to prevent ill-health and injury in individuals, work teams and the workplace.

When:	Friday 27 July 2018
Time:	5.00pm
Where:	Mayfair Lane Pub and Dining Room 72 Outram St, West Perth WA 6005
Cost:	\$10.00 members \$20.00 non-members
RSVP:	<b>By 18 July 2018</b> – it would be appreciated if payment was received prior to event

Registration will commence at 4.30pm.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Cash  (Do not send by mail)

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Account No:

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Mailing address:

The Secretary, Occupational Health Society of Australia (WA Branch), 639 Murray St, West Perth, WA, 6005

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