

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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President's report	2
Bio – Guy Lenoir	3
Could lithium be the next metal poisoning?.....	3
Could WHS fines increase through penalty unit system?.....	5
Victoria to introduce Australia's highest workplace health and safety penalty.....	6
Report available on the impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers.....	6
New WorkSafe WA Commissioner Appointed	6
OHS Coordinator to pay 35k over failed adversity claim.....	7
WHS risks don't override all return to work obligations.....	8
Six pre-intervention steps for workplace stress.....	9
Nano risks extended beyond manufacturing processes	9
Clan labs, fixed or mobile, create dangers for Police...	11
Maintaining a healthy gut during weight loss.....	12
Aged care commission begins.....	13
New Zealand release new Health and Safety Strategy	13
Membership fees are due now.....	13
Financial Members.....	15
Workshop information - Resilience programs in emergency responder and military agencies.....	16

President's report

Member readers, I hope you enjoy this edition of the Monitor, the first for 2019.

The OHS/OSH area always throws up new and interesting issues along with the still unresolved historical issues that face working people. This edition covers a number of these issues in detail.

The modern one that still baffles me, and many others regards the toll stress and anxiety takes on workers through work occasionally inter mingled with their private lives. No amount of community effort in campaigns and education programs seems to be having any effect in reducing the number of incidents, which often results in mental breakdowns and sadly suicide.

Hopefully our first event for 2019, 'Resilience in Emergency Workers' will help us understand the causes and enlighten us all on the work that is being explored to tackle the problem. Whilst working at the Police Union I had a meeting with Fiona Donaldson the then Assistant Director of the Health and Safety Branch it became evident that some members were just not coping with the effects of nonstop job to job work each and every shift. No amount of training had prepared them for this real-life onslaught.

Fiona will present her Churchill Fellowship findings at the Mayfair Tavern West Perth from 6PM on Thursday March 14, 2019. See the attached flyer. Seats will be limited so send in your applications ASAP.

Life Member

At our first committee meeting in January I had the honour of presenting the Secretary Allaine Coleman, with her life membership badge award.



A stalwart of the Society often frustrated with the lack of interest Allaine, has persevered over a number of years to keep the Society going, knowing that the contribution is vital for the wellbeing of all workers. Please offer your congratulations when you spot her wearing her badge with pride.

Dave Lampard
President

Editors: Sheryl Kelly and Allaine Coleman
Collaborator: Patrick Gilroy

Bio – Guy LeNoir



Guy LeNoir is the Principal Auditor / Director of SOS-Switched Onto Safety, working with organisations small, medium and large; state-wide, nationally

and internationally. Guy and his team assist organisations, developing client-specific solutions to ultimately improve their overall performance.

Guy believes in looking after his clients from a whole of business risk aspect. He is passionate, ethical and empowering when working on a project or with his clients.

Guy has worked in OSH for 27+ years establishing SOS-Switched Onto Safety in 1996.

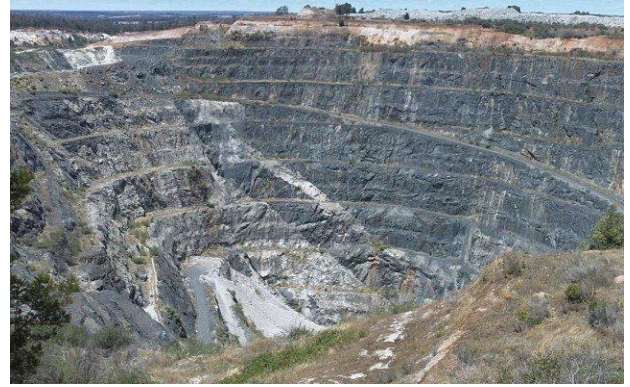
Guy is known as a passionate and authentic trusted consultant. Based on his passion for the OSH / Risk Management Industry, Guy is known as not being timorous in letting an organisation know his viewpoint, especially when it comes to helping them in the long run and protecting personnel from harm.

Guy works on Government Department Panels protecting the State, Alliance Boards (Adviser/Principal Auditor) and working with clients in the Private, mining and construction industries.

Guy holds formal and PD qualifications including but not limited to:

- Systems Safety, Systems Management (Curtin University)
- Diploma of Occupational Safety and Health
- Exemplar Global Principal OSH Auditor (20th year)
- Accredited WorkSafe Plan Assessor (20+years)
- Diploma in Business
- Diploma of Training and Assessment Systems
- Surface & Underground Ventilation Officer
- Certificate in Implementation of Quality Management Systems

COULD LITHIUM BE THE NEXT METAL POISONING?



The following is an article prepared by one of the Society's members, Guy LeNoir, whose Bio we have included. We thank Guy very much for his contribution.

What is Lithium?

Lithium is the lightest of metals, is an alkali metal and like all alkali metals, it is highly reactive with strong oxidants, acids and many compounds including concrete, sand (silica) and of all things, asbestos. Posing as a significant explosion and fire risk.

In its natural state it is an unremarkable product contained in petalite, lepidolite and spodumene ores and also subsurface brines.

Lithium in various forms is used for a variety of things including glazes, aluminium products, batteries, lubricating greases, metallurgy and other chemical and industrial uses.

Lithium is also used from a medical perspective. This came about from people drinking from 'healing wells' which created curiosity from a medical perspective leading to its identification in managing mental health issues like bipolar and schizophrenia.

So where am I going with this, well:

My concern is that with the increased mining and processing of this product and the methods used may in turn create a deleterious exposure if it is bioactive. I also ask the question, can this exposure to the product increase the levels of Lithium in those persons taking Lithium for medical purposes? I am concerned that we do not know the full implications from dust inhalation exposure.

In researching this product and the mining / processing of it, I have been able to find very little in epidemiological information in relation to dust exposure. I have been able to identify Temporary

Emergency Exposure Levels (TEEL's) but no Occupational Exposure Levels (OEL's) i.e. Time Weighted Averages (TWA) / Threshold Limit Value (TLV), other than in medical practice, for this product.

I have been able to find information in relation to its medical use, but next to nothing for occupational exposure. However, a lack of data does not mean something is safe, it just means we have a lack of data.

Up until now we have produced Lithium from brine, but with the growing knowledge of its uses, there is a commercial demand for it to take us in to the future. Hard rock mining is now becoming commercially viable, thus bringing with it additional potential health hazards. What are the long-term effects? What is the effects of exposure for those already utilising Lithium for medical purposes?

For mining to occur, it is a requirement for companies mining Lithium to develop, amongst other plans, Health Hazard Management Plans (HHMP) and Radiation Plans. One would expect that critical controls to prevent reactivity would have been built in during the Safe Design processes. However, has dust exposure been given critical thinking from a respiratory perspective. It is important that critical controls don't only focus on items that seem to have an immediate safety and health impact but rather to think more broadly to encompass controls needed to prevent impact in general. This is important as we do experience personnel becoming blasé in respect to those controls that are not identified as 'critical'. Remembering the resurgence of 'black lung' (coal workers pneumoconiosis) cases.

Also, if there is over-exposure, the effects such as pulmonary oedema is not immediate, but continues to develop even after a person has finished their shift.

The question is then raised, within the Lithium mining companies HHMP, what are they stating they will measure and what will they measure against? Just because we don't have any OEL data, does not mean we don't have any risks. It means we just don't know what the safe levels are.

When looking at Safety Data Sheet's, they clearly identify that you shouldn't breath dust or mist due to the acute, chronic / latent affects it has, however they are silent on identifying the OEL's. The SDS's appear to indicate that airborne concentration must be maintained as low as is practically possible and OEL must be kept to a minimum. However only TEEL 1, TEEL 2 and TEEL 3 limits are available (*NOTE 1*).

My thoughts are that lithium mining companies have a further duty to the industry / employees / community to define as far as possible any adverse effects (if any) and at what level they start happening. Are epidemiological studies being conducted to identify OEL's? If so, is this being conducted from an individual company perspective or an industry collaborative approach? I would be very interested in being involved with Lithium companies to investigate this further from an industry collaborative approach.

NOTE 1:

- **TEEL-3** is the airborne concentration (expressed as ppm [parts per million] or mg/m³ [milligrams per cubic meter]) of a substance above which it is predicted that the general population, including susceptible individuals, when exposed for more than one hour, could experience life-threatening adverse health effects or death.
- **TEEL-2** is the airborne concentration (expressed as ppm or mg/m³) of a substance above which it is predicted that the general population, including susceptible individuals, when exposed for more than one hour, could experience irreversible or other serious, long-lasting, adverse health effects or an impaired ability to escape.
- **TEEL-1** is the airborne concentration (expressed as ppm or mg/m³) of a substance above which it is predicted that the general population, including susceptible individuals, when exposed for more than one hour, could experience notable discomfort, irritation, or certain asymptomatic, nonsensory effects. However, these effects are not disabling and are transient and reversible upon cessation of exposure.

Guy Lenoir

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PENALTY

Could WHS fines increase through penalty-unit system?

The Federal Government has provided in-principle support for WHS amendments that could increase maximum fines by more than 90 per cent, and explicitly ban insurance against penalties.

In its to last year's Senate committee inquiry into the "framework surrounding the prevention, investigation and prosecution of industrial deaths", the Government says it supports reviewing the monetary penalties in the national model WHS laws, given they haven't increased since they were introduced eight years ago.

It says the inquiry highlighted the potential benefits of increasing monetary penalties (such as deterring breaches by large companies), and notes that if penalties had been expressed as penalty units, indexed annually, the maximum fine for a category 1 breach of the Commonwealth jurisdiction's WHS Act would have risen from \$3 million in 2011 to more than \$5.7 million, representing a 90.9 per cent increase over the 2011 amount.

On the insurance issue, the Government response says that a penalty regime intended to deter poor safety performances "is significantly undermined if organisations believe they are able to insure and be indemnified against WHS penalties".

"These policies are also contrary to a best practice WHS approach, and there is a lack of clarity surrounding the legal effect of these policies," it says.

Any proposed relevant amendments to the model WHS laws will be subject to Safe Work Australia voting arrangements and the requisite support of SWA members and WHS ministers, it says.

On the industrial manslaughter issue, the Federal Government says that such an offence focuses on punishment rather than preventing deaths, and introducing it to the WHS Act cannot address the central issue identified by families affected by workplace fatalities – that is, poor investigations preventing successful prosecutions under existing laws.

The Government calls for all jurisdictions to ensure their safety regulators are adequately resourced, and says it will ask all WHS ministers to agree to "consider the practical application of existing laws and investigation and prosecution arrangements within their jurisdictions".

"Proper, robust and defensible investigations alone will lead to more successful prosecutions with appropriate penalties," it says.

The Government also warns against amending the WHS Act's definition of "officer" so that it extends beyond "the most senior people in an organisation who have the authority to make and resource key strategic decisions".

"The Government is concerned that any move to change and potentially broaden the definition of officer, in a similar way to the 'senior officer' role introduced with Queensland's industrial manslaughter laws, could have a negative outcome and carries a significant risk of capturing people who are not in fact at fault and exposing them to the possibility of imprisonment," the response says.

Further, the Government says it does not support the inquiry's recommendation to allow unions, injured workers and their families to bring WHS prosecutions, saying they are "unlikely to have the necessary resources or skills" to do so.

"[The] duties of a prosecutor to a court and the defendant are onerous and require specialisation," it says.

Source- OHS Alert 16 January 2019

Victoria to introduce Australia's highest workplace health and safety penalty



Premier Daniel Andrews pre-election pledge to Victoria was the introduction of the nation's highest maximum penalty for workplace health and safety.

Labor retained power, now the state is set to implement the nation's highest maximum penalty of over \$16 million, along with industrial manslaughter laws.

Premier Andrews said that OH&S Act would be amended to hold employers accountable and that the new laws would cover suppliers, contractors, site visitors and passer-by.

"We'll amend the OH&S Act, so that if an employer's negligence causes death – they will be held to account. That doesn't just mean thousands of dollars in fines, that means millions. And it'll mean jail time – up to 20 years."

"We'll make sure these laws extend to staff and beyond. They'll cover a visiting supplier. A routine maintenance worker, or three innocent people walking down a busy street, on the edge of our city."

Report available on the impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers



A new research report to help improve the mental health and wellbeing of FIFO workers has found that a third experience high levels of psychological distress compared to only 17 per cent of non-FIFO workers.

The comprehensive [research report, Impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers](#), was funded by the Mental Health Commission (MHC).

New WorkSafe Commissioner appointed

In December 2018 Mr Darren Kavanagh was appointed the WorkSafe Western Australia Commissioner.

Mr Kavanagh commences this role with a high level of knowledge and experience gained from more than 20 years working in occupational safety and health, in both National and State legislative jurisdictions.

His extensive career in occupational safety and health has included appointment as a member of the Commission for Occupational Safety and Health (COSH) and COSH subcommittees for several years commencing in 2004.

Most recently, Mr Kavanagh worked within the Federal Department of Defence as Assistant Director Estate Management and Planning. During his ten years at Defence, he also held roles as the Risk and Compliance Manager for South Australia, Northern Territory and Western Australia; and Work Health and Safety Manager.

The Department welcomes Mr Kavanagh to the role and looks forward to a strong and successful relationship in protecting the safety and health of workers in Western Australia.

OHS Coordinator to pay 35k over failed adversity claim

An OHS coordinator has been ordered to pay his former employer \$35,000 in legal costs, after a court found he was dismissed for divulging confidential workers' comp data and not, as he claimed, for exercising his workplace right to complain of bullying.

The Federal Circuit Court found the worker unreasonably refused substantial offers to resolve his adverse action claim against AlSCO Pty Ltd and four managers. It found he attempted to "tickle up" the settlement to \$185,000 with the "veiled threat" that he would reveal certain information on AlSCO's business operations in the public arena.

The OHS coordinator was employed by the industrial laundry operator in South Australia in 2009, with a contract that included incentives tied to WorkCover rebates and workers' comp premium reductions.

One of his roles was helping AlSCO change the workers' compensation classification of one of its businesses. When that was achieved in 2013, the employer decided he should focus more on health and safety, and implemented a new incentive scheme based on safety KPIs.

In July 2014, the coordinator complained to his branch general manager that the KPIs – which dealt with consulting with workers and managers on safety, assessing risk management and managing return-to-work programs – weren't achievable and he was meeting resistance from staff in meeting his objectives. He complained that altering the incentive scheme was unfair and resulted in him earning less.

Later that month, the worker complained to the same manager that he was being bullied by four other management staff and he was suffering stress and anxiety as a result. He did not attend work for several days and an HR advisor accessed his work email account so she could manage any urgent work.

The worker was summarily dismissed when the HR advisor found he had sent a significant number of emails to his personal email address and external parties, including a solicitor, containing AlSCO payroll

details, employee medical reports and workers' comp information.

In the Federal Circuit Court, the worker claimed AlSCO took unlawful adverse action against him in sacking him for exercising his workplace right to make a complaint, and because he suffered a mental disability.

He refuted any suggestion that he sent the emails for purposes associated with his own injury management business.

In May last year, Judge Stewart Brown heard the four managers bullied him by speaking rudely to him, admonishing him for the decisions he made, disagreeing with his approach to workplace safety and undermining his position.

Judge Brown found the AlSCO workplace was "far from harmonious", but accepted that the substantive reason for the coordinator's dismissal was his breach of AlSCO's IT policy and confidentiality agreement, and failure to cooperate in the related investigation.

He found the coordinator's evidence on the emails was "confused and contradictory", and did nothing to alleviate AlSCO's concerns on the issue.

"The substantive and operative reason for his dismissal was that he was found to have breached his trust with AlSCO," the Judge said.

In the costs decision at hand, Judge Brown found the coordinator rejected settlement offers of \$60,000, \$70,000 and \$80,000 to resolve the adverse action claim; AlSCO tried to point out the "irredeemable and fatal defects" of his case and the "unreasonable act or omission on his part" justified a costs order.

He found the worker's proposal to settle the matter for \$185,000, with the veiled threat, was "an inept attempt to tickle up the offer or, at worst, an attempt at extortion".

Adamczak v AlSCO Pty Ltd (No.4) [2019] FCCA 7 (9 January 2019)

OHS Alert – 25 January 2019

WHS risks don't override all return to work obligations

A tribunal has highlighted that an employer's WHS duty doesn't require it to eliminate every perceivable risk or sideline its obligation to return injured workers to work. The South Australian Employment Tribunal found that despite claims to the contrary, Flinders Adelaide Container Terminal (FACT) had many roles and duties that were appropriate for a stevedore with an extensive history of work injuries.

FACT relied on its obligations under the State WHS Act as a reason for refusing the worker duties. However, SAET Deputy President Judge Leonie Farrell said the Act "does not require every hypothetical possibility to remove risk be taken; it requires only that which is reasonably practicable" and a consideration of the obligations of the State *Return to Work Act 2014*.

The worker had suffered multiple compensable injuries to his back, left knee and neck since starting work at the terminal in 1999. He underwent spinal surgery in 2015 and returned to work in 2016, before he was stood down by FACT over the possibility of him further injuring himself at work. The 50-year-old worker gave notice to the employer seeking to be provided with suitable employment, pursuant to section 18(3) of the RTW Act, and provided a list of possible duties, including crane driving, escort duties and yard clerk duties.

The employer told him it found it wasn't reasonable to provide him with these duties because most would put him at risk of further injury. It said he didn't have the requisite skills for clerical duties, and no such roles were available in any case.

At the same time, ReturnToWork SA rejected his request to provide him with return-to-work services, saying he was no longer entitled to these under section 33 of the Act because he had not been entitled to weekly workers' compensation for 12 months. The worker appealed both decisions, and Deputy President Judge Farrell found that the relevant risk that working at the terminal posed to the worker was of gradually increasing his

symptoms rather than any impact on his underlying condition.

She found this risk was impossible to eliminate entirely and could be dealt with by an appropriate return-to-work plan. She added that medical evidence showed the risk of the worker's condition being aggravated was "no greater for the most part" than any other worker of his age with a history of heavy manual labour.

"FACT made much of its obligations pursuant to the *Work Health Safety Act 2012* as a reason for refusing to give [the worker] duties," Deputy President Judge Farrell said.

She said it was "not an obligation that an employer operates entirely free of risk" and the WHS Act should be "understood to recognise the obligations of employers to return workers with compensable injuries to work".

She found there were many roles and duties at the site that were appropriate for the worker or gave rise to a low risk of aggravating his neck or back conditions.

"Given the range of roles and duties which are appropriate for [the worker] to perform, the size of FACT's workforce, and its significant utilisation of permanent part-time workers and casual workers, there appears to be no operational reason why it could not provide suitable duties to [him]," the Deputy President Judge said in ordering FACT to provide him with suitable employment.

She went on to order ReturnToWork to provide him with a return-to-work plan that provided for assessments of the worksite and equipment and modifications that could assist him, as well as training if required.

She found the entitlement to recovery and return-to-work services and plans were set out in sections 24 and 25 of the RTW Act, and no time limits were set for their provision.

[Puhara v Return to Work SA \(Flinders Adelaide Container Terminal\) \[2019\] SAET 3 \(16 January 2019\)](#) - Source – OHS Alert 21 January 2019



Six pre-intervention steps for workplace stress

Setting up a representative steering group is one of six steps employers should take to kick-start their stress-prevention interventions, according to the UK's Health and Safety Executive (HSE).

In a new [white paper](#) on prevention cultures, the regulator explains why employers need to proactively tackle organisational factors that contribute to workers' stress.

Stress accounts for 40 per cent of all work-related illness cases and about half of all working days lost to ill health, with 12.5 million working days lost due to work-related stress every year in the UK, the paper says.

It says the HSE is striving to significantly increase the number of employers that take a preventative rather than reactive approach to managing the issue through a risk assessment process.

"Just think about how you manage the risk of physical hazards – managing work-related stress needn't be any different," it says.

"Risk control strategies for work-related stress should follow the hierarchy of control approach, just like any other hazard.

"An approach that focuses on implementing primary, proactive interventions so far as is reasonably practicable, complemented as appropriate with secondary and tertiary interventions, will ultimately prove more successful."

The white paper refers to the HSE's [management standards](#) approach, which help employers carry out organisational risk assessments for managing stress

across six key areas of work design: demands, control, support, relationships, role and change.

It also recommends following six pre-intervention steps to get an organisational level stress intervention off to the best possible start:

1. **Secure** commitment and buy-in from senior managers by making a business, moral or legal case, ensuring they support the proposed intervention and are happy to allocate resources;
2. **Set up** a representative steering group and ensure both representatives and senior managers understand the risk factors for stress, the need to focus on prevention and that issues need to be explored on an organisation level;
3. **Set** a goal or vision to benchmark progress;
4. **Elect** a workplace champion to "move your intervention forward in a positive way";
5. **Develop** a communication and employee engagement strategy for the intervention; and
6. **Plan** the intervention like a project in terms of administration, timing and securing budgets.

Source - OHS Alert – 10 July 2018

Nano risks extend beyond manufacturing processes

The growing evidence from animal studies that nanomaterials can be harmful to health should compel employers to eliminate or reduce exposure to the tiny particles through the hierarchy of controls – immediately, according to special guidance from the American College of Occupational and Environmental Medicine (ACOEM).

ACOEM also warns that workplace exposure to engineered nanomaterials is unlikely to be confined to initial manufacturing processes, and "might also occur during maintenance or modification activities, such as cutting, sanding, or drilling, which disrupt finished products or components fabricated with nanomaterials".

"At the present time, safety data sheets and other safety information that accompanies finished products may not reliably indicate the presence of engineered nanomaterials or their potential release during typical or atypical activities that may disturb or disrupt the product," ACOEM says in the [guidance document](#), published by the *Journal of Occupational and Environmental Medicine*.

"ACOEM supports the proper labelling of products containing nanomaterials, especially if reasonably anticipated use, maintenance, or handling might result in potential nanoparticle exposure," it says.

"For a distributor or seller of a finished product or part, that will require careful tracking of nanomaterial content in all precursor materials and components."

Concerning evidence

Engineered nanomaterials (manufactured particles with a size of between one and 100 nanometres) are used in a rapidly increasing number of manufacturing processes, products (like insulation, filters, lubricants, paints and tyres) and medical applications.

ACOEM says that while no definite links between exposure to engineered or synthesised nanomaterials and adverse health effects have been reported in humans, there is "accumulating evidence from animal studies that exposure to some nanomaterials is harmful".

Some studies have shown that mice developed pulmonary inflammation and fibrosis after exposure to single-wall carbon nanotubes, while some multi-walled carbon nanotubes have been linked to mesothelioma in mice, leading to the International Agency for Research on Cancer classifying them as "possibly carcinogenic to humans", it says.

Other animal studies have found that nanomaterials can move through the body, such as from the nasal cavity to the brain via the olfactory nerve tract, it adds.

These findings don't necessarily apply to humans exposed in occupational settings, but there is one reported case of a worker suffering symptoms of

allergic rhinitis and nickel sensitisation (with reactions to nickel earrings and a belt buckle) after uncontrolled exposure to nickel nanoparticle powder, ACOEM says.

Further, it's possible that the well-established link between ultrafine particles (in diesel emissions, for example) and declines in pulmonary function in humans points to the potential adverse health effects from engineered nanoparticles, it says.

Protecting workers

Given the uncertainty around these issues, the "prevention or reduction of exposure, using the hierarchy of controls, seems prudent", the guidance statement says.

"The potential for exposure to nanoparticles, influenced by the quantity used and the form in which the nanoparticles occur, should be considered in designing appropriate controls," it says.

"Engineering controls, such as source enclosure, local exhaust ventilation, and high-efficiency particulate air filtration, should substantially reduce or completely eliminate exposures.

"Robust controls that prevent exposures may represent the most prudent response at this time to the lack of information on health effects and dose-response. Employee training in safe work practices is also important."

ACOEM notes that employers should only resort to providing respirators if it isn't feasible to implement engineering controls that *eliminate* exposure to nanomaterials.

[ACOEM Guidance Statement: Nanotechnology and Health](#). Dr Michael Fischmann, et al, US, *Journal of Occupational and Environmental Medicine*, online first January 2019, doi: 10.1097/JOM.0000000000001548.

Source - OHS Alert – 25 January 2019

CLAN LABS, FIXED OR MOBILE, CREATE DANGERS FOR POLICE

“Has it occurred to you that the police entering clandestine drug laboratories seem to look a bit ‘over the top’ when they enter premises or search vehicles whilst wearing breathing apparatus and special protective clothing?”



According to Dave Lampard, Safety Officer with the W.A. Police Union 2004-2018 (Now retired) the introduction of mobile ‘clan labs’ and the preparedness of criminals to use all manner of dangerous chemicals and procedures has created extremely dangerous situations for police officers, and other specialists assigned to dismantle the drug manufacturing apparatus.

Based on national data for ‘clan labs’ this is something officers, particularly general duties officers will increasingly come into contact with:

Record number

There was a record number of 600 clan labs dismantled around Australia last year (2010) with 141 in W.A. alone. Dave’s counterpart with the NSW Police Association had told him of situations confronting police officers that included:

- Officers finding **Thorium Nitrate** and **Thorium Oxide** – both radioactive materials at premises in Summersby.
- Finding **Picric Acid** at Kuringai, Friction, even picking it up can cause **Picric Acid** to explode.
- In 2005 a lab was found to have **hydrofluoric acid**, a particularly dangerous acid that if an antidote is not applied immediately after exposure can only be treated by amputation to prevent death.
- **Sodium metal** being found that explodes in water and **Diethylether** which is highly flammable.
- Officers have suffered **anhydrous ammonia** burns to their lungs immediately after inhalation that can cause lung haemorrhage. Police Officers have been exposed to **phosphene gas** which is produced in the manufacture of **methylamphetamine** (speed). This gas can cause death if inhaled even in moderate amounts.

Variety of compounds

They’ve come across a huge variety of other compounds ranging from **acetones to benzyl** products, **chloroform**, a range of acids and **mercury compounds** many of which can be highly toxic.

So, it would seem the protective, over the top gear for police personnel who have to dismantle ‘clan labs’ and take evidence from them is likely to remain for a good while longer.

Every summer in Australia brings up the pill testing debate for patrons prior to attending a music festival. The variety of pills is obviously not available from a legal source. They are all sourced from a drug dealer who may or may not be the manufacturer of the product. Certainly not the manufacturer if the drugs come from overseas.

Readers with teenage children need to be aware of the possible contents of the pills that are purchased by their sons and daughters. None of the range of chemicals shown in bold lettering is good for health. No chance of a refund either if the pill testing indicates any harmful substance.

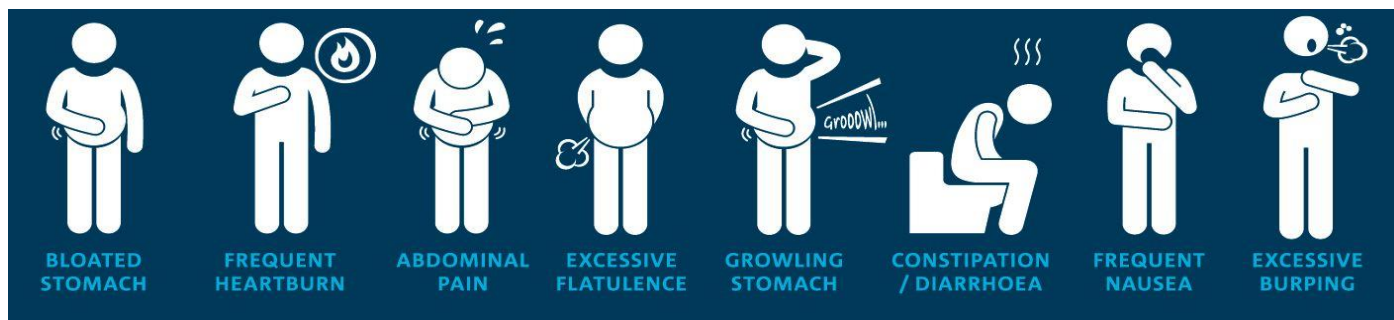
Article repeated from (siwa ltd) Safety Matters Winter Edition 2011

Maintaining a healthy gut during weight loss

You've probably heard a lot about gut health recently, words like probiotics, gut bacteria and the microbiome are hitting the health headlines on a regular basis.

According to the latest CSIRO report, [Gut Health and weight loss](#), gut health and obesity go hand in hand. Poor-quality diets contribute to an unhealthy gut which can result in symptoms such as bloating, frequent heart burn, abdominal pain and constipation, and people who are overweight or obese are more likely to experience these symptoms. Although people often think that they can improve their gut health by eating a tub of yogurt each day the current science suggest that it might take a little more than that.

Symptoms of gut health



The gut is a major gateway to the rest of the body, but it plays much more than just a supporting role in health and wellbeing – it is vital for keeping other body systems functioning optimally. The gut connects with other organs, including the brain, and has major input into the control of metabolism, inflammatory responses and immune system function. With fifty per cent of Australians experiencing digestive upsets and one in seven experiencing distressing gut symptoms affecting their quality of life, gut health is clearly quite a big deal.

The typical Australian diet can compromise gut function and health, in particular because of its low fibre content and lack of fibre diversity. Australians' diets are also commonly rich in fat and protein, which in the context of low fibre intake, upsets the gut's delicate microbial balance ("dysbiosis"), reducing the abundance and diversity of beneficial bacterial populations and increasing numbers of potentially harmful ones. Fibre is important as it helps to keep the gut healthy and has the capacity to aid laxation, reduce blood cholesterol and lower blood glucose.

Here are a few additional benefits of consuming more fibre.

1. Fibre rich foods are lower in kilojoules which can help reduce energy absorption
2. Helps you feel full, curbing the risk of overeating
3. Feeds good gut bacteria which produce products that are vital for normal gut function

By [Simon Hunter](#)

3 January 2019



Access full article: https://blog.csiro.au/maintaining-a-healthy-gut-during-weight-loss/?utm_source=Snapshot-February-2019&utm_medium=newsletter&utm_campaign=Snapshot

AGED CARE COMMISSION BEGINS



The aged care royal commission has begun, and families of victims are being urged to bravely speak up.

The royal commission will investigate substandard care, mistreatment, abuse and systemic failures.

It is expected to examine the controversial use of physical restraints and medication to control dementia patients.

On that note, Aged Care Minister Ken Wyatt has announced new regulations to prevent the excessive use of physical and chemical restraints.

Several recent reports have called for Government regulations on the use of restraints similar to those in the US, UK and Europe.

Mr Wyatt says the new regulations should be in place “within weeks”.

Source - OHS Career – 28 January 2019

New Zealand releases new Health and Safety Strategy

The New Zealand Government has rolled out a new workplace health and safety [strategy](#) for the next decade, which includes a broader definition of work-related harm.

The strategy includes better management of work-related health risks including mental health, while helping business most at risk – such as dangerous sectors and small firms. It also looks to support at-risk workers including Maori, Pasifika, migrants and seasonal workers.

According to the government, the strategy will:

- Set a clear direction for New Zealand and provide a shared vision
- Identify common capability gaps and opportunities, through a set of goals and priorities that help focus efforts
- Support better coordination, by providing visibility of different roles and a framework of discussion
- Improve measurement, through the work to build a better picture of New Zealand’s overall health and safety

The Strategy was jointly developed by the Ministry of Business, Innovation and Employment and WorkSafe New Zealand, together with a range of stakeholders. Its development flows on from the recommendations of the Taskforce on Workplace Health and Safety that reviewed New Zealand’s system in response to the Pike River tragedy in 2012.



Membership now due

You should have received your membership renewal notice by now. If not please contact the Society’s Secretary,

Email: ohswa@outlook.com.au

Address: c/- Secretary, OHSA(WA)
639 Murray St, West Perth, 6005

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

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 regarding membership

Occupational Health Society of Australia (WA)

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If your name is not on this list and you believe you are a current financial member, please contact the Society by email - ohswa@outlook.com.au



The Occupational Health Society of Australia (WA Branch)



Presentation by Fiona Donaldson

Resilience programs in emergency responder and military agencies

Fiona is a 2016 Churchill Fellow. Her paper investigated the preventative resilience and positive psychology programs that contribute to wellbeing to determine their effectiveness and ability to be utilised by emergency services personnel. Her paper also evaluated programs that focus on keeping people well and reducing stigma around normal reactions to the abnormal events that emergency services personnel are exposed to.

The presentation will provide information of the findings of her report including a systematic approach to building resilience with specific attention on cultural and leadership issues.

When:	Thursday, 14 March 2019
Time:	6.00pm to 7.30pm
Where:	Mayfair Lane Pub and Dining Room 72 Outram St, West Perth WA 6005
Cost:	\$20.00 members \$30.00 non-members
RSVP:	By 11 March 2019 – it would be appreciated if payment was received prior to event

Registration will commence at 5.45pm.

Name: _____ Company: _____

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BSB:

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Note: please include – Amount, Description and your Name -

Mailing address:

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