

# the monitor

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



Issue X Vol XX February 2020



## Occupational Health Society of Australia (WA)

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Editors: Sheryl Kelly and Allaine Coleman  
Collaborator: Patrick Gilroy

The 2019 AGM saw a number of changes to the committee for 2020. Welcome aboard Ting Ni who was elected to fill the vacant Secretary's position. Allaine Coleman stays on the committee but decided to hand over the Secretary's duties for this year. Thanks Allaine.

Bronte Weekes also stood down from the Treasurers position due to an impending relocation with her employer to Karratha for 12 months. Bronte stays on the committee, as a co-opted member, to enable her to update the website, face book and Linked in sites. Good luck Bronte in your job in the Pilbara. Lee Cheery remains on the committee and was elected into the Treasurers position.

A big welcome to the committee Lance Van Niekerk, I am sure he will be a strong contributor.

There has been an important name change in the OHS/OSH area recently with the Australian Institute of Health and Safety (AIHS) replacing the Safety Institute of Australia (SIA). The name change alone indicates a move towards health being the prominent partner to safety in the workplace.

Hopefully we will be able to muster sufficient interest to run another three information short presentation sessions at the normal location at the Mayfair Tavern West Perth.

Some of the suggestions to date are: **Clinical Patient Safety, Staff Safety Infection control.** Now this subject is very topical due to the recent outbreak of the Coronavirus. **Cartage of Dangerous Materials - Truck Explosion near Charlieville QLD 2014.** If the explosion had occurred in or nearer to Charlieville a catastrophe would have been declared. This subject is of special interest to me as I dealt with several similar near disaster incidents whilst I was OIC at Southern Cross Police Station in the late 1980's during a mining boom. Luckily one of our Committee Members Les Vogiatzakis works in this area. **Public Events whose responsibility.** For this proposal Stan Sexton an expert in this field will be invited to present his observations and recommendations regarding disasters that occurred in soccer tragedies in the UK that had health consequences for the emergency services. The final suggestion is **Silicosis – is it the new Asbestos** and a hidden killer.

## President's report

These short mid-evening presentations are planned to enable members to learn about specific interesting aspects of real life OHS situations and an opportunity to mix and mingle with similar likeminded people.

The committee will hold the first meeting on February 6, 2020 after the conclusion of the AIHS first event of the year at ECU Mt Lawley Campus.

Please enjoy the first Monitor for 2020.

**Dave Lampard**  
President

## Membership extension

The Committee decided, at our final meeting for 2019, to align our membership renewals with the financial year rather than the calendar year. This information was relayed to members who attended the AGM in late November.

Membership fees which were due in December have been extended meaning current financial members will enjoy an extra six (6) months membership for free. Fees will now be due on 1 July, 2020. Notifications will be sent out in advance of this.

Please encourage your colleagues, friends, work mates or anyone you know who has an interest in health and safety to join the Society. The Society is actively looking for additional members to ensure the Society remains viable and can provide the services like seminars and the Monitor.



STANDARD  
MENTAL HEALTH FIRST AID

Each year **1 in 5 Australians** will experience a mental illness. Many people are not knowledgeable or confident to offer assistance. Physical first aid is accepted and widespread in our community, however most do not cover mental health problems.

The Standard Mental Health First Aid (MHFA) course teaches adults how to assist other adults who are experiencing a mental health crisis or developing a mental health problem.

If you would like further information or interested in providing your workplace or community group with MHFA training, you can get in touch by emailing [info@verumsolutionsaustralia.com.au](mailto:info@verumsolutionsaustralia.com.au)

## Bio – Tanya Barrett



Tanya has worked in health, safety and welfare for over 30 years. As an occupational therapist she worked in a variety of physical settings, including sheltered workshops and workplace / vocational rehabilitation early in her career. Tanya has

managed an in-house occupational health services establishing new systems, staffing and programs for a major Perth transit provider, and safety and health sections for three Perth-based national insurers. Her commitment to student education led to the impetus for the book, as well as Barrett, T.E., Cameron, D. & Jansz, J. (2011) "Safe Business. Good Business. A practical guide on occupational safety, health and insurance for Australasia". Tanya is a registered occupational therapist, has a Masters degree and postgraduate qualifications in occupational safety, health, education and health promotion. Tanya has worked as a Lecturer and Adjunct for Curtin University and Senior Lecturer in ECU's Occupational Therapy program establishing the fieldwork program. Tanya has worked as a sessional lecturer for both Curtin and ECU's safety programmes. She currently manages her own business "Safety Alert".

The Committee would like to thank Tanya for her article. The Committee is truly appreciative of the contributions from members like Tanya. Tanya Barrett (BAppSc, PGradDipHlthSc(OHS), MAppSc) is the publisher of Safety and Rehabilitation Books. The website is [www.safetyandrehabilitationbooks.com](http://www.safetyandrehabilitationbooks.com).

### Snapshot! Workplace Rehabilitation

**A system's approach. It is the little things which count.** (adapted from Barrett, T, Strickland, E, & Browne, D (Eds) (2016 – Rehabilitation Work and beyond)

The items suggested in this 'Snapshot' are not new ideas, some are required by WorkCover WA and many are supported by research. Perhaps though it easy to miss crucial items for a smooth return to work for an injured worker. The same rigorous systems management approach applied to safety needs to be applied to managing workplace rehabilitation, whether an in house or workplace

rehabilitation model is used. This article is not about workplace rehabilitation programs and services.

#### Notable Quote

"A positive return to work is multi-faceted. It involves a range of stakeholders collaborating to support the worker through their recovery and return to work. In essence, it strives to optimise the worker's recovery and capacity to enjoy a working life no lesser than before their injury or illness" (Safe Work Australia, 2019 p.3).

Let's get the perspective right up front

ONE – consider the genuine person. Injured at work, anxious with pain and sometimes recurring disabilities

TWO – systematic management may show the fraudulent claimant

THREE – Reflect! How would you feel if you went to work and came home that day with a significant injury? Then you are expected to go back to work when not fully recovered and it is unclear why?

Systems Approach required by Workers' Compensation Legislation

We are all aware that Work Cover, the regulator for Workers' Compensation, has requirements for system approach to workplace rehabilitation. Their web site provides draft, copyright free templates to support a systems approach of policy and procedures.

A system usually comprises of:

- Policies – demonstrating the organization's commitment.
- Procedures – the 'how to do it' so everyone knows what to do. Includes performance appraisals of management team on their implementation and management of these procedures.
- Forms – to make sure it is documented clearly and is understood.
- Routine in house and external auditing.
- Culture – return to work is valued (Safe Work Australia, 2019).

Examples of system approach

- Quality
- Safety Environment



- Smaller scale or sub system – employee selection, recruitment and induction.

Work Cover WA requires an Injury Management System (IMS) of:

- Policy – commitment.
- Procedures outlining the steps the employer will take if a worker is injured.
- An Injury Management Coord (IMC) - for day to day responsibilities.
- IMC training.
- Promotion of Injury Management as the norm.

WorkCover WA. (2016). Injury management. A Guide for Employers. WorkCover WA; Shenton Park.

Why have a workplace rehabilitation system?

Research studies have shown:

- Success of return to work drops dramatically after one month off work (Waddell, 1992 Australasian Faculty of Occupational and Environmental Medicine, 2010)
- Fast return to work reduces disability and WC costs (Isernhagen, 1995 Swiss Re, 2014, Lagerfeld et al 2012)
- Clear procedures ensure everyone know the rules support injured workers' RTW (Dunn & Thakoral, 2014 Hebeck & Scully, 1998)
- NOTE – For every \$1 spent on rehab \$24-\$39 saved by insurers > think of the positive effect on your premium. (Swiss Re, 2014).
- To ensure “A positive return to work is multi-faceted. It involves a range of stakeholders collaborating to support the worker through their recovery and return to work. In essence, it strives to optimise the worker’s recovery and capacity to enjoy a working life no lesser than before their injury or illness” (Safe Work Australia, 2019 p.3).

Importance of “Walk the Talk” – Executive and Management Commitment.

The importance of management’s commitment to any activity or project is well documented and work place rehabilitation is no different. Dunn & Thakoral, (2014) emphasize the need to demonstrate commitment to rehabilitation with a policy signed by the CEO. Granger (2010) states work targets and other performance indicators for injury management / workplace rehabilitation to ensure it’s treated with same importance as production, environment, safety, corporate image etc.

Driving / supporting management’s commitment

1. Train managers in the system and resources such as Injury Management Coordinators / Workplace Rehabilitation provider’s supports /insurer’s specialist rehabilitation team.
2. Training to include a costs and benefits analysis – savings versus losses.
3. Train managers in people management skills and building a positive culture.
4. Managers’ JDFs to reflect workplace rehabilitation responsibilities >> performance reviews and remuneration to reflect. Measure positive performance indicators (personal contact with injured worker) as well as negative (Return to Work program delays)
5. Inform managers – savings on Workers’ Compensation premium with quality return to work.

Demonstrating management commitment to injured worker

Day to day translation:

1. On injury – visit injured worker in hospital, phone. Provide information on the process for return to work and claims management. Reduce fear.
2. Off work phase – Keep worker involved in social side of the job e.g. BBQs
3. Personal welcome of injury worker back to work day.
4. Make sure the team know how to assist / limitations for injured worker.

But what other activates and structures are useful?

Other organisational structures and activities which drive / support return to work programs.

Human Resources Team

The value of a competent and organised human resources team cannot be underestimated.

- Offer injured worker sick leave / annual leave while claim is being reviewed. Ensure worker is advised and signs off on this.
- Find \$ solutions e.g. Centrelink, union top up.
- Pay wages on time every time.
- Pay the right amount.
- Say ‘sorry’ if the pay is messed up!

- Check Certificates of Capacity are up to date if worker is off work long term preventing pay being distributed.

#### Supervisor or Human Resources Team

- Re induction (and Sign off)
- Site orientation
- Get a 'buddy'
- Provide PPE
- Involved in planning Return to Work program. E.g. finding duties if grading of hours and tasks is not possible.

#### Injury Management Coordinator / Work Place Rehabilitation Provider and Supervisor

- If manual handling job – WRP or IMC is probably the expert to re induct the injured worker on manual handling and disability care. Often this training needs to be tailored to the worker's injury.
- Obtain any prescribed gear prior to RTW e.g. stand sit desk, lumbar support for driving.
- Supervise, supervise, supervise e.g. to prevent over performing.

#### IMC / WRP Assists

- Is parking needed near door due to worker's limited walking tolerance?
- Is driving a problem – can a buddy pick up worker on the way to work?
- Can the injured worker get in the building!! Wheel chair access.

#### Systems supports

- Include injury management process in the general induction so all workers understand it is just a part of the job and what occurs.
- Evaluate – audit, focus groups, benchmarking, IW confidential surveys.
- Make sure there is an Equal Opportunity Policy and it is effective.
- Make sure you have a Bullying and Harassment Policy and use it. Injured workers can be bullied (Vierling, 2001, Kenny, 1995)

#### Employee Consultation

- Ensure feedback through WHS Representatives / Committees is gained.
- Carry out 'end of rehabilitation' or Exit confidential surveys with injured workers.
- Promote examples of injured workers who have returned to work e.g. "celebrate" in newsletters.

### **Final Message!**

**Injury management / rehabilitation.  
It's just part of good human resources  
management**

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# IN EVENTS

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## Annual General Meeting

The Society's AGM was held on 19 November at the Mayfair Tavern in West Perth. The number of members attending was somewhat disappointing as the AGM presents an opportunity for members to vote for their Committee and also network with other members, whilst enjoying some great food and a couple of drinks.

A small gift was presented to those members in attendance in recognition of their support.

Presentations to the recipients of the Safety First Safety Foremost awards were presented by Associate Professor Janis Jansz from Curtin University and Tanya Barrett. The award recipients were Samira Yusef (who attended), Jordan Sears and Tamara Clifford. Tanya Barrett (Safety and Rehabilitation Books) presented Samira with a copy of a book – Rehabilitation – Work and Beyond.

Election for office bearers was undertaken with Ting Ni becoming the new Secretary, Lee Cherry moving into the Treasurer's role and Lance Van Niekerk becoming a new committee member.



Award recipient Samira Yusef (middle), Assoc Prof Janis Jansz (right) and Tania Barrett (left)



David Lampard (President) and Allaine Coleman (Secretary)



Bronte Weekes (Treasurer) presenting her report





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# IN SAFETY

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## New workplace safety laws tabled in Parliament

On 27 November, the State Government tabled the Work Health and Safety (WHS) Bill in Parliament, paving the way for more modern workplace safety laws that apply to all industries.

As a result of significant public concern and the recommendations of two reviews, the new legislation includes industrial manslaughter provisions carrying a maximum penalty of 20 years' imprisonment for an individual and a fine of \$10 million for a body corporate.

The new laws will make it illegal for insurance companies to indemnify entities against monetary penalties imposed under workplace health and safety laws.

The WHS Bill defines health as both 'physical and psychological health', aiming to further emphasise the importance of considering psychological health in the design and management of work.

It is also intended to serve as a reminder that risks to psychological health must be considered alongside risks to physical health.

The public comment period for the accompanying regulations ended on November 26, so work has now begun on the final package to support this Bill.

## AS/NZS3012:2019 Electrical installations - Construction and demolition sites

AS/NZS3012:2019 Electrical installations - Construction and demolition sites was published on 4 November 2019. The new edition contains several changes from the 2010 edition including:

\*updated requirements to reflect changes to AS/NZS3000

\*a reference to AS/NZS61439.4 for switchboard compliance for Assemblies for Construction Sites

\*additional figures and references to AS/NZS3010:2017 for connection of generators

\*new requirements to prevent unauthorised disconnection of emergency lighting with detachable connections

\*Clause 3.3 has been deleted and reference to personnel requirements to be a qualified person or a competent person have been included

\*inspection tags for compliant equipment to include the name of the person (and the company if applicable), and the test and re-test date.

## Safe Work Australia - adoption of GHS revision 7 under the Model WHS laws

At their meeting in November 2019, Safe Work Australia Members agreed to adopt the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) Revision 7 under the model WHS laws for workplace hazardous chemicals.

Safe Work Australia is working towards adopting GHS Revision 7 under the model WHS laws from 1 July 2020, with a two-year transition period for manufacturers and importers. The two-year time frame will allow manufacturers and importers time to prepare new classifications, labels and safety data sheets for hazardous chemicals to meet GHS Revision 7 requirements.

Suppliers and users of hazardous chemicals will not be affected by the move to GHS Revision 7 and will be able to continue to supply and use chemicals classified and labelled under GHS Revision 3 until their stocks run out.

Safe Work Australia will continue to consult and work with stakeholders to ensure changes to Australia's classification and labelling requirements for workplace hazardous chemicals are implemented effectively.

More information on the [adoption of GHS Revision 7](#) will be released by Safe Work Australia in the coming months.

## Western Australia

At this stage Western Australia has not mandated the use of the GHS, however, if businesses export/supply to other states or territories within Australia that have implemented the GHS, they will need to be GHS compliant. If WA businesses do not export/supply to other states and territories and do not wish to use the GHS at this time, they can continue using the existing Australian classification system (known as the Approved Criteria).

Transport of chemicals continues to be based on the Australian Dangerous Goods Code rather than the GHS and in Western Australia this is regulated by the Dangerous Goods Branch of the Department of Mines, Industry Regulation and Safety.

### Read more

- Safe Work Australia - Media statement
- [GHS - Globally harmonised system of classifying and labelling of chemicals - What you need to know](#)

## Changes to saliva drug testing Australian Standards AS/NZ 4760:2019

After more than two years of revision, public comment and re-revision, the new oral fluid Australian Standard has become reality. The Australian and New Zealand drug and alcohol testing industry is universally affected by this change.

Whilst there has been no specific advice from Standards Australia to drug and alcohol testing providers as to a transition period, NATA have issued a notice stating the new Standard applies immediately. Practically however, a transition period applies whilst devices compliant with the new Standard are produced, tested and verified by NATA accredited laboratories as fit-for-purpose. Confirmation testing laboratories will also need to modify their processes and procedures and undergo new NATA accreditation to be able to meet the testing and reporting criteria of the Standard. The standards were updated March 11, 2019 and contain several changes for how an on-site test for drugs of abuse is tested, collected, transported and analysed in a laboratory. Collection and testing providers, including AusHealth, will implement transition arrangements

for testing and reporting that will satisfy the new Standards.

## THE KEY POINTS/CHANGES AFFECTING COMPANIES

### NEW CUT-OFF LEVELS FOR THC (MARIJUANA / CANNABIS)

The cut-off level for THC (also referred to as marijuana or cannabis) is now lower. Previously, anything over 25ng/mL would be considered a positive or non-negative result. This would then need to be referred to a laboratory for confirmation testing. With the latest update, the cut-off level for on-site oral drug testing for THC has been lowered to 15ng/mL. Additionally, the cut-off level for laboratory testing has also been lowered to 5ng/mL from the previous 10ng/mL. This means that any test detected over 5ng/mL will be considered positive or non-negative. This change is likely to increase the number of on-site non-negatives and confirmed laboratory positives. Passive exposure to cannabis is unlikely to be an influence on results, however we expect an increase in the number of these type of claims.

### ADDITION OF OXYCODONE AS A MANDATORY TEST

Oxycodone is a prescription-only, strong pain relief drug. Previously, oxycodone was not required to be tested in workplaces. Under the updated standards, oxycodone must now be tested on all samples.

Oxycodone was previously a component of the opiates panel on AusHealth on-site oral fluid device and reported as a single drug in toxicology laboratory information. Under the new Standard oxycodone will have its own panel on the on-site device (set at 40ng/mL) with confirmation in the laboratory required to be 20ng/mL. The advantage of this single panel approach is the on-site screen will determine specifically this drug group, which means the donor may be managed immediately with an 'exception to stand down' arrangements.

### BENZODIAZEPINES

As with the original 2006 Standard, benzodiazepines will not be specifically included as an on-site detected drug class. Rather, benzodiazepines may be optionally detected and quantitated depending upon the workplace policy to be implemented. Some industry sectors are legislated to require benzodiazepines detection and analysis

## DEVICE VERIFICATION

Any drug test kit used on-site for testing, transport or collection must have an external laboratory assess the performance of the device to the strict criteria required in the standard. This includes having the new THC cut-off level as mentioned above as well as the additional Oxycodone assay. If the device has the correct cut-off s and test menu and has passed this assessment, then only will it be 'verified' to AS/NZS4760.

## CHANGES TO CHAIN OF CUSTODY (COC) FORMS

The language and requirements surrounding consent, including its application to chain of custody forms, has become more rigorous than the current Standard. This will benefit both donors and companies with respect to ensuring a valid drug and alcohol test is performed. Additional consents from the donor will be required in CoC forms, particularly regarding the privacy of results and information around dispute resolution. Additionally, CoC forms must now capture more information, including the reason for testing, and recording the information on the transport device. Any incorrect or missing information on the CoC form will now be considered a 'fatal error'. CoC forms cannot be corrected for fatal errors (such as wrong name or ID, incomplete form, wrongly labelled specimens etc) after the collection has been made. In cases of fatal errors, the CoC form must be reported as not intact and, in this case, cannot be used as viable evidence in a Court of Law.

## WHAT SHOULD YOU DO NEXT?

All companies check the following language in their workplace drug and alcohol testing policies and procedures. Specifically does your policy state any of the following options:

- AS 4760,
- AS 4760:2006,
- AS 4760:2006 or subsequent Standard.

All workplace policies will need to be updated to AS/NZS 4760:2019, including the new on-site and laboratory confirmation drug cut off levels. We anticipate the transition period to the new Standard will take 6-12 months. It is pertinent to initiate discussions with all relevant key stakeholders relevant to your drug and alcohol program, including unions, to alert them of the change. This will allow time for new policies and procedures to

be drafted ready for implementation once the transition period draws to a close.

[www.aushealthwork.com.au](http://www.aushealthwork.com.au).

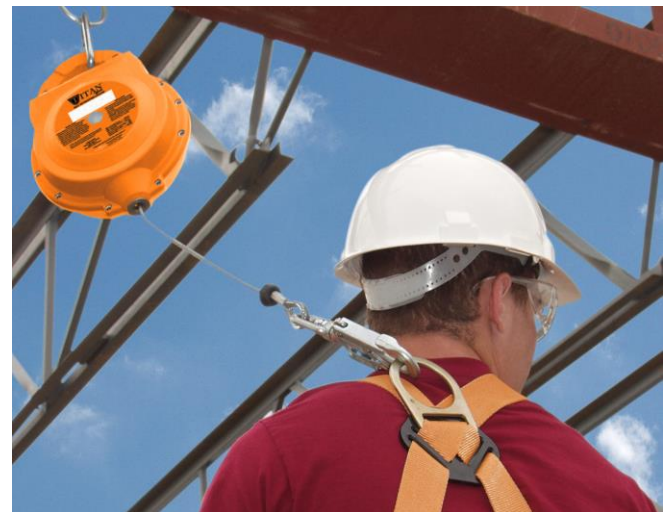
Source – Australasian Mine Safety Journal / Spring 2019 / [www.amsj.com.au/](http://www.amsj.com.au/)

## Around the Country

### Inspectors Enforcement Regime in Victoria

WorkSafe inspectors in Victoria are checking construction sites to make sure fall risks are being controlled, and scaffolds are safe and fit for purpose.

WorkSafe is reminding all employers, builders, site managers, contractors and workers to put safety first. We want all construction workers go home safely.



## Fall Prevention

In Victoria, two workers have been fatally injured this year due to falls, with many more workers sustaining life-changing injuries.

Common fall hazards on construction sites. Falls incidents are often associated with:

- working on or near unprotected edges
- using unsafe or incomplete scaffolds
- using inappropriate ladders or unsafe ladder use
- falling from roofs or through fragile roofs or skylights
- falling from trucks or plant
- falling through stair-voids
- falling into holes, pits or shafts.



More information

<http://comms.worksafe.vic.gov.au/link/id/z5de6bfe2550f6857Pzzz5afe201e73587859/page.html>



## Scaffolding Safety

Wherever scaffolding is being used, it is important to understand how to identify hazards and control risks associated with the use of scaffolding.

WorkSafe inspectors in Victoria are also checking processes are in place to ensure scaffolding is and remains safe, and is fit for the task(s) it is being used for.

Each year there are numerous incidents involving:

- people falling from scaffolds that are incomplete or have been altered without authorisation
- scaffold collapse or failure of components due to incorrect assembly, incompatible componentry, overloading or unauthorised alteration (e.g. tie removal)
- people falling from scaffolding due to misuse (e.g. standing on guardrails)
- objects falling off scaffolds and hitting people below
- scaffolds being struck by mobile plant or vehicles, or being snagged by a crane.

How to ensure scaffolding remains safe:

- there is an appropriate footprint for scaffold to be erected
- it is constructed on a stable surface or solid ground that is capable of bearing the imposed loads
- where required, appropriate ties or other means of stabilisation are used

More information:

<http://comms.worksafe.vic.gov.au/link/id/z5de6bfe2575bf990Pzzz5afe201e73587859/page.html>

## Fatal fall at tourist attraction in Queensland

In October 2019, a patron died, and another was seriously injured while using a zipline attraction as part of a rainforest adventure tour.

Early enquiries indicate part of the zipline rope system has failed causing the two patrons to fall from a significant height. Investigations are continuing.

Preventing a similar incident - The use of adventure activity equipment such as zip lines, rafts and high rope courses allows participants to experience a range of pursuits in the natural environment. Equipment used in providing these experiences is often constructed in different ways to suit the activity and the operational environment.

Risks associated with adventure activities are generally classified under:

- People - risks may include participants who are physically or psychologically unprepared for an activity or have known behavioural issues that affect the safety of the activity.
- Equipment - risks may include insufficient gear for the group or an inferior standard of equipment.
- Environment - risks may include adverse or unseasonal weather, sudden changes in river levels, high winds or danger from local wildlife.

(Source: Queensland Adventure Activity Standards - Challenge Ropes Course - Queensland Government)

## Qld government launches lawsuit over 2014 truck explosion



The bridge on the Mitchell Highway south of Charleville was destroyed in the 53-tonne blast.  
Photo: Queensland Police Service



The state government is suing for almost \$8 million in damages after part of a Queensland highway and a railway bridge were badly damaged when a road train exploded in 2014. The prime mover veered off the Mitchell Highway in south west Queensland just before 9pm on September 5 that year and rolled, [leading to two powerful explosions](#).

The truck driver and a bystander who tried to help him suffered severe injuries, including serious burns, while four firefighters, a police officer and another bystander were also injured.

The government launched a lawsuit in the Brisbane Supreme Court claiming more than \$7.8 million in damages, the estimated cost of building a temporary detour, and inspected the area to ensure it was safe as well as replacing the road and railway bridge.

It is holding the trucking company, Kalari Proprietary Limited, road train driver Anthony David Eden and insurer Dornoch Limited responsible for the repair bill.

Mr Eden, a truck driver with 17 years' experience, was travelling south along the Mitchell Highway near Wyandra, between Charleville and Cunnamulla, at the helm of the truck, which was hauling three trailers.

He had completed the trip from Gladstone to South Australia carrying ammonium nitrate on an almost weekly basis during the 13 months prior to the crash and explosion, without incident.

The road train was carrying about 52.8 tonnes of ammonium nitrate, bound for a mine in South Australia to be used to make bulk explosives.

According to court documents, the prime mover caught fire about 9.50pm and Mr Eden steered off the highway, causing it to hit a guard rail near the Angellala Creek Bridge and roll onto its side in the dry creek bed.



The scene of the truck explosion on the Mitchell Highway, near Charleville. Photo: Queensland Police Service

The crash led to two explosions occurring at 10.11pm and 10.12pm. They were so powerful Geoscience Australia recorded a magnitude 2.0 earthquake and one of the railway bridge spans was thrown 20 metres through the air.

Police officers said they saw a "large fireball illuminate the sky in front" and about three seconds later they heard a "loud explosion" and felt a "shockwave" in their vehicle.

In its statement of claim, the government alleges Mr Eden had started work before 8am and had been driving for more than 12 hours. By law, he should take at least an hour break during a 12-hour shift but government alleges he did not.

In doing so, the government claims, Mr Eden should be held liable for "failing to exercise the degree of care and attention that would have enabled him to observe the fire sooner and bring the road train safely to a stop".

The trucking company has also been accused of failing to train Mr Eden in the proper response to vehicle fires, of making the wrong decision by using trailers made from aluminium for transporting the ammonium nitrate and of not properly maintaining vehicles and equipment.

Mr Eden has not been held solely responsible for the fire outbreak, with the most likely cause identified by investigators as a mechanical fault, such as an overheating tyre.

In response, the defendants point out the police report did not identify a definitive reason for the truck veering off the highway and did not conclude fatigue was a factor.

Mr Eden said the flames started at front of the vehicle in front of the windscreen and he considered the safest action to take was to steer off the roadway.

The defendants argue Workplace Health and Safety Queensland investigations did not identify any breaches in terms of driver training or vehicle maintenance.

Meanwhile, a Department of Natural Resources, Mines and Energy investigation found vehicle maintenance was not an issue as it was regularly maintained.

The DNR could not determine what caused the initial fire due to key evidence being destroyed in the explosion and resulting fire.

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## IN HEALTH

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### Novel coronavirus – workplace infectious disease control reminder

With reports of increasing numbers of people being affected by novel coronavirus, the Department of Mines, Industry Regulation and Safety says it is timely to review your workplace's infectious disease control policy, procedures and practices.

The Department recommends employers and workers follow Health Department directives.

At the time of this alert, the Health Department advises the risk of transmission of novel coronavirus in Australia remains low. WA Health advice is for anyone who has been in touch with a confirmed case of the virus to quarantine themselves by staying at home for 14 days. This advice also applies to all workers who have travelled from China recently.

Further advice and information in can be found on the Department's Diseases and health - Frequently asked questions webpage.

### Advise from Australian Government on Novel Coronavirus

The Australian Government department of Health has updated advice for health workers regarding the novel coronavirus originating in Wuhan, China (2019-nCoV).

A number of factsheets have been published to assist health workers. The factsheets are aimed at Primary and Community Health Workers, Emergency Departments and one provides advice on PPE during clinical care of people with suspected or confirmed 2019nCoV infection.

It has been noted that this is an evolving situation, so these documents may be updated in the future days or weeks. The factsheets can be found on the Department's website

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

### Silica workplace exposure standard

At the November Safe Work Australia (SWA) meeting Members agreed to the implementation of a revised workplace exposure standard for respirable crystalline silica (RCS) to a time weighted average of 0.05 mg/m<sup>3</sup>, as soon as practicable. On 16 December 2019 SWA will publish a revised Workplace Exposure Standards for Airborne Contaminants which will contain the reduced exposure standard.

For those jurisdictions where the model Work Health and Safety (WHS) laws are in place the new exposure standard may automatically apply. Businesses operating in more than one jurisdiction should check with the applicable regulator to confirm the date of implementation.

As Western Australia has not yet adopted the WHS laws some procedural matters must be addressed before the new RCS exposure standards will be required under the Occupational Safety and Health Regulations 1996 and the Mines Safety and Inspection Regulations 1995. The steps required to complete those processes have commenced. Industry will be kept informed of the progress of these changes as appropriate.

The regulations provide the minimum standard for the provision of a healthy and safe workplace and there is no reason why employers cannot commence working towards the improved national standards prior to the change to Western Australian regulations

### Workplace exposure standards open for public comment – Release 10: Includes diesel engine emissions, hydrogen cyanide and others

Safe Work Australia is calling for comments on the recommendations for chemical in Release 10 which includes diesel engine emissions, hydrogen cyanide and others.

The [Workplace exposure standards for airborne contaminants](#) are being evaluated by Safe Work Australia to ensure they are based on the highest quality evidence and supported by a rigorous scientific approach.

Release 10 is now open for public comment. Please note that this release includes chemicals that were deferred from previous releases as well as chemicals that do not currently have an Australian workplace exposure standard.

Chemicals in this release that do not currently have an Australian workplace exposure standard are:

- Diesel engine emissions
- Flour Dust (cereal)
- Gallium arsenide
- Hard metals (containing cobalt and tungsten carbide)
- Hexahydrophthalic anhydride
- Hydroxyacetic acid butyl ester
- Hydroxypropyl acrylate

\*For a complete list of chemicals in Release 10 please visit the consultation platform [Engage](#).

In particular, Safe Work Australia is seeking comments of a technical nature regarding:

- the toxicological information and data that the value is based upon, and
- the measurement and analysis information provided.

Access Safe Work Australia's consultation platform, [Engage](#) to provide your comments on the draft evaluation reports and recommendations for Release 10.

Public comment will close on **14 February 2020**.

The feedback received will be considered when making final recommendations for workplace exposure standards.

The draft evaluation reports and recommendations for the remaining chemicals will be released throughout 2019 and 2020.

If you know someone who has an interest in workplace exposure standards, please forward this email and recommend they [subscribe](#) to the 'chemicals exposure standards' mailing list to stay informed about the review and release dates.

## Public comment - Workplace exposure standards for airborne contaminants

Safe Work Australia is evaluating the [Workplace exposure standards for airborne contaminants](#) to ensure they are based on the highest quality evidence and supported by a rigorous scientific approach.

As part of the ongoing review process, Safe Work Australia is seeking public comments of a technical nature on the draft evaluation reports and recommendations for the workplace exposure standards (WES) throughout 2019 and 2020.

The feedback received will be considered when making final recommendations for workplace exposure standards.

Interested stakeholders can provide their comments for chemicals in Release 9 via Safe Work Australia's consultation platform, [Engage](#).

Release 9 includes chemicals that were deferred from previous releases as well as chemicals that do not currently have an Australian workplace exposure standard. The chemicals in this release are:

- Dicrotophos
- Diethylene glycol monobutyl ether\*
- Dieldrin
- Dimethyl Sulphate
- Dimethyl phthalate
- N,N-Dimethylaniline
- Di-sec-octyl phthalate
- Diuron
- Endosulfan
- Epichlorohydrin
- EPN
- Ethanolamine
- 2-Ethoxyethyl acetate
- Ethyl acrylate
- Ethyl benzene
- Ethyl ether
- Ethyl formate
- Ethylamine
- Ethylene glycol dinitrate
- Ethylenediamine
- Ethylidene norbornene

- N-ethylmorpholine
- Fenamiphos
- Fensulfothion
- Ferrovandium dust
- Formaldehyde

\*Chemicals that do not currently have an exposure standard

Please note evaluation reports for fenamiphos to hydrogenated terphelyls have been deferred to future releases.

Public comment closed on **3 January 2020**

## Managing workplace safety – Reflections from Patrick Hudson

Risk and profitability: Reflections and insights from Patrick Hudson, learn about how organisations are motivated to make cultural changes to improve their work health and safety.

“The first big step change made by organisations is when they're faced with a massive disaster in one form or another and they have to really start and take safety seriously,” says Professor Hudson.

Professor Hudson reflects on the challenges facing organisations trying to implement effective processes to control their serious safety risks. He discusses his safety culture ladder model and how companies can judge their own safety maturity.



This seminar is available as a podcast - <https://www.safeworkaustralia.gov.au/media-centre/risk-and-profitability-reflections-and-insights-patrick-hudson>

## New report on work-related musculoskeletal disorders



Safe Work Australia has published a new report on work related musculoskeletal disorders.

The Work related Musculoskeletal Disorders in Australia (WMSDs) report provides a comprehensive and authoritative resource on WMSDs.

WMSDs are the most common type of work-related injury in Australia, accounting for 55 per cent of all serious workers' compensation claims in 2015-16.

The report outlines current knowledge of WMSD hazards and risk factors, including psychosocial hazards, statistics on incidence and impact, and a review of workplace interventions in Australia and internationally.

For more information, read the *Work-related Musculoskeletal Disorders in Australia* report.



## Better health care for underground hard-rock miners in Western Australia

The two prime aspects of health care for underground hard-rock miners in WA are monitoring of the atmosphere breathed by miners, thus allowing remedial action to be taken if required, and a well-organised health surveillance system so that early indications of ill-health can be detected. Major atmospheric pollutants of concern in WA's mines are those contained within diesel engine exhaust fumes produced by the fleet of diesel-powered mobile equipment so vital to the operation of hard-rock mines in WA.

### MONITORING OF ATMOSPHERES



Diesel exhaust fumes are a complex cocktail of particulates, vapours and gases, and it would logically be highly beneficial to have a single representative surrogate metric for use in assessing the toxicity of atmospheres at work-sites. In view of the large number of ultra-fine elemental carbon (EC) particles in diesel engine exhausts and their considerable capacity for adsorbing many of the toxic gases and vapours on their surfaces; it follows that scientists recommend recording the mass of sub-micron EC particles as the preferred metric.

Further confirmation of the validity of this metric was forthcoming in the recent "Sunrise Dam Study" (MRIWA Research Report M495) when it was revealed that there was a significant correlation between recorded EC values and mean Nano-particulates, especially at elevated concentrations. This study also indicated that recorded nitric oxide (NO) values were always significantly higher (orders of magnitude) than those of nitrogen dioxide (NO<sub>2</sub>) and that a reasonable correlation existed between NO<sub>2</sub> and EC.

Another significant finding of this extremely valuable study was that 1 – Aminopyrene (1 – AP) appears to be a very useful internal biomarker of exposure to diesel particulate matter, which can be measured directly from standard urine tests (see Science of the Total Environment. 685. 2019)

### **NHMRC sponsored research into health impacts of diesel exhaust exposures and subsequent progress.**

The lead researcher of this NHMRC sponsored study, Dr Susan Peters and her colleagues, used the then Department of Mines and Petroleum CONTAM data from 2003 – 2015 and medical reports to model the average levels of exposure among employees in a range of occupations at WA mine sites. They then estimated the number of certified lung cancer deaths caused by those levels with stark and frightening results.

They concluded that if underground miners were exposed to 44 micrograms/m<sup>3</sup> at work for 45 years their risk compared with the general population would result in 38 extra lung cancer cases among males.

It must be emphasised that the reduced levels proposed are by no means extreme since the current WA guideline of 0.1 mg/m<sup>3</sup> relates to the 8 hour TWA Standard which, when adjusted using the "Brief and Scala model," for a 12 hour working shift a 7 day working week reduces the limit to

about 0.03 mg/m<sup>3</sup>. Consequently, serious consideration must be given to moving the WA guideline limit for elemental carbon (EC), towards that recommended by these two highly respected international occupational health institutes, of 0.02 mg/m<sup>3</sup> in underground mines.

### **Confounding factors due to the presence of other Carcinogenic Dusts in Mine Atmospheres.**

It is important to acknowledge the confounding influence of other carcinogens present to a greater or lesser extent in WA's underground hard-rock mines. These include airborne dusts of:

- Nickel sulphide
- Crystalline silica
- Asbestiform fibres
- Radon gas

Diseases due to occupational exposure to fine rock dust is known as pneumoconiosis, and silicosis is one such disease and is of considerable concern to hard-rock miners. The transfer of oxygen across the lung's alveolar walls rely on these walls remaining thin and flexible, but consistent exposure to fine silica causes thickening of the alveolar walls due to scarring, known as fibrosis. If such exposure continues unabated the condition worsens leading to "progressive massive fibrosis," a progressive disease leading to increasing disability and premature death.

Alternatively, other lung irritants in diesel exhaust cause inflammation in the airway walls (bronchitis) with airway narrowing or cause the alveolar air spaces to become grossly distended and rupture, causing larger spaces to form, in which the alveolar walls are disrupted and capillary blood vessel beds are destroyed; a condition known as emphysema or COPD. If the resulting damage is severe the amount of oxygen transferred to the bloodstream is reduced, causing increased breathlessness and increasing strain on the heart. Consequently, regular monitoring of the air breathed by mineworkers, whether diesel engine exhaust fumes are present or not, is vitally important, as is the necessity of having an effective health surveillance system for early detection of the various illnesses and/or diseases caused by any one, or more, of the carcinogenic dusts or other pollutants in the mine atmosphere.

### **HEALTH SURVEILLANCE SYSTEM**

The other vitally important aspect of the health care of workers, exposed on a regular basis to

diesel engine exhaust fumes, is the screening of mineworkers for early signs of developing ill-health. Such a Health Surveillance system is clearly defined in Section 3.24 to 3.40 of WA's "Mines Safety and Inspection Regulations, 1995" and needs to be urgently recommenced, having been discontinued in January 2013. For example these regulations state:

- Employers need to implement such a system to identify changes in the health of workers exposed to hazardous substances.
- Such health assessments must be carried out under the supervision of a medical practitioner.
- The State Mining Engineer may require biological monitoring to be carried out if appropriate.
- The employer at a mine is responsible for arranging such health assessments or biological monitoring and to meet any associated costs.
- The State Mining Engineer is responsible for ensuring health surveillance records are kept.
- A person must be appointed to be the "Mines Occupational Physician" whose tasks include supervising the keeping of health surveillance records and providing advice to the State Mining Engineer as required.

Remedial action must be taken by employers if it is needed to safeguard the health of employees. Both Queensland and New South Wales (NSW) currently operate Health Assessment and Surveillance systems based on:

- Pre-placement medical assessments including X-rays before employees commence work. This information provides a baseline for future health surveillance
- Periodic health surveillance carried out by an approved and registered medical practitioner every 3 years in NSW and at least 5 years in Queensland
- In NSW all approved medical practitioners must complete a one-day "Coal Industry Medical Induction Program" and an approved course in "Spirometry interpretation." It is interesting to note that the NSW Induction Program was developed to provide medics with an understanding of the health risks associated with mineworkers' daily tasks, so as to better equip medical practitioners to monitor workers' health and provide early detection of occupational diseases.

Following is a draft proposal for a re-established Health Assessment and Surveillance System in WA:

- A pre-employment medical health assessment be carried out including recording occupational history, radiographic imaging of the chest and assessment of lung function (forced expiry volume in one second (FEV1) and forced vital capacity (FVC)) performed by an accredited lung function technician. This will provide a baseline for future health surveillance.
- A somewhat similar health assessment should be carried out when changing employers, with appropriate reference being made to past assessments.
- Every underground miner should undergo periodic health assessments carried out by a registered medical practitioner (RMP) every 3 – 5 years.
- Health Assessment information and radiographic images must be stored centrally and be assessed independently by qualified medical and health science personnel.
- Registered medical practitioners are responsible for such health assessment procedures and in order to be so registered are required to undergo an "Industry Induction Program" which includes a well organised tour of an operational hard-rock underground mine.
- The information collected should be collated and analysed independently in order to allow interpretation of lung damage before it is clinically apparent. It is also suggested that such a scheme

## **OXIDES OF NITROGEN**

Underground miners working with diesel-powered mobile equipment are exposed to a range of gases in addition to the previously mentioned diesel engine exhaust particulates. These include carbon monoxide, carbon dioxide and oxides of nitrogen. Of these nitric oxide (NO) and nitrogen dioxide (NO<sub>2</sub>) are the most prevalent, albeit they are collectively referred to as NO<sub>x</sub>.

However, NO is unstable in air since, in the presence of oxygen, it readily oxidises to NO<sub>2</sub> and higher oxides of nitrogen, which can produce severe irritation of air passages and lungs.

NO is a skin, eye and mucus membrane irritant due to formation of nitric and nitrous acid which can permanently alter proteins.

NO<sub>2</sub> is the most ubiquitous and toxic of the oxides of nitrogen and its TWA has been reduced by the

American Conference of Government Industrial Hygienists (ACGIH) from 3ppm for an 8 hour working day to 0.2 ppm. In high concentrations NO<sub>2</sub> forms nitric acid in the lungs causing pulmonary oedema.

## REFERENCES

Black S, et al, Minerals Research Institute of Western Australia – Research Report M 495, 2019.

Mengran Du, et al, “Measurement of urinary 1 - aminopyrene and 1 – hydroxypyrene as biomarkers of

exposure to diesel particular matter in underground gold mines.” Science of the Total Environment. 685. 2019.

Peters S, et al, “Estimation of quantitative levels of diesel exhaust exposure and the health impact in the contemporary Australian mining industry.” Environmental Medicine, 74, April 2017.

Diesel Exposure in Workplaces – “Webinar to explore assessment and control strategies for diesel exhaust exposure.” 5 June 2018.

Source – Australasian Mine Safety Journal / Spring 2019 / [www.amsj.com.au/](http://www.amsj.com.au/)

## Submissions

### Submission to the Industrial Diseases Medical Panel of Western Australia and National Dust Disease Task Force.

The following are submissions from Dr KC Wan, (MBBS, DIH, M.Sc.OccMed, MFOM, FAFOEM G.Dip Public Admin, Fellow American College Occ&Env Med, Consultant Occupational Physician MLCOA Perth WA, Adjunct professor occupational medicine) to the Industrial Diseases Medical Panel of Western Australia and National Dust Disease Task Force.

Dr Wan is currently on the Society's committee. We appreciate him allowing his submissions to be provided to our members.

#### Industrial Diseases Medical Panel (IDMP) Western Australia

Dr Wan has been a member and a chairman of the IDMP since 2003.

Reference: Poster presentation RACP future directions in health congress 2013 Perth, Western Australia 26-29 may 2013

The IDMP was established to determine the questions prescribed in Section 38 and Section 93D of the *Western Australian Workers' Compensation and Injury Management Act 1981 (WCIMA)*. Workers' compensation claims for pneumoconiosis (**P**), mesothelioma (**M**), lung cancer (**LC**) and diffuse pleural fibrosis (**DPF**) are referred by WorkCover WA to the IDMP for determination.

The IDMP comprises 2 or 3 physicians, nominated by WorkCover's CEO, who specialise in disease of the chest or in occupational diseases. The panel must include one physician who specialises in diseases of the chest.

The Panel arrives at a determination based on the medical evidence submitted by the claimant. Whenever possible this includes oral submissions and examination of the claimant. The determination is final, conclusive and binding but the claimant can reapply for another determination.

Writ of Certiorari No. 2431 of 1991 John Taafe vs PMP Expartii Fremantle Foundry & Engineering

Co. P/L > the Supreme Court of WA (**SCWA**) directed that the IDMP will in future refrain from making any purported determination of causation and will limit itself to answering by way of determination, only those questions specified in Section 38. The SC direction applies to Q3 of the determination form such that the answer should only state pneumoconiosis and not specify whether it is asbestosis, silicosis, etc.

WA Supreme Court in 2003 ruling in EX-PARTE SYMONS(2003) WASC154 (15 August 2003) required the IDMP to provide reasons for its determination and to answer prescribed questions only as it did not have legal power to do otherwise. The questions are specified in Section 38 or Section 93D.

The statutory requirements are prescribed in the following sections of the WCIMA:-

Sections 33 to 35 and Schedule 3 Specified Industrial Diseases prescribe pneumoconiosis, mesothelioma, lung cancer and diffuse pleural fibrosis.

Sections 36 to 39 prescribe the determination process for the IDMP

Section 93R prescribe the determination process for permanent impairment assessment.

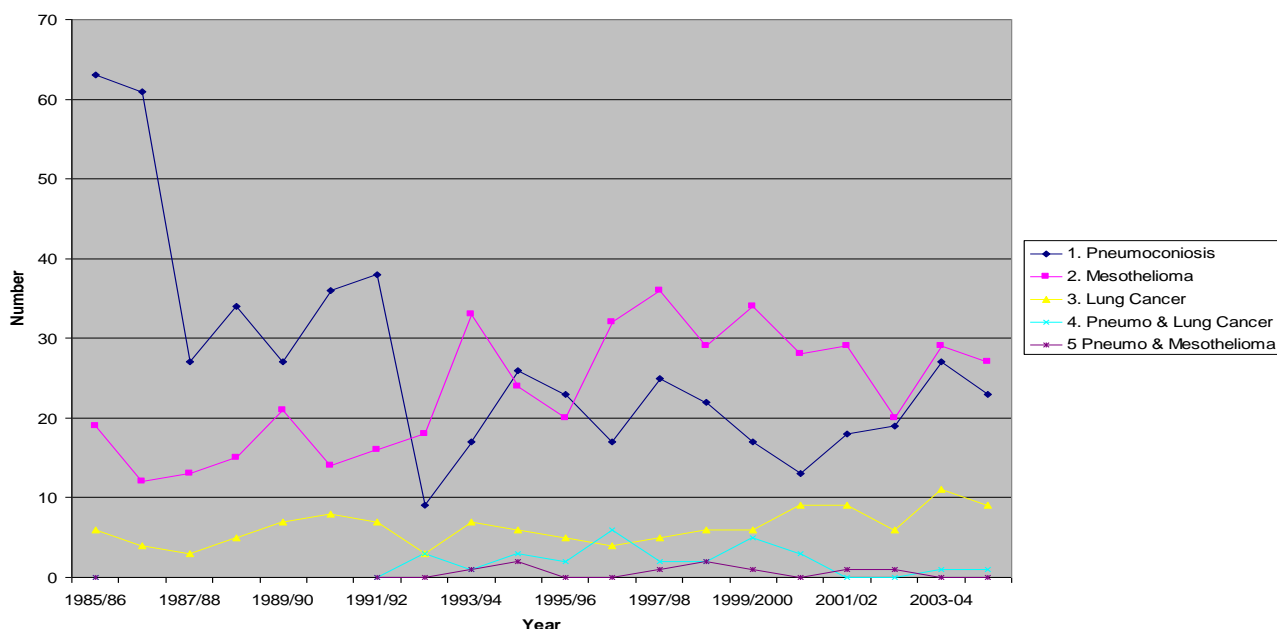
- Pneumoconiosis is described as any process entailing exposure to mineral dusts harmful to the lungs
- Mesothelioma is described as any process entailing substantial exposure to asbestos dust
- Lung cancer is described as any process entailing heavy exposure to asbestos dust
- Diffuse pleural fibrosis is described as any process entailing substantial exposure to asbestos dust

Substantial or heavy exposure are not defined in WCIMA.

Determination is made using standardised form for recording claimant's medical & occupational history, medical reports results of lung function tests, exercise tests, X-ray, CT scans.



IDMP cases 1985 -2005



## Submission to the National Dust Disease Task Force (NDDTF)

Consultation forum, Wednesday 13 November, 2019, Perth Western Australia

C.c. consultant occupational physician Dr Graeme Edwards [drgedwards@workandhealth.com](mailto:drgedwards@workandhealth.com)

My name is Dr Kar Chan (KC) Wan. I have been practising as a consultant occupational physician in Perth, Western Australia since 1979. I graduated from Singapore University in 1969 with MBBS, Diploma in Industrial Health (DIH) RCSE& RCPL in 1973 and M.Sc. Occupational Medicine London University in 1974. I have held MFOM UK since 1981, FAFOEM Australia since 1981 and FACOEM USA since 1988.

I would like to assist the Task Force as I have been in charge of surveillance and enforcement for control and prevention of silicosis, asbestosis related diseases and mesothelioma in Western Australia from 1979 till my retirement from Worksafe WA and WA Mines Dept as chief occupational health physician in 2001.

I have continued to chair and sit as an occupational physician member of the WorkCover WA Industrial Diseases Medical Panel (IDMP) formerly known as the WA Pneumoconiosis Medical Panel (PMP) since 1979. I have reviewed the cases certified for Workers Compensation in WA which I presented at the Asian Conference of Occupational Health in Beijing and recently provided a poster presentation

update at the RACP-AFOEM conference in Perth WA.

I take this opportunity to share my experience in management, control and prevention of silicosis in Western Australia and China. In Western Australia with enforcement of high compliance with the respirable silica exposure standard of 0.2mg/m3 in 90% or more of air monitoring samples by the WA Mines Department, there have been no new cases of silicosis since 1974. Following my presentation in Beijing, China, a Chinese delegation visited Perth and since adopting the WA strategy, there have been no new cases of silicosis in Shangdung. There are 1 million cases of silicosis in China! In WA, sandblasting has been replaced by garnet blasting. Sand casting in foundries were monitored for enforcement.

**Reference:** Silicosis in Western Australia 1984to 1993, Kar C. Wan & Evelyn F. Lee, J. EnvironMed, vol 1 no.1, Jan-Jun 1999.

**Reference:** Poster presentation RACP Future Directions in Health Congress 2013 Perth, Western Australia (WA) 26-29 May 2013

No new silicosis cases have been detected in subsequent cross sectional respiratory health surveillance surveys every 5 years by the WA Mines Department.

**Reference:** Generic Health Surveillance Lessons Learned from WA by Lindy Nield, AIOH Conference, Canberra 2009 December. [nield@iinet.net.au](mailto:nield@iinet.net.au)

With the use of engineered stone in the last 10 years or so in WA which have not been monitored, 2 new cases of accelerated simple silicosis with class 2 WPI-AMA5 have recently been certified for workers' compensation by the WorkCover WA IDMP in June 2019. **Workcover has recently issued a fact sheet** for workers making silicosis claims in the engineered stone benchtop industry that is published on the workcover.wa.gov.au website.

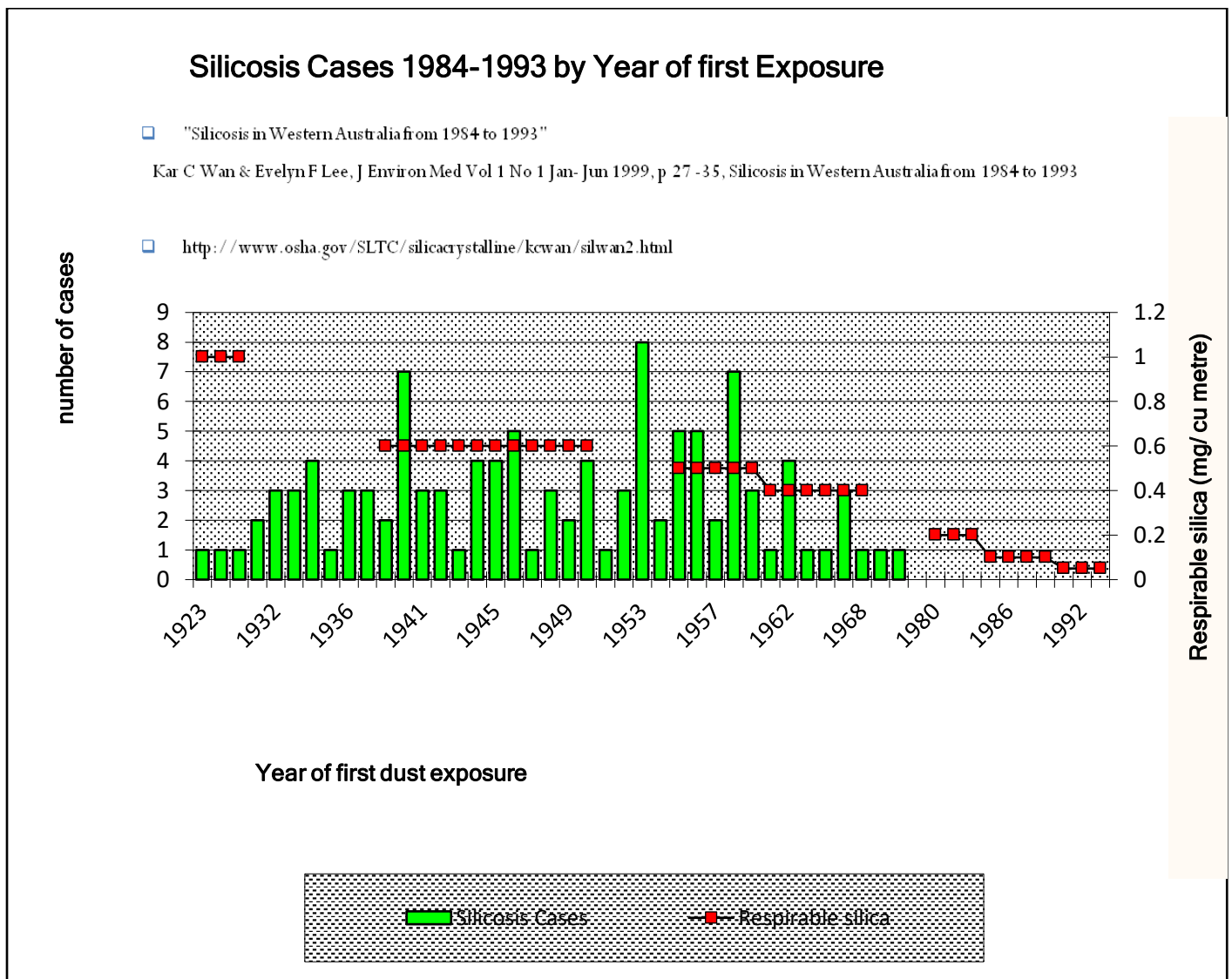
**RECOMMENDATIONS**

1. Regular respirable dust monitoring of silica operations by Worksafe WA to enforce compliance with exposure standard for airborne respirable silica is necessary for prevention of silicosis.

2. Health surveillance to include low dose CT scan of the chest instead of chest x-ray which lacks sensitivity to detect early silicosis. Of the 2 recent cases certified for workers compensation in WA one case was not detected during health surveillance using chest x-ray.

Please let me know should you require further clarification from me as I had not been invited to the Perth consultation forum on 13 November 2019 to contribute to the work of the Task Force in prevention and management of pneumoconiosis and related diseases in Australia although I had registered my interest to attend.

**Reference:** Response ID >ANON-AXGS-G3SG-7



# 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)

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