

# the monitor

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



Issue 4 Vol 37 – November 2024



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## **OHSA Inc. COMMITTEE 2024**

### **EXECUTIVE**

President Les Vogiatzakis – DG Gas Services  
Vice President Dr Amy Bright - OMEMA  
Secretary Ali Martins – OH&S Consulting  
Treasurer David Lampard – Retired & loving it

### **COMMITTEE**

Dr KC Wan – Occupational Physician  
Peter Nicholls – Mine Safety & Training  
Bruce MacDonald – Blue Scope Steel  
Lance Keys – Anglo American

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## **President's Report**

As President of the Occupational Health Society of Australia, it is my pleasure to present the annual report for the year 2024. This year has been marked by challenges, and successes in occupational health. The Society has continued to evolve with a busy membership base where everyone is thinly stretched, but very positive.

### **Growth in Membership and Engagement**

This year, we have seen a small increase in our membership base. Our members come from diverse backgrounds, including healthcare, engineering, mining, consultancy, and academia, so we have network connections in most directions. Members are still vetted before they are accepted and are aligned with the Society's purpose.

### **Events**

We have run several successful events providing networking where the hard answers can be sought without rhetoric from bouncing ideas without notice in a relaxed environment. Thanks again to Dr John Low at OccuMED, Dr KC Wan for using the ILO Classification of chest X-rays, and Dr Jimmy Seow for PFAS forever chemicals and scary – are we there yet!

Linked In and emails direct to members remain our notification mechanisms.

### **Financial Performance & Financial Health**

I am pleased that our Society remains in a positive financial position. This is due to the prudent effort by our Executive Treasurer David Lampard. After holding positions of Treasurer, President and committee, he is finally retiring. He has been trying for years, and we haven't let him leave!

We again thank him for his continued involvement over the last 20 years and wish him many more years of golf and motorcycling.

### **Challenges and Opportunities - the Monitor**

Our Society's journal continues to be a leading publication. Our previous editor Dr Emma D'Antoine has stepped into numerous academic roles at Curtin University as she progresses her research, busy career and family.

So, we seek another editor. It has been reiterated to me by many members that the Monitor is a great read. Please advise our Executive Secretary Alison Martins ([ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)) if you are interested.

### **Acknowledgements**

I would like to take this opportunity to thank our committee members who are hardworking and dedicated volunteers. I would also like to express my gratitude to Dr Janis Janz who has been resolving the website and keeping it current and was also supporting Emma D'Antoine with the Monitor.

Thanks also to our members for their continued engagement. The Society's primary aim is for member interaction after all.

In conclusion, 2024 has been a good year for the Occupational Health Society of Australia Inc. Thank you for your continued support.

See you in person or virtually!

Sincerely,

Les Vogiatzakis

**President**



## New & Renewed Members

A special and warm welcome to New Members to the Occupational Health Society of Australia Inc. and for returning members - **WELCOME BACK**, we've missed you!

The following are new and renewed members since the last Newsletter in August.

### **New Members - Welcome**

Gerard Anderson, Dr Shane Tully; Dr Syed Kashan Asghar, Dr Ming Guo Li, Dr Grant Townsend, Dr Thea Leman, Dr Jasvin Josen, Dr Celine Murphy; Dr Michelle Harris; Dr Stephanie Duvall

### **Renewed Members – Welcome Back**

Wendy Attwood, Geoff Knight; Dean Butler; Peter McMahon, Peter Rohan, Dave Lampard, Joe Maglizza, Anglo American (Lance Keys); Dr Sherrilyn Mills,

The Committee are actively following up personally with non-financial members as we lost many during the COVID years when we were unable to facilitate face to face events and had a hiatus in activity.

We have recovered from those dark years and are now actively recruiting new members and urge all our existing membership to spread the word on the benefits of joining the lowest cost Professional Association in Australia that singularly aims to share OHS information and provide forums for networking.

We invite you all to provide us with feedback on what **“Hot Topics”** you would like explored by the Society as a Professional Development Event, dynamic speakers that you have been exposed to relevant to OHS and local venues that are suitable and central that will entice you to attend the next event.

We have attached a Membership Application form at the back of this issue of the Monitor. Please feel free to share this membership application form with your colleagues and likeminded OHS professionals.

We are the sum of our whole and need growth to allow us to continue with a professional, on point, relevant to member interest, topical and engaging rigour.

## Legislative Changes

### **DRAFT CoP – WORK HEALTH & SAFETY MANAGEMENT SYSTEMS IN THE WA PUBLIC SECTOR**

The Work Health and Safety Commission is now inviting public submissions on the [draft code of practice: Work](#)

[health and safety management systems in the Western Australian public sector.](#)

This code provides guidance to assist public sector entities to establish and implement a work health and safety management system (SMS).

An SMS is a framework that brings together an organisation's policies, systems, procedures and plans to enable all workers to follow a systematic approach to achieving, improving and monitoring health and safety management.

For most public sector entities, an SMS will be an effective mechanism to manage health and safety risk and meet the primary duty of care requirements of the Work Health and Safety Act 2020.

**Closing date: 5.00 pm Friday, 31 January 2025.**

Please use the [public consultation submission sheet](#) to make a written submission. All queries and written submissions can be sent via email to [safetycomms@demirs.wa.gov.au](mailto:safetycomms@demirs.wa.gov.au).

**Taken from WorkSafe WA Website, Oct 29, 2024**

### **HAVE YOUR SAY ON THE WORKPLACE EXPOSURE LIMITS FOR 9 CHEMICALS**



Safe Work Australia is seeking your opinion on the proposed workplace exposure limits (WEL) for 9 chemicals: benzene, chlorine, copper, formaldehyde, hydrogen cyanide, hydrogen sulphide, nitrogen dioxide, respirable crystalline silica and titanium dioxide.

Safe Work Australia has prepared a [Consultation Paper](#) containing analysis of the impacts of the proposed WEL for each of the 9 chemicals.

SWA encourage submissions from all stakeholders with an interest in one or more of the 9 chemicals under consideration.

Submissions received as part of the consultation will inform the impact analysis that will be provided to WHS ministers for decision.

Until a decision on each proposed change has been made by WHS ministers, the workplace exposure limit for the 9 chemicals will remain the same as those listed in the [workplace exposure standards](#) list.

[Make a Submission](#) Submissions close 8 December 2024

**Taken from SafeWork Australia Website**

## TRANSITIONAL PERIOD EXTENDED ON HEIGHT SAFETY REGULATIONS

An extension has been granted on the transitional period for compliance with regulations governing falls from height on construction sites in WA.



The transitional period will now last until 30 September 2026 and will be followed by a six-month statement of regulatory intent to assist transition to the new laws, following a decision made by Industrial Relations Minister Simone McGurk.

WorkSafe Commissioner Sally North said the prevention of falls in the construction sector remained a high priority.

“The extension of time to comply with the changed regulations is intended to provide the construction industry with additional lead time to plan and implement improved controls, noting that this industry has recently experienced high workloads,” North said.

The Work Health and Safety Act 2020 took effect in WA in March 2022, with the WorkSafe Commissioner releasing a statement of regulatory intent citing that a supportive and educative approach would be taken to compliance with new requirements over the first 12 months of the laws. This was later extended to 24 months.

Transitional arrangements were put into place for some specific situations, with some of these arrangements remaining in place for a longer period of time, as is the case with falls from height in construction legislation.

“It was always recognised that some workplaces would need time to adapt to the new regime, even though systems for identifying, assessing and controlling hazards should already have been in place,” North said.

“Hence our approach has been to assist business to comply with the laws, and this is the intent of this extension of transitional period.

“An array of guidance material is available to help workplaces to understand and adapt to the updated laws, including codes of practice, safety guides and information sheets that provide practical guidance on complying with the laws.

“The Code of Practice for Managing the Risk of Falls in Housing Construction has also been updated with additional information to assist WA stakeholders.



“WorkSafe will progress a regulatory amendment to give effect to the minister’s decision.”

Employers are reminded that, during the transitional period, the equivalent regulations under the Occupational Safety and Health Act 1984 apply.

*Extract from WorkSafe WA Website*

### MANAGING FATIGUE AT WORK: DRAFT CODE OF PRACTICE

Safe Work Australia is developing a model code of practice that provides guidance for PCBUs on managing fatigue risks at work.

To support the model code's development, they are seeking a wide range of views on the draft to ensure it:

- assists duty holders in determining what is reasonably practicable to manage fatigue hazards, and
- is broadly applicable across all industries.

*Responses close at midnight on 27 November 2024.*

*Taken from DEMIRS WorkSafe New Alert 23/10/24*

## REVIEW OF ADG CODE

The NTC is conducting the first comprehensive review of the **Australian Dangerous Goods Code** (the Code) in 15 years.

A high-level update of the ADG Code happens every two years.

Dangerous goods are essential to everyday life and modern economies, and play a vital role in industries including manufacturing, agriculture and energy.

The Australian Dangerous Goods Code (the Code) establishes the requirements for the transport of dangerous goods by road and rail in Australia. It sets out rules and guidelines for classifying, packaging, marking, labelling and transporting dangerous goods safely.



Over the past 21 months, the NTC has published 12 discussion papers on aspects of the Code that need updating or improving.

Following this review, the NTC has prepared a draft update to ensure the Code meets current best practices and the needs of industry and regulators.

The draft Code addresses gaps, incorporates best practices, and manages new risks to keep the transport of dangerous goods safe.

As part of our review, we've prepared a [Consultation Regulatory Impact Statement \(C-RIS\)](#) to gather feedback on the draft Code and evaluate the impact of proposed changes.

You can also read a [shorter C-RIS summary document](#) that provides a quick overview.

*Extract from NTC Website Oct 2024*

## REVIEW CONSTRUCTION INDUSTRY TRAINING CARD (WHITE CARD)

The WA Building and Construction Consultative Committee is currently gathering feedback on the Construction Induction Training Card (*Formerly White Card*) and its ability to deliver safety outcomes for the construction industry.

The feedback gathered from this anonymous survey (prepared by the Department of Energy, Mines, Industry Regulation and Safety) will guide a review into the training and its delivery mechanisms to better suit the current requirements of the WA building and construction industry.

The survey should take approximately 5 minutes.

Go to <https://www.surveymonkey.com/r/YK3X758> and answer the 22 questions

## NEW PUBLIC CONSULTATION — DRAFT CODE OF PRACTICE: WORK HEALTH AND SAFETY MANAGEMENT SYSTEMS IN THE WESTERN AUSTRALIAN PUBLIC SECTOR

The Work Health and Safety Commission is inviting public submissions on the draft code of practice: Work health and safety management systems in the Western Australian public sector.

The [draft code of practice](#) provides guidance to assist public sector entities to establish and implement a work health and safety management system (SMS).

Submissions close 5.00 pm Friday, 31 January 2025.

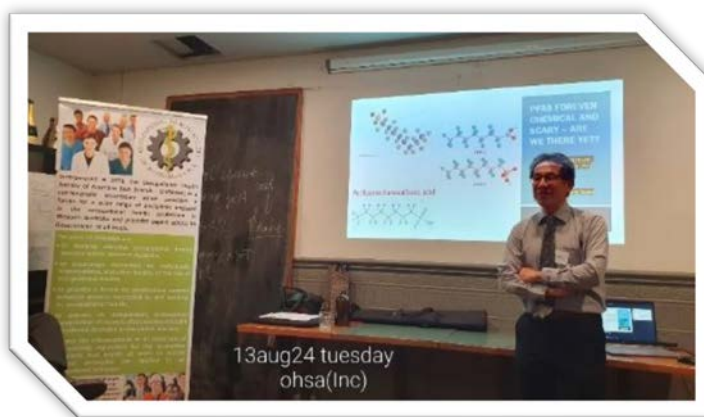
*Extract from WorkSafe News Alert 17/10/24*

## IN EVENTS

# PFAS – A FOREVER CHEMICAL AND SCARY – are we there yet!

(PFAS = Perfluoroalkyl and Polyfluoroalkyl Substances)

**Tuesday 13th August 2024**



Well, if you missed this professional development session, more fool you, as it was FREE for Members! Dr Jimmy Seow had us all riveted to our seats as he “BLEW OUR MINDS” with alarming facts and statistics on the current position in Australia and internationally on the impact of PFAS. Our Vice President Dr Amy Bright provides the following brief summary.

International specialist, Dr Jimmy Seow presented an incredibly insightful and somewhat scary discussion on his experience and the current situation with regard to PFAS.

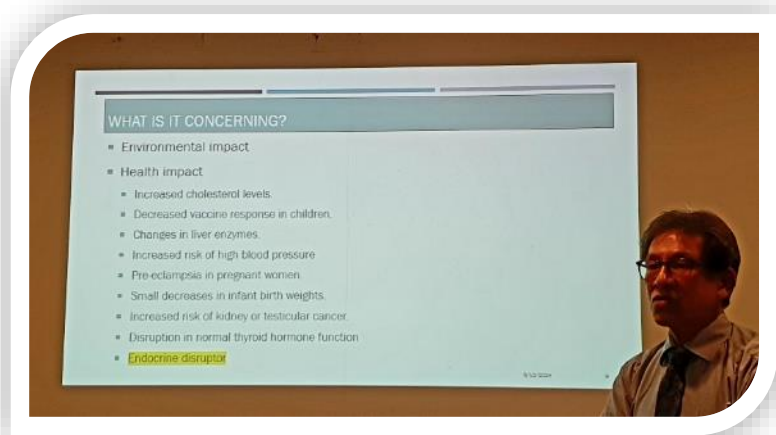
The informative presentation included a definition of PFASs which are fluorinated substances that contain at least one fully fluorinated methyl or methylene carbon atom (without any H/Cl/Br/I atom attached to it), i.e. with a few noted exceptions, any chemical with at least a perfluorinated methyl group (–CF<sub>3</sub>) or a perfluorinated methylene group (–CF<sub>2</sub>–) is a PFAS.

PFAS are widely used in many commercial products and industrial processes worldwide e.g. firefighting foam, PTFE (nonstick treatment e.g. Teflon), fluoupolymers, clothing, footwear, carpets, food packaging, etc.

He discussed the health impacts of PFAS that can be read in the slide above, but what was most concerning was it’s impact as an Endocrine disruptor.

A discussion was held on policy, regulation, risk control measures and legal consequences in relation to PFAS. The presentation was well received by a collective of Occupational Medicine Doctors, Safety Specialists, OSH Academics and Hygienists and we all identified how we need to work together to make changes happen for this and future risks. It really highlighted the importance of “community” that a society like ours can create.

More information on this presentation can be found on the OHSa website and general information of PFAS in Australia in the [ABC Health article](#) cited “In Health”.



## IN SAFETY

### The Rise on the use of “Pure Risk” WHS Prosecutions

Historically, the vast majority of work health and safety prosecutions in Australia have been initiated in response to an incident resulting in injury or death to a worker or another person — that is, after the risk of injury or death has materialised in an incident that has actually caused these things. Recently, however, in some Australian states there has been an increase in successful ‘pure risk’ WHS prosecutions - prosecutions initiated for breaches of the duties to ensure health and safety in WHS legislation in circumstances where no harm has yet resulted, writes RICHARD JOHNSTONE, Honorary Professorial Fellow, Melbourne Law School, The University of Melbourne



A **Pure Risk Prosecution** is defined as a prosecution initiated for a ‘risk-based’ offence — such as a breach of a general duty in the harmonised Work Health and Safety Acts (WHS Acts) or the Victorian Occupational Health and Safety Act 2004 — that occurs in circumstances that have not already resulted in death, injury, illness, actual contact with a hazardous substance or bacterium, or a ‘near miss’. The key point is that the general duties imposed upon a person who conducts a business or undertaking (PCBU); an employer; a self employed person; an upstream party such as a designer, manufacturer or supplier of plant, substances or structures for work; an officer and a worker do not require the occurrence of death, injury or illness as an element of the offence: they are ‘inchoate’ offences.

An early example of a successful pure risk prosecution was the English case of *R v Board of Trustees of the Science Museum* [1993] 1 WLR 1171. The museum was prosecuted for a breach of the employer’s general duty to persons other than employees in the United Kingdom Health and Safety etc at Work Act 1974 after WHS inspectors found that its air conditioning cooling tower contained the bacterium that causes legionnaire’s disease. The prosecution alleged that the air-conditioning system failed to institute and maintain a regime of regular cleansing and disinfection, failed to maintain in operation an efficient chemical water treatment regime and failed to monitor its efficiency.

In reasoning that has been accepted and adopted by Australian courts, the Court of Appeal of England and Wales rejected a submission that the prosecution had to establish an **actual danger**, as distinct from the **mere possibility of danger**, and accepted that members of the public were exposed to risks to their health and safety because of the possibility that the bacterium **might escape** into the atmosphere outside the museum. In other words, the prosecution had to establish that the bacterium was present in the air conditioning system and that there was a ‘risk’ of it escaping, but not that it was present in the atmosphere outside the museum and capable of being inhaled. A person can be ‘exposed to risk’, and in breach of the general duty, because of their **proximity to a risk** and in the absence of a finding of any mechanism by which the risk could have ‘come home’.

In summary, the general duties in the Australian WHS statutes, and some duties in the WHS regulations, create inchoate offences, which means that the WHS regulators can initiate a pure risk prosecution for breach of those duties where a person to whom the duty is owed has been exposed to a risk to their health and safety and the person owing the duty has not taken reasonably practicable measures to eliminate, or at least minimise, the exposure.

#### WHY INITIATE PURE RISK PROSECUTIONS?

From a regulatory policy perspective, pure risk prosecutions are an essential component of a responsive enforcement strategy using an escalating hierarchy of sanctions — as is found in the Australian WHS statutes and in the National Compliance and Enforcement Policy — because they signal to duty holders that the regulator is willing and able to use all sanctions (most notably

prosecution) in the hierarchy to reinforce the need for systematic WHS management and safe systems of work, even where there has not yet been an incident resulting in injury or death. Further, pure risk prosecutions enable the WHS regulator to prosecute contraventions of the general duties for all kinds of hazards and redress the historical pattern of prosecuting mainly for safety issues such as dangerous plant and working at height. They are also an important component of a general deterrence strategy to draw PCBU's attention to addressing hazards at work proactively (and before any harm occurs) through a systematic approach to managing WHS.

Finally, the legal framework for regulating WHS in Australia has institutionalised a primary preventive framework for businesses and undertakings, officers, workers (and their representatives) and WHS regulators to take proactive action to prevent, at source, work related death and physical and psychological illness or injury by, to quote the Safe Work Australia website, "applying a risk management approach to eliminate or minimise risks so far as is reasonably practicable".

The article then explored how WHS Regulators find out about pure risk scenarios and how investigators construct Pure Risk Cases. Refer to the full article.

*Extract from Safety Solutions Nov 2024, Vol 19, No 1*

## Natural Disaster Warnings - Changes



Now there's a simple warning system for natural disasters.

Did you know the natural disaster rating system has changed?

As of 15 July 2024, Western Australia has adopted the Australian Warning System (AWS) for bushfire, cyclone, flood and storm warnings. The AWS is an easy-to-understand warning system to help you stay safe during an emergency, no matter where in the country you are.



If you're familiar with bushfire warnings, you'll already be familiar with the three AWS warning levels of Advice, Watch and Act and Emergency Warning and their corresponding colours of yellow, orange and red.

These warning levels, their corresponding colours and new icons will now be used for cyclone, flood and storm warnings issued on the Emergency WA website.

The warning level is determined by the level of threat posed to the community.

For cyclone, this means we will **no longer be using** the Blue Alert, Yellow Alert, Red Alert and All Clear warning system.

Warning headlines now also feature an [action statement](#) for each category.

It is a timely reminder for PCBU's to develop a comprehensive emergency plan or update existing plans.

Stay up to date with the latest weather reports from the Bureau of Meteorology and Department of Fire and Emergency Services WA

*Extract from DFES WA website*

## New Farm Safety Guide

Agriculture is one of the most dangerous industries to work because of its combination of hazards and the nature of work. This year WorkSafe WA released the First steps to farm safety: Guide with foundations for establishing good safety practices.



Farms are unique workplaces. The combination of hazards and the nature of the work makes agriculture one of the most dangerous sectors in which to work. This guide provides farmers with a foundation for establishing good safety practices on your farm. The checklists in this guide are not extensive and cover key points to get started.



When you work on the farm every day, you know what you have to do to get the job done. Farmers are practical and more often than not, find a way to solve a problem. Everything keeps going, perhaps until the day it doesn't, or someone less familiar with your vehicle, machine, equipment or animals tries to get your solutions to work for them. Good risk management not only protects yourself and your workers, but it also ensures that your business doesn't stop.

To learn more about work health and safety in agriculture and download the guide, visit the [WorkSafe WA website](#).

*Taken from WorkSafe News Alert 13 November 2024*

## Protecting First Responders from Increased Bushfire Risk

Due to a changing climate, more frequent and severe bushfires are being experienced across Australia.

A new Monash University study highlights the need for periodic health surveillance of workers and ongoing support for mental health conditions, particularly first responders dealing directly with bushfires.

The Monash Centre for Occupational and Environmental Health study, led by Associate Professor Janneke Berecki-Gisolf and Professor Karen Walker-Bone and published in Nature Scientific Reports, analysed Victoria-wide compensation claims by emergency responders from January 2005 to April 2023.



It found that exposure to extreme bushfires (such as the Black Saturday bushfires in 2009 and the Black Summer fires of 2019 and 2020) had associations with mental health disorders and head injuries among workers. Infections/parasites were also more associated with extreme bushfire-period claims, compared to something like wounds which was used as a control.

### WHAT WERE THE STUDY FINDINGS?

The research team specifically looked at compensation claims during the extreme bushfire periods in 2009 and 2019–20, compared to all other claims, adjusting for seasonality (summer).

Of the 44,164 included claims:

- 2.5% (1105) had recorded injury/disease onset dates within extreme bushfire periods.
- 26.4% (11,642) occurred in summer months.
- Over half of claims were made by police (52.4%), followed by ambulance officers/paramedics (27.2%) and firefighters (20.5%).
- Extreme bushfire period claims were associated with older workers.

The Black Saturday bushfires, which took place in February 2009 in Victoria, claimed 173 lives, devastated numerous homes and inflicted significant environmental damage. The subsequent Australian Black Summer bushfires, which took place over a decade later in November 2019 to February 2020, were an unparalleled series of bushfires with far-reaching consequences, including widespread destruction of natural and built environments, loss of human and animal life, and ecological repercussions. Nine firefighters died in the Black Summer bushfires.

The first-line response to bushfires is managed by emergency responders including firefighters (paid firefighters and volunteer and/or seasonal firefighters), defence personnel, paramedics and ambulance officers, police officers, and State Emergency Service (SES) volunteers. These emergency responders' occupational exposure to bushfires has the potential to adversely affect their physical and psychological health immediately and in the long term, including psychological impacts (post-traumatic stress disorder, suicide), respiratory issues (lung function decline, airway dysfunction, increases in airway inflammation, lung cancer mortality), cardiovascular disease (hypertension, dyslipidaemia, arrhythmia, cardiovascular diseases mortality) and acute physical injuries, as well as dehydration.

This is the first study to look at the associations between periods of extreme bushfire events and injury/disease workers compensation claims made by emergency responders. The report's authors recommend:

- further research including the wearing of portable monitors to track exposure to heat, air pollution, etc;

- a focus on pre-event worker mental health, improving safety strategies during the event, and better psychological aftercare immediately following the event and longer term, including a telehealth option; and
- a separate focus on older workers who may have chronic health conditions or have been exposed to multiple extreme bushfires — including pre-deployment medical assessment and regular physical and mental health surveillance in those over the age of 55.

*Image credit: iStock.com/Julia Gomina*

*Taken from Safety Solutions 28 October, 2024*

## Dropped Objects – Reducing the Risk

Falling objects remain a leading cause of workplace harm in the building industry, with more than 280 construction workers injured since the start of 2023.

To highlight the risk, [WorkSafe Victoria](#) has published an [animated video](#) (Catching the Risks of Falling Objects BEFORE they Strike) outlining the circumstances and factors that led to a sprinkler head falling 26 storeys from a Melbourne construction site in March 2020, landing close to workers at street level.



WorkSafe’s dropped object calculator — which allows users to select the weight of an object to discover how much damage it could cause when falling from a certain height — estimates the sprinkler head would have struck the ground at more than 153 km/h, with the same force as being hit by a car on the street.

The video was produced as part of an enforceable undertaking worth more than \$195,000 entered into with Multiplex Constructions Pty Ltd following the incident, which also includes funding the promotion of educational materials and a scholarship.

WorkSafe Executive Director Health and Safety Sam Jenkin urged construction workers and duty holders to

[watch the video](#), which uses investigation findings to recreate the incident and explains the steps that duty holders should have taken to reduce the risk .

“Every year hundreds of workers are seriously injured by falling objects,” Jenkin said.

“Alarming, WorkSafe inspectors continue to see near misses where objects fall from construction sites — and it’s only luck that prevents someone below being seriously injured.”

Jenkin said risk control measures for falling objects are well known, so there is no excuse for duty holders failing to implement them.

“Things like gaps in safety screens on mid- and high-rise construction sites, missing kickboards on scaffolding or debris, or materials coming loose while being lifted can have devastating consequences for anyone caught below at the wrong time,” he said.

WorkSafe enforcement action against 10 companies for incidents involving falling objects in construction has resulted in more than \$1.05 million in fines, costs and undertakings since the start of 2023.

*Taken from WorkSafe Victoria website & Safety Solutions 25/10/24*

## WorkSafe Commences Prosecutions over two MINING FATALITIES

WorkSafe has initiated the first three prosecutions for two fatalities involving mining companies under the Work Health and Safety Act 2020, which came into effect in March 2022

In the first two prosecutions, mine contractor MACA Mining Pty Ltd and mine operator Greenmount Resources Pty Ltd have been charged with failing to ensure, so far as reasonably practicable, the health and safety of workers while at work, resulting in the death of a worker.

WorkSafe will allege that in October 2022, a MACA Mining employee working at Greenmount Resources’ Karlawinda mine, south-east of Newman, suffered fatal injuries when a dump truck collided with the utility vehicle he was parked in.

The maximum penalty for this offence is a \$3.5 million fine, and the first mention will take place at Newman Magistrates Court on 10 December 2024.

In the third prosecution, RUC Mining Contractors Pty Ltd has been charged with failing to ensure the health and

safety of workers and, by that failure, causing the death of one worker and exposing another worker to the risk of death or of injury or harm.



WorkSafe will allege that in October 2022, two employees of RUC Mining Contractors were working at the bottom of a ventilation shaft at the St Ives Underground Mine near Kambalda.

The workers were in the process of dismantling the head of a reamer cutting tool attached to a drill, which had been used to create the ventilation shaft.

One of the employees was killed when he was struck by falling rocks, and the other was knocked to the ground.

The maximum penalty for the first offence of causing death is \$3.5 million while the maximum penalty for the second offence of exposure to a risk of death or injury or harm is \$1.8 million.

The first mention will take place at Kalgoorlie Magistrates Court on 18 November 2024.

WorkSafe Commissioner Sally North said work health and safety laws now carry more serious penalties than the previous laws.

"All work related fatalities are unacceptable, and employers must comply with their obligations under work health and safety laws", Ms North said.

"The consequences for not ensuring safe and healthy workplaces are now more serious than ever.

"I encourage all workplace leaders to regularly review their systems of work in consultation with workers to identify risks and ensure that controls are working as intended."

*Taken from WorkSafe WA Website 21/10/24*

## WorkSafe Prosecutes Department of Justice over Bunbury Regional Prison

WorkSafe has commenced prosecution action against the Department of Justice over psychological injury to a former prison officer at Bunbury Regional Prison.

The department has been charged with failing to provide and maintain a safe work environment and, by that failure, causing serious harm to a worker. The maximum penalty for this offence is a fine of \$3.5 million.

It is alleged that a failure by the department to have procedures in place to deal with inappropriate workplace behaviours caused harm to an employee, a female prison officer.

The alleged inappropriate behaviours included bullying, harassment (including sexual harassment) and victimisation.

This is the first time WorkSafe has taken prosecution action under the current legislation over psychosocial issues.

The first mention will take place on November 7 at Bunbury Magistrates Court.

The [Code of Practice – Psychosocial hazards in the workplace](#) and [Code of Practice – Workplace behaviour](#) are published on the WorkSafe website and provide practical guidance to persons conducting a business or undertaking about managing psychosocial risks.

As the case is now before the courts, WorkSafe will not be providing any further comment.

Media Contact: Caroline De Vaney, 0408 927563 (media enquiries only).

*WorkSafe Media Release 10/10/24*

## IN HEALTH

### Why Meal Timing Matters for Shift Workers

Overnight eating may be putting the health of shift workers at risk, a new study by the University of South Australia has found.

Research by the University of South Australia (UniSA), the University of Adelaide and SAHMRI, published in *Diabetologia*, found that overnight eating may be putting night shift workers at higher risk of chronic health conditions.



The NHMRC-funded study involved a six-day trial with 55 adults in the healthy BMI range, who did not usually work night shifts. Participants stayed at UniSA's Behaviour-Brain-Body Sleep Research Centre and were divided into three groups: those who fasted at night, those who had snacks and those who ate full meals.

All participants stayed awake for four nights and slept during the day, with a recovery day on day five to re-establish normal sleeping and eating cycles. Blood glucose testing was conducted on day six.

#### WHAT DID THE RESULTS SHOW?

Professor Leonie Heilbronn, from SAHMRI and the University of Adelaide, said results showed **participants who ate meals or snacks during the night shift** had **significantly worse glucose tolerance** compared to those who fasted.

“We found that blood glucose skyrocketed for those who ate full meals at night and those who snacked, while the **people who fasted at night showed an increase in insulin secretion which kept blood sugar levels balanced**,” Heilbronn said.

“We know **shift workers are more likely to have diabetes**, they’re more likely to have heart disease and they’re more likely to be overweight. Our research suggests that meal timing could be a major contributor to those issues.”

Insulin sensitivity was disrupted among all participants, regardless of their eating habits, adding to the body of evidence that night shifts cause circadian misalignment and impair glucose metabolism.

“When you eat a meal, your body secretes insulin, and that insulin helps your muscles and other tissues to take up glucose,” Heilbronn said. “If you become resistant to insulin, then you can’t take up that glucose as effectively into your muscles — and if it continues, that potentially puts you at risk of diabetes.”

Lead investigator Professor Siobhan Banks, from UniSA, said not eating large meals while working night shift and instead eating primarily during the day could be a straightforward intervention to manage health outcomes for many workers.

“This could be easier for people to follow than other more complex diets,” Banks said.

The researchers said future trials will investigate whether eating only protein snacks on night shift is a potential solution to satiating hunger without predisposing workers to negative health consequences.

*Image credit: iStock.com/Jovanmandic. Stock image used is for illustrative purposes only.*

**Taken from Safety Solutions 11/11/24**

### Work Shouldn't Hurt

SafeWork NSW has new video resources to help you understand and prevent musculoskeletal disorders (MSDs), including sprains and strains.



Their new [three part webinar series](#) explains what MSDs are and how to reduce the risk of them occurring, including legal duties you must consider.

They have also published an [incident animation](#) featuring the healthcare sector. It shows a worker suffering a lower back injury during people handling. The video

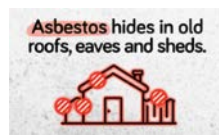
explains what led to the incident and how leaders and workers can prevent similar situations.

MSDs are the most common work-related injuries and illnesses in NSW. Every day 63 workers get a serious MSD injury. The healthcare and social assistance sector has the highest number of claims.

MSDs are preventable. Simple changes can make a difference.

*Extract from SafeWork NSW Newsletter SafeWork Wrap Nov 2024*

## National Asbestos Awareness Week



This year, NAAW 2024 will be held 25 November - 1 December.

The Asbestos Safety and Eradication Agency reminds Australians in this year's campaign that Asbestos can kill, urging all Australians to beware of ageing and deteriorating asbestos, particularly as the summer season approaches, and home renovation projects begin.

Asbestos is still present in one-in-three Australian homes, as well as in public and commercial buildings.

Australia has one of the highest rates of asbestos-related disease in the world. To stay safe when working around asbestos, follow these simple steps:

### 1. Think ahead

If the home or building you are working on was built before 1990, then it is likely to contain asbestos. If you're not sure whether asbestos might be present at a site, don't do anything until you've had it checked by a licensed asbestos professional.

If you're working on a commercial building that was built before December 2003, ask to see a copy of the asbestos register before doing any work.

Never use high pressure water, a garden hose with a trigger attachment or compressed air on asbestos roofing or other products containing asbestos, such as fences, eaves, gutters and downpipes.

Friable asbestos can be found inside the ceiling cavity in the form of loose-fill asbestos insulation.

### 2. Plan ahead

Asbestos is dangerous when disturbed, so you shouldn't remove asbestos yourself. Plan ahead using the [Planning checklist for tradies](#).

### 3. Get a licensed asbestos professional

SafeWork NSW always recommends using a licensed asbestos removalist to remove any amount of asbestos. You must use a licensed asbestos removalist to remove any amount of friable asbestos or to remove more than 10 sqm of non-friable asbestos.

If you are going to remove or work with less than 10 sqm of non-friable asbestos yourself, then you should always do so in line with the [Code of Practice: How to safely remove asbestos](#).

Watch the SafeWork NSW [series of asbestos safety videos](#) demonstrating all the steps to keep you safe when working with or around asbestos.

*Extract from SafeWork NSW Newsletter SafeWork Wrap Nov 2024*

## Musculoskeletal Injuries

Safe Work Australia in their last week of the National Safe Work month focussed on musculoskeletal injuries (MSIs). With MSIs accounting for half of all serious workers' compensation claims in 2022-23, it's important to learn what they are and how to manage the risk of them.

### WHAT ARE MUSCULOSKELETAL INJURIES?

Musculoskeletal injuries (MSIs) are a broad term that refers to any injury to, or disease of, the musculoskeletal system.

The musculoskeletal system is made up of muscles, bones, joints, and connective tissues. MSIs can result from gradual wear and tear and/or sudden damage to these body parts.



### WHAT CAUSES MUSCULOSKELETAL INJURIES?

Both physical and psychosocial hazards can cause MSIs. Research has shown that psychosocial hazards can increase the risk of workers developing MSIs in the workplace. These hazards include work demands that are too high or too low, a stressful work environment, and poor support in the workplace.

It's better to plan ahead and avoid MSI risks, rather than to wait until people get hurt before you do something.

Under the model WHS laws, an employer must prevent MSIs by:

- ensuring the workplace is free from things that cause MSIs, and
- consulting with workers and others (e.g. health and safety representatives) to manage MSI risks as much as they can.

The best way to prevent MSIs is to design work in a way that prevents people from getting hurt. This includes designing tasks, equipment, workspaces, and work systems. For example, when designing a work area, make sure there is enough space for the worker to do their work safely, and use their equipment.

See the [National Safe Work Month website](#) to learn more! [Safe Work Australia Website](#)

## More ACTION needed on Workplace Lung Health, Survey Finds

Despite stronger crystalline silica protections taking effect from 1 September 2024, a new survey has found that more action is needed on workplace lung health.

[Lung Foundation Australia](#) recently released results from a survey of over 500 workers, in an effort to gain insight into current awareness and attitudes towards silicosis. Industries where participants worked included at-risk fields such as construction, mining/quarrying, manufacturing and tunnelling.

### KEY SURVEY FINDINGS

- 78% of participants were aware of silica dust and the risk of silicosis, but only 23% were worried about developing the lung condition.
- 36% were aware of the symptoms of silicosis, with awareness rising to 73% amongst those who knew someone with the disease.
- 34% of respondents understood that silicosis is incurable, with older Australians showing a higher level of knowledge.
- 49% of respondents thought about their lung health when engaging in activities that could have a negative impact, such as working in environments with dust exposure.
- Only 23% were aware that silicosis can be asymptomatic.
- Only 8% had discussed silicosis or lung health with their GP or medical practitioner; however, this

increased to 45% amongst those that personally knew someone with silicosis.

- Respondents who knew someone with silicosis were more aware of which materials contain silica dust than those who were only aware of silicosis.



Lung Foundation Australia CEO Mark Brooke said the survey results emphasise the need for ongoing awareness around silicosis, as well as highlighting the importance of education in encouraging workers to be more proactive about their lung health.

### STRONGER REGULATION OF CRYSTALLINE SILICA SUBSTANCES

As of 1 September 2024, changes to WHS regulations mean that persons conducting a business or undertaking (PCBUs) must comply with additional obligations to keep workers safe.

According to Safe Work Australia, the workplace exposure standard (WES) for respirable crystalline silica (RCS) is 0.05 mg/m<sup>3</sup> (eight-hour time-weighted average). **The WES must not be exceeded.**

The recent legislative amendments also provide stronger regulation of work with all materials containing at least 1% crystalline silica and require:

- controlled processing of all crystalline silica substances;
- assessing the risk of work involving processing of a crystalline silica substance; and
- additional duties for any processing of engineered stone that is assessed as high risk, including preparing a silica risk control plan.

These changes may require PCBUs to implement control measures or make changes to workplace procedures so that the workplace exposure standard for RCS is not exceeded. This might include engineering controls (such as a combination of local exhaust ventilation or on-tool dust extraction and wet cutting methods), administrative controls and respiratory protective equipment.

*Taken from Safety Solutions 11/10/2024*

## New DRAFT LIMITS on PFAS in Australia's Drinking Water and What Does it Mean for Our Health

The National Health and Medical Research Council released draft guidelines on limits for four types of "forever chemicals" in drinking water.

The new proposed limits are much lower than those in the previous guidelines, which were released in 2018.

### WHAT'S NEXT?

The guidelines are now open for public consultation, with the final guidance due for release in April 2025. "**Forever Chemicals**", technically known as **per- and polyfluoroalkyl substances or PFAS**, are EVERYWHERE. The synthetic substances have been detected in various levels in cookware, building materials and cosmetics.

Now, Australia's National Health and Medical Research Council (NHMRC) has released a draft update to its 2018 guidelines around safe levels of PFAS in our drinking water. It follows the US Environmental Protection Agency's National Primary Drinking Water Regulation in April this year, in which the agency set legally enforceable — and extremely low — limits on six types of PFAS.

### WHAT ARE PFAS CHEMICALS?

PFAS chemicals are a class of almost 15,000 synthetic chemicals, were developed in the mid-20th century and resist water, stains, grease, heat and flames. In addition to being used for industrial purposes, such as in firefighting foams, pesticides, building materials and electronics, they've been found in a dizzying array of household and personal care products. These include (but are not limited to) **carpets, rugs, furniture, bedding, upholstery, cookware, food packaging, cleaning products, toilet paper, cosmetics, tampons, sanitary pads, dental floss, contact lenses, clothing, rain coats and shoes.**

Two of the best-known types of PFAS are PFOS (perfluorooctane sulfonate), previously used in **Scotchgard** and firefighting foams, and PFOA (perfluorooctanoic acid), historically used to make **Teflon cookware**.

Most of us unknowingly ingest or inhale PFAS chemicals, or rub them on our skin. Concerns about their environmental and potential health impact have intensified in recent years. Australians are exposed to small amounts of PFAS chemicals every day, including through common items like food packaging. The exceptional durability of PFAS chemicals — which contain virtually unbreakable carbon-fluorine bonds — is also what makes them "**forever chemicals**", says Martyn Kirk, professor of applied epidemiology at the Australian National University. "They are essentially indestructible ... and breaking them down takes a long, long time." This means PFAS chemicals can persist in the environment for decades, polluting waterways, soil and air, and build up in the bodies of animals and humans over time.

### WHAT DO THEY MEAN FOR OUR HEALTH?

Today, both chemicals are recognised internationally as being toxic to humans and wildlife and have been discontinued (or are being progressively phased out) in many countries, including Australia. They still, however, remain in the environment and can be found in some imported commercial and consumer products.

PFAS chemicals are used in a vast number of waterproof, non-stick and stain-resistant products. But concerns about their environmental and potential health impacts have intensified in recent years. They can also build up in living beings, including humans, over time — and concerns about how these chemicals may affect our health have intensified over the past few years. That said, the relationship between PFAS exposure and human health is not settled among scientists and public health experts.

In their place, manufacturers have developed new PFAS formulations, many of which we know little about, according to Nick Chartres, who studies the commercial determinants of health at the University of Sydney. "They're meant to be used



Image Source Getty images: Luis Alvarez

as a substitution, and they're meant to be less harmful," Dr Chartres says. "But very rarely do we get all the safety data on these chemicals."

In August, a parliamentary inquiry was called into PFAS to investigate its sources, potential consequences and the role of regulation. "These chemicals already affect every single person in the world, yet not enough is being done to manage our exposure to them and reduce the risks," Victorian senator Lidia Thorpe, chair of the inquiry, said. So, what do we know about the health effects of PFAS chemicals, and how worried should we be?

The relationship between PFAS exposure and human health effects is contested among scientists and public health experts, and scientific evidence remains limited. Studies have consistently found **associations between PFAS exposure and increased cholesterol, reduced kidney function, modified immune and liver function, altered levels of thyroid and sex hormones, lower foetal weight, delayed menstruation and earlier menopause.**

But these health effects are "generally small and within normal ranges for the whole population", according to an expert panel established by the Department of Health in 2017.

The panel, which was convened to advise the federal government on the potential health impacts of PFAS, concluded there was "mostly limited or no evidence for any link with human disease from these observed differences".

Some animal PFAS studies have found adverse health effects, but often at doses much higher than what humans are typically exposed to. Inconsistent findings in human studies have also created a "confusing" picture, Professor Kirk says. One of the key challenges for researchers studying PFAS is the ubiquity of our exposure. It can be difficult to track — and separate — the effect of different chemicals at different levels when they are all around us, not to mention how they might interact with each other.

Most research has focused on assessing the impacts of just a handful of well-known PFAS chemicals, often in populations exposed to high doses. There is less information about the toxicity of these chemicals at low doses over time. In populations with an increased risk of PFAS exposure (such as through occupational hazards or community contamination), exposure to PFOA and PFOS has been associated with an increased risk of testicular and kidney cancer.

And in 2023, the International Agency for Research on Cancer (the cancer agency of the World Health Organization) classified PFOA as carcinogenic and PFOS as possibly carcinogenic. When Professor Kirk and his colleagues investigated the health impacts of PFAS in three communities with known contamination in Australia, they found limited evidence of adverse health outcomes, aside from increased rates of psychological distress.

"For many chemicals, we expect to see what we call 'dose response', meaning the higher the dose, the greater the response to that chemical. But we haven't seen that here [in Australia]," Professor Kirk says. He adds the "huge array" of PFAS chemicals and the multi-factorial nature of many diseases (caused by a combination of genetic, environmental and other risk factors) makes the evidence "very difficult to sort out". "While there are signals of concern there ... [they] don't look particularly strong compared to what we see with other chemicals and exposures we regularly have."

## HOW MUCH PFAS ARE WE BEING EXPOSED TO?

**Most people in Australia**, according to the government's PFAS Taskforce, [have detectable levels of PFAS in their blood.](#)

"We have a ubiquitous exposure, and when we look at people who live even in remote parts of Australia, we still find they have PFAS in their blood," Professor Kirk says. In some places, such as firefighter training grounds and defence force bases, the risk of exposure is much higher due to the historical use of toxic firefighter foams. Increased levels of PFAS have also been found near sewage treatment plants, landfills, and airports.

Outside of known contamination spots, the PFAS Taskforce says it's unlikely elevated PFAS levels would be found in the environment. But the recent detection of PFAS in water filtration plants across Sydney has some experts, including Western Sydney University environmental scientist Ian Wright, concerned that [PFAS contamination could be much more widespread.](#)

Dr Wright recently co-authored a study that found high levels of the forever chemicals in eight dead platypuses collected from several locations across NSW, including previously unknown PFAS hotspots. "I do not think we are doing adequate investigations for PFAS," Dr Wright says.

***"I think we have a silent contamination crisis with PFAS creeping into rivers, groundwater, landscapes and ecosystems."***





For people in PFAS-affected areas, the highest risk of exposure is likely to be through consumption of contaminated groundwater and food grown using contaminated groundwater. Outside of these areas, most of us are exposed to low levels of PFAS through products that contain the chemicals or from eating food and drinking water with PFAS in it. Research suggests dietary exposure to PFAS in Australia is low: in the [most recent Australian Total Diet Study](#), researchers tested for 30 different types of PFAS in 112 commonly eaten foods, and found only one type — PFOS — in low levels in less than 2 per cent of foods.

A [2019 Australian study](#), co-authored by Professor Kirk, also found PFAS levels had declined in the Australian population over the past 20 years in line with changes to chemical manufacturing. However, only a handful of PFAS chemicals (including PFOS and PFOA) were measured. Australian researchers recently found [107 types of PFAS in more than 100 household products](#).

### WHAT ARE THE DRAFT GUIDELINES, AND HOW DO THEY COMPARE TO THE U.S.?

Of the thousands of types of PFAS available, the NHMRC's draft guidelines focused on four. Their limits were based on the amount a person could consume in drinking water on a daily basis without any significant risk to their health.

- Under the previous guidelines, the NHMRC recommended perfluorooctanoic acid (PFOA) levels be kept under 560 nanograms a litre (ng/L). The new draft recommends a limit of 200 ng/L.
- Previously, safe levels of perfluorooctane sulfonic acid (PFOS) and perfluorohexane sulfonic acid (PFHxS) were capped at a combined total of 70 ng/L. The new draft guidelines suggest PFOS levels be lowered to 4 ng/L and PFHxS limited to 30 ng/L.
- The fourth and final PFAS included in the draft guidelines was perfluorobutane sulfonic acid (PFBS), which the NHMRC recommends limiting to 1,000 ng/L.

### HOW DOES THIS COMPARE INTERNATIONALLY?

Different parts of the world have different accepted levels for each type of PFAS chemical.

The World Health Organization (WHO) maintains higher levels of some types of PFAS are safer in water than those in the new NHMRC guidelines, while in the US, acceptable levels of some chemicals, such as PFOA, are drastically lower. NHMRC CEO Steve Wesselingh said this came down to legislative differences in the US. If a product is **thought to be carcinogenic** in the US — *meaning it has the potential to cause cancer* — "they have to reduce their levels down to zero, or as close to zero as they possibly can."

**PFAS chemical limits — Australia, US and World Health Organization**

	Australia		US	WHO
	2018	October 2024 - Draft	2024	2022
PFOS	70 (total PFOS + PFHxS)	4	4	100
PFOA	560	200	4	100
PFHxS	70 (total PFOS + PFHxS)	30	10	-
PFBS	-	1000	-	-

*All measurements are in ng/L. The WHO also provides a combined limit for 29 specific PFAS chemicals of 500ng/L. The US has a maximum contaminant goal of 0.*

*Source: National Health and Medical Research Council*

Australian guidelines, he said, were based on a threshold. Safe levels are set at a point "where we believe there is no risk of that substance causing the problem identified, whether that be **thyroid problems, bone marrow problems or cancer**".

### WHAT DO EXPERTS THINK?

The guidelines are now open for public consultation, with the final guidance due for release in April 2025. Until then, current guidelines remain in effect.

RMIT University chemistry researcher Oliver Jones said the proposed guidelines were "pretty sensible and within the ranges suggested by [most] other regulatory agencies around the world. "While some PFAS have been linked to health effects, the concentrations needed to cause such effects are much, much higher than the levels typically found in Australian drinking waters." He added that given the chemicals were so widespread, experts didn't know if water was the major source of PFAS exposure to most people.

For Denis O'Carroll, managing director of the UNSW Water Research Laboratory, the proposed guidelines don't include enough PFAS types.

***"International organisations ... have serious health concerns about a much wider range of PFAS than those subject to Australian guidelines," he said.***

While the NHMRC acknowledged in its guidelines "other PFAS of emerging concern may be present in Australian drinking water supplies", it stated it had a "defined scope for undertaking the review" with the potential for additional PFAS to be reviewed and revised in future.

It also advocated for the need for further research in the area, with which Professor O'Carroll agreed. "Much more work is required to map out PFAS contamination in Australian source waters, and the government urgently needs to take a range of action," he said.

## SO, WHAT'S NEXT?

The new limits mean *some of* Australia's water supplies, which are currently considered safe, may not comply as of April next year if the draft guidelines stand. The ABC can reveal that the state's health authority is now offering local councils help to test for PFAS in drinking water supplies, as scientists flag there is a knowledge gap in the size and spread of "forever chemicals" across the state. That includes the Cascade water filtration plant in the NSW Blue Mountains, where PFAS was detected in levels that breach the proposed new standards.

University of Sydney water quality researcher Stuart Khan said many jurisdictions would be forced to take action to ensure their supplies were compliant. "I think there will be lots of communities that are out of compliance with that, and we will need to put in solutions." But he said there currently wasn't enough available data to know the extent of the problem. The question now turns to who will wear the costs of implementing technology that removes the chemicals: the taxpayer, the companies who manufactured the chemicals, or both. ***"It could well be a very expensive problem," Professor Khan said.***

"We tend to talk about the 'polluter pays' principle, that whoever causes the pollution should be paying the cost of remediating that pollution and that would be a just outcome." US-based companies such as 3M and DuPont manufactured the product that was in everyday products and firefighting foam used in Australia for decades. NSW water minister Rose Jackson said the government was looking at legal options. "We do want to make sure that the cost to the community for the pollution is borne by the polluter."

## HOW CAN I REDUCE MY PFAS EXPOSURE?

Despite the uncertainty around the health impacts of PFAS, experts agree that it's sensible for people to reduce their exposure to forever chemicals where they can. If you are concerned about your drinking water, Dr Wright recommends asking your local water supplier for their latest test results. If you are concerned, I would think about a water filter."

Research shows stain-proofing products (for example, those used on carpets and sofas) contain high levels of PFAS, so you may want to limit how much you use fabric protectors and other waxes and sealants around your home. The same goes for waterproof clothing; there's no need to throw out a perfectly good rain jacket, but the next time you're in the market for outdoor gear, you might consider a brand that's PFAS-free. When it comes to cooking, [PFAS-coated non-stick pans are considered safe to use](#). But limiting how often you use plastic take-away and disposable food packaging can help to reduce your exposure.

The Australian Government is set to effectively ban three of the most prominent PFAS chemicals — PFOS, PFOA and PFHxS (perfluorohexane sulfonate) — from July 2025. Dr Chartres says he hopes the newly launched Senate inquiry will lead to stronger national regulation, including a total ban on non-essential uses of PFAS. "The only way that we can truly be protected from these chemicals is through regulating the entire family — all 15,000 of them."

**Article from ABC News/Health & Wellbeing/Environmental Health 2024-10-21 & 24-09-19**

## IN PSYCHOSOCIAL HEALTH

### COBOTS –Psychological Risk to Workers?

Automation is predicted to increase annual productivity growth in Australia by 50–150%, according to the National Robotics Strategy. The global cobot market is also booming, reaching a staggering US\$50 billion since 2018. Growth has predominantly been driven by increasing automation needs in sectors like manufacturing, automotive, electronics, health care, and food and beverages.



However, while cobots are often hailed for their abilities to increase efficiency and speed — as well as reducing the physical risks posed to workers — less is known about the hidden psychosocial risks employees may be facing.

A research team from the Monash University Business School has been investigating the potential harms posed by these cobots.

#### WHAT HAVE THE RESEARCHERS FOUND?

According to Professor Herman Tse and his team, the growing use of collaborative robots in the workplace may pose significant psychosocial risks to workers' mental health and their job security. Despite this, there are ways for organisations to smooth the transition.

“Workers often perceive cobots as potential threats to their job stability, especially when collaboration between humans and machines is minimal; lower collaboration may be perceived as a strategy to automate work and replace operators with machines. This perception can lead to increased stress and decreased trust in new technologies,” Tse said.

To support a smooth transition of cobots in the workplace, and reducing these risks, the study emphasises the urgent need for organisations to consider employees' perception of collaborative robots and the stresses that arise from their growing use. It is hoped this would lead to a broader organisational understanding about the importance of involving workers in the implementation process of cobots.

The research team found engaging employees through participatory change management and consultation can significantly reduce psychosocial hazards and improve overall acceptance of new technologies.

#### WHAT SHOULD EMPLOYERS DO TO REDUCE THE RISK?

- **Engage workers:** Involve employees from various units in the planning and implementation stages to address concerns and gather feedback.
- **Enhance consultation:** Provide clear communication about how cobots will impact job roles and responsibilities, and include workers in decision-making processes.
- **Conduct risk assessments:** Develop comprehensive risk assessments to identify and address potential psychosocial hazards associated with cobots.

“Cobots enhance productivity and address labour shortages, making them attractive for both large and small businesses, and advancements in cobot technology will further boost their adoption in Australian workplaces,” Tse said.

The team's findings underscore that while cobots offer significant benefits, including reducing physical strain and enhancing productivity, their introduction must be handled with care to avoid unintended psychosocial consequences.

By prioritising worker engagement and consultation, organisations can ensure a smoother transition to collaborative robotics and safeguard employee wellbeing.

*Taken from Safety Solutions Nov 2024, Vol 19, No 1*

## Tips to Boost Employee Mental Wellbeing

Workers in Australia are experiencing rates of stress, anxiety and burnout that are concerning, according to reports. Safe Work Australia's 2024 report on psychological health and safety found that mental health conditions accounted for 9% of all serious workers compensation claims and 7% of all work-related injuries and illnesses in 2020–21 — a 36.9% increase in claims since 2016–17.

Hazel Stewart, MD of Innovate Learn, said that there is growing evidence to suggest that employees who are happy at work are more productive and better for the bottom line — and that the mental wellbeing of employees needs to be an ongoing priority.



“Current workplace health and safety regulations obligate employers to implement the necessary measures to manage the mental wellbeing of employees and ensure that workers feel safe and happy at work. Companies that fail to meet this obligation may be prosecuted or fined,” Stewart said.

### THE RISE IN MENTAL HEALTH CONCERNS

Various reports and surveys have highlighted the increase in mental health conditions of workers:

- A Committee for Economic Development Australia (CEDA) report found that mental health claims are expected to at least double by 2030.
- The Australian Financial Review reported that workers took an average of 76 days off work for each compensation claim linked to a mental health condition in 2023, and the average payout for psychological injuries was almost three times larger than the average payout for physical injuries between 2019 and 2023, at \$42,335.
- The TELUS Health Mental Health Index released in January this year revealed that the mental health of workers in Australia has declined to levels in line with

levels documented during the COVID pandemic. 35% of workers were found to have a high mental health risk, with anxiety, isolation and work productivity continuing to be major mental health concerns.

With this in mind, Stewart has six practical steps that companies can take to improve the mental wellbeing of employees.

#### 1. **Invest in Adequate Staffing**

The best way to prevent employees feeling over-worked, under pressure or stressed, is to ensure there are enough hands on deck to share the load. “The employment of additional staff may seem costly, but the costs associated with the declines in productivity, increased employee turnover and absenteeism, as well as workers compensation claims, that result when staff feel overworked, can be crippling,” Stewart said.

#### 2. **Invest in an Employee Assistance Program (EAP)**

There are a variety of programs available, offering counselling services, stress management or legal support (or a mix).

#### 3. **Give Employees Greater Control and More Flexibility**

Studies have shown that when workers don't have autonomy in their work, they're more likely to experience stress. “Empowering workers with the resources, skills and support they need to really take ownership of their jobs and make decisions about their work, is a powerful way to improve engagement and job satisfaction,” Stewart said. “This approach works best when the work environment is also flexible. If you haven't already done so, consider adopting a hybrid work model or introducing more flexible working hours and work venues.”

#### 4. **Create a Culture of Wellness**

Workplaces that champion long hours with no time for rest, exercise and hobbies, or time spent with loved ones, are problematic — as are workplaces that do not remove the stigmas around mental wellbeing and performance. “It's important that all workers — from management level down to the new intern — feel that their wellbeing is valued by the company, just as much as productivity and sales targets. It's also essential that workers feel they can discuss their mental health with their managers, and seek out support, without negative consequences,” Stewart said.

#### 5. **Provide Personalised Support**

Tap into the needs of each employee — personal and professional — to identify where they need support, and

how the business can meet this need. Some employees may be caring for an ailing parent or young children, and would benefit from a more flexible work schedule, for example. Others may be neurodivergent, requiring additional job support from their mentors. “Noting the recent cost of living increases, many workers are facing growing financial stress. It’s important to support employees by assuring them of their job security and financial security through regular check-ins to discuss their role in the business, their future career plan and how they can make the most of career growth opportunities,” Stewart noted.

### 6. Turn Managers into Mental Health Champions

It’s widely understood that managers have a great impact on employees’ experience of work. This is why it’s a good idea to invest in mental health training for managers, so they are empowered to support the positive mental health of workers and drive engagement with company mental health programs.

*Taken from Safety Solutions Nov 2024, Vol 19, No 1*

## The RIGHT to Disconnect – What Employers NEED to Know

Under new legislation that came into effect in August 2024, employees now have the “right to disconnect” from their workplace after hours.

So what does this mean for employers?

According to employment expert and Managing Director of Employee Matters Natasha Hawker, every business in Australia with 15 or more staff is at risk for failing to meet their right to disconnect obligations.



**“Ignorance is no excuse** — employers must take action to comply now,” Hawker said.

### WHAT IS THE RIGHT TO DISCONNECT?

Under the new industrial legislation, eligible employees have the right to disconnect with their employer outside of work hours, unless their refusal is unreasonable. It means an employee can refuse to monitor, read or

respond to contact from an employer or a third party outside of working hours.

Penalties for non-compliance can reach up to \$19,000 per breach for individuals and increase to \$90,000 per breach for companies under the Closing Loopholes Bill, which covers the right to disconnect.

In a recent case, the NSW Personal Injury Commission ordered an employer to pay a return-to-work coordinator 10 months’ back pay plus ongoing compensation for harassment during the employee’s personal leave.

The employee’s supervisor repeatedly contacted them via calls and emails, and even suggested involving the police for a welfare check. These actions were deemed unnecessary and provocative, especially given the employee’s role in ensuring safe and successful returns to work.

“Under the new right to disconnect laws, such a case could lead to fines,” Hawker said.

### SO WHAT SHOULD EMPLOYERS BE DOING?

According to Hawker, Australian businesses should urgently seek expert HR advice to update their internal policies to cover the right to disconnect legislation. This includes training and guidance on what constitutes reasonable and unreasonable contact outside of work hours.

“Each business needs to determine what works best for their own circumstances, respecting employee rights while maintaining the desired flexibility for both parties,” she said.

“Implementing these changes offers an opportunity to improve workplace communication, attract and retain top talent, and enhance employee engagement by reducing potential psychological risks.

“These risks are known in the industry as ‘psychosocial hazards’. The alternative is non-compliance, the risk of hefty fines, low morale, decreased productivity, and poor employee retention.”

#### Top Tips for Employers:

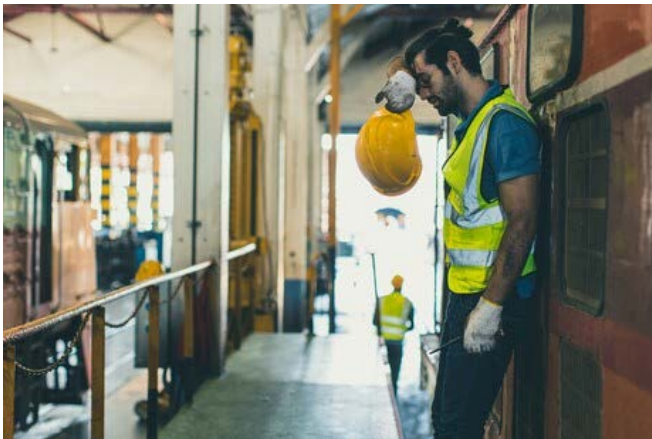
- ✓ Educate yourself about the Closing Loopholes Bill.
- ✓ Understand your obligations as an employer.
- ✓ Use this opportunity to foster workplace communication.
- ✓ Seek expert advice to update and implement your internal policies

*Taken from Safety Solutions Nov 2024, Vol 19, No 1*

## How Prevalent is Psychological Distress among Workers?

A recent report produced by Monash University has provided a snapshot of the health of the Australian workforce.

The report — ‘Workforce Health in Australia’, produced by the Healthy Working Lives Research Group at Monash University’s School of Public Health and Preventive Medicine — revealed that 39% of workers reported pain interfering with their work, while 40% reported psychological distress in 2020–21. Poor mental health led to 42 million days of lost work per annum in 2020–22.



“This national snapshot provides a benchmark to enable future tracking and monitoring of trends in worker health and wellbeing, highlighting the mental and physical health of Australian workers, the disability status of workers, fatalities, and employees’ overall health at work,” said Professor Alex Collie.

### TRACKING TRENDS VIA DATA

In order to produce the report, the Monash team reviewed existing available datasets and identified seven nationally representative surveys and large national datasets that captured information on the health and wellbeing of employed Australians aged at least 15 years or older.

The seven different national datasets included: National Health Survey, National Study of Mental Health and Wellbeing, Household Income and Labour Dynamics in Australia Study, Work-related Injuries Survey, National Return to Work Survey, National Data Set of Workers Compensation-based Statistics, and Work-related Traumatic Injury Fatalities Australia 2021.

“We reviewed the data items within each of the sources, and selected items that measured worker health and wellbeing and its determinants,” Collie said. “Determinants are the things that influence our health and wellbeing, such as diet and exercise and access to health care.

“Healthy workers are more productive at work, live longer, report a better quality of life and use fewer community resources than unhealthy workers. We also know that being sick and unable to work and working while you’re sick, has enormous costs to individuals and society.

“Workplaces have changed a lot in recent years. How and what people do for work has also changed. For example, we’ve seen a rise in teleworking, and a growth in the gig economy. These changes have introduced new risks to worker health, and they occur in a rapidly evolving Australian society, in which both the health of citizens and the determinants of health are also changing.

“Unemployment is at an all-time low, and our national productivity has stalled. Maximising workforce health is a really important opportunity to boost productivity. This report describes a way of measuring workforce health, so that we can identify the main opportunities for improvement.”

What were the key findings of the Health of Australia’s workforce report?

- 63% of workers rate their overall health as very good or excellent
- 39% of Australian workers reported that pain interfered with normal work
- 22% of Australian workers reported a mental health disorder with symptoms in the past 12 months
- 18% of Australian workers reported high or very high levels of distress in 2020–21 compared to 8% in 2014–15
- 12% of Australian workers reported a disability or long-term health condition affecting their employment
- 43% of Australian workers reported high job demands

The data also shows some improvements in the determinants of health, including reductions in job insecurity and smoking, and a rise in physical activity.

“The report represents a baseline that can be used to monitor workforce health over time. We need a better coordinated national approach to monitoring worker

health, to identify opportunities for improvement and to track changes in response to new policies or programs,” Collie said.

*Image credit: iStock.com/coffeekai. Stock image used is for illustrative purposes only.*

*Taken from Safety Solutions 22/11/24*

## Depressive Disorders: 70% of Australians not getting Adequate Treatment

The latest data analysis from 204 countries and territories has found that in 90 countries, adequate mental health treatment was below 5%, with the lowest rates in sub-Saharan Africa at only 2%.

The project, led by researchers at the University of Queensland, also found 70% of Australians diagnosed with major depressive disorders are not receiving even the minimal treatment necessary.



Minimally adequate treatment for major depressive disorders is defined as at least one month of medication in addition to four visits to a doctor or eight sessions with a professional.

Dr Damian Santomauro from UQ’s School of Public Health and the Queensland Centre for Mental Health Research said the aim was to understand how many people with depressive disorders worldwide were receiving adequate care.

“High-income regions showed the highest rates of adequate mental health treatment, but still quite low at 27%, and only seven countries had rates that exceeded 30%.”

“Globally, only 9% of people with major depressive illnesses received the minimal treatment necessary,” Santomauro said.

“There was a small gender discrepancy with females (10.2%) having higher rates than males (7.2%).”

Psychiatrist and School of Public Health researcher Professor Harvey Whiteford said many people with depression need more than minimally adequate treatment.

“Effective treatments are available and with the right treatment, people can fully recover,” Whiteford said.

“Without treatment the suffering and impairment from the depression can be prolonged and negatively affect relationships, work and education.

“In mental health funding and evaluation, we need to focus on the quality and duration of treatment, as well as measuring access to care.”

Santomauro said the findings support the World Health Organization’s Comprehensive Mental Health Action Plan 2013–2030, which aims to increase mental health service coverage by at least 50% by 2030.

“Highlighting locations and demographic groups who have the lowest treatment rates can guide prioritising areas for intervention and resource allocation,” Santomauro said.

“The data provides a baseline for tracking progress to improve treatment for major depressive disorders.”

The study involved researchers from the University of Washington, the World Health Organization and Harvard University.

The research was published in *The Lancet Psychiatry*.

*Image credit: iStock.com/sqback*

*Taken from Safety Solutions, 27/11/24*

## Better Management of PTSD for Frontline Workers

Updated guidelines for the management of PTSD among emergency service workers have been developed by researchers.

Emergency service workers are twice as likely to experience mental health problems when compared with the general population — in large part due to the high risk of trauma exposure at work. In addition, an estimated one in 10 of Australia’s 370,000+ emergency workers and volunteers will develop PTSD related to critical incidents.

The guidelines launched by the Black Dog Institute and UNSW Sydney have been created with a specific focus on the emergency services community in Victoria, using

real-world evidence to understand and address the unique challenges faced by this group.

Over recent years, Victoria has experienced devastating bushfires and floods, exposing frontline workers to heightened levels of stress and increased risk of trauma exposure at work. As the likelihood of these events increase due to climate change, the mental health of emergency responders is under growing pressure.



“We want to make sure that any emergency service workers or volunteers in Victoria that come forward for treatment of PTSD know that they’re getting the best quality treatment, and the treatment that is most likely to work,” said lead co-author Professor Sam Harvey, Executive Director and Chief Scientist of Black Dog Institute.

“We now have a range of different treatment options that are effective for PTSD in emergency service workers, including talking therapies and a range of pharmaceutical treatments. If someone doesn’t get better with initial treatment, there are a range of other evidence-based treatments that should be tried.”

A report now consolidates the best available research evidence to provide clinicians with clear guidelines on how to diagnose and treat emergency workers with PTSD.

This includes clinical data from Black Dog Institute and UNSW’s National Emergency Worker Support Service (NEWSS). Since its launch in 2020, NEWSS has reached more than 205,000 emergency service workers and achieved a world-leading PTSD recovery rate of 70–80%, compared to a global average of around 50–60%.

“Treating an emergency service worker with PTSD is fundamentally different to treating PTSD in the general population,” said lead co-author Professor Richard Bryant, Director of the Trauma Stress Clinic at UNSW.

“Australia is now leading the world in the way we care for and treat emergency service workers with PTSD.

These guidelines aim to share what we have learnt through more than half a decade of working with this population, to lift quality of care across Australia and internationally.”

*Image credit: iStock.com/Shengsheng Zhao. Stock image used is for illustrative purposes only.*

**Taken from Safety Solutions 15/11/24**



# OHSA FUTURE EVENTS

## Walking the Talk – FELT Leadership in Action

Thursday 28th November 2024 from 6.15 pm

Guest Speaker at 2024 AGM

The Occupational Health Society of Australia Inc. is proud to present Mr Tony Egbers – BlueScope Steel WA & SA Manager. Tony will provide a firsthand account of what it takes to put into action FELT Leadership (DuPont) & the 5 Principles of HOP (Human & Organisational Performance). This presentation will be followed by the OHSA AGM and post meeting Networking session.



BlueScope Steel is the largest steel manufacturer in Australia who are committed to being a responsible leader of innovative and enduring steel materials, products and technologies that anticipates the world's changing needs. The business has 15,000 employees globally with 7,000 of the workforce in Australia.

Tony has dedicated 30+ years to BlueScope Steel, emerging from a cadet Mechanical Engineer in Western Port Victoria (BHP) where he managed several processes including Hot Slab. Following a transfer to Thailand where he supervised the build of the Manufacturing Facility, he assumed the role of WA Manager for BlueScope Steel that morphed into managing both WA and SA.

During the past 30 years, Tony has been an active and enthusiastic participant in BlueScope's evolving safety journey where they have embraced and integrated FELT Leadership and the five principles of Human and Organisational Performance (HOP) into their business model. So much so, that the role of OSH professionals in the organisation is that of coach and mentor with line management assuming ownership for OSH and being held accountable. Tony will share his insights on BlueScope's journey where leadership is defined as "respect through action for the well-being of people".



Integral FELT Leadership Model



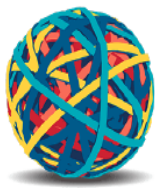
people make mistakes

blame fixes nothing

context drives behaviour

learning is vital

response matters



**Cost:** FREE for OHSA Inc. members who **MUST** register to attend.

Non-members – we want you to join and enjoy the benefits of OHSA & the cost is membership! \$50 for 1 year or \$100 for 3 years (refer to attached New Membership Application form. Student Discounts.

The event **will not** be webcast, but we members can access via TEAMS with a summary posted on the OHSA Inc. website.

This presentation is relevant to all Occupational Health and Safety professionals, personnel in leadership roles and all personnel working in industry.

**When:** Thursday 28th November 2024 **Time:** Gather at 6.15 pm in Reception

**Where:** BlueScope Steel WA Service Centre, 650 Abernethy Road, Forrestfield, WA

**Parking:** Free parking in front of Main Entrance to Building

**RSVP:** By 25th November 2024 to the Society's Secretary (Ali Martins) by Email: [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)

## 50 Years of Occ. Health Practice

Medicolegal & Personal Insights from

Guest Speaker KC Wan – MOHPA Speaker Series

Wednesday 4th December 2024 - 9pm via Google Meet

The Occupational Health Society of Australia Inc. is proud to collaborate with the Malaysian Occupational Health Practitioners Association (MOHPA) Online Speaker Series & present Dr Kar Chan (KC) Wan *MBSB(DH), M.Sc. OccMed, MFOHA, FAFOSH, FACOEH, Grad Dip Public Administration* for a 1 hour personal journey and discussion on his 50 years experience in occupational health practice in both Malaysia and Australia.



Dr Wan is honoured to be invited by the Malaysian Occupational Health Practitioners Association (MOHPA) to speak on his 50 years' experience in occupational health practice (OHP) at this international joint webinar with the Occupational Health Society of Australia (OHSA) Inc.

Dr Wan is a specialist in occupational & environmental medicine practising in Perth, Western Australia. Prior to arriving in Australia, Dr Wan was occupational health consultant to the Ministry of Labour & Ministry of Health in Kuala Lumpur, Malaysia. He has trained doctors from Malaysia, Thailand, Indonesia & Vietnam via distance learning courses as the occupational medicine adjunct professor at Edith Cowan University & Curtin University, Western Australia. Dr Wan was Chief Occupational Health Physician and Inspector at Worksafe WA till his retirement in 2001.

He has served as Chairman and member of WorkCover WA Dust Diseases Medical Panel (DDMP) since 1981. At present, he is practising as an independent medical examiner at Medicolegal Consultants Australia (MLCOA)

**This is Members Only Event FREE for OHSA Inc. and MOHPA members who MUST register to attend.**

If you are a non-member, we would love you to become a member and enjoy this opportunity and many more throughout the year. Cost of Membership - \$50 for 1 year or \$100 for 3 years. We hold **MANY Free** Professional Development and Networking events for members like this one.

Refer to attached New Membership Application form. Student Discounts applicable.  
To attend please register in advance by email & we will send you the Meeting Link  
Australia - OHSA Inc. Secretary Ali Martins [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)  
Malaysia - MOHPA Secretary Mrs Zuraidah Abu Kassim [malaysiaohpa@gmail.com](mailto:malaysiaohpa@gmail.com)

The event **will** be broadcast via video meeting – Google Meet, with a summary posted on the OHSA Inc. website. This presentation is relevant to Occupational Physicians, Health and Safety professionals – Safety Managers, Occ Health Nurses, Safety Advisors, Environmental Specialists and Medico legal practitioners. Attendance will be recorded for CPD if required.

**When:** Wednesday 4th December 2024 **Time:** 9pm (AWST & Malaysia Time).

**Via:** Google Meet - You can join a video meeting from Google Meet, Google Calendar, or Gmail. You can also dial in to a meeting from a phone or a meeting room. Tip: You can also use Google Meet without a Google Account. Get the new Meet app in the play store or app store

**The Event:** 45 minutes presentation and 15 mins Questions & Discussion

**RSVP:** By 2nd December 2024 to the OHSA or MOHPA Society's Secretary by Email (as above)

**Payment Details:** If you are a Non-Member & wish to join OHSA complete the Membership Application & we will send you a Taxed Invoice with Bank Details.

**Google Meet Video call Link:**

<https://meet.google.com/zku-oosj-xsy>

On behalf of OHSA Inc. we wish all our members a very **Happy, Merry and Safe Christmas** with family and friends.

We look forward to seeing you all in the New Year at our Next Event.

Please remember to encourage your colleagues to join OHSA Inc., and we look forward to receiving your suggestions for inciteful & relevant Event Topics, Speakers and Venues.

**Work Safe, Play Safe, Be Safe**





# OHSA Application Form



## Occupational Health Society of Australia Inc.

### APPLICATION FOR MEMBERSHIP

#### MEMBER INFORMATION

Title (Dr, Ms, Mrs, Mr, etc.)	
First name	
Surname	

#### CONTACT DETAILS

Postal Address			
Suburb		Postcode	
Phone			
E-Mail			

Please indicate your preferred method to be contacted:  Postal address  Phone  E-mail

Special Interests <i>(for Society Directory)</i>	
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#### EMPLOYMENT INFORMATION *(Only complete if you want Company information to be recorded against your name in the Society Directory and in Society Communications)*

Company / Self Employed	
Work Phone	
Work E-Mail	

#### APPLICATION FOR *(indicate membership type / fee option):*

- Full Membership (includes *Monitor* newsletter)  \$50 - 1 year *or*  \$100 - 3 years
- Corporate Membership (includes *Monitor* newsletter)  \$100 - 1 year *or*  \$200 - 3 years
- Student Membership (includes *Monitor* newsletter)  \$20 - 1 year *or*  \$ 40 - 3 years

Tertiary Institution \_\_\_\_\_ Student Number \_\_\_\_\_

An invoice for the membership type fee will be issued once the Committee has accepted this application.



*The OHSA Inc. Financial Year runs from 1<sup>st</sup> November – 31<sup>st</sup> October.  
Fees payable during this period will apply for that financial year only.*

#### AGREEMENT

I certify that the information provided in this application is correct and I agree to adhere to the Constitution and Code of Ethics of the Society. I also give consent to the Society to collect, use and disclose my personal information in accordance with the National Privacy Principles in matters relating to the Society.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### CONSENT

I hereby consent to have my details displayed in the Society's directory.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ABN: 83 170 105830

Please submit this completed Form to The Secretary OHSA (Inc) E-mail: [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)

PO Box 6107 East Perth WA 6892 | Website: [www.ohsociety.com.au](http://www.ohsociety.com.au)

The OHSA (Inc) is a non-profit representative body providing expert advice to Govt at all levels and support to OHS professionals.

Doc Ref: OHSA-DOC-FRM-01-	Doc Name: Application for Membership	Date Reviewed: 15/08/2024	Revision/Version: 2.C
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