

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



Issue 4 Vol 41 – December 2025



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**OHSA Inc. COMMITTEE 2025****EXECUTIVE**

President	Les Vogiatzakis – DGaS Services
Vice President	Dr Amy Bright - OMEMA
Secretary	Ali Martins – OH&S Consulting
Treasurer - <b>Joint</b>	David Lampard – Retired & loving it & Peter Nicholls – Mine Safety & Training

**COMMITTEE**

Dr KC Wan – Occupational Physician  
Lance Keys – Anglo American  
Dr Celine Murphy – CMC

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**Report from the Editor****OHSA Inc. Members!**

Profound apologies for the delay in you receiving the Monitor in November, but it has been a HUGE 2 months for OHSA with our premier event for the year ***“It Pays to Care – Lessons from the Coal Face”***, held at the Mount Lawley Bowling Club on the 20<sup>th</sup> November and then the **2025 AGM** on the 4<sup>th</sup> of December, where we had a fantastic presentation by Abbotts Wealth Management and Personal Insurance – ***“Financial Health in Retirement – Do you have Enough”***.

Both events were a huge success with significant positive feedback from attendees and allowed for a boost in membership numbers. Please refer to [In Events](#) for an overview of what pearls of wisdom attendees received, questions asked and answered, further food for thought and some happy snaps.

We have had a shakeup in our Committee at the AGM, as our *el Presidente* Les Vogiatzakis has been called abroad. We will very much miss his wry humour, energy and leadership that has kept the Society a viable entity for the past five years, but wish him all the success in his and his partner's new adventure in Belgium.

We are honoured and warmly welcome a diverse range of Members who have stepped up to the plate and kindly accepted the baton. They are willing to freely give of their precious time and invigorate the future direction of the Society with new ideas, enthusiasm, established networks based on a rich tapestry of background knowledge and experience.

2026 is going to be very exciting!

As our Financial Year ran from the 01/11/2024 – 31/10/2025, Renewal of Membership was sent out to 15 members:

- 3 Student Members
- 3 Honorary Members
- 4 Corporate Members
- 5 Ordinary Members

Of this group, we have lost 3 Student members, 3 International Honorary Members (*they were given a time limited membership and have chosen not to renew*) and 1 Ordinary Member.

In 2026, OHSA will make a concerted effort to target students, through the Award for Excellence and presentations to ECU and Curtin University OSH students. After all today's students are tomorrows future.

We will also pursue partnerships with other relevant Associations to provide further value and professional development for our membership base.

At the AGM it was confirmed that OHSA Inc. **would NOT** raise the membership fees and continue to offer members the benefit of 3 years membership for the price of 2. Once again evidencing just how much value for money OHSA is. We continue to be the cheapest Professional Association in Australia.

On that note, please all have a wonderful, safe and enjoyable festive season with family and friends and remember, if there are any further topics or changes you would like made to the Monitor, please forward your suggestions to me at [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)

Play Safe,



Alison Martins  
**Editor/Secretary**



## Outgoing President's Report

As I present this final report, I thank you all for attending the AGM. Apart from getting a quorum (woo hoo!!) it is timely at the AGM is aligned with the conclusion of my tenure as President of the Occupational Health Society of Australia.

Over the past five years, it has been an honour and privilege to contribute, with the Society staying financially buoyant while looking forward for the membership opportunities and events to target membership growth. We did virtual, face to face and like tonight, hybrid with my IT capacity being stretched beyond the technology.

I believe that the society has progressed their offerings to our members through seeking new venues for functions/events - the South of Perth Yacht Club and the Mt Lawley Bowling Club. Both were excellent venues.

It was a challenge in the driver's seat but supported with an amazing set of professionals each year who took their time as pure volunteers to drive success, and wins to attract and retain members when busy people, who get busier with work, life, and expectation for the member to get more than the last time.

It was always a pleasure that we ate and drank well, too!

I extend my heartfelt thanks to the 2025 committee for their unwavering support and dedication. Your commitment has been the backbone of our success.

Thanks, Executive Secretary Alison Martins, you remain a razor-sharp machine. Thanks VP- Dr Amy Bright for gaining traction with the membership, with new members galore, so the gloves off discussions and networking can continue. Thanks also to Peter Nicholls our exceedingly busy Treasurer, stuck somewhere without Wi-Fi or a road for that matter, and the rest of the committee who have been invaluable at odd hours and times to have a brief catch up ... for several hours... at a time.

A special thanks goes to Dr KC Wan, whose exceptional contributions, including hosting us at Westralia Apartments Board Room, mentoring me and other members while maintaining the position as membership officer and a life member. You have been invaluable throughout this journey. Thanks also to Dr Janis Jansz for pulling the website strings in the background without a snippet of recognition or assistance.

As I step down, I am confident that the Society will continue to thrive under new leadership. Thank you

again for entrusting me with this role and the positive spirit that has defined our time together.

Talk soon...

Sincerely,



**Les Vogiatzakis**

**President, Occupational Health Society of Australia Inc.**



## New & Renewed Members

A special and warm welcome to the many New Members to the Occupational Health Society of Australia Inc. Our two last events attracted many new members & encouraged some Non-Financial Members to return to the fold - **WELCOME BACK**, we've missed you!

The following are New and Renewed Members since the last Newsletter in August 2025.

### **New Members:**

**CORPORATE** – Veritas Medico-Legal (Dr Michael Bowles/Nika Bezhadi); Autoleague (Lance Van Nierkerk); Guardian Exercise Rehabilitation (Amy Robilliard); Stepping Ahead (Linda Finlayson); Rework Consulting (Michael Murabito); Redimed (Samantha Breust); Department of Housing & Works (Allie Jarvis) & Department of Finance/DoH&W (Alison Clegg).

**ORDINARY** - Mr Julian Lane (EBM Insurance & Risk); Michelle Anderson (East Metropolitan Health Service); Dr Cathal Ahern (Alcoa Pinjarra); Zoe Holdaway (Zone Workplace Health Solutions); Sharon Stratford (ex IPTC/now retired); Jane Poyraz (Working Life); Sandra Smith (Contract Injury Management Consultant); Matthew Gmelig & Rosalie Free (HSR Consulting); Stephen Goodlet (City of Canning).

### **Renewed Members:**

**CORPORATE** - Shire of East Pilbara (Mitch Jackson); RED OHMS Group (Ruairi Ward); Anglo American Technical & Sustainability Services (Lance Keys); Felgate Safety Training (Kaye Felgate)

**ORDINARY** – Dr Matt Davies; Dr Andrew Van Balleygooyen; Dr Jasvin Josen; Jacqueline Luseno; John Suthers

**STUDENT** – Richard Phelps

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.

## Joe Maglizza

Joe Maglizza was a hard working **Past President** of the then Occupational Health Society of Australia (WA Branch) for 3 years (2014 – 2017). Joe came to us via MARCSTA where he was the Chairperson. He did a fantastic job for the Society and with partnership with MARCSTA attempted to get the Society rolling again. Many interesting events were held in that period due to this collaboration.

He had and still has an ingratiating manner, endeavoured stoically to encourage new members and track down previous members.



Joe has formally advised the Society that he is embarking on retirement and making plans for the next chapter of his life. He is just 'over it all' - a bit jaded with the political landscape and its deleterious impact on his field of work in Occupational Hygiene and Safety Management.

*He just wants to go surfing and only have to worry about the 'real' sharks!*

Joe Maglizza is a prominent figure in Australian health, safety, and training, known for his roles at Holcim (Australia), where he's served as National Assurance & Hygiene Manager and Safety Manager for WA/Major Projects, and for his extensive involvement with the Occupational Health Society of Australia (OHSWA) / MARCSTA as a Vice-Chairperson and Education Committee lead in the early 2000s, focusing on industry standards and training manuals.

He's recognized for improving safety practices, promoting collaboration, and developing essential training resources for the mining and construction sectors.

### Key Roles & Affiliations:

Holcim (Australia): Safety Manager (WA & Major Projects), National Assurance & Hygiene Manager. Joe works in a senior OHS capacity, currently as Manager, Assurance Hygiene for the Australia and New Zealand region. He has also held the role of Safety Manager for WA and Major Projects. He has been publicly recognised by Holcim for his dedication and leadership in safety initiatives

Occupational Health Society of Australia (WA Branch) OHSWA/MARCSTA - President

MARCSTA: He has a long history with the Mining and Resource Contractors Safety Training Association (MARCSTA), a non-profit organisation focused on safety training. His roles included:

- Chairman (until 2008)
- Vice Chairperson (previously)
- Chair of the Provider Registration Panel and Assessment Panel and
- Contributor to industry manuals (circa 2000-2001). In these roles, he was instrumental in developing and promoting safety induction

### Key Contributions:

Safety Leadership: Focused on risk reduction, compliance, and health management at Holcim.

Training Development: Instrumental in creating the new Induction Manual and Facilitator's Guide for MARCSTA around 2000.

Industry Collaboration: Promoted shared training (like common underground courses) to tackle issues like "induction fatigue" in the mining sector.



## Legislative Changes



### NEW MODEL CODE OF PRACTICE TO MANAGE RISKS OF SILICA DUST IN THE WORKPLACE

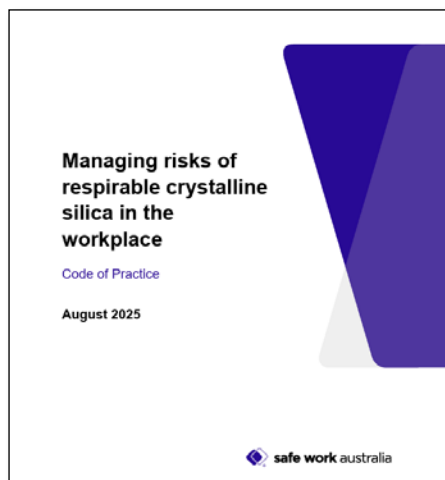
*Safe Work Australia has published a New Model Code of Practice for managing risks of respirable crystalline silica in the workplace to help protect workers from silica.*

Breathing in respirable crystalline silica (silica dust) can cause serious health conditions like silicosis and lung cancer. Silica dust is generated when processing material containing silica, for example cutting, sanding or polishing. All silica-related diseases are preventable by eliminating or minimising exposure to silica dust.

The model Code of Practice gives employers practical information on how to comply with the WHS Regulations to manage risks of silica dust.

View the model [Code of Practice: Managing risks of respirable crystalline silica in the workplace](#).

More information about silica is available on [Safe Work Australia's](#) website.

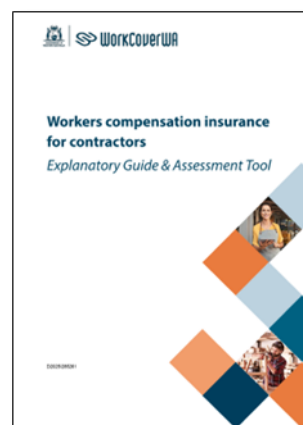


To have legal effect in a jurisdiction, a model Code of Practice must be approved as a code of practice within that jurisdiction. Contact [your WHS regulator](#) for details about the requirements for silica in your jurisdiction

*Taken from Safe Work Australia Website 29/08/2025*

### INSURANCE FOR CONTRACTORS: EXPLANATORY GUIDE AND ASSESSMENT TOOL

It can sometimes be difficult to work out whether certain contractors fall within the definition of 'worker' in the WA Workers' Compensation and Injury Management Act – or are excluded – when an employer or their insurer broker is applying for, or renewing, a workers compensation insurance policy.



WorkCover WA has published an explanatory guide and assessment tool which provides practical guidance for employers, contractors, insurance brokers and insurers when considering workers compensation insurance coverage of contractors.

WorkCover WA's [Workers Compensation Insurance](#)

[for Contractors: Explanatory Guide & Assessment Tool](#) can be found on our Legislative Framework page.

*Taken from WorkCover WA Website 19/08/2025*

### GUIDELINES FOR USE OF PRC 85390 'OTHER ALLIED HEALTH SERVICES'

WorkCover WA premium rating classifications (PRCs) as set out in the WorkCover WA Industry Classification Order are used to identify an employer's industry for the purpose of calculating workers compensation premiums.

WorkCover WA has issued [guidance on the use of PRC 85390 'Other Allied Health Services'](#), which applies to businesses providing allied health care services **not elsewhere classified** in the Order.

The guidance emphasises that PRC 85390, like all classifications containing "n.e.c." (not elsewhere classified) or "other," should only be used when there is no other suitable PRC available.

*Extract from WorkCover WA Website 29/08/2025*

### PERMANENT IMPAIRMENT GUIDELINES TRAINING FOR PROSPECTIVE APIAS

There are several required criteria for a medical practitioner to be designated as an Approved Permanent Impairment Assessor (APIA) operating in the WA workers compensation scheme.

Information on the current eligibility criteria for a medical practitioner to be designated as an approved permanent impairment assessor (APIA), how to apply and the APIA application process can be found below.

A medical practitioner under the Workers Compensation and Injury Management Act 2023 means:

- a person registered under the Health Practitioner Regulation National Law (Western Australia) in the medical profession or
- a person who is not resident in a State but who is recognised as a medical practitioner for the purposes of the Act.

WorkCover WA recognises satisfactory completion of equivalent core training in the American Medical Association Guides to the Evaluation of Permanent Impairment (AMA 5) conducted by the workers compensation jurisdictions in New South Wales, Queensland and South Australia.

It is the applicant's responsibility to ensure any AMA 5 training meets specific requirements. Contact our Advice and Assistance Service on 1300 794 744 prior to undertaking training to confirm it meets the required standard.

One of the criteria is to complete training in relation to the WorkCover WA Guidelines for the Evaluation of Permanent Impairment.

The next training session has been scheduled for 6 November 2025, 6pm – 9pm. Please note this training is only open to medical practitioners, and completion of AMA5 training is a prerequisite for participation.



More information about eligibility to become an APIA and how to register for the training session is available on our website via the [Eventbrite Page](#).

*Image Credit: WorkCover WA website used for illustrative purposes Only*

*Extract from Compensation*

**Matters & WorkCover WA Website 02/09/2025**

## NEW VIC. APPRENTICE SUPERVISION RULES – EFFECTIVE 1 SEPT 2025

From 1 September 2025, new requirements come into effect for supervising apprentice electricians.

Electricity is dangerous, especially for people new to the trade. These changes, introduced by Energy Safe Victoria, set clear expectations for how apprentices should be supervised to keep them safe.



The new requirements cover:

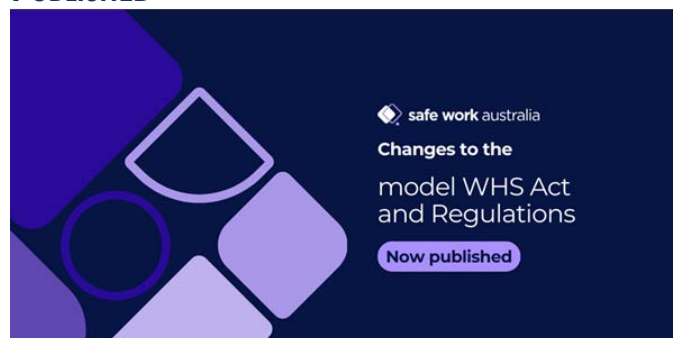
- how many apprentices a supervisor can look after

- a guide to help choose the right level of supervision
- rights and responsibilities of everyone involved
- guidance on isolating and fault finding

[Follow the link](#) to learn more about what's changed and how to meet the new requirements.

*Taken from Safety Soapbox WorkSafe Vic 29/08/2025*

## AMENDMENTS TO THE MODEL WHS LAWS PUBLISHED



Safe Work Australia has published amendments to the model Work Health and Safety (WHS) Act and Regulations, following approval by WHS ministers. These changes expand incident notification requirements, update licensing arrangements for crane operations, and align the regulations with current practice.



**IMPORTANT** Changes to the model WHS laws **do not apply unless adopted in your jurisdiction**. Check with [your WHS regulator](#) for details.

### Incident Notification Amendments

Under the updated model WHS Act, notification duties have been extended to include:

- dangerous incidents involving mobile plant and falls
- violent incidents, including sexual assault
- work-related suicide and attempted suicide, and
- extended worker absences (15+ calendar days).

*Please note: changes to incident notification requirements do not apply unless adopted in your jurisdiction. Employers should check with their local WHS regulator before updating their notification systems or reporting practices.*

To help employers understand their notification duties, we've published supporting resources including a [fact sheet](#) and a [downloadable handbook](#). The handbook provides practical guidance to help employers apply these duties.



Check out the updated [model WHS Act](#) and [explanatory memorandum](#), and visit the [incident notification](#) page for more information.

### Crane Licensing Amendments

Changes to the model WHS Regulations for high risk work licences relating to crane operation include:

- removing the encompassment of non-slewing mobile cranes, vehicle loading cranes and reach stackers from the slewing mobile crane licence classes. This means operators will need to hold the specific licence for the type of crane they operate, rather than relying on broader slewing mobile crane licence categories.
- introducing a requirement to hold a dogging qualification as a prerequisite for most crane licence classes. This change is intended to ensure operators have the necessary skills to safely perform slinging and load-handling tasks.

View the [explanatory statement](#).

### Miscellaneous Amendments

Additional updates to the model WHS Regulations include:

- clarifying personal protective equipment (PPE) requirements (regulation 44)
- reducing the automatic refusal timeframe for high risk licence applications from 120 to 60 days (regulation 89), and
- streamlining compliance and enforcement for asbestos sample analysis (regulation 423 and 479).

View the [explanatory statement](#).

The updated [model WHS Regulations](#) are available on the Safe Work Australia website

*Extract from Safe Work Australia's Website 05/12/25*

### CAR STACKERS INFORMATION SHEET

WorkSafe WA have released an information sheet on car stackers that provides guidance on work health and safety (WHS) duties and the management of risks associated with car stackers in accordance with the work health and safety legislation.

Car stackers, also known as automated vehicle parking systems, are a type of plant designed to store vehicles in compact, vertical arrangements to maximise parking space.



This information sheet is relevant to individuals managing or controlling car stackers in workplaces, as well as importers, suppliers, installers and WHS service providers responsible for their inspection and maintenance.

[Read the Information Sheet](#)

*Image Credit: <https://mutrade.en.made-in-china.com> › Transportation › Parking › Simple Parking Lift*

*Taken from WorkSafe News Alert 06/11/25*

### DANGEROUS GOODS SAFETY ACT 2004 AND REGULATIONS REFORMS CONSULTATION PAPER

WorkSafe WA is inviting public submissions on the reforms under the Dangerous Goods Safety Act 2004 (DGS Act) and associated regulations as outlined in the [Consultation Regulatory Impact Statement \(CRIS\)](#).

The CRIS aims to review proposed amendments to the DGS Act and regulations identified in the 2014 review and subsequent internal consultations. It also seeks stakeholder feedback on these proposals and invites additional reform ideas for consideration.

All feedback will inform the final proposals to be presented to the Minister for Industrial Relations.

Public submissions close at **5.00 pm (AWST) on 27 February 2026**.

[Have Your Say - Click](#)

*Taken from DLGIRS News Alert, 18/12/25*

### DRAFT CODE OF PRACTICE: EMERGENCY MANAGEMENT FOR WESTERN AUSTRALIAN MINES

The Work Health and Safety Commission (WHSC) and the Mining and Petroleum Advisory Committee (MAPAC) invite public submissions on the draft Code of Practice: Emergency Management for Western Australian Mines.

The Code will assist a person conducting a business or undertaking (PCBU) to meet the requirements of the



Work Health and Safety (Mines) Regulations 2022 in relation to emergency management planning at a mine site with guidance on establishing, maintaining, testing and using an emergency plan.

Public submissions close **5.00 pm (AWST) on Friday 6 March 2026**.

[Make Your Submission Here](#)

Taken from *DLGIRS News Alert*, 18/12/25

## MINING AMENDMENT REGULATIONS 2025 COME INTO EFFECT

The Mining Amendment Regulations 2025 came into force on **1 November 2025**, to modernise communication with industry, strengthen compliance, and improve the accuracy and enforceability of the mining register. They also pave the way for future digital transformation across the resources sector.

The amendments to the Mining Regulations 1981 come following a four-week public consultation process. The response to submissions can be found on the website.

The Mining Amendment Regulations 2025 introduce two key reforms for tenement applicants and holders:

- The requirement to have a registered service address.
- The requirement to have a *designated tenement contact (DTC)*.

### WHAT'S CHANGED?

#### Service Address Requirement

- Under new Regulation 84G, all mining tenement applicants and holders must provide and maintain a service address. The service address must be a *physical street address*, either residential or business, and cannot be a post office box.
- The service address is used for the official service of notices and correspondence under the Mining Act 1978 and Regulations. It ensures that important information, such as notifications, decisions, and compliance communications, can always reach the responsible party.
- For existing tenements, current addresses will remain valid during a 12-month transition period, after which all records must be updated to reflect a valid service address.

### DTC

- Each tenement must have a DTC, the individual or entity authorised to receive communications from the department, the Warden's Court, and the Director General under prescribed provisions of

the Mining Act 1978. The DTC ensures that notices are directed to the correct responsible person, reducing administrative delays and miscommunication.

- Service of documents by third parties should not be made to the DTC.
- The DTC details are recorded in the tenement register and must be kept current.
- Applicants or holders can update their DTC details using Form 30.

### Privacy and Safety Safeguards

- The new regulations also introduce a privacy protection mechanism under Regulation 84H, allowing individuals to apply to have their residential or business address suppressed from public copies of the tenement register where publication would substantially affect their health, safety, or wellbeing. Applications will be assessed by the Director General under a confidential process.

### Forms

Updated forms, including Form 21 (Application for Mining Tenement) and Form 30 (Application to Amend), are now available online, by email, and in hard copy at the Department of Mines, Petroleum and Exploration regional offices.

### What you Need to Do

- Be aware that a 12-month transition period is in effect for existing applicants and tenement holders ending on 31 October 2026.
- During this time, check that your service address and DTC details are current and accurate in Mineral Titles Online.
- Use the new Form 30 to update your contact or address information if necessary.
- Ensure that all communications and third-party service of documents are directed to the service address, not the DTC.

Taken from *DMP&E Future Prospects -December 2025*

## WORKPLACE EXPOSURE STANDARDS REDUCED FOR ALUMINIUM (WELDING FUMES)

Aluminium welding, similar to other welding processes, produces hazardous fumes that can be harmful to workers' health.

From 17 November 2025, the workplace exposure standard (WES) for aluminium (welding fumes) will be **reduced from 5 mg/m<sup>3</sup> to 1 mg/m<sup>3</sup> (as an 8-hour time weighted average)**. This change will bring the WES for

aluminium welding fumes in line with the existing WES for welding fumes.



### NEXT STEPS FOR EMPLOYERS

- Review and update your welding fume controls to make sure exposure stays below the 1 mg/m<sup>3</sup> limit. Take all reasonably practicable steps to eliminate and minimise risks.
- Use the model [Code of Practice: Welding Processes for guidance](#). It provides advice and control measures for welding hazards, such as ventilation and personal protective equipment, and outlines other WHS duties.
- Properly worn respiratory protective equipment can be taken into account when determining compliance with the new limit, if all other reasonably practicable higher control measures in the [hierarchy of controls](#) have been implemented.
- Get expert advice (such as from an [occupational hygienist](#)) if you are not sure you are meeting the new limit and to find out if your control measures are appropriate.
- Stay informed of updates from the WHS regulator in your jurisdiction to know when the new limit becomes legally enforceable in your jurisdiction.

WorkSafe WA has published a [Statement of Regulatory Intent](#) that outlines the regulatory approach that the WorkSafe Group of the Department of Local Government, Industry Regulation and Safety will adopt for the immediate implementation of the reduced workplace exposure standard (WES) for aluminium (welding fumes) under the Work Health and Safety (General) Regulations 2022 and Work Health and Safety (Mines) Regulations 2022.

WorkSafe WA will take an educational approach to this issue over the first 12 months.

Additional information can be found in the [SafeWork Australia Aluminium \(welding fumes\) Information Sheet](#).

*Extract from LGIRS 17/11/25, SafeWork NSW Wrap, 25/11/2025 & Safe Work Australia website 17/11/25*

### NEW MODEL CODE OF PRACTICE ON MANAGING FATIGUE RISKS AT WORK

A new model Code of Practice has been published by Safe Work Australia (SWA), providing practical guidance to employers on how to manage health and safety risks related to fatigue at work.

*“Fatigue is a state of physical, mental or emotional impairment that can have health effects and can prevent people from functioning safely in the workplace,” SWA stated.*

*“Employers are responsible for preventing work-related fatigue and ensuring fatigue doesn’t create a risk in their workplace. To do this, they must consult with workers and should design work in a way that eliminates or minimises risk as much as they reasonably can.”*



*“Managing fatigue-related risks may mean changes to work hours and shift design, providing sufficient breaks while at work and between periods of work, providing additional tools or equipment to assist with tasks or altering the way tasks are completed to allow for flexibility.”*

Additional resources to support the model Code of Practice have also been published. These include:

- a [worker fact sheet](#);
- a [small business fact sheet](#); and
- the updated [Fatigue: A WHS issue infographic](#).

The new model Code complements the model Code of Practice: Managing psychosocial hazards at work.

You can download the model Code of Practice: Managing the risk of fatigue at work [HERE](#), via the SWA website.

Image credit: iStock.com/Suratsak Noikerdmee. Stock image used is for illustrative purposes only

**Taken from Safe Work Australia 13/11/25 & Safety Solutions 14/11/2025**

## IN EVENTS

### IT PAYS TO CARE - Lessons from the Front Line



#### It Pays to Care

An imperative for change  
and call to action

**Thursday 20<sup>th</sup> November 2025**

**Mount Lawley Bowling Club**

#### Sorry you missed it...

The afternoon was brilliant and continued on until the early evening with the full house remaining engaged and interactive until the end. Congratulations again to Sharon Stratford as the **front-line sparkle** of the It Pays to Care team and MC for this inciteful and engaging function.

Special thanks to our guest speakers and the attendees who watched the brilliant being humble, and the humble being brilliant with the hard questions extending the commentary further. The speakers all explained the vital role of the workplace policy communication and collaboration between all stakeholders. This pre-requirement strengthens positive results for the management of an injured worker, the overlap into medical and legal communications, to their recovery with positive results for both workers and employers.

The afternoon kicked off with **WorkCover WA Manager Regulation, Rob Parkes**, who welcomed all participants to country and set the scene on the status of Workers Compensation and Injury Management law in Western Australia.

He provided an overview of the WA Scheme for the year 2024/2025 as depicted in the Infographic to the right ➔.

Highlights being:

- A 71.2% 3-month return-to-work rate for claims lodged in 2024/25.
- Average recommended premium rates increased slightly to 1.732% (up from 1.727%), driven by higher claim costs but offset by wage growth.
- Increased use of data to detect non-compliance and improve scheme efficiency, with enhanced data sharing agreements.





- Introduction of a case streaming initiative for faster resolution of simpler disputes via early conciliation.
- WorkCover WA launched training for brokers and improved processes for complaints against approved service providers (insurers, rehab providers).



**General Manager Regulatory Services, Rebecca Harris** followed Rob with her signature energy and enthusiasm and blew the Workcover WA horn on How the WA regulator is leading the way nationally for successful injury management! She attributed this to:

- ✓ **Communication of Expectations:** Clear, consistent messaging from regulators drives stakeholder understanding and legislative success.
- ✓ **WA's Unique Approach:** Collaborative, co-designed model; "Carry what counts" philosophy; early adoption of Pays to Care and readiness for national standards.
- ✓ **Collaboration & Co-Design:** Four pillars—Communication, Collaboration, Consultation, Continuous Improvement; active partnerships and national leadership.
- ✓ **Data & Challenges:** Lower psychological claim rates than eastern states; main causes—bullying, harassment, work pressure.
- ✓ **Return-to-Work Focus:** Concern over declining rates; ongoing collaboration with medical professionals and stakeholders.
- ✓ **Social Contract Principle:** Scheme built on trust and good faith, influencing national policy through innovation.



Rebecca balanced the future direction for improved return to work rates to better resource provision and training of stakeholders. Rebecca commented on her Linked In "We were pleased to join a panel of industry experts to share what **good looks like** within injury management systems."



And then came our team from **It Pays to Care – Dr Amy Bright and Sharon Stratford**. Amy described who IPTC are as a small team of passionate part time people advocating for improved outcomes using the It Pays to Care policy collaborating with industry to influence its practices.

The predominant theme was that evidence clearly shows that caring systems that are respectful, engaging, transparent and collaborative help both workers and their employers. Refer to [OHSociety.com.au](https://OHSociety.com.au) to view the IPTC Overview.





## It Pays to Care

An imperative for change  
and call to action

An injury or medical condition that occurs in a compensable setting has a significantly higher chance of a poor health outcome than the same condition in a non-compensable setting.

**Everyone can play a role to ensure work injury systems are fit-for purpose, supporting positive health outcomes and a successful return to work.**

### **7 Principles of healthy injury insurance schemes:**

- **Leadership** - Scheme leaders promote a culture of positive psychosocial influence.
- **Collaboration** - Trust and effective stakeholder engagement is empowered.
- **Fairness** - Equitable, transparent decisions enhance compliance and outcomes.
- **Prioritises Workers** - Worker health is prioritised through evidence-based interventions.
- **Responsiveness** - Case management is proactive and supportive.
- **Communication** - Clear, consistent communication drives positive outcomes.
- **Long-Term Thinking** - Scheme sustainability and workforce development is a priority.

### **Who contributes to successful recovery and return to work?**

- **Regulators/Insurers:** Set standards, ensure fairness, foster transparency.
- **Case Managers:** Foster collaboration, communicate routinely and effectively.
- **Employers:** Create supportive workplaces, actively engage in recovery processes.
- **Healthcare Providers:** Provide evidence-based care, can identify and address psychosocial barriers.

### **Want to learn more or get involved?**



Visit [itpaystocare.org](https://itpaystocare.org)

Or search "It Pays to Care" on LinkedIn





We then broke for a very welcome afternoon tea that was a highlight and part of the primary focus of OHSA as it allowed our participants to mingle and network with our speakers and other participants. After all, we only know what we know and all need to network.

After afternoon tea, we welcomed our panel of industry experts to **share what good looks like within injury management systems**. Our moderator/facilitator Sharon Stratford was brilliant at teasing out essential pearls of wisdom, allowing our panel to share their case studies and opening up the floor for participants to ask the panel questions.

Thanks again Rebecca Harris, Rob Parkes, Dr Craig Elliott, Taynee Vidler, Mel Fisher, Lee Spurr GAICD, Lloyd D'Castro, and our Vice President Dr Amy Bright for such insight and value.



Dr Craig Elliott –  
Specialist Physiotherapist, Pain Options



Our Panel in action with Moderator



Lloyd D'Castro –  
Working Life



Dr Amy Bright - OMEMA



L- R Rebecca Harris (WorkCover), Dr Amy Bright (OMEMA), Taynee Vidler (GIO), Lee Spurr (360 Medico-Legal), Mel Fisher (Org Psyche)





### Some of the Main Points Addressed:

- ① Recognition of contributors; initiative driven by limited resources and strong collaboration.
- ① Evidence-based approach addressing rising costs, longer claim durations, and stagnant return-to-work rates; identifies five key factors—regulators, insurers, employers, healthcare professionals, psychosocial factors.
- ① Employers have the greatest impact through early, positive engagement; doctors' direct impact is statistically smaller ( $\approx 8\%$ ).

### Barriers & Solutions

- ✗ Lack of employer engagement, poor communication, and insufficient psychosocial focus.
- ✗ Development of practical tools like ICCC communication framework.
- ✗ Collaboration with regulators and insurers to expand reach, especially in government sector.

### Psychosocial Factors & Early Intervention

- ✓ Research (WISE study, Australia Post replication) confirms early intervention improves outcomes and reduces costs.
- ✓ Emphasis on proactive psychological support and education for workers and employers.

### Role of Communication & Collaboration

- Coordinated, empathetic communication among stakeholders improves outcomes.
- Policy promotes trust, responsibility, and support for injured workers.

### Key Questions Raised

- 💡 Why are practical improvements still lacking despite evidence?
- 💡 What barriers hinder employer engagement?
- 💡 How can messaging reach government and small businesses?
- 💡 What strategies incentivize early psychosocial intervention?

### Decisions Made

- 🏢 Share presentations and resources.
- 🏢 Continue collaboration with regulators, insurers, and industry bodies.
- 🏢 Maintain symposiums and practice communities focused on psychosocial factors.

### Action Plans

- 🌱 Encourage resource sharing within organizations.
- 🌱 Gather feedback to increase policy impact.
- 🌱 Develop practical tools for employers and case managers.
- 🌱 Strengthen collaborations with key stakeholders.

### Additional Topics

- 🔗 Importance of values—trust, collaboration, empathy—in injury management.
- 🔗 Recognition of case managers' critical role.
- 🔗 Advocacy for long-term, evidence-based policy implementation.



L-R Dr Amy Bright, Rebecca Harris, Les Vogiatzakis, Sharon Stratford, Rob Parkes & Ali Martins

Thank you to all the panellists for generously providing your time and the OHSa committee for making this happen, it was such an engaging audience. The Vice President wanted to especially thank Ali Martins and Vanessa (IPTC) who provided a significant amount of work in the background organising us.

Let's not forget the Society's committee who did all the hard yards, especially our dedicated Secretary Alison Martins, VP Dr Amy Bright, Dr Celine Murphy, Dr KC Wan, Lance Keyes and our hard working and stuck in the bush Treasurer Peter Nicholls. This was a great networking for occupational health professionals.

***It does indeed pay to care!***

## IN SAFETY

### WA - Record \$975,000 Fine over Death of 16 yr old

A Welshpool industrial spray painting and sandblasting company has been dealt the biggest ever fine under WA's workplace safety and health laws over the death of a 16-year-old worker in 2023.

RPC Surface Treatment Pty Ltd pleaded guilty to two charges of failing to ensure the health and safety of a worker and was issued a global fine in the Perth Magistrates Court on the 27/10/2025.

#### THE INCIDENT

In June 2023, a labourer who assisted with spray painting and sandblasting was killed when a steel beam weighing approximately 425kg suspended from an overhead monorail system fell on his chest.



The steel beam was attached to the monorail at each end by **S-hooks** (fabricated steel hooks in an s-shape) connected to chain slings. The beam had been primed and coated and was left suspended to dry in the main spray booth.

Example of a Light Weight Monorail with Rated Lifting Hooks

Early on the morning of June 15, the labourer and three other workers were instructed to move the beams to another area where they were to be collected later in the day.

When the labourer was pushing the beam by hand, the S-hooks deformed and straightened out under the load and the beam fell onto him, causing fatal injuries.

The workers at RPC **routinely selected lifting devices by a process of trial and error**, and they were not required to determine the weight of the load prior to suspending it.

*A standard "S" hook is not a safe lifting hook for professional or heavy-duty use, as it lacks the safety features of industrial lifting hooks and has a low working load limit. Professional lifting requires hooks with features like safety latches, which prevent accidental unhooking, and hooks made from high-grade, certified materials like alloy steel.*

The **weight was estimated via a visual inspection** and whether it had been unloaded by hand or with a forklift, and the **S-hooks did not have a known working load limit or rated capacity**.

#### PREVIOUS NOTICES

In March 2021, WorkSafe inspectors had issued a Prohibition Notice to RPC prohibiting the activity of working underneath suspended loads.

While this notice did not relate to the monorail or S-hooks directly, it did direct RPC to the same risk, namely being crushed by falling objects while working under suspended loads.

#### COMMENTS BY THE COMMISSIONER

WorkSafe Commissioner Sally North said the risks of working under suspended loads were well known, and this company would have been well aware of the requirements.

*"The company had **previously been issued a Prohibition Notice that had prohibited working under suspended loads**, so there is no question they were aware of that risk, but the workplace had inadequate systems of work for managing it," Ms North said.*

*"Lifting devices are covered by an Australian Standard, and in a workplace such as this where heavy items are lifted and worked on frequently, it would be expected that the Standard's strict control measures would be in place.*

*"Persons conducting a business or undertaking should conduct a thorough risk assessment of work activities involving the lifting of heavy items in consultation with workers and must put controls in place to reduce the risk of injury to workers.*

*"This was a particularly tragic incident as it involved the death of a very young worker. The substantial penalty is evidence of how seriously the courts' view incidents of this nature."*

Image Credit: <https://www.lifturk.com/en/product/1-ton-twin-hook-monorail-electric-hoist>

Taken from DLGIRS website 28/10/25

### \$131,000 in Fines after Gas Explosion

On 31 July 2025, a water tube boiler company, its director and worker were sentenced in the Bundaberg

Magistrates Court for breaching section 32 of the Work Health and Safety Act 2011 (Qld).

The charge arose from an incident which occurred on 26 June 2023 at a workplace in Bundaberg. The PCBU was engaged to supply and install an industrial steam boiler at the premises. The Boiler Room was an enclosed concrete-walled room attached to the main building.

Approximately three weeks prior to the incident, the PCBU sent two workers, a qualified boilermaker and a labourer to attend the site and fit out the boiler room. They *did not complete the job* and returned on 26 June 2023 to finish the job.

On the same date, the Worker, a qualified gas technician engaged by the PCBU, attended the facility to commission the boiler. He was accompanied by his father, who acted as his assistant. The process involved ensuring the boiler's safety mechanisms and other critical operational features functioned correctly before feeding fuel into the burner and igniting it to produce steam. Ordinarily, this process would take several hours.

Prior to commencing the process, the gas technician learned that the **boiler was not ready for commissioning** – there was no water feeding into the tank and the LPG supply line had not been purged of non-combustible gas.

The gas technician contacted the Water Tube Boiler director to inform him of the issues. He instructed him to do the purge and charge the principal contractor for it.

Neither the Water Tube Boiler company nor the Gas Technician had a **documented procedure** for purging larger volumes of gas. There was **no specific training** in relation to the task and there was **no risk assessment** or safe work method undertaken.

The Gas Technician commenced the procedure to purge the boiler. He arranged with BBD for the bulk supply valve to be opened, introducing pressurised LPG into the main supply line. He could not purge through the boiler due to the unavailability of feedwater, so he utilised an air compressor hose that he found nearby. He realised that conducting the purge in this manner would take days, not hours. To expedite the process, he opened the primary gas isolation valve on the 'gas train' and vented the pressurised gas from the supply line through the open filter housing, directly into the atmosphere of the enclosed boiler room. Sometime after releasing the gas, the gas detector alarmed, indicating that the supply line was now charged with LPG.

While this process was underway, the gas technician's father was positioned near the boiler. The labourer was

on top of the boiler installing insulating material around pipework and the boilermaker was assembling pipework for the feedwater tank. It became necessary to braze a single copper elbow onto a length of pipe. At this point, the labourer came down from the boiler roof to retrieve a tool from the truck. The boilermaker lit his oxy-acetylene torch and ignited the LPG. **All four workers were engulfed in flames.**



The gas technician, the boilermaker and the labourer all received full thickness burns. The gas technician's father received minor thermal burns. Both the boilermaker and the labourer were subsequently diagnosed with post-traumatic stress disorder. The labourer was also diagnosed with a major depressive disorder.

Following the incident, the Water Tube Boiler Company updated its SWMS for the boiler commissioning process, created a document for the pre-commissioning testing, and engaged a Work Health and Safety officer.

In sentencing the defendants, the Magistrate took into account that the risk was real and present and that it materialised. His Honour had regard to the Victim Impact Statements of two of the injured workers and the serious nature of the offence.

In mitigation, his Honour took into account the very early plea of guilty, co-operation with the investigation, and lack of any previous history.

With respect to the gas technician, he also had regard to the ongoing consequences for him and the extra-curial punishment he suffered with his burn injuries.

His Honour considered various authorities, and, in all of the circumstances, given the serious nature of the breach, he convicted and fined:

- The PCBU (Water Tube Boiler Company) – \$100,000 plus costs of \$500 and \$105.35 for filing.
- The PCBU director – \$22,000 plus costs of \$500 and \$105.35 for filing.



- The worker (gas technician) – \$9,000 plus costs of \$500 and \$105.35 for filing.

*His Honour exercised his discretion to not record convictions against the defendants.*

*Image credit: Opus Kinetic – Fire & Gads Explosions. Stock image used is for illustrative purposes only.*

*Extract from Office of the WHS Prosecutor QLD, 31/07/2025*

## AI is Driving Safety, Sustainability and Scale in Mining

Australia's mining industry is a cornerstone of our economy but stands at a turning point today. Faced with rising safety expectations, pressure to decarbonise and an acute skills shortage, the sector must evolve.

As MARK BUCKLAND, Resources and Utilities Director at Avanade explains, AI is no longer a futuristic add-on — it's becoming the engine room of safer, smarter and more sustainable mining practices.

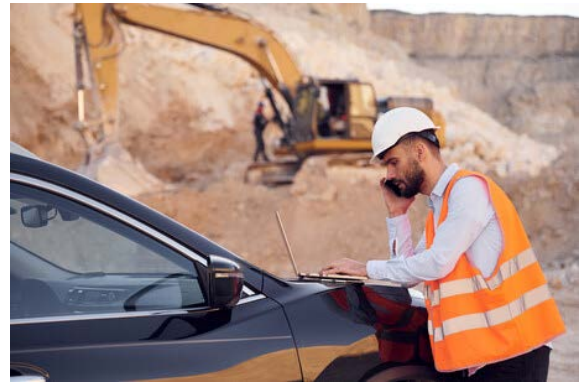
**NOTE:** OHSA were running a PD session on AI in OSH where one of the presenters was demonstrating this technology. This has now been moved to 2026. Watch this space for advice of when this event will be re-scheduled.

In mining, where the stakes are high and mistakes can be costly, AI has emerged as one of the most transformative technologies. While the appetite is strong, there's work to be done. AI isn't a silver bullet. But when embedded with the right people, processes and platforms, it becomes a multiplier of productivity, safety and insight.

### MINING AND AI: A COLLISION OF TRADITION AND TRANSFORMATION

For an industry steeped in tradition and scale, mining is under increasing pressure to modernise — and it's happening fast. Across Australia, AI is already powering everything from **autonomous haulage systems** to **real-time emissions monitoring**. According to a 2024 report by the Minerals Council of Australia, digital technologies, including AI, are expected to deliver over \$74 billion in value to the mining sector by 2030, primarily through productivity and efficiency gains.<sup>1</sup>

But this transformation extends beyond the pit. The integration of AI is also reshaping workforce needs, driving a new wave of reskilling across regional communities. As mining operations become more data driven, local economies also stand to benefit. Not just through creation of new roles, but by fostering new ecosystems of innovation in regional Australia.



### SAFER MINES WITH SMARTER TECHNOLOGY

AI is emerging as one of the **industry's most powerful tools for improving safety** — a longstanding and critical challenge in mining. From predictive maintenance that prevents multimillion-dollar breakdowns, to AI vision systems that monitor driver fatigue and detect hazards in real time, technology is enhancing OHS across the board. It's particularly powerful in remote or underground sites where human visibility is limited, and every second counts.

Mining companies are now using AI in smarter, more targeted ways to reduce risk. For example, some organisations are using AI-powered digital twins of their process plants to optimise maintenance and reduce the risk of unexpected failures — helping teams act before issues escalate. Computer vision is also being deployed via fully automated drones to detect corrosion with pinpoint accuracy, reducing reliance on manual inspections and minimising human error.

Generative AI is creating tailored, site-specific training materials that reflect local conditions, demographics and historical incidents, helping workers better understand and manage risks. Meanwhile, anomaly detection systems are turning real-time operational data into frontline insights, enabling faster, safer decision-making.

By augmenting human decision-making with real-time data and automation, AI is not only reducing risk — it's helping to build a safer, more sustainable future for mine workers across Australia.

### CLOSING THE SKILLS GAP WITH AI-AUGMENTED WORKFORCES

Australia's mining sector talent shortage could stall growth in the years ahead. According to a 2022–27 workforce forecast by the Australian Resources & Energy Employer Association, the mining industry would need approximately 24,000 new workers by 2026 to meet its growth targets. But this isn't just about more boots on the ground — it's about smarter, tech-enabled boots.

AI also presents a chance to **attract new talent**. The use of AI opens new pathways to attract digitally native talent and people who may never have considered mining but are drawn to a new frontier of data science, robotics and sustainability — areas that appeal to a new generation of workers and that are helping mining rebrand from a hard-hat industry to a high-tech one.

## **BUILDING THE DIGITAL CORE FOR MINING'S NEXT PHASE**

To fully realise the benefits of AI, Avander Australia stresses that mining companies must first build the digital foundations to support it. That means modernising legacy systems, improving data governance and breaking down silos that stifle innovation. For mining leaders, this is the moment to assess whether their digital environments are truly fit for purpose. Is the data architecture agile enough to support AI models? Are systems interoperable, secure and scalable? Without this foundation, even the most ambitious AI initiatives will struggle to deliver lasting value.

The age of AI in mining has arrived. The question is no longer whether to embrace it, but how to do so ethically, responsibly and at scale. For a sector that contributes over 10% of Australia's GDP and anchors the livelihoods of many regional communities, this is more than a technology choice. It represents a generational opportunity to future-proof one of nation's most critical industries. How mining leaders navigate this moment will not only define the next era of the industry but help shape the trajectory of Australia's broader industrial future.

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

*Taken from Safety Solutions, 8<sup>th</sup> August 2025*

## **Dangerous Gas Release Leads to \$126,000 in Fines**

A company and its managing director engaged to decommission an LPG gas tank at a Mount Gambier service station have been fined \$126,000 after 1280 litres of liquid petroleum gas (LPG) was deliberately released into the atmosphere during trading hours.

National Petroleum & Corrosion Services Pty Ltd and its managing director Robert Santilli pleaded guilty and were sentenced in the South Australian Employment Tribunal on 30 June 2025 after a SafeWork SA prosecution.

The incident occurred on 30 April 2022 when Mr Santilli **released 1280 litres of the extremely flammable gas**

**from the 8KL vertical bulk tank by deliberately 'venting' it into the atmosphere**, over a period of about five hours.

The scope of works entered into by National Petroleum & Corrosion Services required the remaining gas to be decanted into gas cylinders before being removed from the site.



**No pre-start risk assessment or appropriate checking** was undertaken in the four minutes between when Mr Santilli arrived at the service station and when he commenced releasing the LPG.

Mr Santilli also **did not have appropriate personnel or tools** to ensure that the decommissioning would be safely and competently completed.

The release of the extremely flammable gas was filmed on a mobile phone and reported by a member of the public, sparking a SafeWork SA investigation.

Video footage obtained during the investigation from the mobile phone and the service station's own CCTV system shows Mr Santilli intentionally releasing a dense fog of gas into the atmosphere over a five-hour period, leaving the tank unattended for periods of time to attend to other tasks at the site and allowing customers including his partner and young child to pass through the flammable range while the gas was being released. Mr Santilli was also depicted operating battery-powered tools – a potential ignition source - within the flammable range.

Saturday afternoon trade continued as normal at the service station while the tank was emptied.

As part of the decommissioning work contract, National Petroleum & Corrosion Services was required to ensure that the LPG tank was empty before it was depressurised. The LPG tank could be safely emptied by either pumping out the remaining LPG into a tanker or by decanting the remaining LPG into cylinders.

*If an ignition source was present in the flammable range, SafeWork SA deposed the most likely result would be either a flash fire or a jet fire. A flash fire causes the vapour to burn quickly without generating significant pressure while a jet fire results from the ignition of a high velocity jet of gas and/or liquid.*

When initially interviewed by a SafeWork SA inspector, Mr Santilli falsely claimed:

- As per his standard procedure, excess LPG was transferred to cylinders prior to decommissioning.
- Only LPG and vapour remaining in lines was released on 30 April 2022.
- His car was used to block the driveway and stop vehicles from entering the area while LPG was released.
- A spotter was used on the day to keep any people out of the area.
- The area was clear for 10-15 metres from the tank and dispensers.

National Petroleum & Corrosion Services and Mr Santilli were charged with category 2 offences against section 32 of the Work Health and Safety Act 2012 for failing in their duty to ensure the health and safety of its workers as well as other persons was not put at risk during the decommissioning work.

A conviction was recorded and National Petroleum & Corrosion Services was fined \$98,000 following a 30 per cent reduction for pleading guilty. Mr Santilli was fined \$28,000 following a 30 per cent reduction and also had a conviction recorded.

The Victorian-based company was also ordered to pay a victims of crime levy of \$424 and \$1,925 towards SafeWork SA's legal fees. Mr Santilli was ordered to pay \$1,210 towards SafeWork SA's legal fees and a victims of crime levy of \$424.

In his affidavit, Mr Santilli deposed that National Petroleum & Corrosion Services had spent \$122,648.40 on safety, safety equipment and site clean-up since the offending.

In his sentencing remarks, Judge Calligeros said the company and Mr Santilli disregarded the procedures stipulated in the scope for emptying the tank and failed to provide any vessels into which to decant the LPG despite agreeing to do so contractually.

"Had an ignition source been present within the flammable limits, an explosion could have resulted and could have had dire consequences," Judge Calligeros said.

SafeWork SA Executive Director Glenn Farrell advises:

*"LPG is an extremely flammable and highly dangerous substance with strict guidelines around its safe handling and storage. In this case safety measures were not in existence, placing workers and others in the vicinity at significant risk of injury or death.*

*An ignition event would have had devastating consequences in the Mount Gambier region. It was only luck that no ignition occurred and no one was harmed."*

Image credit: Petrosafe.com/gas-tank-decanting Stock image used is for illustrative purposes only

**Taken from Safe Work SA, 15<sup>th</sup> Jul 2025**

## **Loss of Eye & other Serious Injuries - \$500,00 Fine WA**

In WA, a mining fabrication company has been fined \$500,000 over an incident in which a falling metal plate led to serious injuries, including the loss of an eye.

The incident occurred in August 2021 and involved a boilermaker who was employed at G & G Mining Fabrication Pty Ltd's workshop in Hazelmere — where mining and earthmoving equipment was manufactured, including heavy excavator buckets.

On the morning of the incident, while engaged in fabricating a hook-up assembly for an excavator bucket, a steel plate known as a 'lug plate' fell onto the boilermaker's head.

Used to connect the arm of the excavator to the bucket, the plate weighed more than 500 kg and, using an overhead crane, had been manoeuvred into a horizontal position on another part of the excavator bucket called the V-plate.

While the workers made small tack welds to hold the lug plate in place while it was aligned, the crane remained attached. Turnbuckles were also welded on to provide additional restraint while allowing for alignment of the lug plate.

The crane was then released for use on another job, following a number of requests from workers in an adjacent work area. At this point, the boilermaker considered that the lug plate was secured by the turnbuckles.

The assistant was instructed to cut the turnbuckles, which had been providing additional restraint. When this was being done, the boilermaker placed his head near the base of the plate to assess whether it was perpendicular.



The tack welds failed and the plate fell on the boilermaker's head. The worker suffered serious head and facial injuries, including multiple skull fractures and the loss of an eye.

WorkSafe Commissioner Sally North said the case illustrated the importance of having safe work procedures in place in all workplaces, especially for high hazard activities. Although the company **did have** a **documented Safe Work Procedure** in place, it was concerned primarily with the use of cranes and the hazards arising from suspended loads. It was not utilised or provided to workers.



"This was an incident that caused horrific injuries to the boilermaker," Ms North said. "After the incident, the company developed a procedure specifically for this task and included that an overhead crane must remain connected to the lug plate until an adequate weld is in place."

"Being hit by falling metal objects is one of the highest risks for injuries and fatalities in the manufacturing sector and I encourage leaders working in this sector to consult workers and review their controls in relation to preventing objects from falling."

Image credit: <https://m.youtube.com/watch> 13 Mar 2022 image used is for illustrative purposes only.

**Taken from DLGIRS WorkSafe Media Release 10/08/2025**

## OceanGate Disaster Deemed Entirely Preventable

The US Coast Guard released its highly anticipated final report on Monday, August 5, 2025, delivering a scathing assessment of the 2023 Titan submersible implosion that killed five people during a dive to the Titanic wreckage. The 335-page investigation concluded that the tragedy was **entirely "preventable"** and placed primary blame on OceanGate's **systematic failure to follow established**

**engineering protocols** for safety, testing, and maintenance.

The report paints a damning picture of OceanGate's corporate culture, describing a **"toxic workplace environment"** where senior staff members were fired and employees lived under the constant threat of dismissal to discourage them from raising safety concerns. This intimidation culture, investigators found, was deliberately fostered to evade regulatory scrutiny and silence internal criticism of the company's experimental submersible design.

Central to the disaster was CEO Stockton Rush's decision-making authority, which the report identifies as fundamentally flawed. Rush, who died in the implosion alongside passengers Paul-Henri Nargeolet, Hamish Harding, Shahzada Dawood, and his son Suleman Dawood, consistently overruled engineers' warnings about the vessel's carbon fibre hull design. The investigation revealed that Rush inflated safety numbers and dive counts to create **"a false impression of the submersible's proven reliability and safety."**

Financial pressures significantly compromised safety standards in the lead-up to the disaster. By 2023, mounting economic strain forced OceanGate to ask employees to forgo their salaries, creating a cascade of safety concerns. The company increasingly relied on contractors rather than skilled full-time personnel, made the dangerous decision to use text-based rather than voice communications in the Titan, and stored the submersible improperly between seasons. Most tellingly, Rush **failed to fill a vacant engineering director position**, removing a crucial source of potential safety oversight.

The report details shocking cost-cutting measures that directly compromised safety. During the winter of 2022-2023, the Titan submersible was stored in an outdoor parking lot in Canada to save money. When a marine base offered protective covering for approximately \$1,270 US, OceanGate simply ignored the email, leaving their experimental vessel exposed to harsh winter conditions.

Technical failures were equally concerning. The investigation identified critical design flaws in the carbon fibre hull that "weakened the overall structural integrity." The report documented how OceanGate continued operating Titan "after a series of incidents that compromised the integrity of the hull and other critical components" without proper assessment or inspection. A particularly ominous incident occurred in July 2022 when the submersible experienced a "loud acoustic event" during ascent – later determined to be

carbon fibre delamination – yet the company continued operations.



The Coast Guard's investigation made 17 comprehensive recommendations, including establishing industry working groups to review submersible safety standards and expanding federal requirements for proper regulatory oversight. The report calls for mandatory communication systems on all commercial and scientific submersibles and requires owners to notify local authorities before operations.

This disaster serves as a stark reminder that cutting-edge technology must never compromise fundamental safety principles. The loss of five lives in what investigators deemed an entirely preventable tragedy underscores the critical importance of regulatory compliance, transparent safety culture, and the rejection of corporate environments where profit margins supersede human safety.

*Image Credit: [https://nationalsafetyonline.com.au/AdobeStock\\_616442874\\_Editorial\\_Use\\_Only.jpeg](https://nationalsafetyonline.com.au/AdobeStock_616442874_Editorial_Use_Only.jpeg)*

*Taken from National Safety Online 06/08/2025*

## Death from Entanglement - Abattoir Cake Press leads to \$785K fine

A Western Australia meat marketing co-operative has been fined \$785,000 over the death of a worker who became entangled in a cake press at an abattoir.

### THE INCIDENT

The incident occurred at the Katanning Abattoir in 2022, operated as part of Western Australian Meat Marketing Co-operative Ltd (WAMMCO), which processes lamb for human consumption and by-products for animal feed and biofuel. It was in the rendering shed — an area where products not intended for human consumption are processed — that the incident occurred.



The worker was carrying out a daily shutdown procedure at the time, for which a work instruction was to be followed. This was a process to clean out the cake press — which contained paddles that needed to be rotating during the procedure — and involved the worker emptying hessian bags of meat meal weighing 25–30 kg into an open hopper.

The worker was drawn into the large opening of the cake press while in the process of emptying a bag into the hopper, suffering fatal crush injuries.

### FINE AND WORKSAFE WA COMMENT

On 28 August, WAMMCO pleaded guilty to failing to provide and maintain a safe work environment and, by that failure, causing the death of a worker and was fined \$785,000 (and ordered to pay more than \$5700 in costs) in the Albany Magistrates Court.

“The machinery involved in this incident had a large unguarded opening with moving parts inside and no protection for workers having to empty heavy loads into it,” WorkSafe WA Commissioner Sally North said.

“As a result of this incident, the company installed a post box-style guard on the cake press with a hinged door and guards on the sides to prevent a person accessing the rotating paddles.

“This incident resulted in improvements to safety in this workplace, but at the cost of the tragic loss of a worker's life,” North said. “It presents an important reminder to all workplaces with machinery of the importance of guarding, particularly in the manufacturing sector.”

WorkSafe WA said it has recently conducted inspections at most abattoirs in Western Australia and issued compliance notices where guarding or other safety controls were inadequate.

The code of practice [‘Managing Risks of Plant in the Workplace’](#) outlines the hazards associated with machinery, including guarding, and is available on WorkSafe WA's website.

*Image credit: Bob Garnant/Countryman. Image used is for illustrative purposes only.*

*Taken from Safety Solutions News Alert 29/08/2025*

## Marine Yard Ops. Fall from Height – Dodgy Handrail \$340K Fine

The operator of a Henderson marine yard has been fined \$340,000 (and ordered to pay more than \$8500 in costs) after a worker was injured in a fall from stairs.

SFM Marine Pty Ltd pleaded guilty to failing to provide and maintain a safe workplace and was fined in the Fremantle Magistrates Court on October 15.

SFM operated the marine yard, providing the service of lifting boats out of the ocean for commercial and private boat owners and placing them on hard stands to allow for maintenance work.

## THE INCIDENT

In December 2020, a contractor who had been engaged by a boat owner to fabricate and install handrails on the boat fell from the top platform of a set of stairs being used to access the boat which had been placed on hard stands at the yard.



The handrail on the stairs gave way when he leaned against it and he fell approximately 2.5 metres onto bitumen, fracturing both ankles. Due to his injuries, he experiences ongoing pain and restriction in his activities.

*Example ONLY of Platform Stairs*

SFM had acquired a number of sets of aluminium and steel stairs when it took control of the yard. Employees visually inspected the stairs and retained the ones they considered safe to use, including the set involved in this incident.

**No formal procedures** were in place for **regular inspection and maintenance of the stairs**, however a visual inspection was carried out by the yard manager when he placed these stairs next to the boat.

His visual assessment concluded that the handrail was intact because it was sitting in place where it should be.

Prior to this incident, the yard manager had voiced concerns to a safety consultant that stairs were non-rated and missing handrails, but the consultant's observations and recommendations had not been received by SFM at the time of this incident.

SFM had a policy requirement for visitors to sign in and complete an induction form, but they did not consistently enforce the requirement for inductions to be completed. The company did not instruct the injured man to complete one.

## COMMENT BY THE COMMISSIONER

WorkSafe Commissioner Sally North said the case illustrated the need to regularly inspect and maintain

equipment and to have formal procedures in place to ensure maintenance is carried out.

*"In this case, the company depended on a simple visual inspection of the stair handrail," Ms North said.*

*"A safety consultant had observed cracked welds on at least one of the stairs, something that might have also been observed by the company if it had conducted closer examinations of the stairways. "However SFM did not have a formal process in place to ensure the stairs were regularly closely checked.*

"Persons conducting a business or undertaking are advised to conduct a thorough risk assessment of the work and the workplace and must put controls in place to reduce the risk of injury to workers.

"This includes the risk of falls from height due to the failure of equipment.

"The company had a Safety Management Plan that included a system for managing risks associated with working at heights, but it evidently did not include regular checking that the sets of stairs were safe to use.

***"It's not enough to conduct a risk assessment and come up with a safety management plan if that plan is not strictly followed,*** as this penalty demonstrates."

Image credit: <https://www.zarges.com/en/products/universal-maintenance-stairs-with-fixed-height-for-the-aviation-industry>

**Taken from DLGIRS, 23<sup>rd</sup> October, 2025**

## Worker Death – Drill Services Company - WA

A Welshpool drill services company has been **fined \$897,500** (and ordered to pay almost \$6500 in costs) over the death of a worker in 2023.

Airdrill Pty Ltd pleaded guilty to failing to provide and maintain a safe workplace and was fined in the Perth Magistrates Court on October 22.

The company provides services relating to drill rigs, including design, manufacture and commissioning of new rigs and the maintenance, servicing and refurbishment of existing drill rigs.

The use of overhead cranes is a common part of the Airdrill operation, but the company **did not have any documented risk assessment or safe systems of work for the use of overhead cranes** at the workplace. There was no procedure in place to ensure that complicated lifts were properly planned and supervised.

In February 2023, an Airdrill employee suffered fatal crush injuries when he attempted to move a skid



mounted mud pump (skid assembly) on a trailer that had been placed on trestles.

**The weight of the skid assembly and its centre of gravity were not known or assessed at any time** prior to the incident and the skid assembly was placed on the trestles in an improvised configuration that meant it was inherently unstable and prone to tipping.

The worker was assigned to work on the skid assembly after it had been lifted onto the trestles. At the time the incident occurred he was standing on the skid assembly and operating the overhead crane using a handheld crane control pendant when the trailer unexpectedly tipped sideways, trapping him between the chain from the overhead crane and a handrail on the skid assembly.

The worker was a licensed dogger and would have had some knowledge of how to connect loads to cranes, however Airdrill **did not provide verification of competency or training** and **did not require the worker to complete a risk assessment and lift plan** before doing the job.

WorkSafe Commissioner Sally North said the incident illustrated the importance of conducting a thorough risk assessment in the workplace and taking action to minimise the risks to workers.

“There has been a significant number of injuries and fatalities in recent years involving lifting of loads and the use of overhead traveling cranes,” Ms North said.

“This tragic incident was the culmination of a number of failures by Airdrill – not performing a thorough and documented risk assessment of the workplace, not implementing safe work procedures for the use of overhead cranes and not ensuring that lift plans were created and followed.

“The result was that the load was placed in an unstable position, with the worst possible consequences.

“In this case, this should have included strict controls on lifting loads such as a lift plan, designated lifting areas and exclusion zones, along with training, instruction and supervision.

“The court has imposed a substantial monetary penalty that sends a strong message to other workplaces about identifying, assessing and controlling critical risks in consultation with workers.”

Taken from DLGIRS Media Release 06/09/2025

## Ensuring Quality Safety Data for Better Decision Making

Reliable data drives better safety decisions. HSE professionals need to ensure data integrity of your HSEQ system through standards, workflows, training, and smart technology.



Source Credit QUASR <https://www.quarapp.com>

### TURNING ACCURATE DATA INTO SAFER, SMARTER OUTCOMES

In the digital age of safety management, data has become one of the most valuable assets an organisation holds. Every incident report, inspection, observation, and training record contributes to a picture of operational risk and performance. But even the most sophisticated safety system is only as effective as the quality of the data it contains.

When data is incomplete, inconsistent, or inaccurate, decision-makers lose confidence — and opportunities for prevention are missed. Ensuring data integrity is not just an IT concern; it's a core safety responsibility.

### WHAT IS DATA INTEGRITY IN SAFETY MANAGEMENT?

Data integrity refers to the accuracy, consistency, and reliability of data throughout its lifecycle — from capture to analysis. In safety systems, this means every piece of information (e.g., incidents, hazards, inspections, and contractor records) must be recorded correctly, stored securely, and updated in a controlled way.



Without data integrity, even the best dashboards or analytics tools can produce misleading insights.

Source Credit: <https://swsphn.com.au/wp-content/uploads/2023/09/data-quality-chart.png>

### WHY DATA INTEGRITY MATTERS

#### 1. Better Decisions, Faster

Reliable data enables safety leaders to identify genuine trends, prioritise risks, and allocate resources where they'll have the greatest impact.

## 2. **Regulatory Confidence**

Consistent, verifiable records help demonstrate compliance during audits and investigations. Regulators and clients increasingly expect traceable, timestamped digital evidence.

## 3. **Trust and Accountability**

When workers and contractors see that data is accurate and acted upon, they're more likely to report honestly. Data quality supports a culture of trust, not blame.

## 4. **Effective Analytics and AI**

AI-driven dashboards and predictive insights rely on structured, consistent, and well-tagged data. Without integrity, machine learning models can't deliver reliable results.

## **SAFETY DATA MANAGEMENT KEY ELEMENTS**

### **a) Clear Data Standards**

Define what each data field means and ensure everyone records information consistently — e.g., “incident type”, “risk rating”, or “control effectiveness.” Consistency across modules and departments is crucial for meaningful analysis.

### **b) Structured Workflows**

Use your safety platform to enforce workflows that guide users through the correct process — ensuring required fields are completed, dates are accurate, and records are properly approved.

### **c) Controlled Updates and Version History**

Maintain audit trails showing who entered or changed data and when. This ensures transparency and protects against accidental or unauthorised edits.

### **d) Periodic Data Validation**

Schedule regular data-quality reviews to check for duplicates, missing fields, or outdated records. Data validation should be treated like equipment maintenance — routine and essential.

### **e) User Training and Awareness**

*People remain the most common source of data errors.*

Continuous training through the various commercial systems available ensures that staff and contractors understand data entry protocols, reporting standards, and why accuracy matters.

## **HOW TECHNOLOGY SUPPORTS DATA INTEGRITY**

Modern platforms embed data integrity into every stage of the safety process. Key features include:

- Configurable forms and validation rules to ensure correct data entry at the source.
- Audit trails and version control for complete transparency of record changes.
- Centralised data storage — one system of truth for incidents, inspections, and contractor management.
- Automated workflows that reduce human error by prompting required actions or approvals.
- Integration with external systems (such as contractor management or fatigue-monitoring tools) to maintain consistent, synchronised data across multiple sources.

By linking modules such as Critical Control Management and Contractor Management, organisations gain a full picture of performance — where controls are verified, risks are reduced, and compliance is clear.

## **CREATING A CULTURE OF DATA QUALITY**

Technology alone can't guarantee integrity — culture plays a major role. Encourage a mindset where accurate data is valued as a safety enabler, not just an administrative task. Recognise teams that submit quality reports and provide regular feedback on how data is being used to make real-world improvements. When workers understand that their input drives visible change, they're more motivated to report accurately and consistently.

High-quality data is the foundation of high-quality safety outcomes. Organisations that prioritise data integrity — through clear standards, technology, and culture — can transform information into insight, and insight into action.

*Extract from MYOSH Academy, 10/12/2025*

## **Jurisdictional Comparison Data for 23/24 Released**

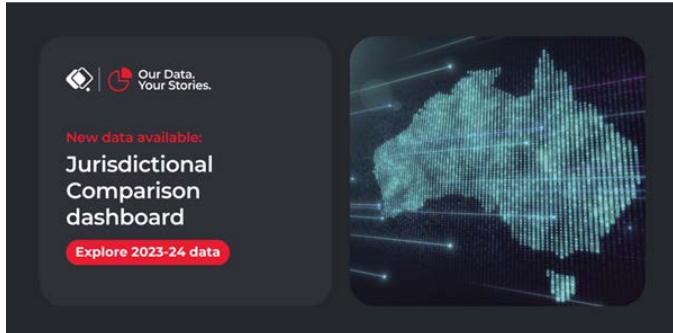
Safe Work Australia's new data on the [Jurisdictional Comparison dashboard](#) shows that in 2023-24, WHS authorities across Australia:

- undertook 301,000 workplace interventions
- issued more than 62,000 WHS notices, and
- finalised 421 legal proceedings, resulting in over \$37.2 million in fines ordered by the courts.

For workers' compensation in 2023-24:

- the proportion of claims with disputes\* was 4.6%, and
- funding ratios have declined across most jurisdictions, with a funding ratio average of:
  - 106.6% for centrally funded schemes, and
  - 108.7% for privately underwritten schemes.

The dashboard complements the [Comparison of workers' compensation arrangements in Australia and New Zealand report](#) and other Safe Work Australia data. Learn more about the data on the [Jurisdictional Comparison data page](#).



The dashboard presents the data in an interactive format, enabling further analysis and the discovery of key insights. You can also [download the data](#) for further analysis.

*Taken from Safe Work Australia Website 10/12/2025*

## Five Ways to Reduce Fire Risk of Lithium-ion Batteries in Healthcare Settings

In the critical, fast-paced world of health care, safety is everything. We rely on our hospitals to be sanctuaries — places where care and precision rule every decision. But what if one of the fastest-growing threats to that safety is hiding in plain sight — inside the very tools we rely on?

Brooks Australia CEO CATHY BRAND sets out the fire risk of lithium-ion batteries in healthcare settings and five ways to suppress this risk.

In August 2024, a Victorian hospital was forced to evacuate part of its premises after a **workstation on wheels (WOW)** battery caught fire.

Additional batteries onsite were found cracked, swollen and leaking — likely damaged during charging or swapping processes. It was a narrow escape, but one that reflects a much broader and urgent problem: fire risk in healthcare environments is evolving, and lithium-ion batteries are at the centre of it.



### THE MODERN HOSPITAL: A NEW LANDSCAPE OF RISK

Hospitals today are **increasingly reliant on battery -**

**powered devices.** WOWs, tablets, infusion pumps, portable diagnostic tools, and even staff e-scooters or power-assisted equipment all utilise these batteries. While these devices have improved patient care and efficiency, they have also introduced hidden hazards.

Lithium-ion batteries, prized for being lightweight, energy-dense and rechargeable, become dangerously unstable when dropped, punctured, overheated or overcharged. Fires caused by thermal runaway in lithium-ion batteries can escalate within seconds, producing toxic fumes, high heat and even secondary explosions.

In a hospital filled with vulnerable patients, flammable materials, pressurised oxygen tanks and essential electronics, a fire of that kind can be catastrophic.

What's more concerning is that many workplaces have yet to adapt their safety protocols to accommodate the realities of these risks. *Studies suggest that more than 50% of workers don't know what to do or where to go in a fire emergency, and fewer than 25% can locate the nearest fire extinguisher.* There is a dangerous gap emerging between the risks of modern healthcare technology and our collective preparedness to handle them.

### WHY HEALTHCARE FIRES ARE UNIQUELY DANGEROUS — PROACTIVE STRATEGIES FOR PREVENTION

Unlike most commercial settings, hospitals and healthcare facilities face additional layers of complexity regarding fire safety. Patients may be unconscious, immobile or hooked up to life-sustaining equipment. Staff must balance their emergency response with patient care, often making split-second decisions under intense pressure.

A lithium-ion battery fire — especially one that spreads to nearby devices or ignites near oxygen tanks — can escalate with frightening speed. The presence of chemicals, flammable materials and highly sensitive electronics make any lapse in fire preparedness potentially life-threatening.

That's why **fire safety in healthcare settings must move beyond passive compliance** and become an active, high-priority strategy.

### WHAT CAN BE DONE: A PROACTIVE PATH FORWARD IN FIVE STEPS

Fortunately, fires involving lithium-ion batteries are **largely preventable**. With the right systems, clear protocols and ongoing education, healthcare facilities can dramatically reduce the risk of such incidents.



Achieving this requires a fundamental cultural shift — where fire prevention is prioritised alongside infection control and patient safety, becoming an embedded part of everyday practice.

### **1. Conduct regular, comprehensive fire safety and hazard audits**

Audits must go well beyond the basics of checking fire doors and smoke detectors. Facilities should carefully examine how and where lithium-ion batteries are stored and charged. Are batteries being overcharged or left unattended during charging? Are power cords showing signs of wear, fraying or positioned where they could be damaged by foot traffic? Are devices stored in well-ventilated areas that prevent overheating? A detailed and methodical audit helps identify these vulnerabilities early, allowing for timely intervention before minor issues escalate into emergencies.

### **2. Introduce clear, detailed protocols for lithium-ion battery use and storage**

It is essential that *staff receive thorough training* on how to *recognise early warning signs of battery failure*, such as bulging casings, unusual heat generation, strange odours or leaking fluids. These indicators signal that a battery requires immediate removal and replacement. Damaged or defective batteries should never be left unattended, nor disposed of in regular waste bins. Establishing a robust and transparent process for battery inspection, handling and safe disposal ensures that risks are minimised and staff know exactly how to respond to potential hazards.

### **3. Invest in ongoing fire safety education and hands-on training for all staff**

Fire safety must be a *mandatory and recurring part of staff training programs*, rather than a one-time session during onboarding. Everyone — from clinical personnel to support staff and administrative teams — should be confident in evacuation procedures, the correct use of fire extinguishers and the reporting channels for hazards or incidents. Fire drills should be designed to simulate realistic scenarios, including the complexities of evacuating patients who are immobile or reliant on life-support equipment, as well as responding effectively to battery-related fires.

### **4. Ensure all equipment and infrastructure are fire-ready and regularly maintained**

Fire safety equipment, including extinguishers, sprinkler systems and smoke alarms, must be routinely inspected and serviced to guarantee functionality. It is critical that extinguishers are suitable for the types of fires likely to

occur in healthcare settings — especially electrical or chemical fires involving lithium-ion batteries. Emergency signage should be clearly visible, up to date and strategically placed, while all floors should have well-marked, accessible exits and designated assembly points. These seemingly small but essential measures can make a life-saving difference during an emergency.

### **5. Develop and practise a fire plan tailored to lithium-ion battery risks**

Every healthcare facility needs a fire plan that specifically addresses the unique challenges posed by lithium-ion battery fires. This plan should detail evacuation routes, communication protocols, staff roles, and responsibilities during an emergency. Most importantly, the plan must be actively practised and reviewed regularly. A fire plan that is simply filed away offers no protection when seconds count — it must be ingrained into the culture and readiness of the entire organisation.

While fire suppression and evacuation protocols are essential, early detection remains the first and most critical line of defence — particularly in environments where lithium-ion batteries are in regular use. Smoke and heat detectors must be appropriately selected, strategically placed near high-risk areas such as charging stations and equipment bays, and routinely tested for responsiveness. Detectors should be positioned according to AS 1670 standards and calibrated to suit the specific sensitivities of healthcare environments, where false alarms can be highly disruptive, but early warnings are life-saving.

Modern detection systems should be seamlessly integrated with automated fire panels that coordinate building-wide alerts, activate occupant warning systems and trigger emergency responses without delay. These systems not only notify staff in real time but can also support staged evacuations, interface with nurse call systems and log events for post-incident review. Ensuring that detection infrastructure is intelligently connected and maintained across all critical areas — especially where lithium-ion batteries are stored or used — helps transform passive monitoring into active protection.



With proper awareness, planning and ongoing training, the risks associated with lithium-ion battery fires can be effectively minimised. Reliable early detection, regular audits, clear protocols and well-

maintained equipment all play crucial roles in preventing incidents before they occur.

The use of lithium-ion batteries in health care will continue to grow as technology advances, but fire risk does not need to increase alongside it. By taking proactive, strategic action now — embedding fire safety into everyday practices — healthcare facilities can remain secure sanctuaries for patients and staff alike. Prevention is not just an option; it is a responsibility we must all share to ensure safety keeps pace with innovation.

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

**Taken from Safety Solutions 05/12/2025**

## Mining Maintenance Company Prosecuted over Worker Death

WorkSafe has commenced prosecution action against a mining maintenance company over the death of a worker at South Boulder in December 2023.

Dalmain Enterprises Pty Ltd – trading as ATS Mining Maintenance – has been charged with failing to provide and maintain a safe working environment and, by that failure, causing the death of a worker.

In December 2023, a worker who was employed as a heavy diesel mechanic was instructed to remove the front axle from a truck, requiring the truck to be jacked off the ground.

WorkSafe will allege that a deflated front tyre caused the truck to lean at an angle, and when the worker went under it, the jack supporting the truck failed and it fell, fatally injuring the worker.

The first mention will take place in the Kalgoorlie Magistrates Court on February 23, 2026.

As the case is now in the hands of the courts, no further information will be provided at this stage.

**Taken from DLGIRS Media Release, 17/12/25**

## Free Online Asbestos Awareness & Safety Course

This Limited Time only **FREE**, self paced, online course produced by SafeWork NSW helps Employers/PCBU's help meet their legal obligations and aims to give participants the skills to protect themselves and their colleagues from harmful asbestos fibres and dust. It is available in English and Chinese.

Employers have a legal obligation to provide workers such as tradespeople and other workers, who are likely to encounter asbestos on the job, with asbestos awareness training.



With over 20,000 enrolments in the English version of the course and a **feedback rating of 4.3 out of 5 stars**, this is the course for you to enrol into if you or your workers haven't completed asbestos awareness training.

**The course is currently free until 31 December 2025.**

This self-paced, online course will teach participants how to:

- ✓ recognise the risks and serious long-term impacts of asbestos exposure
- ✓ determine if asbestos-containing material may be present on site
- ✓ avoid hazardous work practices that can lead to asbestos exposure
- ✓ safely handle asbestos and asbestos-containing materials
- ✓ inspect worksites and communicate asbestos risks and asbestos controls with an informed perspective.

Further training is required to do licensed asbestos removal work, such as removing more than 10sqm of non-friable asbestos or any amount of friable asbestos.

You can find out more and register for the course [HERE](#).

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

**Taken from SafeWork NSW Wrap - November 2025**

## Vic - Safety Manager Admits Endangering Workers After Scaffolding Fall

A construction company's OHS manager has been placed on a diversion plan after acknowledging that multiple actions he took following a workplace fall represented a **failure to take reasonable care for four workers' safety, including his own.**



The Saw Constructions Pty Ltd employee was accused of breaching section 25 (“Duties of employees”) of the Victorian Occupational Health and Safety Act 2004 by instructing colleagues to climb unsafe incomplete scaffolding at a Saw construction site in Keysborough, install bunting around the fall location, identify and repair structural defects, and reinstall absent components.

The Dandenong Magistrates Court heard that in February 2023, a WW Masonry Pty Ltd subcontractor employee was laying bricks from the scaffolding system’s second level at the site when he attempted climbing down the structure’s side rails and fell two metres, landing headfirst and sustaining spinal and lung injuries.

The site supervisor telephoned Saw’s OHS manager, who was off-site, to report the incident, and the OHS manager issued instructions for three colleagues to ascend and perform tasks on the scaffold, which was incomplete, missing guardrails, kickboards, lapboards and ties.

Approximately 10 minutes later, the OHS manager arrived on-site and also climbed onto the scaffold, assisting with bunting installation and other tasks.

Clause 118(a) of the State Occupational Health and Safety Regulations 2017 **prohibits task performance on incomplete scaffolding, except for “the work of erecting or dismantling the scaffold”**.

The Court permitted the OHS manager to enter the diversion plan—involving a 12-month good behaviour bond and a \$5,420 costs order—after he admitted the case facts and that his failures endangered himself and others. (Victoria’s criminal justice diversion plan process allows predominantly first-time offenders to avoid criminal records and adverse publicity by agreeing to conditions benefiting the offender, victims or the community.)

WW Masonry was also charged over the fall and fined a total of \$32,500 (plus \$5,023 in costs) in July this year for failing to ensure no bricklaying work occurred from the incomplete scaffolding and failing to fully comply with a

WorkSafe Victoria improvement notice requiring it to revise its safe work method statement for the Keysborough site.

*Image credit: AdobeStock\_273115245.jpeg used is for illustrative purposes only.*

*Extract from National Safety Online 14/11/25*

## FREE Crystalline Silica Awareness Videos

Developed by the [Australian Industry Group](#) and funded by the Department of Employment and Workplace Relations, the [silica awareness video series](#) includes 12 short educational videos that support awareness and understanding of crystalline silica hazards in the workplace. The video series is also **suitable for business operators to use in workplace inductions, toolbox talks and WHS training**.

*Note: These guidance videos have been prepared for a national audience; it is recommended to consult WA specific silica information and requirements on our website and contact us if you have any questions.*



*Image Credit: snip from AiGroup CS Media YouTube Video*

*Taken from LGIRS WorkSafe Alert 13/11/2025*

## \$770K in Fines after Driver Killed by Unsecured Section of Load

Following the death of a truck driver in 2022, **three mining and construction services companies** have been fined a total of \$770,000 (and ordered to pay a total of \$16,000 in costs).

The three companies — Resource Operations and Maintenance Services Pty Ltd, Diverse Management Services Pty Ltd and Technologies International Group Pty Ltd (trading as Welltech Total Water Management) — all provide services to the civil mining and construction industry and all played a role in the construction of earthworks at a mine in the Pilbara, where the incident occurred.

### THE INCIDENT

The mine operator requested Resource Operations to provide a water pump known as a MegaFill pump, which was procured by Diverse from Technologies



International Group, the hire company, as the earthworks required the use of large amounts of water.



Source Credit: MegaFill Flyer – image used for illustrative purposes ONLY

With two booms — an intake boom and a discharge boom — the MegaFill pump is a mobile water pump; the booms extend out for use and are folded away for storage and secured for transport. *If not properly secured, the booms can unfold and rotate away from the pump when folded*, so the intake boom is secured for transport by way of a chain attached to the boom, a travel mount strap placed over the boom and a travel mount bolt attaching the boom to the pump frame. Also secured is the discharge boom, by a travel mount bolt.

Diverse engaged trucking company RGR Road Haulage to transport the pump back to Perth when the work was completed. Without Diverse Management workers or the site supervisor having regard to the operating procedure provided by the hire company, it was demobilised.

Though a ratchet strap was placed over the intake boom for transport, workers did not attach the chain or the travel bolt, which created a risk that the boom could rotate during transport. ***Neither Resource Operations nor Diverse ensured that the operating procedure was provided to the workers*** or that the pump was demobilised according to the operating procedure.

After being later loaded onto a semitrailer, the pump was travelling towards Perth on the Great Northern Highway when the ratchet strap securing the intake boom failed and the boom became unrestrained. The boom of the pump struck and killed the driver of a truck travelling in the opposite direction just north of Meekatharra at around 9.27 pm on 25 July 2022.

## POST INCIDENT

Technologies International Group designed a new restraint system after the incident, which removed the risk of the boom being inadequately restrained during transport.

It was reasonably practicable for Technologies International to fit an engineering control on the pumps to ensure the booms could not rotate or move during transport. The company failed to implement this practicable measure before the incident and so failed to comply with its health and safety duty.

Resource Operations and Maintenance Services, Diverse Management Services and Technologies International Group pleaded guilty to failing to ensure that the health and safety of other persons was not put at risk from their work.

The companies were fined in the Perth Magistrates Court on 14 October. Resource Operations and Maintenance Services and Diverse Management Services were each fined \$160,000 for their part in the resulting incident, while Technologies International Group was fined \$450,000 for its part.

*“A truck driver was just doing his normal job of driving when, out of nowhere at night, he was struck and killed by an unsecured section of a load being transported in the opposite direction,”* WorkSafe WA Commissioner Sally North said. *“The two companies that had a role in securing the pump did not take steps to make sure that it was secured according to the operating procedure supplied by the hiring company.”*

*“However, the hiring company must also accept some responsibility for not installing measures that ensured the boom could not rotate or move during transport.”*

*“None of the companies took all reasonably practicable measures to reduce the risk of an incident of this type, and the end result was that a man sadly lost his life.”*

RGR Road Haulage has also pleaded guilty to a separate charge but is yet to be sentenced.

*Sourced from LGIRS website 22/10/25 & Safety Solutions 24/10/25*

## Road Safety in the Workplace Toolkits



Road safety is everybody's responsibility.

Does your business have employees that drive as part of their work?

Check out the Safe Work NSW [Road Safety in your Workplace program](#) which ***includes free resources*** to help businesses implement a road safety policy and inform employees on safe driving practices. *Click on the links to check it out.*

## Road Safety: Everybody's Business eLearning

Complete this online learning tool to refresh your safe driving knowledge.

[GET STARTED →](#)

## Employer Toolkit


Employer toolkit to help keep your workers safe and embed safer road behaviours into your workplace.

[GET STARTED →](#)

### 1 - Road safety matters

Not started


[OPEN](#)



### 2 - Planning your trip

Not started


[OPEN](#)



### 3 - Driving towards zero

Not started


[OPEN](#)




### 4 - Support

Not started


[OPEN](#)




## Toolkits Menu




Why do I need to think about road safety in my workplace?




How do I effectively embed road safety in my workplace?



How do I assess road safety risk?



How can I help keep my workers safe when on the road?



How do I engage my workers?

*Taken from the SafeWork NSW website 27/10/25*

## IN HEALTH

### Migraines are Far More Common in Australian Women

A new survey found that one in three Australian women were living with migraine and had experienced one in the past three months.

Migraine disproportionately affects women and is the leading cause of disability worldwide for women aged 18-49.

Getting daily migraines makes normal things like playing sport, socialising and working full time difficult for some women. Migraine is the leading cause of disability worldwide for women aged 18-49. A new survey has revealed the prevalence of the neurological disease is far worse in Australian women than experts previously estimated.

#### PROBLEM 'WORSE THAN EXPECTED'

The survey, conducted by health organisation Jean Hailes for Women's Health, which partnered with Migraine and Headache Australia, is believed to be the first comprehensive Australian analysis of migraine rates in women.

***It found one in three Australian women were living with migraine and had experienced one in the past three months.***

Their symptoms included throbbing, pulsating pain, light and sound sensitivity, nausea, vomiting, dizziness and brain fog.

"I did not realise that we would have up to one in three women experiencing migraine in Australia," Jean Hailes chief executive Sarah White said.

"And there's a further one in 10 who have ... had an undiagnosed migraine attack in the past three months."

There isn't a cure for migraine, but it can be managed with lifestyle changes, treatments and support.

#### When managing your triggers:

- Focus on triggers you can control (e.g. your diet and environment)
- Look after yourself with regular physical activity, stress management, good sleep and regular meals

- Be aware of how changing hormones may impact you (e.g. before your period)
- Avoid a build-up of triggers (e.g. in the time before your period)
- Try to eat well, drink plenty of water and get enough sleep
- If you have three or more migraine-affected days per month, or pain-relief medicines aren't working, talk to your doctor.

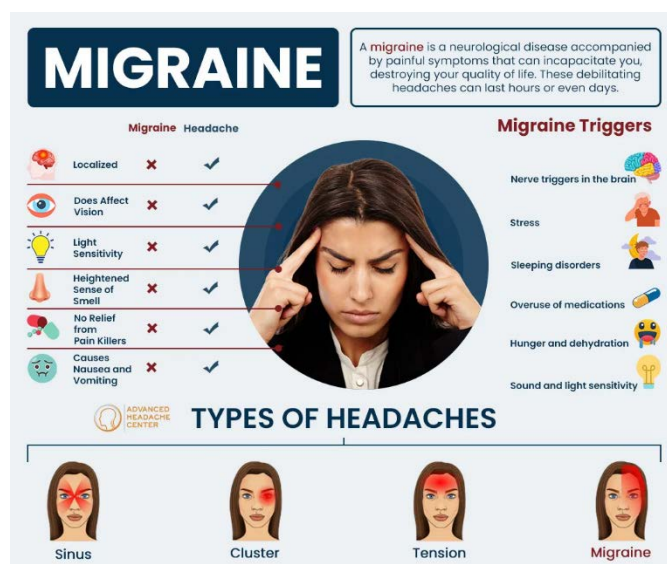
Experts previously estimated about 20 per cent of Australian women were affected by the condition.

"This data does suggest that the problem with migraine is worse than we had expected," Dr White said.

More than 3,600 women participated in the online survey earlier this year.

Alfred Hospital neurologist Emma Foster, who was not involved in the study, said its findings were "eye-opening".

"I think this really draws attention to how incredibly common it is," Dr Foster said.



**MIGRAINE**

A migraine is a neurological disease accompanied by painful symptoms that can incapacitate you, destroying your quality of life. These debilitating headaches can last hours or even days.

Migraine Headache		Migraine Triggers	
Localized	✗	✓	
Does Affect Vision	✗	✓	
Light Sensitivity	✗	✓	
Heightened Sense of Smell	✗	✓	
No Relief from Pain Killers	✗	✓	
Causes Nausea and Vomiting	✗	✓	

**TYPES OF HEADACHES**

- Sinus
- Cluster
- Tension
- Migraine

#### MIGRAINE IS NOT JUST A BAD HEADACHE

According to Migraine and Headache Australia, **4.9 million Australians experience migraine, with three-quarters of sufferers, women.**

Dr Foster said the condition was "a leading cause of disability". "Migraine is far more than a bad headache, it's a neurological disease and we are considering it at the moment ... as a disorder of sensory processing."



*"The attacks last between 4 to 72 hours. It's a very distinct type of headache that's accompanied by additional symptoms that can be ... even more debilitating than the severe pain."*

Dr White said migraine had significant consequences for Australian women. *"We have eight in 10 women in the survey talking about how their work's been affected. Eight in 10 women talking about how [their] physical health has been affected. Fifty per cent of the women talking about how migraine affected their confidence and self-esteem. These are pretty big issues."*

### WHY IS MIGRAINE MORE COMMON IN WOMEN?

Dr Foster said this was largely thought to be related to sex hormones, as well as genetic, environmental and social factors.

"Very often, women will begin to report migraine around puberty with the onset of the periods and ... oftentimes the migraine gets worse a day or two just prior to the period starting or within a day or two after.

"That corresponds with the rapid drop in oestrogen and progesterone levels ... and just prior to the menopause, where the ovaries start winding down a little bit and the hormone levels begin to drop. That's often another time in a woman's life when she definitely notices changes in the migraine."

Dr Foster said **genetics** could also play a role.

**"Musculoskeletal tension or injuries** can sometimes set off migraine for people who are susceptible," she said.

**Fluorescent lights** can also trigger the condition, as can noisy environments and strong smells.

'They think we're being a bit dramatic'

*"I want to say that young women can get quite unwell and the data shows that this is something that is happening significantly to working-age women."*

She said medication, Botox injections and nerve blocks had helped.

Dr White said a 2018 Deloitte report estimated migraine cost the Australian economy \$35.7 billion annually.

*"[We need to] have a conversation that gets to whether we're funding research at the sufficient level, whether we've got workplace provisions that might help women with migraine," she said.*

She hoped the new data would open up more conversations about migraine.

*"We've had a lot of discussion in Australia, which has been incredibly welcome, about having things like*

*menstrual leave or menopause leave or flexible working provisions for women's menstrual and menopause issues in the workplace.*

*"What this report is doing is saying, well, hang on a minute. Women's health is not just about menstrual and menopause issues. In fact, we have another condition here that really does affect women."*

Image Source: <https://www.AdvancedHeadacheCentr.com/Migraines>

**Taken from ABC Health Newsletter 07/08/25**

## Wet Cement is a Burning Issue

SafeWork SA is warning people who work with cement and concrete about the dangers of alkaline burns after a home handyman sustained serious leg injuries.

The Mid North resident was laying a cement base for a garden shed when wet cement seeped through his pants, causing serious burns to both legs.

He was airlifted to Adelaide by the Royal Flying Doctor Service for treatment at Royal Adelaide Hospital's Burns Unit where he underwent skin grafts on both legs to treat the deep burns.

Cement or concrete with a pH level greater than 12 is highly alkaline and poses a serious risk of burn upon contact with the skin.



The setting of cement or concrete is an **exothermic reaction**, releasing a lot of heat. This, together with excessive sweating, and wearing wet or damp clothing can exacerbate the severity of cement or concrete burns.

Cement or concrete burns, also known as **cutaneous alkali burns**, may start as redness or irritation but can quickly progress into more severe conditions.

Unlike thermal burns, the damage might not be immediately noticeable, which can delay treatment and increase severity.

These burns are most common in the construction industry where workers frequently handle concrete or

cement without sufficient protection. Burns often happen to:

- Workers pouring cement or concrete for foundations or footpaths may have prolonged contact with the wet mixture, especially if they kneel or sit on it.
- Masons and bricklayers develop burns when handling mortar or cement without gloves or protective clothing.
- DIY enthusiasts working on home projects like patio installations experience burns if they handle cement or concrete without proper skin protection.

### SYMPTOMS OF CEMENT OR CONCRETE BURNS

Cement or concrete burns on the skin can manifest in various ways and may depend on the individual's sensitivity to alkaline substances.

Stages of cement or concrete burns

- ✚ Early Stage: Characterized by mild irritation, redness and inflammation, and delayed discomfort.
- ✚ Intermediate Stage: Involves blistering, crackling, and peeling of the skin, swelling, and colour change from red to pink to whitish-grey.
- ✚ Advanced Stage: Progresses to full-thickness burns, dead skin, and tissue loss, as well as scarring and loss of mobility. Severe cases have the potential for life-threatening consequences if left untreated.

### INJURY MANAGEMENT

Prompt removal of wet cement from the skin is crucial. All clothing that is in contact with the affected area must be removed and the burns irrigated with copious amounts of saline or water. Powdered cement or concrete should be brushed off the wound before water is applied.

### HOW TO PREVENT CEMENT OR CONCRETE BURNS

Construction workers and do-it-yourself enthusiasts are reminded to read labels and safety information about the products they are using before commencing work and follow instructions.

People working with cement or concrete should wear the appropriate personal protective equipment (PPE) and practise good hand hygiene.

### HANDLING CEMENT OR CONCRETE

Read Safety Data Sheets (SDS) if available: Before starting any cement or concrete-related task, **review the SDS** for information on handling, hazards, and emergency response procedures. This helps you

understand the specific risks associated with the cement or concrete mix you're using.



Mix cement or concrete carefully: When mixing cement or concrete, do so slowly to **minimize splashing**. Wear gloves and goggles to protect yourself from accidental splashes that could reach your skin or eyes.

Handle wet cement or concrete with tools: **Avoid direct skin contact** and whenever possible, use tools like trowels, shovels, or cement or concrete spreaders to minimize direct contact with wet cement or concrete. This reduces the chances of burns and skin irritation.

**Limit exposure time:** Try to limit your time working with wet cement or concrete to reduce the risk of burns. The longer the skin is exposed, the higher the risk of injury.

**Keep a clean work area:** Maintain a tidy workspace to avoid accidentally tracking wet or dry cement or concrete onto your skin, tools, or clothing. Clean any spills immediately and be mindful of where the cement or concrete is being mixed or poured.

Use water wisely: Ensure that **plenty of clean water is available** at the worksite for immediate rinsing in case of accidental contact with cement or concrete. Having a designated rinsing station can help workers quickly wash off any wet cement or concrete from their skin.

**Inspect equipment before use:** Inspect your tools, mixing containers, and protective gear before use. Uncleaned or damaged equipment can increase the likelihood of spills and splashes and expose you to cement or concrete unnecessarily.

**Dispose of waste properly:** Properly dispose of cement or concrete waste to prevent further exposure. Be mindful of environmental guidelines when disposing of unused cement or concrete or washing down equipment.

### APPROPRIATE PPE

Long-sleeved shirts and pants: Long-sleeved shirts and pants made of durable materials, such as cotton or protective fabric blends, shield your skin from direct

contact with cement or concrete and a water-resistant top layer should also be worn. For example, protective waterproof chaps should be worn over clothing. Ensure that your garments fit properly and cover your body adequately for the best protection.

**Gloves:** Wearing work gloves is essential to protect your hands from coming into direct contact with wet cement, which can cause skin irritation or chemical burns. Opt for gloves made of materials specifically designed for cement or concrete work, such as rubber or nitrile. These gloves provide a barrier against the chemicals in cement or concrete and help maintain your grip on tools and materials.

**Safety goggles:** When working with cement or concrete, it is important to protect your eyes from potential splashes or airborne particles. Safety goggles with snug fit and shatter-resistant lenses safeguard your eyes from any cement or concrete debris or chemical substances that may cause eye irritation or injury.

Source Credit: <https://www.shutterstock.com/search/construction-worker-shovel?page=3>

Taken from Safe Work SA Safety Alerts 02/07/2025

## Is there a Male Menopause?

Menopause Friendly Australia receive this question repeatedly at their workplace training sessions and this is what they advise.

While men *don't experience menopause* in the same biological way as women, the changes to male hormones also deserves attention.

### ANDROPAUSE AND TESTOSTERONE DEFICIENCY SYNDROME (TDS).

Unlike the more defined and erratic hormonal shift of menopause, andropause is a gradual decline in testosterone usually starting from a man's 30s or 40s. It can bring physical, emotional, and mental changes, including:

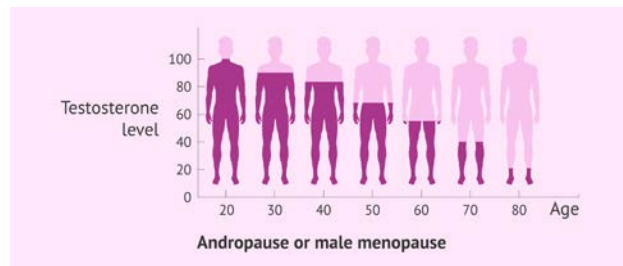
- ✖ Low energy or motivation
- ✖ Mood changes, irritability, anxiety and depression
- ✖ Reduced muscle mass or strength
- ✖ Low libido or sexual dysfunction
- ✖ Poor concentration or memory

Yet, it often goes unrecognised or dismissed.

Other expert agencies in the field describe "male menopause" (*sometimes called the andropause*) as an unhelpful term sometimes used in the media.

This label is misleading because it suggests the symptoms are the result of a sudden drop in testosterone in middle age, similar to what occurs in the female menopause. This is not true.

Although testosterone levels fall as men age, the decline is steady at about 1% a year from around the age of 30 to 40, and this is unlikely to cause any problems in itself.



A testosterone deficiency that develops later in life, also known as late-onset hypogonadism, can sometimes be responsible for these symptoms, but in many cases the symptoms are nothing to do with hormones.

### PERSONAL OR LIFESTYLE ISSUES

Lifestyle factors or psychological problems can also be responsible for many of these symptoms.

For example, erectile dysfunction, low sex drive and mood swings may be the result of:

- stress
- depression
- anxiety

There are also physical causes of erectile dysfunction, such as smoking or heart problems, which may happen alongside any psychological cause.

Psychological problems are typically brought on by work or relationship issues, money problems or worrying about ageing parents.

A "midlife crisis" can also be responsible. This can happen when men think they have reached life's halfway stage. Anxieties over what they have accomplished so far, either in their job or personal life, can lead to a period of depression.

Other possible causes of the "male menopause" include:

- ✓ lack of sleep
- ✓ a poor diet
- ✓ lack of exercise
- ✓ drinking too much alcohol
- ✓ smoking
- ✓ low self-esteem



## LATE-ONSET HYPOGONADISM

In some cases, where lifestyle or psychological problems do not seem to be responsible, the symptoms of the "male menopause" may be the result of hypogonadism, where the testes produce few or no hormones.

Hypogonadism is sometimes present from birth, which can cause symptoms like delayed puberty and small testes.

Hypogonadism can also occasionally develop later in life, particularly in men who are obese or have type 2 diabetes. This is known as late-onset hypogonadism and can cause the "male menopause" symptoms.

But **this is an uncommon and specific medical condition** that's not a normal part of ageing.

A diagnosis of late-onset hypogonadism can usually be made based on your symptoms and the results of blood tests used to measure your testosterone levels.

## RECOGNIZING LOW TESTOSTERONE LEVELS

Men's testosterone levels generally fall about 1% a year after age 40. But most older men still have testosterone levels within the standard range. Only about 10% to 25% of men have levels thought to be low.

Low testosterone levels in older men often go unnoticed. A blood test can check testosterone levels. But tests aren't often done. And many men who have low testosterone levels have no symptoms. Also, the signs and symptoms related to low testosterone aren't specific to low testosterone. A person's age, medicines or other conditions also can cause symptoms. For example, having a body mass index of 30 or higher can cause symptoms like those of low testosterone.

Symptoms that suggest low testosterone include:

- 💡 Lowered sexual desire and activity.
- 💡 Erectile dysfunction or decreased erections.
- 💡 Breast tenderness or swelling.
- 💡 Infertility.
- 💡 Height loss, low-trauma broken bones, called fractures, or low bone mineral density.
- 💡 Hot flashes or sweats.

Other possible symptoms include having less energy, motivation and confidence. Some men feel depressed and have trouble focusing. It's also possible to have a rise in sleepiness and sleep disturbances. Symptoms can include mild unexplained anaemia, lower muscle mass and strength, and more body fat.

Experts suggest only testing older men for low testosterone if they have symptoms. If the first test shows low testosterone, experts suggest repeating the test to confirm the results. Your healthcare professional may look for conditions that can cause low testosterone:

- ⚡ Obstructive sleep apnoea.
- ⚡ Obesity.
- ⚡ Stress from a serious illness, surgery or staying in the hospital.
- ⚡ Medicines such as opioid pain relievers.

Treating these conditions can return testosterone levels to the regular range.

If you have low testosterone, you'll likely have more testing of the pituitary gland. The pituitary gland is a kidney bean-sized gland that sits at the base of the brain. It is part of the body's endocrine system. This system includes all the glands that make and control hormones. Healthcare professionals use pituitary gland testing to help find out whether the low testosterone is due to aging. Testing also can rule out low levels of other hormones.

## TREATMENT OPTIONS

Unless male menopause is causing you severe hardship or disrupting your life, you'll probably manage your symptoms without treatment. The biggest hurdle in treating male menopause may be talking to your doctor about your symptoms. Many men are too intimidated or shy to discuss sexual topics with their doctors.



The most common type of treatment for symptoms of male menopause is making healthier lifestyle choices. For example, your doctor might advise you to:

- ✓ eat a healthy diet
- ✓ get regular exercise
- ✓ get enough sleep
- ✓ reduce your stress

These lifestyle habits can benefit all men. After adopting these habits, men who are experiencing symptoms of male menopause may see a dramatic change in their overall health.

If you're experiencing depression, your doctor may prescribe antidepressants, therapy, and lifestyle changes.

## **TREATMENT RECOMMENDATIONS FOR OLDER MEN WITH LOW TESTOSTERONE**

**Hormone replacement therapy** is another treatment option. However, it's **very controversial with varying recommendations**. Like performance-enhancing steroids, synthetic testosterone can have damaging side effects. For example, if you have prostate cancer, it may cause your cancer cells to grow. If your doctor suggests hormone replacement therapy, weigh all of the positives and negatives before making your decision.

In 2020, the American College of Physicians recommended that healthcare professionals think about starting testosterone treatment in men with sexual dysfunction who wanted to improve their sexual function, after explaining the risks and benefits. In 2018, the Endocrine Society recommended testosterone therapy for men with age-related low testosterone who have symptoms related to low testosterone.

Some experts also recommend offering testosterone treatment to men with age-related low testosterone who have no symptoms.

If you choose to start testosterone therapy, your healthcare professional talks with you about the different ways you can take it. You may also talk about target levels and the need for follow-up testing.

For some men, testosterone therapy eases bothersome symptoms of low testosterone. For others, the benefits aren't clear. There are possible risks, too.

Though more research is needed, testosterone therapy might raise the risk of prostate and breast cancer. Testosterone therapy also has been linked to blood clots in the veins. It also may raise the risk of heart attack and stroke, but more research is needed.

Your healthcare professional may tell you not to start testosterone therapy if your fertility is likely to be important in the near future. Other reasons your healthcare professional may recommend against testosterone therapy include:

- ✗ History of breast or prostate cancer.
- ✗ Untreated severe obstructive sleep apnoea.

- ✗ Uncontrolled heart failure, which lowers the heart's ability to pump blood.
- ✗ History of blood clots in the legs or lungs.
- ✗ Recent heart attack or stroke.

It's normal to experience a decline in your testosterone levels as you get older. For many men, the symptoms are manageable, even without treatment. If your symptoms are causing you hardship, talk with your healthcare professional about your symptoms, testing and possible treatments. Your healthcare professional can help you weigh the pros and cons of treatment.

Image credit: <https://healthymale.org.au/iStock-1920397932.jpg>

**Extracts from Menopause Friendly Australia – Men's Health Week 09/06/25, Mayo Clinic Men's Health, 26/03/25, NHS – the Male Menopause, 13/10/2022 & Healthline What is Male Menopause 13/04/2023**

## **How does our Environment Impact our Health? Unravelling the EXPOSOME**

After more than two decades after mapping the human genome, scientists are turning their attention to the human "exposome". A measure of all the environmental exposures we face over our lifetime, the exposome includes everything from diet, lifestyle, education and income to air pollution, chemical exposures, and climate conditions.

"If the **genome is your biological blueprint**, the **exposome is the lifelong record** of how the world interacts with that blueprint," Johns Hopkins researcher Fenna Sillé says.

In May, Dr Sillé helped to convene a group of international researchers in the US to establish the Human Exposome Project — a global effort to "systematically map the totality of environmental exposures and their effects on human biology".

I've taken a closer look at this emerging field of research and how a new Australian study will improve our understanding of the exposome by tracking 50,000 children — and their parents — over their lifetime.

With around 125,000 children and parents enrolled, Generation Victoria — or GenV — is set to become one of the largest health studies of its kind in the world.

But its scientific director, Melbourne paediatrician Melissa Wake, says at its heart is a "simple idea".

"At a population level, more people are dying from diseases that we ought to be able to prevent ... and it's

now become clear that children are likely to face shorter life spans than their parents," Professor Wake says.

"We asked ourselves: How can we change the life trajectories of our population through research? How can we help people to live their longest and healthiest lives?"

In 2021, Professor Wake and her colleagues at the Murdoch Children's Research Institute began recruiting for Generation Victoria or GenV, a major long-term study that will track the health of more than 50,000 babies born in Victoria between 2021 and 2023 — and their parents — over their lifetime.

The aim of the research is to understand what shapes health and wellbeing across our early years and mid-life, and to identify factors that contribute to the development of disease.

"But also things that children experience now — like poor mental health, asthma, ADHD, autism and obesity." While other large studies have set out to answer similar questions, Professor Wake says technological advances mean researchers are now able to capture health data in more detail at vastly bigger scales.

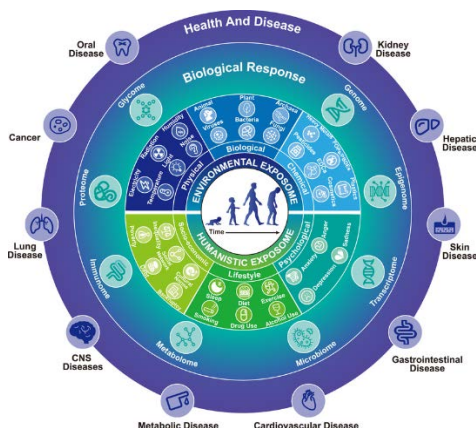
"The idea is to work with people across an entire population, try and measure all of the layers that we know are important to health, and then learn how we can actually improve [disease] prevention pathways."

To do this, researchers will capture information about participants' DNA, as well as the physical, chemical, psychological and social conditions they're exposed to — known collectively as the human "exposome".

## WHAT IS THE EXPOSOME?

The exposome is a measure of all the environmental or external exposures we face over our lifetime and the ways in which these impact our health.

It includes everything from diet, lifestyle, education and income to air pollution, chemical exposures, and climate conditions.



"Many of [these factors] overlap and happen in unequal ways, so if you're born and grow up in a poor area, your exposome is likely to be shaped by external stressors, air pollution, fewer opportunities and less income," Professor Wake says.

It also encompasses internal processes, such as your microbiome (or gut bacteria), inflammatory processes and metabolic factors, that are shaped, at least in part, by external exposures.

Johns Hopkins University researcher Fenna Sillé says while almost all diseases have a genetic component, the exposome often plays a critical role, [particularly in the development of chronic diseases](#).

"It's estimated that up to 70 per cent — and for some [chronic] diseases even 90 per cent — of the risk is due to environmental exposures," Dr Sillé [told the Health Report](#).

In May, a group of international researchers, including Dr Sillé, convened in the US to establish the Human Exposome Project — [a global effort to "systematically map the totality of environmental exposures and their effects on human biology"](#).

"The idea has lived for a while now of starting something that complements the Human Genome Project, but it's obviously not a small feat," she says.

The field of exposomics research has grown in recent years, particularly [in Europe](#), where researchers have been investigating the relationship between environmental exposures and conditions such as chronic obstructive pulmonary disease, type 1 diabetes, coeliac disease, allergies and asthma.

While studying how environmental factors influence human health is not a novel idea, advancements in AI and computational models mean scientists can "really start to deal with" the complexity of overlapping and interacting exposures, University of Queensland epidemiologist and toxicologist Nick Osborne says.

"In the past, we'd look at one toxin ... and we'd see what the effect was. But, of course, that's not the real world," says Dr Osborne. "In the real world ... there are a lot of [exposures] happening at once. "[The exposome] is about having an understanding that the body is a very complex system but it's also interfacing with a very complex environment."

## EXPOSOME RESEARCH COULD SHED LIGHT ON CANCER QUESTIONS

In Australia and other high-income countries, dramatic increases in cancer rates among young people in recent years have prompted concern that widespread



environmental changes are contributing to earlier diagnoses.

Research suggests a surge in obesity, sedentary lifestyles, and increased exposure to plastics may all be playing a role, as well as changes to young people's gut bacteria from eating ultra-processed food and using more antibiotics.

"There's a very strong relationship between our gut bacteria and our immune system and brain and many of the functions in the body," Dr Osborne says. "We're finding more and more that chronic inflammation seems to drive many of the 'big five' diseases we're confronted with — mental health, diabetes, cancer, heart disease and asthma."

But untangling the effects of different exposures is challenging, Dr Osborne says, in part because many diseases appear to be the result of a complex interaction between our environment and our genes. "Quite often you might have the 'bad' genes, but if you're not exposed to the 'bad' environment, you don't get the disease," he says.

While it's impossible to document and study everything humans are exposed to, Professor Wake says the goal of GenV was to understand and act on the most important disease pathways and exposures.

"It would be nice to know everything, but what we really need to know are the most important things, and we need to act on the most important things."

## MEASURING ENVIRONMENTAL HEALTH IMPACTS

The ways in which researchers measure the health impacts of different exposures vary, and in some cases, involves looking at an individuals' physiological processes, Dr Sillé says.

"Even though you can't measure everything every day ... there are the exposures, both internal and external, that leave some sort of imprint." Epigenetic effects, which include changes to the way your genes work as a result of your behaviours and environment, are one example.

"But also your metabolism, for example ... is affected by things that happened in your past."

Initially, GenV researchers will mostly rely on existing clinical records and biological samples that are routinely collected during pregnancy and early childhood, such as blood samples. Parents will also be invited to provide saliva and breastmilk samples, as well as information (through an app) about their children's physical and mental health during their early years.

"Our ethos has been that if you have 125,000 [participants] ... it has to be very easy for them to take part," Professor Wake says.

As the children in the study grow up, more detailed health data will be collected from them at ages 6, 11 and 16, as well as from their parents.

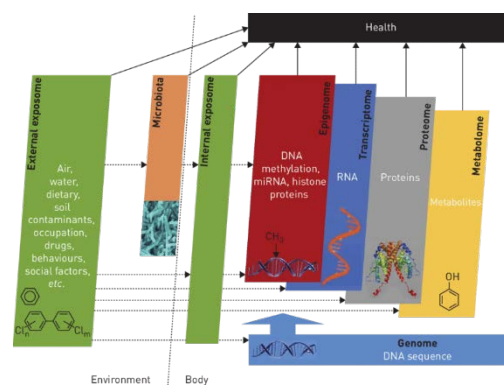
"We'll be trying to measure those important [disease] development pathways for children and parents," Professor Wake says.

"Things like: what's happening to their blood pressure? What's happening with their growth, their body composition? What's actually happening in their brains?"

"What we are wanting to do is actually measure the health signals that lie between risk factors and the long-term outcomes we care about."

## THE MANY LAYERS OF THE EXPOSOME

Alongside measuring health markers, Professor Wake says researchers will collect family- and community-level data, as well as information about "air quality, climate, built environments, shopping opportunities, food supply" and other layers of the exposome.



To do this, they will rely on things like satellite maps, ambient monitors in classrooms and homes, environmental datasets and "social and policy mapping" tools.

A key advantage of the study, Professor Wake says, is the ability for researchers to not only observe changes over time, but also test the effectiveness of different health interventions.

"One of the ways to make discoveries is to undertake interventions," she says.

"We are particularly interested in ... actually testing: can we change [disease] risk? How much can we change risk? Does it make a difference to the outcomes that matter? Who for? And is it fair?"

"And because we've got that long-term horizon, we should be able to look 20, 30, 40 years down the track."

Image credit: [https://www.researchgate.net/figure/Exposome-and-its-impact-on-health-using-the-human-as-an-example-The-environmental\\_fig1\\_363227569](https://www.researchgate.net/figure/Exposome-and-its-impact-on-health-using-the-human-as-an-example-The-environmental_fig1_363227569) & [/figure/Schematic-diagram-of-some-of-the-omics-layers-and-pathways-of-influence-of-the-exposome\\_fig2\\_303716130](#)

**Extract from ABC Health & Wellbeing – Health Report by Olivia Willis, 14<sup>th</sup> August, 2025**

## Is Silicone Safer than Plastic? What's the Fallout?

*How many of these utensils do you have in your kitchen?  
Do you know the difference between silicone and plastic?  
Which is safer to use or are they both shedding microplastics into our food?*



### DIFFERENCE BETWEEN SILICONE & PLASTIC

Oliver Jones, a professor of chemistry at RMIT in Naarm/Melbourne, says while plastics and silicones are both polymers they have different chemistry.

Chemosphere – a peer-reviewed scientific journal – was forced to issue a correction after **scientists made a major error** calculating the toxicity of black plastic kitchen utensils.

“Polymer is a general term for any substance composed of repeating simple sub-units ... to form long chains.”

**Silicone**, Professor Jones explains, “is a generic term for a range of man-made polymers made up of a silicon-oxygen-silicon chain”. **“Plastics** are generally based on a carbon chain with various other atoms or molecules as side groups from the main backbone.”

At a more practical level, Nathan Kilah says the **main difference** between the silicone and plastics we tend to use in the kitchen is **thermal stability**.

A senior lecturer in chemistry at the University of Tasmania in Lutruwita, Dr Kilah says the “underlying silicon oxygen bonds give it a degree of stability that other plastics don't have, and that's why it's able to be used so effectively as cookware”. He says a plastic spatula — as opposed to a silicone one — is more likely to melt or chip away.

### IS SILICONE SAFE TO USE?

Professor Jones says silicone utensils and cookware are “safe to use for their intended use”. “Silicone utensils — like all food contact materials — are extensively tested.”

There are also different grades of silicone, he explains, with some rated to higher temperatures. Professor Jones says there are **two main codes** for food-grade silicone, the German food safety standard (LFGB) and the US Food and Drug Administration (FDA).

While the LFGB is considered a little stricter, both codes “aim to regulate silicone products to ensure that no harmful chemicals are released into your food, even under extreme temperatures”.

Dr Kilah recommends checking the manufacturer's advice for the individual product. “Silicone will be labelled as suitable for dishwasher, microwave, oven or freezer [and is] generally quite clearly labelled.” The main thing is not to overheat it, he says, and to use products for their intended use.

### DOES SILICONE CREATE MICROPLASTICS?

Professor Jones says that silicone utensils and cookware “tend to be quite inert and don't break down very easily”. While these products “can wear down and break up over time” the “particles that may result will be bigger than microplastics”.

He adds he's “yet [to] read a paper where they identified particles from food or the environment as silicone-based”. “Possibly this is an area we could do with more science on, but I don't think the risks are high, even if particles were generated, they would be inert, and any such particle you may ingest would likely pass straight out again.”

Dr Kilah says changes in the colour of silicone products or visible cracks and damage are a sign that your spatula, muffin tray or ladle is at the end of its life span. After a long time or rough use “mechanical breakdown” can happen, but using silicone products conventionally shouldn't cause smaller particles to form or shed.

Image credit: <https://www.foodie.com> › Kitchen › Kitchen Tool

**Extract from ABC Lifestyle Newsletter 22/08/2025**

## Workers' Compensation Stigma – How to Manage

Safe Work Australia has put together some excellent and useful resources on how to effectively manage the stigma that is consciously and unconsciously applied to people who are navigating the workers' compensation maze.

### WHAT IS WORKERS' COMPENSATION STIGMA?

Workers' compensation provides an important safety net to workers who become injured or ill because of work. It provides financial support and other assistance

so workers can focus on getting better and back to work safely.

Workers' compensation stigma is when an individual, group or the broader organisation negatively stereotypes or discriminates against an injured or ill worker seeking workers' compensation. This can include gossip, bullying or harassment from other workers, or workplace structures and procedures that penalise injured or ill workers.

Workers' compensation stigma can affect all aspects of the workers' compensation process. It can prevent the disclosure of injuries or illness, reduce engagement with the claims process, and reduce the effectiveness of recovery and return to work processes. It can also prevent injured or ill workers from making a workers' compensation claim or impact their recovery.

To understand more about how workers' compensation stigma can occur in workplaces, read the [Workers' compensation stigma case studies](#).

For more information, read the [What is workers' compensation stigma fact sheet for employers](#).



## HOW CAN I HELP TO REDUCE WORKERS' COMPENSATION STIGMA?

We can all contribute to creating positive and supportive workplace cultures which will help reduce stigma around workers' compensation.

Supporting injured or ill workers to get back to work safely benefits everyone – the injured or ill worker, their team, and the broader organisation. Injured or ill workers who feel included and supported are more inclined to seek help which benefits the individual, their team, and the organisation more broadly.

**Workers** can help create a supportive and inclusive team environment for their injured or ill co-workers. Find out more in the fact sheet [Taking action to reduce workers' compensation stigma – for workers](#).

**Supervisors** are the link between an organisation and its workers so are critical in building a positive and supportive workplace culture that can protect injured or ill workers from workers' compensation stigma. Find out more in the fact sheet [Taking action to reduce workers' compensation stigma – information for supervisors](#).

**Employers and human resources (HR)** have a role in promoting positive and inclusive work environments that support injured or ill workers. Find out more in the fact sheet [Taking action to reduce workers' compensation stigma – information for employers](#).

## DOWNLOAD RESOURCES

We have created a suite of resources to help you to take action to reduce workers' compensation stigma.

The resources include fact sheets, case studies, and a campaign kit with posters, infographics and other communication resources to help increase awareness of workers' compensation stigma and how to take action to reduce it.

Explore [all workers' compensation stigma resources](#).

Image credit: Four Corners: Rob Hill

*Taken from ABC Health & Wellbeing Website 10/07/25 & Extract from Four Corners Investigation "Generation Cancer" 07/07/2025*

## Silica Exposures and Silicosis Incidence in the Western Australia Mining Industry

*Extract from Published Article in Occupational Medicine 2025, XX, 1-8 - A. W. Harman, P. G. Foley and M. I. Ralph*

## BACKGROUND

Silicosis has historically been an issue in the Western Australian mining industry.

## AIMS

To determine the magnitude of exposures to atmospheric respirable crystalline silica (RCS) in mine workers recorded between 1986 and 2023 and if those exposures risk health effects.

## METHODS

We used descriptive statistics to compare RCS exposures in mining job types. We identified high exposure occupations and modelled their resulting lung silica burden using known toxicokinetic parameters. These



were compared with critical lung silica burdens for alveolar inflammation, soft macules, fibrosis and progressive massive fibrosis. We compared the miners' RCS exposures with historical silicosis cases in Western Australia's mine workers.



## RESULTS

The geometric mean of more than 130 000 RCS results between 1986 and 2023 was 0.008 mg/m<sup>3</sup>. **Exposures in exploration jobs were higher than in jobs on established mine operations** (0.013 vs 0.007 mg/m<sup>3</sup>).

Overall, exploration drilling assistant jobs and laboratory work were the two highest exposed cohorts, and modelling of steady state lung burden predicted 7.5 and 5.7 mg/lung, respectively, values an order of magnitude less than that associated with inflammation, and two orders of magnitude less than that associated with fibrosis. There have been **4 confirmed and 3 other possible cases of silicosis** in more than 2 million person-years of mine work in WA since 1986.

## CONCLUSIONS

The low incidence of silicosis in the WA mining industry over the past 20 years is consistent with the estimated low silica lung burdens resulting from work-related exposures, which are **significantly lower** than the silica lung burdens typically associated with silicosis in the literature.

## KEY LEARNING POINTS

### **What is Already Known About This Subject:**

- Crystalline silica dust exposure occurs in the Western Australia mining industry and was associated with a high incidence of silicosis in the early to mid-20th century, but there have been very few cases of silicosis recorded in the WA mining industry since 1974.

- Exposure to respirable crystalline silica has been systematically monitored in miners since 1986 with over 130 000 results but has not been the subject of toxicological risk assessment.

### **What This Study Adds:**

- Toxicokinetic modelling of silica lung burden suggests that miners' exposures result in lung burdens at least an order of magnitude less than that associated with literature estimates for alveolar inflammation and two orders of magnitude less than those for fibrosis.
- The legislative mandating of low dose CT scans for health monitoring in 2021 has resulted in the identification of small numbers of silicosis cases and lung conditions possibly complicated by silica.

### **What Impact this may have on Practice or Policy:**

- Health monitoring should focus on mine workers with a long work history in high exposure jobs, those being workers most at risk of silicosis.
- Where LDCT identifies early signs of silicotic disease, intervention to either reduce or eliminate further exposure would be warranted in order to either halt or reverse the course of disease.
- Workforce awareness on the hazards of silica dust, industry compliance with exposure standards and enforcement activities by the Government Regulator have been effective in virtually eliminating silicosis in the WA mining industry.

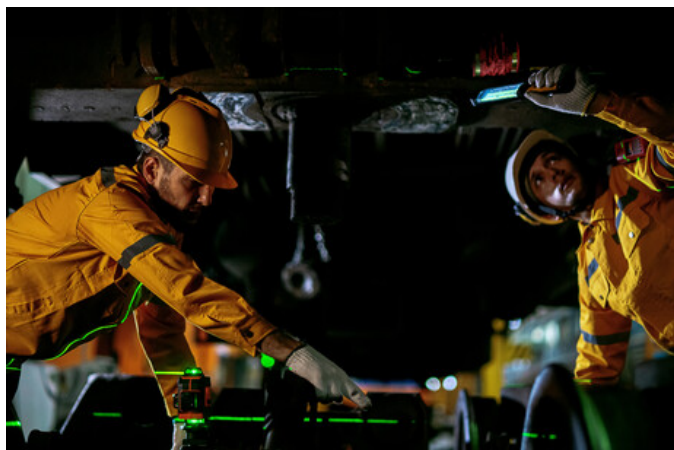
[Click HERE](#) to view the full article.

Image credit: Cape York Weekly 04/05/2024, Photo supplied by Norther Silica Project

Extract from *Journal of Occupational Medicine*, 21/07/2025

## Does Shift Work Increase the Risk of Kidney Stones?

Researchers have evaluated how various shift work patterns contribute to kidney stone risk. Publishing their findings in *Mayo Clinic Proceedings* (doi: 10.1016/j.mayocp.2025.03.032), the researchers found that **shift workers have a 15% higher risk of developing kidney stones**, especially younger workers and those with low levels of manual labour. Also playing key roles in contributing to the occurrence of kidney stones were body mass index (BMI), fluid intake and other lifestyle factors.



Identified as an irregular work schedule outside of conventional daytime work hours, especially night shift work, long-term shift work could lead to adverse health outcomes, with the probability of developing chronic diseases, such as cardiovascular diseases, metabolic syndrome and mental disorders, having been reported to be increased among shift workers. Long-term shift work could also disrupt workers' circadian rhythms, affect metabolism and hormone secretion, and alter lifestyles.

With kidney stone disease among shift workers having been rarely investigated in prior studies, the researchers used data from over 220,000 participants from the UK Biobank Study. The association of shift work — including its type, frequency and duration — with kidney stone events over a median follow-up period of 13.7 years was analysed by the researchers. Additionally, mediation analyses were conducted to investigate whether various lifestyle behaviours could explain this relationship.

"This is the first population-based cohort study to comprehensively evaluate how various shift work patterns contribute to kidney stone risk," said lead investigator Dr Yin Yang, from the Department of Epidemiology in the School of Public Health at Sun Yat-sen University. "We found that shift work is associated with a higher risk of kidney stone events; an association that is partially mediated by several lifestyle factors, including smoking, sleep, fluid intake and BMI."

Participants with a longer history of shift work were determined to have a slightly lower risk of kidney stones — something that warrants further investigation but may suggest adaptation over time or a healthy worker effect. "Kidney stones may be silent or cause acute complications, especially pain that may be sufficiently severe so as to necessitate hospitalization," said Dr Felix Knauf from the Division of Nephrology and Hypertension at the Mayo Clinic, corresponding author of an accompanying editorial.

**"A central effect of shift work is the disruption of circadian rhythms,"** Knauf wrote. "Homeostasis and health are underpinned by physiologic systems, virtually all of which are governed by the biologic clock that dictates the periodicity, tempo and physiologic effects of circadian rhythms. ***This also applies to physiologic systems that regulate water balance and the homeostasis of solutes relevant to kidney stone formation.***

"Thus, the observed effect of shift work in promoting kidney stone formation reflects, at least in part, its disruptive effect on circadian rhythms. The findings of this study highlight the need to explore initiatives that seek to remediate the risk factors for kidney stones, including greater flexibility in work schedules."

Yang concluded: "Our findings come at a time when the effect of shift work on urological health is an urgent priority globally. Supporting healthy lifestyle habits among shift workers could have a meaningful impact on their urological health. Workplace health promotion initiatives could integrate educational programs emphasizing the importance of weight management, increased fluid intake, healthy sleep habits, reduced sedentary behaviour, and smoking cessation. These interventions have the potential to alleviate the adverse effects of shift work on kidney stone formation and improve workers' health."

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

**Taken from Safety Solutions 10/11/2025**

## TICK BITE ILLNESSES – WHAT DO WE KNOW AND UNDERSTAND?

Over three decades as a GP in northern Sydney, Richard Schloeffel saw thousands of patients with complex chronic diseases. Many lived with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), while others struggled with long COVID.

But it was a group of patients with debilitating, ***ongoing symptoms linked to tick bites*** that prompted the now-retired GP to undertake further research. "I think tick-borne illness can be treated," Dr Schloeffel, now a researcher at Macquarie University, said.





*Image of embedded tick Supplied: Henry Lydecker*

Once described as "Lyme-like illness", thousands of Australians have reported suffering persistent symptoms, including fatigue, joint pain and neurological problems, they believe to be the result of a tick bite.

In 2018, the federal Department of Health coined the term **DSCATT — debilitating symptom complexes attributed to ticks** — to recognise these patients, and established clinical recommendations to help doctors manage them.

But the cause of their symptoms, and how best to treat them, remains highly contested in the medical and scientific community.

Earlier this year, a Senate inquiry found many patients struggled to access care and sometimes spent thousands of dollars, including on unproven testing and treatment, to find answers.

"Most people in Australia who get a tick bite don't get sick. We're talking about the tip of the iceberg," Dr Schloeffel, who has long advocated for patients with tick-bite associated illnesses, said. But for those who do report illness, many struggle to feel believed or seen.

*"People bankrupt themselves to find treatment and get diagnosed,"* Dr Schloeffel said.

Following an earlier Senate inquiry in 2016, the federal government awarded funding to Australian researchers to investigate the causes of DSCATT and potential treatments. Scientists have been slowly making inroads, but many questions remain unanswered.

## TICK-BORNE DISEASES IN AUSTRALIA

There are around 70 species of ticks in Australia, 17 of which bite humans, Peter Irwin, a veterinary scientist and tick researcher at Murdoch University, said.

While usually harmless, tick bites can cause a range of illnesses, including allergic reactions, bacterial infections and, less commonly, paralysis.

"On the east coast of Australia, the main tick is the Australian paralysis tick (*Ixodes holocyclus*)," Professor Irwin said.

"The other main tick of medical importance is the kangaroo tick (*Amblyomma triguttatum*), which lives almost all over Australia."

Allergies are the most common adverse reaction to tick bites, and range from mild (lasting a few days) to severe (including life-threatening anaphylaxis).

In some cases, people develop mammalian meat allergy (also known as alpha-gal syndrome) after a tick bite,

which results in them no longer being able to eat red meat and other products derived from mammals.

Ticks can also carry *Rickettsia* bacteria, which cause infections including Queensland tick typhus, Flinders Island spotted fever, and Australian spotted fever.

These infections are most commonly seen in people who live in high-risk areas such as northern Sydney, and are usually treated with a short course of antibiotics.

## IS LYME DISEASE IN AUSTRALIA?

In recent years, a growing number of Australians have reported suffering debilitating, ongoing symptoms they believe to be the consequence of a tick bite — but their illnesses cannot be easily diagnosed or treated.

In some cases, people believe they have contracted Lyme disease, a tick-borne infection commonly found in parts of the US, Europe and Asia, which can sometimes lead to persistent symptoms like severe fatigue, muscle pain and cognitive problems.

But according to Professor Irwin, **there is no evidence that the infection can be acquired in Australia** as no Australian ticks have been found to carry *Borrelia burgdorferi*, the bacterium responsible for Lyme disease.

"There's nothing difficult about finding *Borrelia* bacteria overseas, and of course, there is Lyme disease overseas," Professor Irwin said. "But in Australia ... no-one has ever been able to find *Borrelia burgdorferi*."

DSCATT symptoms can overlap with other infectious and chronic diseases, and not everyone affected has a clear history of a tick bite.

Symptoms of patients with lingering health issues who do not meet the criteria for a recognised disease or infection are usually deemed "medically unexplained" — and treatment options are limited.

"What DSCATT guidelines do is ... basically stop any further investigation or treatment being available," Dr Schloeffel said.

One of the recommendations of this year's Senate inquiry was to replace the current DSCATT clinical pathway with new guidelines.

"That patients continue to experience debilitating and severe symptoms and that patients are left without a diagnosis or treatment plan is of serious concern," the final report noted.

## SEARCHING FOR AN ANSWER

To understand what might be causing some people to experience ongoing, "medically unexplained" symptoms, Professor Irwin and his colleagues at **Murdoch**



**University** received funding in **2019** to closely track Australians after they received a tick bite.

"The idea was to perhaps find which of the Australian microorganisms could be the equivalent of Lyme Borrelia bacteria overseas," Professor Irwin said.

The research team followed 118 people over 12 months, taking blood samples and skin biopsies, and studying the ticks responsible for the bites. "We sampled people within 72 hours of a tick bite ... and then again at one week, three months, and 12 months, with the idea we would monitor them for all sorts of things to try to detect patterns, biological processes, infections and so on."

The results of the study, which was delayed by COVID, are due to be peer-reviewed and published in the coming months. But ***preliminary findings suggest a small number of participants experienced symptoms "similar to those reported by DSCATT patients" at 12 months***, Professor Irwin said.

"[They had] migraines, headaches, dizziness — the sorts of signs that have been attributed to ticks."

In addition to looking for new pathogens, Professor Irwin said the research team was investigating whether known bacteria, viruses and parasites could be causing long-term illness.

"Some of our patients developed evidence of rickettsial infection, as you'd expect, and we're looking very hard to see whether any of those patients went on to develop DSCATT symptoms," he said.

"The question is: could [an infection] have caused an acute localised or even systematic reaction, and has that triggered — in some people — the propensity to develop DSCATT symptoms?"

"That's what we're trying to unravel."

## DIAGNOSING AND TREATING AN INVISIBLE ILLNESS

The question of if — and how — tick-borne diseases cause chronic infection, inflammation or other ongoing biological changes is something scientists overseas are also investigating.

The current uncertainty, and lack of scientific evidence, is why "chronic Lyme disease" is a disputed and controversial diagnosis. Instead, health authorities, including the US Centres for Disease Control (CDC), use the term "post-treatment Lyme disease syndrome" to describe people who experience prolonged symptoms.

In Australia, patients with unexplained chronic symptoms linked to tick bites generally do not show any evidence of infection or irregularities in standard blood tests, Dr Schloeffel said.

"There's this general belief that if you can't measure something, they look alright and they've tested normal, there is nothing wrong with them."

The former GP believes the lack of pathological evidence is a reflection of inadequate diagnostic testing, not the absence of disease, and is something he is working on trying to improve.

According to Dr Schloeffel, possible mechanisms driving the persistence of symptoms — which would be missed in standard blood tests — include infection-induced immune dysfunction and chronic inflammation inside cells.

Through a privately funded clinical trial at Royal North Shore Hospital in Sydney, Dr Schloeffel and his colleagues are monitoring a range of biomarkers in 60 DCSATT patients in the hope of establishing new diagnostic markers and tests.

Separately, Dr Schloeffel also plans to evaluate whether treatments some DCSATT patients have been prescribed have any benefit, including medications to aid with sleep and inflammation, as well as low-dose, long-term antibiotics — a treatment that is not recommended by health authorities in Australia, and described as having "known harm and no benefit" in current treatment guidelines.

In its submission to the 2024 Senate inquiry, the Royal Australian College of General Practitioners (RACGP) noted that "negotiating diagnostic uncertainty" could be challenging and frustrating for patients, but there was "little or no evidence to support specific treatments for tick-borne diseases".

"We need to be mindful that unnecessary medications, testing or procedures are low-value care and can cause more harm than benefit."

*Taken from ABC Health & Wellbeing, 01/11/2025*

## What is SPF Testing

Getting sunscreen onto Australian supermarket and chemist shelves is no walk in the park. Our sunscreen standards are some of the strictest in the world.



Before a sunscreen can be sold, it must meet a number of Therapeutic Goods Administration (TGA) testing and

labelling requirements, with sun protection factor (SPF) testing conducted in TGA-recommended laboratories.

But this year, Australia's reputation for quality sunscreen was shaken when consumer advocacy group Choice found **16 of 20 sunscreens tested did not meet their advertised SPF50+ rating.**

A number of sunscreens have since been paused from sale or pulled from Australian shelves entirely.

So how does a lab test for SPF? And can different labs get different results, even if they follow the same instructions? First though, what even is SPF?

### SPF MEASURES THE 'SCREEN' IN SUNSCREEN

Sunscreens protect our skin from ultraviolet (UV) radiation that — depending on the type of UV and the layers of the skin it interacts with — can damage DNA, increase cancer risk, accelerate ageing, and cause sunburn.

At its simplest, **SPF is the ratio of the time it takes for a light-skinned person to burn while using the sunscreen compared to the time it takes to burn without it.**

In other words, if a person's skin burns in 10 minutes without sunscreen, and three times that (ie. 30 minutes) to burn with sunscreen, that sunscreen has an SPF of 3.



Another way of thinking about SPF is the effectiveness of the "screen". An SPF30 sunscreen allows 1/30th (3.3 per cent) of UV through, filtering 96.7 per cent.

SPF50 allows 1/50th (2 per cent) of UV radiation through, meaning it blocks 98 per cent.

A sunscreen with an SPF of 50+ must provide at least SPF60 in lab tests, and will block around 99 per cent of UV rays.

### HOW IS SPF TESTED IN THE LAB?

The SPF number printed on a sunscreen's label is calculated using human volunteers in an accredited laboratory. John Staton, a sunscreen testing expert and

scientific director at testing laboratory SciPharm, said the first part of the test involves marking out flat areas of skin on the person's back.

"So there's one [area] for unprotected skin, and one for the product we're going to test. "There's at least one, if not two, for internal control products — we already know what their SPF range is and they're used to validate that experiment."

Then a very specific amount of sunscreen is applied to the test area — 2 milligrams per square centimetre — and a specially designed UV lamp shines on the person's skin.

The lab then measures how much time under the UV lamp was needed for someone's unprotected skin to start burning, as well as the time taken to burn with sunscreen. From those measurements, the lab can calculate a sunscreen's SPF. The average SPF from 10 test subjects is the number that ends up on the bottle.

In a country obsessed with swimming, surfing and other water activities, determining a sunscreen's water resistance is also part of the testing process. To do this, participants are immersed in a warm pool before they're exposed to the UV lamp.

While newer sunscreen techniques are emerging that don't involve using human volunteers, Mr Staton said **testing on people is still considered the gold standard** in SPF testing.

### HOW DO LABS GET DIFFERENT SPF RATINGS?

Sunscreen testing methods are published by the International Organization for Standardization, or ISO. This means, at least **in theory**, that **labs** everywhere **follow the same instructions and conduct the same tests.** When testing a sunscreen on a panel of 10 test participants, there should be some variability between individuals' SPF.

For example, when Choice commissioned testing for Ultra Violette's Lean Screen SPF 50+ Mattifying Zinc Skinscreen, the participants' SPF results were 4.0, 4.0, 4.8, 3.5, 3.7, 5.0, 4.4, 4.0, 3.7 and 3.5.

But, Mr Staton said, there's always been variability between labs. And that often boils down to the fact that every test subject is different. "You're dealing with human skin, and you're dealing with individuals that vary substantially in their physical and skin properties." While there are a few double- or triple-ups of these values, such as three people returning an SPF of 4.0, the range of numbers reflect the differences between participants' skin.

But **test results for the same sunscreen** calculated by UK-based lab **Princeton Consumer Research showed a different story**. It reported five test subjects had an individual SPF of 60.00. The other five, 67.20. US sunscreen and SPF expert Michael Traudt told the 'ABC 7.30' that "the odds of having that many people on a panel repeating with the same number are extremely low." Eight of the sunscreens that failed Choice's testing had their SPF rating certified at this lab, which has faced questions over alleged incorrect testing practices.

For more about how sunscreen SPF is tested, check out the full episode from the ABC of [Lab Notes](#).

My takeaway in all this is to worry less about the sunscreen's advertised SPF, and concentrate more on putting enough on my skin (and reapplying it regularly).

Even sunscreen with an SPF in the mid 20s blocks around 96 per cent of the Sun's rays. The thing is, Australians tend to underestimate the amount we need to apply to get that level of protection.

During SPF tests in labs, human participants have 2 milligrams of sunscreen applied to each square centimetre of skin. In real-life terms, that's around **7 teaspoons or a bit more** than a standard shot glass full of sunscreen **for your whole body**.

Image credit: Getty Images: fcafotodigital & Peter Cade

**Taken from ABC Health 11/12/2025**

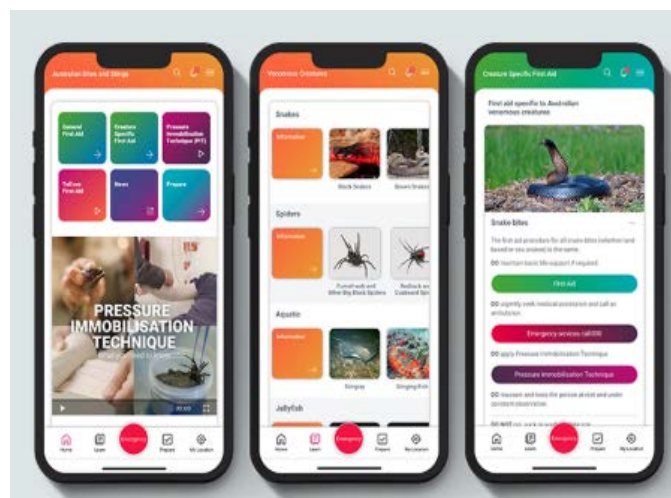
## NEW App 1<sup>st</sup> Aid for Venomous Bites & Stings

Australia's manufacturer of antivenom CSL Seqirus has launched an app to help people respond to and treat venomous bites and stings. The Australian Bites & Stings app could help save lives and minimise hospitalisations. Australia is home to some of the world's most venomous creatures. Make sure you know what to do if you, or someone with you, is bitten or stung by a venomous snake, spider, marine creature or creepy crawly.

About 1,600 Australians are hospitalised every year due to a snake or spider bite or a sting from an insect or sea creature. While most people think they know how to respond, remembering exactly what to do in an emergency can be easier said than done.

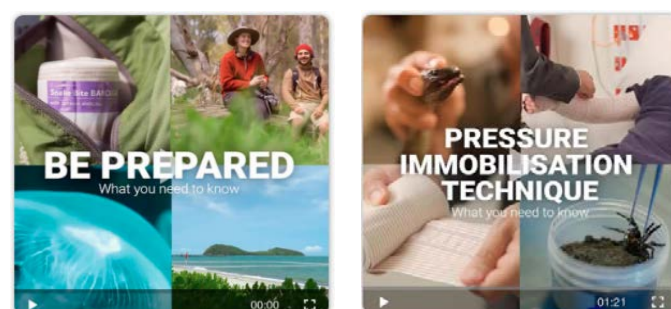
Treatment using Tourniquets for Australian bites and stings are a MYTH! Pressure bandage should be used. **Venom travels 10 centimetres every minute**, but a pressure bandage will slow that process down by hours.

### Why Download The Bites And Stings App?



[Click on the App Icon above to open/copy the Link](#)

Fortunately, deaths due to venomous bites and stings are rare in Australia. However, it's important to be ready to act fast to apply the appropriate first aid and seek urgent medical care to help improve a victim's outcome. The **Australian Bites & Stings app, which is free to download**, offers **step-by-step instructions** on how to treat potentially deadly snake and spider bites as well as stings from insects and jellyfish. The app also allows the user to call for emergency help and can geolocate, if needed.



#### Understand Australian species

Learn about venomous snakes, spiders, aquatic creatures, jellyfish and creepy crawlies, including maps of where they are usually found in the wild, how to avoid an encounter and the correct first aid to apply if bitten or stung.

#### Improve first aid confidence

Learn step by step guides to first aid for venomous bites and stings including the Pressure Immobilisation Technique (PIT) and DRS ABCD, with commentary from medical professionals and links to resuscitation guidelines.

Although an encounter can happen anywhere, everyone should take extra steps to be prepared before visiting the bush or beach. Downloading the Australian Bites & Stings App gives you **access to these videos** to learn more about bush and beach safety.



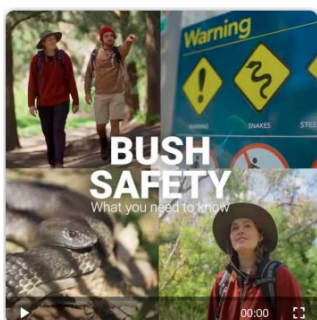
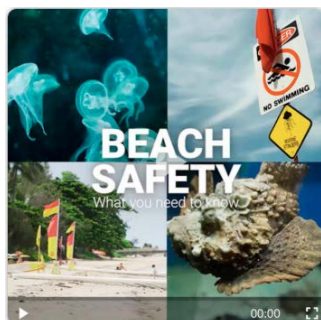


Image Credit: CSL Seqirus

Extract from CSL Seqirus website  
<https://www.bitesandstings.com.au/download-bites-and-stings-app> 17/12/25

## Truck Driving one of the Most Hazardous Occupations

Truck driving is among the most hazardous occupations in Australia. Over the past decade, drivers have consistently recorded the highest rates of work-related injuries and fatalities.



Safe Work Australia's latest profile examines the WHS risks faced by truck drivers, highlighting how the nature of the work and its demands – **long hours on the road, exposure to unpredictable environments, heavy vehicle operation, manual handling of heavy cargo and freight, as well as time pressures** – all **contribute significantly to the physical and psychosocial risk profile** for this workforce.

Key insights:

- Fatality rates: In the 10 years to 2023, more truck drivers died from work-related injuries than any other occupation in Australia. Nearly three-quarters (74%) of these fatalities were due to vehicle incidents.
- Serious injury claims: Truck drivers experience serious injuries from falls and muscular stress at rates three to four times higher than the average across all occupations.

These findings draw on Safe Work Australia's National Dataset for Compensation-based Statistics and ABS Census data. They provide valuable insights to help

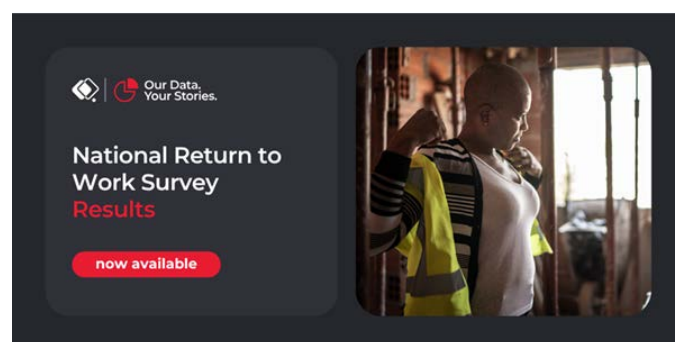
industry and regulators better understand and manage WHS risks for this critical workforce.

View the profile on the Our Data. [Your Stories website](#).

*Taken from the Safe Work Australia website 26/11/25*

## 2025 National Return to Work Survey Results

Safe Work Australia's [2025 National Return to Work \(NRTW\) Survey results](#) have been released. The findings provide critical insights for improving return to work outcomes and ensuring more equitable support for all injured workers.



The survey findings show a decline in the rate of injured workers returning to work, with notable differences between outcomes for workers with physical and psychological injuries. Key findings include:

- the **National Return to Work Rate fell to 88.9%** in 2025, down from 91.6% in 2021
- workers with **physical injuries had a higher return rate** (90.2%) **than those with psychological injuries** (76.5%)
- most workers **(64.7%) returned to the same duties**, but only 53.4% resumed their previous hours—a drop from 58.1% in 2021
- there was a greater likelihood of an injured worker returning to work when employers helped who reported helping their injured worker manage their injury or illness before they lodged a claim.

A range of resources are available to support the launch of our survey data.

### NRTW SURVEY FACTSHEET

The [NRTW Survey factsheet](#) has been developed to showcase for key findings related to return to work experiences, at a national level. Read the NRTW Survey factsheet on our [NRTW Survey page](#).

### NRTW SURVEY ANALYSIS REPORT

The [NRTW Survey Analysis Report](#) provides more detailed insights with a focus on the drivers that

contribute to successful return to work outcomes. See the full report on our NRTW Survey page.

### UPDATED NRTW SURVEY DASHBOARD

You can explore the updated datasets from our National Return to Work Survey results to find the information you need by visiting our [interactive data dashboard](#).

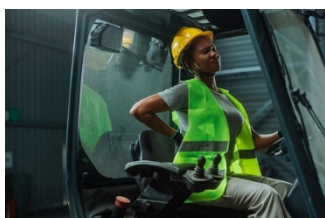
For more information, visit our [data website](#)

*Taken from the Safe Work Australia website 24/11/25.*

## What is the Work-related Impact of Long-Term Back Problems?

Australian researchers have set out to project the work-related impact of long-term back problems among working-age Australians (15–64 years). The research team — led by health economist [Dr Sean Docking](#) from Monash University's School of Public Health and Preventive Medicine — found that, by 2033, more than **3.2 million working-age Australians are expected to be living with chronic back issues**. This leads to a loss of around 4.6% to Australia's Gross Domestic Product over a 10-year period, the study — published open access ([doi.org/10.1001/jamanetworkopen.2025.27284](https://doi.org/10.1001/jamanetworkopen.2025.27284)) in JAMA Network Open reveals.

The researchers also revealed that, unless urgent action is taken, long-term back problems will **cost the Australian economy an estimated \$638 billion in lost productivity** over the next decade. *"The economic impact beyond healthcare costs is often overlooked,"* Docking said. *"Early retirement and work absences associated with back problems are costing the Australian economy billions."*



*"Back pain remains one of the leading causes of disability in Australia. Pain and restricted physical function may result in early exit from the workforce, long periods of work absence and/or reduced productivity while at work."* Docking added: *"Beyond the significant impact to the Australian economy, these work impacts can create significant financial stress for individuals."*

As the researchers reveal, even modest improvements could yield major economic benefits; \$41.4 billion could potentially be added to Australia's GDP over a decade, the study suggests, if the prevalence of long-term back problems are reduced by just 10%. Opioid prescription and imaging have both been associated with longer work absences, and there are clear efficiencies within the

health system that can be addressed, said co-author and rheumatologist [Professor Rachelle Buchbinder](#) from the School of Public Health and Preventive Medicine.

*"Ironically, the health care provided for back pain may be contributing to this issue,"* Buchbinder said. *"Too many Australians are receiving care contrary to the best available evidence, resulting in little if any benefit and sometimes causing harm."* Docking added: *"Promoting advice to remain active and at work, alongside providing Australians with the tools to self-manage their back pain can boost workforce participation and productivity. Tackling this very common health issue can improve the health of society and aid in the government's priority to address stagnant productivity."*

Source Credit: iStock.com/Dimensions. Stock image used is for illustrative purposes only.

*Taken from Safety Solutions 20/11/25*

## Smoke Complexity, Skin Absorption and Protective Equipment in Firefighter Safety

To address health and safety questions raised by Australian firefighters, researchers have conducted a comprehensive overview of the science behind bushfire smoke exposure.

Firefighter feedback in the aftermath of the 2019–2020 Black Summer and recommendations made by the coronial inquest into those bushfires has informed Australian research — including from the University of Wollongong (UOW) — intended to bridge the gap between scientific findings and the practical information needed by those on the frontline.

Published open access ([doi.org/10.1071/WF25138](https://doi.org/10.1071/WF25138)) in the International Journal of Wildland Fire, the researchers synthesised global research on exposure pathways (including



inhalation and skin absorption), smoke composition, toxicity, and the effectiveness of protective equipment and decontamination procedures.

*"Firefighters operate in incredibly complex environments and face hazards from smoke that are often invisible,"* said lead author [Dr Max Desservettaz](#), from UOW's [Environmental Futures](#). *"This review was driven by their need for clear, evidence-based answers to specific questions about the risks they encounter, from the*

*toxicity of different smoke types to how contaminants interact with their gear and skin.”*



Consolidating the evidence on health hazards faced by firefighters, the review highlights that bushfire smoke is a **dangerous cocktail of fine particles, toxic gases such as carbon monoxide, benzene and formaldehyde, and a variety of carcinogens**. Found to be **remarkably potent** in toxicological studies was the **smoke produced from Australia’s native vegetation, particularly eucalypts**.

In addition to the risks of breathing smoke, skin can also act as an entry point for toxic chemicals. Heavy sweating — under the intense heat and physical exertion of firefighting — can make the skin more permeable, drawing harmful compounds from soot into the body. As the review stresses, this pathway deserves more attention in safety protocols.

While personal protective equipment remains essential, it has limitations. N95 or P2 masks are among standard wildland firefighting gear and provide protection against particles, but none against toxic gases. Fit-testing respirators is therefore critical, as is thorough decontamination practices. Prompt washing of gear and skin after exposure, particularly using wet-soap cleaning methods, was found by the study to greatly reduce the risk of chemical contaminants entering the body.

While there is considerable global research available, Desservettaz said ensuring this knowledge is accessible and actionable for firefighters is crucial; ongoing collaboration between researchers and fire agencies to develop practical guidelines, explore new monitoring tools, and ensure safety protocols reflects the latest science being called for in the study.

*“A key goal now is effective communication. We found crucial knowledge often isn’t reaching the frontline, where it can make a difference,” Desservettaz said. “Fighting bushfires requires immense skill and bravery. Supporting firefighter health means ensuring they have the best available information to manage the risks inherent in protecting our communities. This review is a step towards that.”*

Through the Australasian Fire and Emergency Service Authorities Council, the researchers are now working with national partners to translate their findings into accessible educational materials for firefighters and fire agencies across the country.

*Top image credit: iStock.com/Margot Kiesskalt. Stock image used is for illustrative purposes only.*

*2<sup>nd</sup> Image credit: Rick Rycroft | Credit: AP*

**Extract from Safety Solutions, 17/11/2025**

## Animations Available for Understanding Airborne Contaminants

Safe Work Australia recently published 5 animations in English, Cantonese, Mandarin, Korean and Vietnamese to help employers and workers understand what airborne contaminants are, how they can impact health, and how to manage the exposure risks. They are available now on our [airborne contaminants hub](#), along with easy-to-read infographics and more.

The animations cover:

- what airborne contaminants are and the potential harm they can cause ([view animation](#))
- the sources of airborne contaminants ([view animation](#))
- how to identify if workers are being exposed to airborne contaminants ([view animation](#))
- controls to manage the risk of exposure to airborne contaminants ([view animation](#)), and
- preparing for the transition to workplace exposure limits ([view animation](#)).



The airborne contaminants hub provides information to help workers and employers understand how to protect themselves and their workers from exposure to airborne contaminants.

*Image credit: <https://www.safeworkaustralia.gov.au/resources-and-publications/video-and-audio/airborne-contaminants>*

**Extract from Safe Work Australia website 12/11/2025**



## IN PSYCHOSOCIAL HEALTH

### Australia's Biggest Sexual Harassment Payout

A Federal Court has awarded \$305,000 to a former Mad Mex employee in what represents Australia's largest sexual harassment compensation payout under the Sex Discrimination Act 1984.

The case, *Magar v Khan* [2025] FCA 874, involved Biplavi Magar, a 25-year-old Nepalese student who worked casually at a Mad Mex franchise in Sydney's northwest while on a student visa. The court found her manager, Sher Khan, had subjected her to sustained sexual harassment between September 2021 and February 2023.



#### COURT FINDINGS

Federal Court Judge Robert Bromwich found Khan had engaged in multiple instances of sexual harassment, including making sexualized comments about a hickey on Magar's neck in front of colleagues, asking inappropriate questions about her sexual experiences, and showing her pornographic material on his iPad during work-related trips to purchase supplies.

The court heard evidence that Khan had touched Magar's inner thigh with a sex toy while she was in his vehicle, and repeatedly asked invasive questions about her sexual preferences and experiences. Magar testified she felt "frozen" during these incidents and "just wanted to vomit."

Khan denied all allegations, with his legal team suggesting Magar's accounts may have been "the product of false beliefs arising out of distorted perceptions of reality." Judge Bromwich rejected these arguments as unsupported.

#### VICTIMIZATION FINDING

The case also established important legal precedent regarding victimization. When Magar reported the harassment to Mad Mex management in April 2023, Khan's lawyers sent her a concerns notice threatening defamation action and demanding monetary compensation and an apology.

Judge Bromwich found this constituted unlawful victimization, describing the defamation threats as "a dangerous course" and warning that such tactics against harassment complainants are only appropriate when "comfortably satisfied that the allegations are baseless."

#### COMPENSATION BREAKDOWN

The \$305,000 award comprises:

- \$160,000 for sexual harassment
- \$10,000 for victimization
- \$5,000 in aggravated damages
- \$130,000 for past and future economic loss

The court heard Magar was unable to work for more than two years following the harassment due to psychological trauma.

#### LEGAL SIGNIFICANCE

The ruling represents the Federal Court's first decision on **harassment based on sex**, a prohibition introduced through 2021 amendments to the Sex Discrimination Act. This differs from sexual harassment in that the conduct does not need to be sexual in nature, but must be demeaning and unwelcome.

The case also reinforces employers' positive duty under the Sex Discrimination Act to prevent harassment and respond effectively to complaints.

#### INDUSTRY IMPACT

Seri Feldman-Gubbay from Redfern Legal Centre, who represented Magar, described the result as a "landmark decision" that should serve as a warning to employers who "tolerate sexist workplace cultures" or "threaten defamation proceedings against employees who speak up about sexual harassment."

The case highlights particular risks faced by migrant workers, who statistics show are more likely to experience harassment but less likely to report it due to their vulnerable employment status.

## KEY TAKEAWAYS

The ruling establishes that:

- ✓ Threatening defamation action against harassment complainants can constitute victimization
- ✓ Employers cannot rely on workers' immigration status or perceived vulnerability to avoid accountability
- ✓ Record compensation awards reflect the serious view courts take of workplace sexual harassment.
- ✓ The positive duty on employers to prevent harassment applies regardless of business size

The decision sends a clear message that Australian workplaces must maintain safe environments free from harassment, regardless of workers' visa status, background, or employment type.

Image credit: Food & Beverage Industry News <https://www.foodmag.com.au>  
› All Articles

*Taken from National Safety Online 12/08/25*

## Under Pressure – The Hidden Cost of Retail

***Understaffing, excessive workloads and customer abuse are all workplace hazards facing Australian retail workers***

An SDA survey of over 11,000 retail workers as part of the SDA commissioned report *Under Pressure: The Hidden Cost of Retail* shows the serious psychosocial hazards facing Australian retail workers.

We hear the term everywhere right now — but here's the thing: they only matter when we understand them in context. SDA, *(the union for retail, fast food and warehousing)* has produced a new report detailing on how the psych risks play out for retail workers.

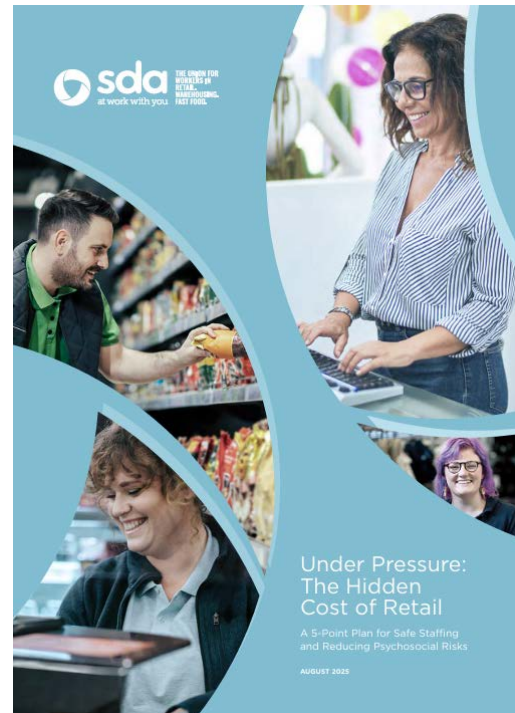
They discuss the 10 most common and severe psychosocial hazards, with the biggest ones being:

- ☠ understaffing and overload
- ☠ low job control
- ☠ rising customer aggression

The results? Burnout, stress, turnover — at rates that are both unacceptable and unsustainable.

It's not just about ticking off the Code of Practice or handing over a list of psychosocial hazards. It's about **translating the risks into the reality of your organisation** and your industry. Psychosocial risk assessments are about understanding where the exposure is becoming a risk for your people.

- ✎ Low job control looks different in retail than it does on a construction site (*shocking I know but so important when we think about valuable controls*)
- ✎ Customer aggression is a frontline risk in one sector, but irrelevant in another
- ✎ Technology can either ease the load or create a whole new hazard.



That context is **where safety actually becomes practical** — and where change sticks. SDA has taken the step to frame hazards this way for retail.

The SDA report offers a helpful 5 point plan to manage Retail Psychosocial Hazards:

1. Safe Staffing levels
2. Sustainable workloads
3. Support frontline workers
4. Consultation on workplace change and eliminating risks and
5. Collaborative work design

Every other industry needs to be doing the same. Why you may ask? It is because generic lists don't protect workers. Context does.

[Read the report](#)

*Taken from SDA Website, 25th August 2025*

## How to Manage Feelings of Distress, Fear and Anxiety after the Bondi Attack

Confronting footage of gunmen shooting into a crowd of people in Bondi made headlines on Sunday night. Two men killed at least 15 people in an act of terrorism, marking one of Australia's deadliest attacks.

Videos with confronting images and scenes circulated throughout the night and into the week.

### ***If you or anyone you know needs help:***

- ☎ Lifeline on 13 11 14
- ☎ 1800RESPECT on 1800 737 732
- ☎ safe steps on 1800 015 188
- ☎ Kids Helpline on 1800 551 800
- ☎ MensLine Australia on 1300 789 978
- ☎ Suicide Call Back Service on 1300 659 467
- ☎ Beyond Blue on 1300 224 636
- ☎ Headspace on 1800 650 890
- ☎ ReachOut at [au.reachout.com](http://au.reachout.com)

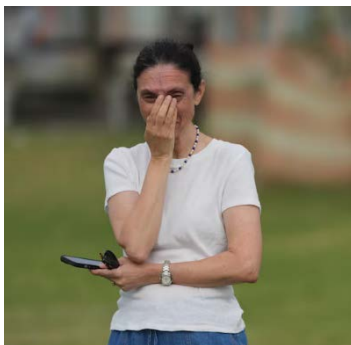
While the pain of the victims and their loved ones is felt close to the community, wider Australia has been grieving, shaken by this news.

Crisis support hotline Lifeline experienced its busiest day of the year after the attack, and it expects numbers of people accessing its service to jump.

*Source credit: AP Photo Mark Baker*

Repeated exposure to this kind of footage can contribute to vicarious trauma or feelings of loss and sadness — which can be difficult to unpack.

The more relatable an incident is, the more upsetting it can be, explained Nicole Sadler, a trauma specialist and CEO of post-traumatic mental health centre Phoenix Australia. *"We like to think that the world is safe and secure, and something like this isn't going to happen to us,"* Professor Sadler said. *"This was an attack which happened to people who were gathered for a community event, for a religious event. This can make us feel more vulnerable or have a heightened sense of danger or be questioning our general safety in the world and how*



*secure we are. It's understandable people might be experiencing those feelings."*

### **THE TRAUMA OF THE NEWS**

People who are exposed to the events through work such as first responders, people who witnessed the events, or people who work closely with the victims such as psychologists can experience vicarious trauma.

This form of psychological harm can result in people having an altered view of the world, developing physiological responses and having changed relationships with others.

Continually seeing videos, imagery or stories online, or in the news, can create feelings of stress, trauma or loss too.

***Experts say these feelings are typical during significant events like the Bondi Beach attack.***

Alain Brunet, director of the National PTSD Research Centre, said most people will not experience vicarious trauma specifically, but feelings of distress, anger and fear are not uncommon.

"Many people might be shocked, horrified, angry, or afraid in some situations. Those are all normal emotions. There is no right or wrong," he said.

Professor Sadler said it was normal to feel distressed for days or weeks — but if feelings continue after that, it is recommended to seek help.

"It doesn't mean that we're being traumatised by it but it means that we're just being impacted on a very human level that we find it distressing and devastating," she said.

The attack was declared an act of terrorism by the Prime Minister on Sunday night, a move that could inspire further fear.

"A terrorist attack is designed to undermine our sense of safety and security in the world so it can make all of us feel less safe," Professor Sadler explained.

"It makes us question things about values, particularly when it's an attack which is on a particular culture or a particular religion, so there's lots of aspects of it which are very upsetting for us."

### **MANAGING DISTRESSING NEWS**

Studies have found that consumption of media, both traditional and social, increases during significant news events.

Research suggests it is not just the content people watch,



but how often they are exposed to distressing footage that matters, with repeated viewing linked to a greater emotional impact. Some people may choose to **stop watching for self-preservation**, but Professor Sadler said simply switching off may not necessarily be a helpful or viable solution if you feel traumatised by news events.

She recommended **visiting trusted news sites rather than social media**, and where possible, going online to get information needed and getting offline again quickly, rather than sitting watching, listening or reading for extended periods.

*"It is the watching of the constant cycle of news going over and over again making you more and more distressed that is unhelpful," she said.*

Community events such as vigils creating time to mourn together, known as **"ritual events"**, are important to recognise what has happened and give it meaning, Professor Brunet said. *"They are very important because it is an opportunity for the community to come together and to express feelings of shared suffering. It is very important to process those events and difficult moments and gives a feeling that we are all in this together."*

### WHAT TO DO IF YOU ARE STRUGGLING

Over the coming days, it will be normal to experience distress, anxiety and depression, Professor Brunet said.

*"I would say those symptoms and reactions should abate with time and that is really the thing to watch for.*

*"That is a good sign."* If the feelings persist, recognising what is happening is key.

If you are experiencing symptoms of anxiety or difficulty sleeping or nightmares, reaching out to your support system, relying on people around you and speaking about the feelings can help, Professor Brunet said.

*"Studies suggest that strong social support really helps to cope with traumatic stress."* If there remain problems after that, getting help from your GP is the best course of action, Professor Sadler said.

*"If you know people really are struggling, and they're finding that they're not getting better and it's really impacting their functioning and ability to get on with things, just really encourage them to reach out and to seek help."*

***"There are some fantastic evidence-based treatments which are available to people and can assist them to recover."***

*Taken from ABC Health 17/12/2025*

## Aggression and Violence Cross the Line

WorkSafe Victoria have produced a Free Poster relevant to Construction sites that addresses this issue.



Construction sites are busy, high-pressure environments where deadlines matter and teamwork is critical. But no matter how tough the job gets, one thing should never be part of the workday: aggression and violence.

Work-related violence can include verbal abuse, threatening gestures or body language, physical assault or even spitting. No matter the situation, none of these are acceptable.

Repeated exposure to these incidents can have serious, long-term impacts on health and wellbeing.

### CREATING A SAFE WORKPLACE

Leaders, managers and supervisors play a key role in shaping a culture of safety. It's important to:

- actively manage risks of aggression and violence
- encourage reporting of incidents when they occur
- make it clear aggression and violence will not be tolerated.

[Display this poster](#) in your break rooms to encourage workers to report work-related aggression and violence.

*Taken from WorkSafe Victoria, 17/11/2025*

## Loneliness and the Importance of Connection

The proliferation of technology and social media in our lives means humans have never been more connected — we can reach each other virtually whenever and wherever.

But according to Beyond Blue chief executive Georgie Harman, Australians are feeling "increasingly disconnected" from one another. ***"There's a declining sense of community,"*** she said.

A new report from the national mental health organisation [found loneliness and social isolation had reached new heights.](#)

Of the 5,000 Australians surveyed, **30 per cent reported feeling "persistently lonely"**, and among people aged 18 to 24, almost 50 per cent identified loneliness as a key concern.



*"When we think about loneliness, we often think of older generations, but in fact, it's younger people who are saying that they are feeling increasingly lonely, and lonely more often," Ms Harman said.*

Michelle Lim, who heads a coalition of research organisations called Ending Loneliness Together, told the ABC that loneliness was still a "highly stigmatised" issue.

She said social connection should be talked about as an important part of maintaining a healthy wellbeing.

*"Most mental health care actually happens outside of hospitals and health clinics, it happens in communities — schools, in workplaces, around the kitchen."*

Image Credit : Loneliness & Social Isolation - Help Guide.org  
<https://www.helpguide.org/relationships/social-connection/loneliness-and-social-isolation>

**Taken from ABC Health Newsletter 16th October 2025**

# OHSA FUTURE EVENTS & OTHER EVENTS

## Insights and Impact -

*Unpacking Workers' Compensation Research & Data*



**Presenters: Professor Alex Collie**

You're invited to hear from Professor Alex Collie from Monash University, who will share insights on workers compensation based on national data and research.

This session is for all service providers supporting injured workers through their workers compensation journey and return to work.

You'll gain an understanding of current issues and emerging trends facing workers compensation schemes across Australia and evidence-based strategies, processes and practices you can put in place to improve outcomes for injured workers.

You'll also hear local insights and learnings from WorkCover WA CEO Chris White and General Manager Rebecca Harris.

**Date – Tuesday 3<sup>rd</sup> March 2026**

**Where: Black Swan Room, Optus Stadium**

**Session Times: 9:30 - 11:00am or 1:30 - 3:00pm**

*Please register for one session only, as both sessions will cover the same content. Registration is essential as places are limited*

[Register Now](#)

The 2026 OHSA Committee will be meeting on the 5<sup>th</sup> February 2026 and will be determining what events will be offered to members for the year.

If you have any suggestions, please do not hesitate to contact the secretary at [ohswa@outlook.com.au](mailto:ohswa@outlook.com.au)



## Financial Health in Retirement



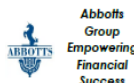
**OHSA Inc. 2025 AGM Guest Speaker**

**Financial Health in Retirement – Do YOU have ENOUGH?**

**Thursday 4th December 2025 from 6.15 pm (6.30pm start)**

The Occupational Health Society of Australia Inc. is proud to present Mr Scott Reid – Director Abbotts Personal Insurance (B.Comm, AdvDip FP, FAAA) & Mr Duncan Mitchell, Financial Advisor (Dip FP, B.Sc, FA, AFSL) from Abbotts Group, who will provide an Overview of all the MUST DO's to assure your wealth and comfort in retirement.

This presentation will be followed by a Networking Soiree with light refreshments, beer, wine & soft drinks where you will have opportunity to meet & chat with the speakers and then we will hold the formal OHSA Inc. AGM.



The Abbotts Group is a client focused professional services group whose aim is to provide peace of mind for their clients who seek exceptional outcomes in their financial lives. The Abbotts Group's professional services focus is on enabling clients to be highly efficient in their business and taxation affairs, generate and protect their wealth and manage their debt and borrowings effectively.



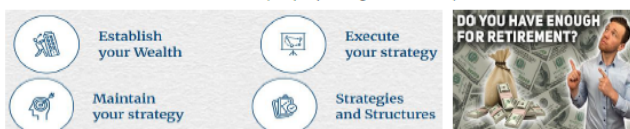
Both Scott & Duncan have collective experience of 30 years+ in financial planning, personal insurance and wealth management that allows them to navigate their client's financial journey through smart strategies shaped by real-world experience and a genuine passion for helping people make informed decisions to secure their future.



Whether you have enough to retire depends on your desired lifestyle and income. There's no magic number for "how much" you'll need in retirement, it's different for everyone. While you might have heard you need \$1 million in super or more, the reality is you could need a lot less depending on your situation.

For most people, having around 70% of their current take-home pay is enough to keep the lifestyle they have now. Factors like owning a home, your spending habits, and potential Age Pension eligibility significantly influence how much you will need.

Scott and Duncan will explore these scenarios and suggest required strategies you need to consider in your pre-planning to ensure that your retirement is comfortable.



This **was held** on the 4<sup>th</sup> of December and was well received by attending members who attended in person and online.

I will provide a full write up in the February edition of the Monitor with presentation summary, Happy Photos and a complete run down of the AGM.

All members should have already received a copy of the AGM Minutes.







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

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

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