



the work health and safety monitor

keeping all with an interest in OHS informed of developments in occupational health and safety nationally and internationally

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Highlights of the new Work Health and Safety laws - what every OHS professional should know

At the 25 October 2012 Safety Show in Sydney a presentation by **Michael Tooma**, one of Australia's pre-eminent occupational health and safety lawyers, provided the following concise explanation of the duties of organisations and their officers to workers' health and safety under the new WHS laws.

Primary duty of care

Under the new WHS laws there are a number of changes related to that duty of care:

- It is no longer 'employers' who owe the duty of care, but rather a **much broader category of people and organisations** called "Persons Conducting a Business or Undertaking" (PCBU's). A PCBU* includes any person (whether an individual, corporation or public authority) who conducts a business or undertaking; and the new duty of care is now owed to far more people than just 'employees'.
- The new duty of care is to 'workers' as well as 'any other person' who is put at risk by the activities of the PCBU's business.

- The term 'worker' includes almost everyone from work experience students and volunteers to employees, contractors and sub-contractors (and employees of the contractors and sub-contractors).

The primary duty is for a PCBU to ensure, **as far as is reasonably practicable**, that:

- the health and safety of workers engaged or caused to be engaged by the person or workers whose activity in carrying out work is influenced or directed by the person while those workers are at work in the business or undertaking; and
- the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business or undertakings.

Continued page 3...

* **Note from Editor:** A PCBU includes an employer, corporation, association, partnership, sole trader and certain volunteer organisations. For example, a volunteer organisation that employs a person to carry out work is a PCBU. However, a volunteer organisation that operates with volunteers and does not employ anyone is not a PCBU.

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MARCSTA training packages

As a Registered Training Organisation, MARCSTA delivers occupational safety and health units of competency for the following national training packages:

- Transport and Logistics
- Business Services
- Resources and Infrastructure Industry
- Construction, Plumbing and Services Integrated Framework

Applications for recognition of prior learning may be lodged for all training programs.

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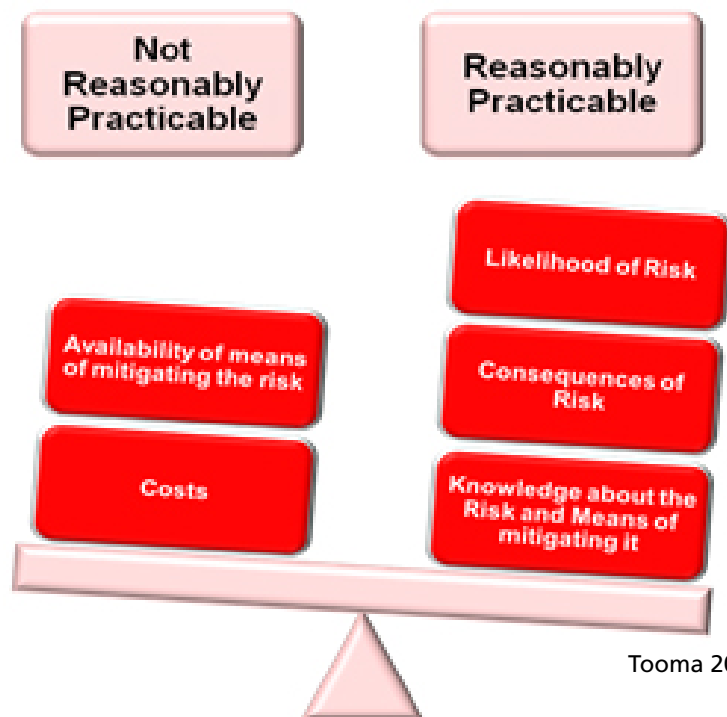
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OHS harmonisation



Reasonably practicable

In practice, doing what is reasonably practicable to discharge the primary duty of care is a balancing exercise, as represented in the diagram below:



Officers' duty of care

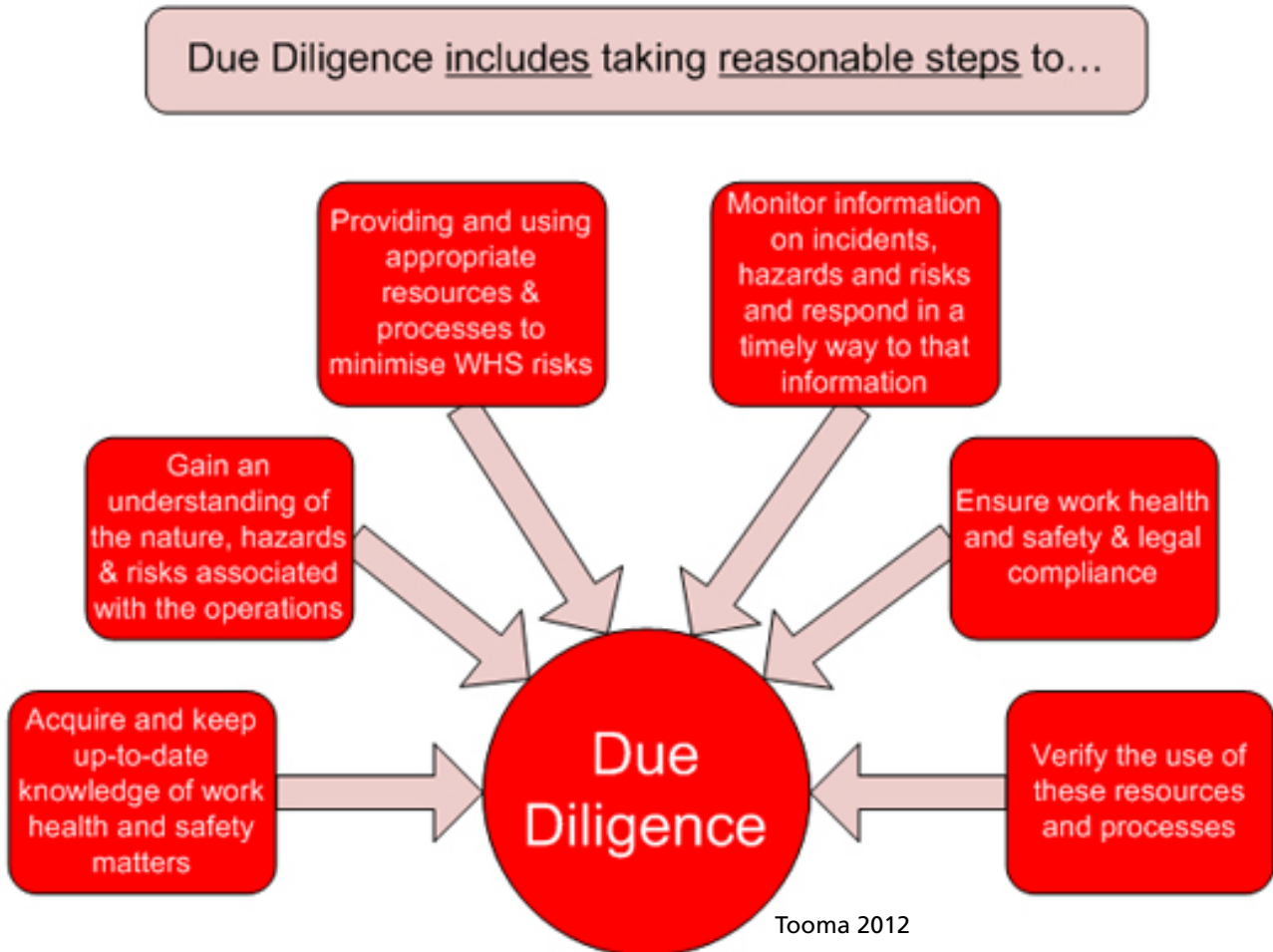
Under the new WHS Laws, it is not just a PCBU who must discharge a duty. The new laws also require that a PCBU's "officers" exercise **due diligence** to ensure that the PCBU complies with its duties and obligations. Significantly, an "officer" includes directors and company secretaries, as well as a broad category of people who:

- make, or *participate* in the making of, decisions that affect the whole, or a substantial part, of the business of the corporation;
- have the *capacity* to affect significantly the corporation's financial standing.

In a recent decision of the High Court, it was found that the General Counsel of a large corporation was an officer.

Due diligence

Significantly, the new WHS Laws define due diligence and this definition is represented in the diagram below

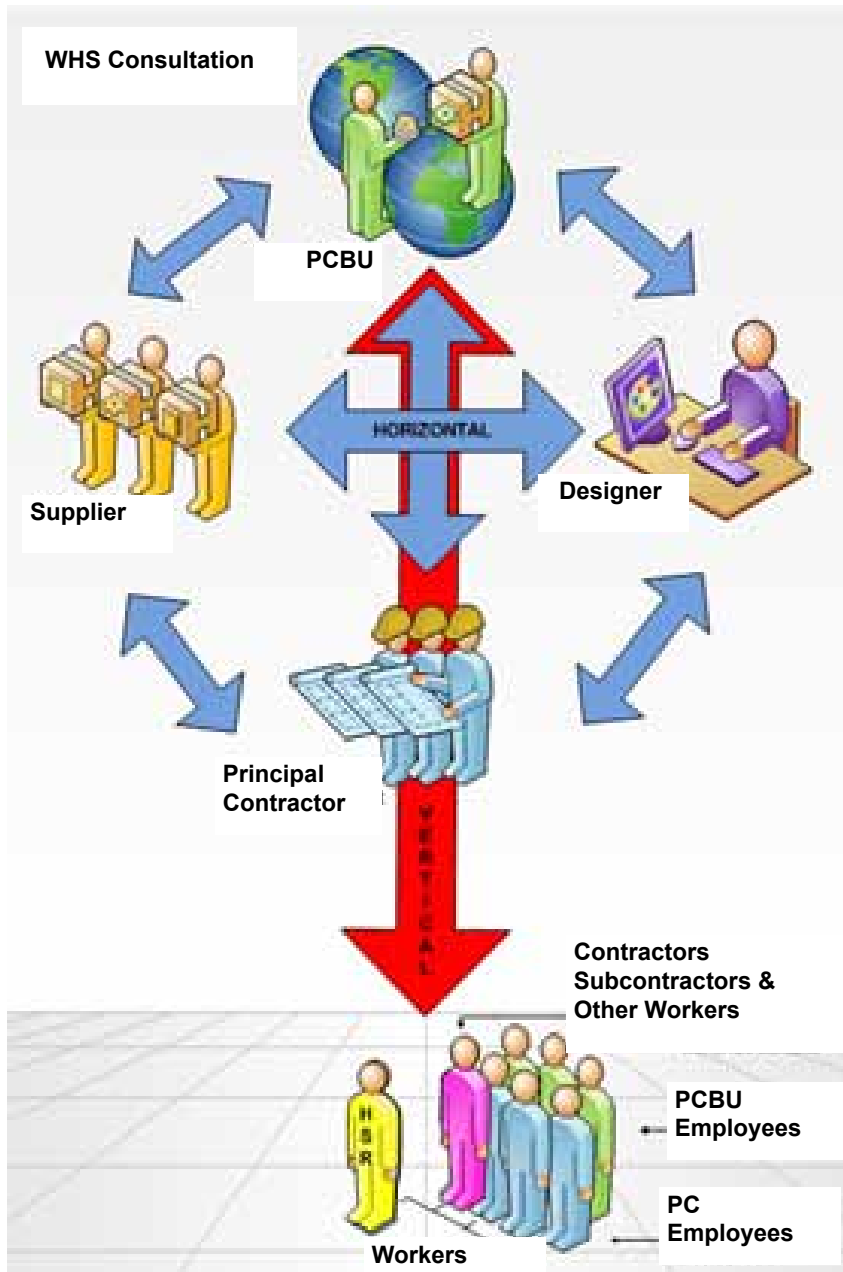


Consultation duties

Under the new WHS Laws, there are expanded obligations for PCBUs to consult, firstly, with their workers and, secondly, to consult, coordinate and cooperate with other duty holders regarding matters affecting health and safety. In short, this expanded duty operates on two axes (summarised in the diagram on page 5):

- **Vertical** - under the WHS Laws, the consultation duty requires consultation with all workers, including contractors, subcontractors, employees of contractors or subcontractors, labour hire workers, apprentices and trainees, outworkers, students on work experience and volunteers; and
- **Horizontal** - that is, the requirement for overlapping duty holders to consult, co-operate and co-ordinate with each other regarding the manner in which they will comply with their respective duties. For example, an organisation will have to consult with its suppliers, controllers of premises, adjoining business and service providers.

Continued page 5...



Prevention and Incident Investigation

Given the significant expansion of the duties under the WHS laws, and the severe penalties that can be imposed for failures to discharge the duties, organisations and their officers should be vigilant in implementing:

- a robust system (including, for example, checking the effectiveness of the system through regular legal compliance reviews by external experts);
- a corporate governance programme designed to facilitate officers complying with their duty to exercise due diligence to ensure that the PCBU complies with its duties and obligations.

Source: Michael Tooma, Head of Occupational Health and Safety (Asia Pacific) and Head of Government (Australia), Norton Rose

FOI laws when dealing with WHS inspectors

Speaking at a recent Sydney seminar, a senior associate of the legal firm Kemp Strang, commenting on inspectors' powers under the model WHS laws, warned employers that inspectors' powers now include the right to examine or make enquiries about a workplace and workplace documents, and that employers were expected to be co-operative.

Inspectors can also require a person to provide them with documents, but must give the person notice "unless there is a need to have the document immediately".

He suggested that employers should think carefully before giving information to inspectors and that company officers and workers be trained in how to deal with inspectors, as inspectors have the power to require any worker to answer their questions.

Source: OHS Alert

Victorian government declines to release full costings of OHS laws

SafetyatWorkBlog reports that its application for the full report produced by PricewaterhouseCoopers in April 2012 on the likely cost of implementing the Model WHS legislation has been rejected because the Freedom of Information Act "exempts from disclosure a document that has been prepared by a Minister or on his or her behalf or by an agency for the purpose of submission for consideration by the Cabinet".

The Report has been the subject of much criticism and on an issue as important as harmonisation the only justification for rejection of the application is that it is likely to cause significant embarrassment to the Government.

Source: SafetyAtWorkBlog

New feature to help drivers to ignore their mobiles

Help is at hand for drivers battling the urge to respond to incoming SMS's thanks to Vodafone Drivesafe.

Available to all Vodafone users free of charge, Drivesafe will send an automated reply to any text message received, letting the sender know that the driver is on the road and unable to respond.

Although illegal for more than three years, texting while driving remains a major issue and a key target in the current mobile phone blitz.

The service won the User Safety Innovation category at the Global Telecoms Business Award in 2012.

Source: SafetySolutions

Remote explosive unit for mining applications

Grange Resources and Pitt & Sherry have developed a remote explosive loading unit with the purpose of keeping mine personnel away from the hazards of open pit mining.

Any mine or quarry with either high-wall operations or rock-fall hazards stands to benefit from the technology.

The companies recently received the WorkSafe Tasmania Award 2012 for the best solution to an identified workplace health and safety issue.

The Merlo Remote Explosive Loading Unit keeps mine personnel away from some of the worst hazards linked with open pit mining.

A video Remote Shot Charging Unit Demonstration is available for viewing on youtube. <http://www.youtube.com/watch?v=9DUiUd-Bxk0>

Source: Safety Solutions

Risk management initiative to improve safety on mine sites in Queensland

University of Queensland researchers are working with the coal industry to develop an online database that provides a contemporary body of knowledge on managing mine site risks.

The program, RISKgate, enables coal industry personnel to better understand and control major selected incidents by providing information on event-specific controls.

Eleven high-consequence risk areas have been explored in recent years; tyres and rims, isolation, collisions, strata control, fires, explosives (underground), explosives (open cut), explosions, manual tasks, and slips, trips and falls.

The project manager, Philipp Kirsch, said that he was confident that the database will lead to fewer incidents.

Source: SafetySolutions



Above: The Merlo Remote Explosive Loading Unit

MINE WORKER HEALTH SURVEILLANCE DISCONTINUED

The WA Department of Mines and Petroleum has issued an Information Sheet advising the discontinuance of the requirement for persons entering the mining industry to hold a Mine Workers' Health Surveillance Certificate.

The requirement for the Certificate was initiated in 1996 to replace the previous requirement for chest xrays and consisted of:

- a record of the person's work history
- a respiratory questionnaire
- a lung function test
- an audiometric test; and
- a chest x-ray

The health surveillance was to be repeated on a five yearly basis.

The original purpose of the requirement to have a baseline health surveillance examination was:

- to establish whether the person had any existing respiratory disease
- to establish a baseline of any existing hearing loss; and
- to provide a record of previous employment

The requirement for a five year periodic re-assessment would ensure that the person's health status had not deteriorated after five years of employment and maintain a history of their employment.

The existence of a data base that provides a lifetime record of an employee's work history and basic health status at an industry level is invaluable. Abandoning a system which records this data will leave industry open to regular attacks on its occupational health performance which will no longer be able to be rebutted at an industry level by reference to historical data on every employee's individual health status.

The Information Sheet says that these health assessments are no longer required because "two comprehensive epidemiological studies of the data base showed that these assessments neither prevented nor detected ill health at an early stage".

The system was planned and devised to ensure that the reputation of the mining industry would never again be tarnished by accusations that it was an "unhealthy" industry.

It has taken 25 years to establish the safety and health reputation of the mining industry and the evidence available from departmental records of the performance of every individual company and the industry as a whole ensures that this reputation will be maintained.

The benefits of a data base to show that the occupational health of the mining workforce has been maintained is of equal importance, particularly when health issues are now receiving increased attention.

DIESEL FUMES AND BRAIN CANCER IN OFFSPRING

According to a recent study by researchers from the Western Australian Institute for Medical Research parental exposure to diesel exhaust prior to birth could increase a child's risk of developing a brain tumour.

Researchers analysed the occupational histories of the parents of 306 children with brain tumours identified through all 10 paediatric oncology centres in Australia, comparing them to 950 controls in a bid to investigate occupational exposure to diesel engine exhaust as a risk factor.

They found that maternal exposure to diesel exhaust any time before the child's birth doubled the risk of developing a childhood brain tumour. Paternal exposure to diesel exhaust around the time of conception increased their child's risk of developing a childhood brain tumour by 62 per cent.

Source: *International Journal of Cancer*

Exposure to diesel exhaust/ diesel particulate matter

In the USA the Occupational Safety and Health Administration has issued a Hazard Alert on diesel exhaust/diesel particulate matter that is both informative and useful.

The Alert explains the components of diesel exhaust, lists occupations with potential exposure and identifies the health effects of exposure.

It also suggests a range of controls for minimising exposure.

The Hazard Alert is available at http://www.osha.gov/dts/hazardalerts/diesel_exhaust_hazard_alert.html

Source: MSHA

NSW WORKSHOPS ON DIESEL EMISSIONS IN MINES

The NSW Department of Trade and Investment has scheduled a number of recognised experts to conduct a free one-day workshop (26 February Coal/28 February Metal) to help protect the health of mine workers from diesel exhaust by providing information and guidance for establishing control strategies and by providing a forum where industry can ask questions of a panel of experts.

The initiative for the workshops was the June 2012 announcement by the International Agency for Research on Cancer (IARC) to reclassify diesel engine exhaust as a carcinogen to humans based on sufficient evidence that exposure is associated with an increased risk of lung cancer.

The workshops will cover a holistic overview on mitigating and controlling the risk from diesel engine exhaust in mines.

The workshops will highlight the importance of a unified approach between mine management, health ventilation and maintenance departments in formulating mine control strategies for diesel emissions management.

The workshops are intended for the NSW mining industry. A similar event for Western Australia would be likely to attract strong support.

Source: *Mine Safety Magazine, NSW Trade & Investment*

RANDOM ALCOHOL TESTING OF EMPLOYEES IN CANADA UNDER SCRUTINY

In December 2012 the Supreme Court of Canada heard arguments for and against the right of employers to conduct random alcohol testing of employees in safety sensitive positions.

The case gives the Supreme Court the opportunity to provide comment, leadership and a decision with respect to the ability of an employer in a dangerous workplace. For positions that are objectively determined to be safety-sensitive ones, it allows the Court to take the reasonable step of implementing a comprehensive substance abuse program that, among other important aspects, may include random alcohol testing.

We await the Supreme Court decision.

Source: *Canadian Occupational Safety magazine*

Alcohol and other drug treatment services in Australia 2010-11

A report released by the Australian Institute of Health and Welfare in November 2012 presents data about alcohol and other drug treatment agencies, their clients, drugs of concern and the type of treatment received.

Its major conclusions:

- The total number of treatment episodes provided to clients increased annually.
- Alcohol continues to be the most common principal drug of concern.
- Counselling continues to be the most common treatment type.
- The number of treatment agencies has remained relatively stable.

In Summary:

- The use of alcohol and other drugs is among the leading causes of illness and disability in Australia.
- In 2010 15% of Australians aged 14 or more had recently used illicit drugs, 15% were daily smokers and 80% used alcohol.

Source: *Australian Policy Online*

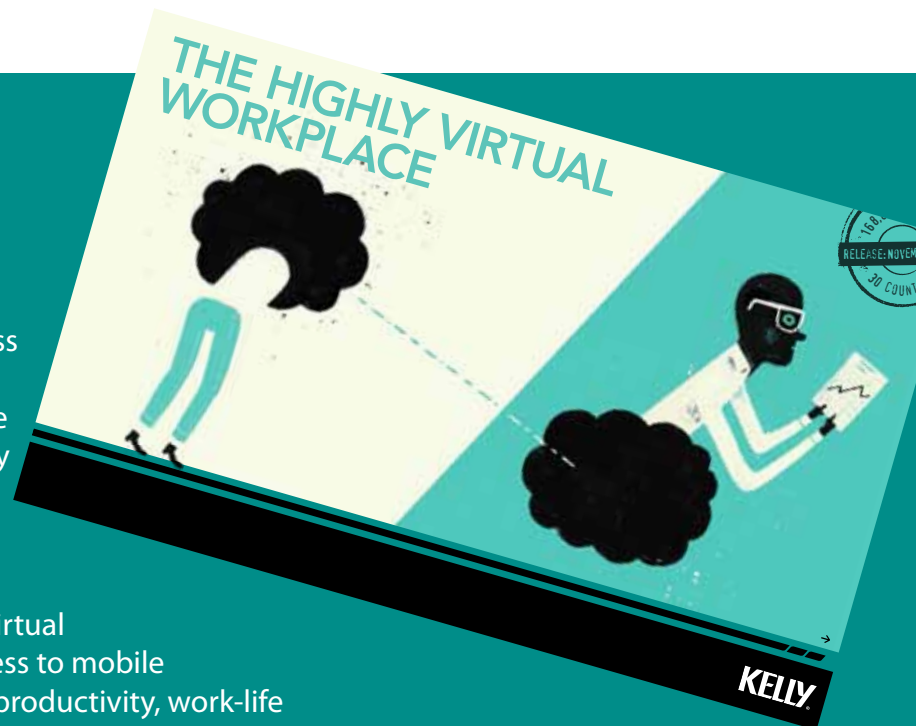
Modern technologies and their human health consequences

A world-wide survey of 170,000 people across all generations has shown that while mobile technologies are transforming the workplace and helping to lift productivity and efficiency they are also contributing to increased fatigue and burnout among workers who are putting a lot of pressure on themselves.

The survey examined the rise of the highly virtual workforce, characterised by widespread access to mobile technologies, and the impact on workplace productivity, work-life balance and job security.

Complete findings are published in the report *Highly Virtual Workforce*. http://www.kellyocg.com/Knowledge/Kelly_Global_Workforce_Index/The_Highly_Virtual_Workplace/

Source: *Safety Solutions*



Copyright David Rochkind.
Miners pray before their shift
in an African mine

TUBERCULOSIS IN THE SOUTH AFRICAN MINING INDUSTRY

A 2012 initiative on the African continent by Ministers of Health and Labour from 15 Southern African Development Communities to prop up their commitment to eradicate TB has resulted in nine of the countries in the region declaring TB to be a national emergency.

The initiative homes in on TB in the mining sector and also places a large portion of the overall responsibility at South Africa's door.

It is believed that 7% of mine workers develop active TB each year in that country.

The disease is preventable and curable.

The criticism has been that miners are not adequately protected from infection and given poor-quality care when they do become ill and, most damaging, that they are returned home to their countries to die without any support or care when they are too ill to work.

Other shortcomings include:

- The continued merry-go-round of legal action delays the processing of claims with miners the ultimate losers.
- There is an urgent need for a single database to track miners' employment and health care profiles as they move within the region.
- There is a skewed balance in the amount of money and priority that TB receives versus mine accidents.

South Africa's Minister for Health is reported as saying "we are exporting TB and HIV throughout the region".

Each year more miners in South Africa die from TB than they do from accidents.

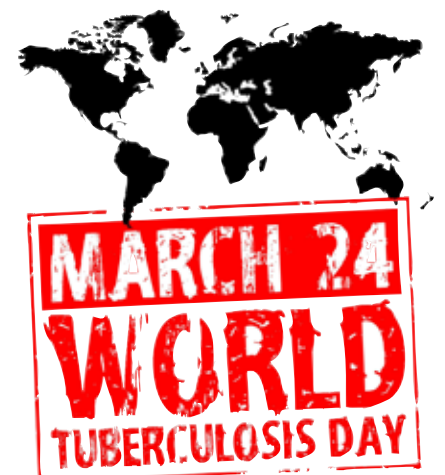
The STOP TB campaign estimates a TB incidence of up to 7,000 cases per 100,000 miners and many of these people are HIV positive and suffer from silicosis.

While globally the incidence rate of TB has dropped 1.3% since 2002, in South Africa the statistics still show that the stranglehold of TB has not been broken and by 2010 the number of infected people was more than 401,000.

The health advisor for the Chamber of Mines of South Africa says that there is a need for greater information sharing between mines. With a more collaborative approach mines can borrow good ideas from each other, bypass mistakes and cut down on duplication of research projects.

The Ministers from the region who have supported the initiative to eradicate TB will have to ensure that policies go beyond words on paper and lip service, and rhetoric needs to be matched by effective bottom-up action plans.

Source: Mining CM



An aid to improve the health of sedentary workers

Researchers at the University of Queensland have developed a 'sitting pad' device that uses an alarm to alert workers to stand up more regularly.

The device was developed to tackle health problems related to sitting down too often e.g. heart disease, diabetes, obesity and back, neck, wrist and shoulder injuries.

A feedback mechanism built into the sitting pad is attached to a medical-grade pressure sensor and custom made microcontroller to record a timestamp each time an employee sits down or stands up.

When using the device to measure desk-based sitting patterns, the study found employees spend over two-thirds of their work hours sitting at a desk.

Source: *SafetySolutions*



The dangers of prolonged sitting

Comcare Australia have released a number of useful documents designed to assist workplaces to develop and apply organisational strategies to reduce prolonged sitting in the workplace, which it considers poses significant risk to the health of workers and to the organisations that employ them.

These risks include chronic diseases and premature death of workers and, importantly, significant loss of productivity for the organisation.

A Sedentary Work Practices Toolkit is available which comprises a collection of information, guidance materials and templates that can help workplaces develop and apply an organisational strategy.

The documents are freely available at www.comcare.gov.au

Source: *Comcare*

New study identified occupations linked to higher rates of breast cancer

A six year Canadian study conducted in counties of Southern Ontario, a region with a higher incidence rate of breast cancer that has continued over time, has confirmed the already known relationship, for example, between increased risk of breast cancer and smoking history, and a decreased risk of breast cancer and a larger number of pregnancies.

Importantly the study also identified specific industries that are associated with higher rates of breast cancer including:

- farming (1.36 times higher risk)
- bars-gambling (2.28 times higher risk)
- automotive plastics manufacturing (2.68 times higher risk)
- food canning (2.35 times higher risk)
- metalworking (1.73 times higher risk)

The breast cancer risk for premenopausal women was highest in the automotive plastics manufacturing (4.76) and food canning (5.70) industries.

Source: *CCOHS*



Oral drug testing device accredited by the National Association of Testing Authorities (NATA)

Medvet Laboratories advise that its oral fluid drug testing device Medvet Oral 7 has been independently certified as an oral fluid testing device in Australia.

National operations and technical manager, Steve Korkoneas, said that previously urine testing was the only certified method of drug testing available for workplaces.

"While urine testing has its advantage and is the most appropriate testing method in some circumstances, the fact that an oral fluid drug testing product has an independent certificate of compliance is a game changer for the safety industry" he said.

The on-site Medvet Oral 7 is simple and easy to use and can detect opiates, amphetamines, methamphetamines/MDMA, marijuana, cocaine, benzodiazepines in oral fluid within 10 minutes.

The testing process is 100% observable by the collection agency, which means it poses less privacy issues and the results are slightly more difficult to adulterate.

Source: SafetySolutions



How much do you know about the potential dangers of energy drinks?

Circadian 24/7 Workforce Solutions has released an informative easy-to-read White Paper titled Energy Drinks - The Good, The Bad and the Jittery.

The document provides clear and comprehensive information about one of the strongest growth products in the "consumable packed goods" item category in the USA.

Importantly, it identifies several potential health dangers associated with energy drink use.

The paper is a must read for OHS professionals and is available free at <http://www.circadian.com/landing-page/white-paper-energy-drinks.html>

Source: CIRCADIAN



Workers' compensation claims – WorkCover concerns

WorkCover WA has expressed serious concern with recent divergences from employer obligations under the Workers' Compensation and Injury Management Act.

In some instances employers have initiated, or been asked to adopt, a procedure whereby low cost workers' compensation claims are paid by the employer and not processed in accordance with the provisions of the Act.

In other instances workers may be asked not to pursue a workers' compensation claim and to receive payments directly from an employer. While there is no compulsion on a worker or employee to claim under the Act, there are potentially significant legal issues for workers, employees and insurers in the event that a worker subsequently makes a claim for an injury that has been managed outside the provisions of the Act and the policy of insurance.

Source: WorkCover WA

2012 NATIONAL REPORT CARD ON MENTAL HEALTH AND SUICIDE PREVENTION

The National Mental Health Commission has released the above report which contains some significant recommendations for addressing what is emerging as a major health concern for all Australians.

The report examines how Australia as a nation supports an estimated 3.2 million Australians who live with a mental health difficulty, their families and support people.

It points out that although we lead the world in progressive mental health policy, we fall down in delivery.

The report makes specific recommendations and calls for change in a range of areas where the Commission believes action can and must start now.

- Mental health must be a high national priority for all governments and the community
- We need to provide a 'complete picture' of what is happening and closely monitor and evaluate change

- We need to agree on the best ways to encourage improvement and get better results
- We need to analyse where the gap and barriers are to achieving a contributing life and agree on Australia's direction
- There must be a regular independent survey of people's experience of, and access to, all mental health services to drive real improvement
- Increase access to timely and appropriate mental health services and support from 6.8% to 12% of the Australian population
- Reduce the use of involuntary patient care and work to eliminate seclusion and restraint

- All governments must set targets and work together to reduce early death and improve the physical health of people with mental illness
- Include the health of indigenous Australians in 'closing the gap' targets to reduce early deaths and improve well-being
- There must be the same national commitment to safety and quality of care for mental health services as there is for general health services
- Invest in healthy families and communities to increase resilience and reduce the longer term need for crisis services
- Increase the level of participation of people with mental health difficulties in employment in Australia to match best international levels
- No one should be discharged from hospitals, custodial services, mental health or drug and alcohol treatment services into homelessness. Access to stable and safe places to live must increase.
- Prevent and reduce suicides and support those who attempt such acts through timely local responses and reports.

SLEEP

POOR SLEEP CAN AFFECT YOUR LOVE LIFE

Research presented in January at the Society for Personality and Social Psychologists has revealed that an alarming side effect of sleep loss is the effect it has on our personal relationships, especially on our relationships with our partners.

The study conducted by Dr Amie Gordon, a psychologist from the University of California, shows that sleepless nights (or days) can leave us emotionally closed off and less attuned to the needs of our partners. Poor sleep can leave a romantic partner feeling unappreciated, leading to resentment.

In Australia a survey by CPAP Australia of almost 3,000 people with sleep disorders found that 80 per cent said the problem had a moderate to considerable negative effect on their relationship with a bed partner.

About 20 per cent had given up sharing a bed and slept in different bedrooms.

Dr David Cunningham, a physician with the Melbourne Sleep Disorders Centre, said that when you have a sleep disorder you wake feeling tired, and throughout the day you can be irritable and moody because you are exhausted.

He added that if both partners are not getting enough sleep, then it can put a lot of pressure on a relationship.

Source: *Ninemsn*

US Food and Drug Administration changes sleep drug dosage recommendations

In a major new guideline published by the US Food and Drug Administration (FDA) sweeping changes have been made in recommended dosages of sleep drugs.

The impetus for the changes was emerging research into the effects of sleep drugs, and specifically, Zolpidem, on women.

Zolpidem works by binding to the receptors in the brain responsible for sedation, helping users to fall asleep quickly and deeply.

However, recent studies have shown that Zolpidem in high doses lingers in the body, leading to fatigue and decreased vigilance after waking up from sleep. In fact, Zolpidem may remain present at levels high enough to impair driving and other activities requiring alertness - like many safety-sensitive shiftwork jobs.

The new guidelines suggest for all patients, male and female, prescribing the lowest possible dose to treat the patient's symptoms, and reminding people to take precautions while driving or doing other activities which require alertness.

Source: *US FDA*

Does training of safety and health representatives improve safety performance?

The WA Commission for Occupational Safety and Health has released its Annual Report on the delivery of accredited courses for safety and health representatives for 2011-12 which provides informative and useful data on the participation of the various industry sectors in Western Australia in introductory training.

The mining industry continued to provide about 30% of the total number of SHRs trained.

Whether the continuing commitment of the mining industry to provide introductory training results in improved safety performance may be a matter of conjecture. It is interesting, however, to look at the correlation of Safe Work Australia's statistics on workers' compensation claims with the data on SHR training numbers for the six priority industry sectors profiled by Safe Work in its Compendium of Workers' Compensation Statistics 2009-10.

SafeWork Australia

Frequency Rate of Serious Injury Claims per 1m Working Hours

Transport and Storage	12.4
Manufacturing	11.5
Agric, Forestry, Fishing	11.0
Health and Community Services	9.9
Construction	9.8
Mining	6.6

HSR's Introductory Training by Industry 2011-12 Reps Trained per 1,000 workers

Transport and Storage	3.5
Manufacturing	2.7
Agric, Forestry, Fishing	1.9
Health and Community Services	5.4
Construction	3.3
Mining	14.3

The data suggests that the presence of trained HSR's has a significant effect on the incidence of injuries in the workplace. It is unfortunate that this beneficial role receives little recognition by government or industry leaders in those sectors which need to improve their performance.

The quality of OHS training under scrutiny

The Australian Skills Quality Authority (ASQA) has launched a strategic review of inappropriate marketing and practices within the VET sector.

The Chief Commissioner said that the regulator regularly received intelligence that some training providers were engaging in practices that did not meet the training standards while others were marketing their training in a misleading way.

For example, some training organisations have been advertising unrealistic timeframes for course completion such as promises of completing certificate-level qualifications in a weekend.

Others are attempting to use online learning and assessment for courses that clearly, and appropriately, require face-to-face assessment.

The strategic review is one of three to be undertaken during the 2012/13 financial year.

The review of the entry-level work health and safety training required to work on construction sites in Australia is already underway.

This particular program is one for which MARCSTA has insisted on face-to-face learning and assessment in line with its historical requirement for delivery of its Work Health and Safety induction training.

MARCSTA's position has been vindicated with the establishment of this Strategic Review.

Source: Media Release ASQA





OCCUPATIONAL HEALTH SOCIETY OF AUSTRALIA (WA BRANCH) INC

The Association has been inactive for some years and it is proposed that it be re-activated to provide a forum for the wide range of disciplines engaged in the occupational health profession in Western Australia.

The original aims of the Society are still appropriate and applicable today.

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

Provided sufficient interest is expressed by potential members a meeting will be called to put into effect the constitutional requirements for the election of officers and committee.

The discipline of occupational health is now facing challenges at a legislative and workplace level and there is an urgent need for a representative body to provide expert advice to Government at all levels and support to OHS professionals.

You are invited to indicate your interest in re-activating the Occupational Health Society (WA Branch) Inc by advising your details by mail, facsimile or email at your earliest opportunity.

EXPRESSION OF INTEREST

I am interested in re-activating the Occupational Health Society (WA Branch) Inc and would like to receive further information:

Name: _____

Position: _____ Company: _____

Address for membership information to be posted: _____

Telephone: _____ Facsimile: _____

Email: _____

Return by mail to Occupational Health Society (WA Branch) Inc c/- Suite 5, 12 Brodie Hall Drive, Technology Park, Bentley WA 6102 or email safety@marcsta.com or fax 9355 1499.



USA

AROUND THE GLOBE

Construction injuries not being reported for fear of reprisal

In the USA a new report published in the American Journal of Industrial Medicine has revealed a widespread practice in the construction industry of hiding injuries rather than reporting them and risking retaliation.

Considerable evidence of fear of reprisal for reporting injuries was revealed.

The researchers concluded that there were multiple layers of disincentives to the reporting of work-related injuries that hamper understanding of risk and pose threats to workplace safety and productivity.

Source: ISHN

Wellness incentives for employees becoming imperative in the USA economy

A National Survey on Purchasing Value in Health Care, published in 2012, showed how rapidly US companies have embraced financial incentives to encourage employees' engagement in wellness programs.

While 36 per cent of surveyed companies offered such rewards in 2009, 61 per cent offered them as of early 2012, and an additional 21 per cent said they planned to begin doing so in 2013.

Companies also realise employees' spouses are key influencers in the overall family health environment, so increasingly they are offering incentives to spouses as well, according to the annual survey.

The President of the Incentive Research Foundation said in a recent interview that there is a three to one return on investment for these types of programs and she challenged executives to find any other type of program that has more than a 300 per cent rate of return.

Source: OHS online

EUROPE

New directive on workplace carcinogens

The European Advisory Committee for Safety and Health has adopted an opinion in favour of adding new occupational exposure limit values (OELV) for 10 new substances including crystalline silica, refractory ceramic fibres, chromium VI and trichloroethylene.

If the Commission agrees these substances will be added to the list of occupational carcinogens for which a mandatory OELV will apply in all EU countries.

Source: ETUI



MARCSTA Training Providers

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 Micheal White (W)
 Paul Willoughby (W)

W MARCSTA Work Health and Safety Induction
 C denotes the Work Safety in the Construction Industry program.
 O denotes the OHS for Supervisors and Managers program.
 S denotes the Extended Working Hours program.
 R denotes Conduct Local Risk Control program
 U denotes the Underground program.

