

MONITOR

Keeping you up-to-date with current occupational health and safety news and practice

SPOTLIGHT ON HEALTH AND SAFETY REPRESENTATIVES

Figures provided in the May edition of the Department of Mines and Petroleum's excellent magazine *Minesafe* provide an interesting picture of the distribution of Health and Safety Representatives throughout the state.

The information suggests that more research could be done to determine why more than half of the operating sites do not have elected Health and Safety Representatives.

Health and Safety Representatives in the mining industry far exceed numbers in other major sectors and have been recognised as making an important and significant contribution to the improvement in safety performance over the past 25 years.

Analysis of the regional data provided some useful information.

	% of active sites with HSR's	HSR's per 100 employees
For largely gold/nickel sectors	45	1.9
For largely iron ore sectors	33	2.4
For the Perth/Collie sector	31	1.2
All industry	39	1.9



A number of questions emerge from this analysis.

- Why do 60% of sites not have elected HSR's?
- Why do the gold/nickel sectors have a higher percentage of sites with HSR's than the other sectors?
- Why is the Perth/Collie region so poorly represented both in HSR's per 100 employees and by sites with HSR's when they have greater opportunities to provide the necessary training?

There are probably some valid explanations for these seeming discrepancies and it would be very useful to hear and understand them.

The increased consultation requirements for employers under the forthcoming national occupational health and safety laws will require consultation with employees on almost every aspect of workplace activities. Having HSR's in place will facilitate compliance with those requirements.

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LEGISLATION

OHS LEGISLATION CHANGES – TIMETABLE ESTABLISHED

The revised draft Model Work Health and Safety Bill was released in May and is scheduled to be implemented on 1 January 2012.

The Workplace Relations Ministers' Council have agreed that SafeWork Australia and the Parliamentary Counsel's Committee can continue to make further amendments in the interim. These amendments will address any issues that may arise as jurisdictions go through the process of enacting new legislation to accommodate the model legislation. Regulations are also under development and will become available in November for public comment until February 2011.

The new Work Health and Safety Act (WA) to replace the existing Occupational Safety and Health Act is currently being drafted in sections together with the accompanying regulations and is expected to be enacted in mid 2011. Proclamation may be some time later than that.

The Mines Safety and Inspection Act will continue to apply to the mining sector. Modification or regulatory amendments to reflect the new general legislation and the proposed mining regulations will be effected over time.

These changes and amendments are likely to cause some confusion and concern particularly as the period allowed for input to the federal regulations will include Christmas and the normal summer holiday period thus limiting the opportunity to fully appreciate the consequences.

MARCSTA will co-ordinate a workshop in late November to provide members, providers and other interested parties with an opportunity to familiarise themselves with the changes. Details will be given in future editions of the Monitor.

SAFETY LEVY IN PLACE

The Mines Safety and Inspection Levy Regulations 2010 came into effect in April imposing a levy in respect of a mine for each quarter in which the number of hours worked at a mine by workers exceeds 5,000 hours.

The amount of levy payable in respect of a mine for a quarter will be calculated using the formula $L=R+H$ where R is \$0.125; and H the number of assessed hours for the quarter.

Assessment officers will calculate the levy using the information provided in monthly reports for respective mines and issue notices of assessment. Authorised persons will be appointed for the purpose of investigating and enforcing compliance. Levies are to be paid into a Mines Safety Account and be expended in payment of the costs of administering the Mines Safety and Inspection Act.

How these funds will actually be spent is a matter of conjecture.

MINISTER MOORE DEFENDS MINE SAFETY INSPECTORS

Mines and Petroleum Minister Norman Moore has rejected suggestions the state's Mines Safety Inspectorate is not doing its job properly.

Opposition spokesman on mines and petroleum, Jon Ford, has accused the inspectorate of being unprofessional, saying a planned increase in inspectorate staff would largely be for additional bureaucrats, not more inspectors at mine sites.

A spokesman for Mr Moore said most of the 67 new staff to be appointed in the next 18 months would be Perth-based office roles.

However, sufficient inspectors would be flown to mines when needed.

Source: The West Australian

NEW LEARNING RESOURCE FOR OCCUPATIONAL HYGIENE

An exciting new learning resource has been developed for occupational hygienists or those with an interest in the recognition, evaluation and control of physical, chemical, biological and ergonomic hazards in the workplace.

The recently formed Occupational Hygiene Training Association (OHTA) has created a website to respond to the booming global demand for trained occupational hygienists, a boom created as the world seeks to address issues attached to asbestos, hazardous chemicals, noise, radiation, thermal stress and a myriad of other workplace hazards.

Its website www.ohlearning.com provides free, high quality, downloadable training materials for students and training providers. The site provides a wealth of information on the discipline of occupational hygiene, approved training providers, an international qualifications system and professional development opportunities. It also features a collaboration centre through which practitioners, both experienced and inexperienced, can network to share ideas and resources.

The OHTA began as an informal collaboration between dedicated occupational hygiene professionals who wanted people around the world to enjoy the benefits of healthy working environments. It has matured into an international framework supported by many national occupational hygiene organisations and the International Occupational Hygiene Association. The Australian Institute of Occupational Hygienists (AIOH) has been a major financial contributor and prominent supporter of the project.

The training and development opportunities outlined on the website will appeal to experienced occupational hygiene professionals, as well as those who may have a more limited interest - such as doctors, nurses, safety professionals, engineers and managers. The international qualifications scheme allows individuals to study at a level that suits them. There are no formal educational requirements to get underway. The front page of the website has a demonstration tab that is a good starting point in understanding what this initiative has to offer.

Further information is available from the AIOH (www.aioh.org.au).

HAND HYGIENE

The US Center for Disease Control says that proper hand washing is the single most important action each of us can perform to help stop the spread of diseases.

A survey by the Soap and Detergent Association in 2009 showed that 46% of participants do not wash their hands the recommended amount of time for proper cleansing.

Recommended Process:

- Wash your hands with soap and warm water for at least 15-20 seconds.
- Wash between the fingers, around cuticles and beneath nails, the backs of the hands and the wrists.
- Friction during the hand washing process helps remove germs from the skin.

Rinse thoroughly.

- Use a clean disposable towel to turn off the tap.
- Use a second towel to completely dry the hands.
- Use a third paper towel to open the bathroom door thus preventing your hands (at least for a few moments) from becoming recontaminated.

A 2009 study by the London School of Hygiene and Tropical Medicine found that 25% of the 404 people tested were found to have faecal bacteria on their hands.

Failure to wash hands after using the toilet constitutes a huge health risk e.g. Hepatitis A, a food borne illness.

Source: OHS 01 February 2010

HEARING

Robert Eikelboom, Research Manager for the WA based Ear Science Institute Australia was reported in the West Australian of 16 June as saying that a reason behind an increase in noise-induced hearing loss in young people was the introduction of more sophisticated personal music players (PMP's) that encouraged people to listen to music at higher volumes for longer periods of time.

A survey of primary school age children conducted by the Institute showed at least half were listening to PMP's for more than two hours per day.

International studies confirm that NIHL was an increasing problem in children and the Institute have developed an interactive program, Cheers for Ears, that targets school students aged 10 to 12.

Source: *The West Australian*, June 2010



HEARING LOSS

"Almost all hearing loss is due to the aging process or to noise, but only noise-induced hearing loss can be prevented," said Dr Cindy Beyer, senior vice president of HearUSA.

Ten million Americans have already suffered irreversible hearing damage from noise and another 30 million are exposed to dangerous levels of noise each day, according to the National Institute on Deafness and Other Communication Disorders (NIDCD).

"Noise-induced hearing loss usually develops gradually, often over a period of many years. The damage done to hearing is related to noise levels and the durations of exposure," Beyer explained.

She noted that a single acoustic trauma, such as that caused by a shotgun blast, can result in permanent hearing loss – or in temporary hearing loss, which may be followed by partial or total recovery. This type of sudden hearing loss always requires prompt medical attention, she said.

"The good news," said Beyer, "is that noise-induced hearing loss can be prevented by recognizing and avoiding potentially damaging noise whenever possible, and using effective hearing protection, such as earplugs or earmuffs, when exposure is unavoidable."

Source: *EHS Today*, 1 March 2010

WORKER ATTITUDES TOWARDS HEARING PROTECTION, AND HOW TO CHANGE THEM

"Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime." This old adage says a lot about the value of knowledge in changing behaviour, and a landmark study sponsored by the UK Health and Safety Executive shows that the adage holds true in the workplace just as much as the village.

The UK researchers surveyed 280 workers at 18 companies across several industries. The study included a variety of large, medium and small employers. In addition to the survey of noise-exposed workers, a separate survey was administered to the managers at those companies to compare their responses with those of the workers.

This comparison tells us if workers perceive the hearing conservation program the same way it is perceived by the managers.

In the second phase of the study, four companies were selected for intervention actions. Training programs in hearing conservation, tailored to the needs of the workforce, were presented at these four companies, and the post-intervention results were evaluated eight weeks afterwards to determine if behavioural changes could be measured. After implementing many of these recommendations at four companies, the researchers found a measurable 70 percent improvement in observed use of hearing protectors.

Source: *EHS Today*, 1 March 2010



OCCUPATIONAL HEALTH IS IN TROUBLE

Occupational health is in trouble. For several years now, there have been warning signs all across Europe. It is suffering from a range of ailments: a shortage of doctors, a scarcity of resources and training, the devaluation of the job, the transformation of doctors into “advisors” working for employers, the commodification of the sector, etc. In March, doctors and the Dutch trade union confederation held a meeting in Amsterdam bringing together a dozen trade union experts and company doctors. They put their heads together to try and make a diagnosis and prescribe a treatment plan.

The situation obviously varies depending on the national context, but the experts, both trade unionists and company doctors, who responded to the invitation agreed on one point, that company doctors today are not in a position to carry out their preventive role as effectively as they would wish. Time constraints, shortages of resources and/or goodwill from the companies, the fact that the job is placed in a market setting, and the lack of independence vis-à-vis the employers are identified as reasons to explain this deficit in the ‘risk prevention’ aspect in the exercise of their job.

Businessmen looking after contracts

Wim van Veelen, who is in charge of health and safety at the Dutch union, believes that this situation is the result of the progressive transformation of occupational health into a system that obeys the rules of the market.

‘In the Netherlands, company doctors are directly under contract by an employer. That means that, as we say in the Netherlands, “you eat out of the hand of the man who will pay you”.

Company doctors constantly feel commercial pressure on their shoulders. They are more like businessmen looking after contracts than real doctors’, is the criticism from the union official.

This “jockeying for contracts” can push some doctors to cross the red line, especially in the context of the crisis that is driving businesses to pit medical service providers against each other in order to secure the most advantageous contracts.

Source: HESA April 2010



MARCSTA training providers

Dennis Aitken (U)
Jayson Aveling
Graham Bailey
Carl Berglin
Wayne Berkrey
Danny Bognar
John Christie (C) (O)
Stacey Clark
Brian Cloney

Dale Cocker (U) (S)
Jim Dandie
Geoff Day
Vlad Doguilev
Peter Dowding
Linda Elezovich
Keith Finnie
Donelle Fraser (C)
Ross Graham

Brett Green
Paul Harring
Theo Hermans
Ralph Keegan (S)
Sheryl Kelly (C) (O)
Joe Maglizza
Les McIntyre
Neil McMeekin
Katherine Montague

Thomas Mozer
John Preston
Graeme Richards
Merryn Richards
Jason Roberts
Victor Roberts
Grant Shearwin (C) (O)
Julian Strudwick (C)
Marcus Taylor

James Titmus
Peter Tynan
Micheal White
Paul Willoughby
The trainers listed provide the General Safety Induction program.
C denotes Work Safely in the Construction Industry program
O denotes OHS for Supervisors and Managers program.
S denotes Extended Working Hours program.
U denotes Underground program.

NATIONAL NOTIFIED WORKPLACE FATALITIES REPORT – SIGNIFICANT IMPROVEMENT IN 2009

Safe Work Australia have released their half-yearly report for the six months ended December 2009 which reveals a significant reduction in workplace fatalities compared to the same period in 2008.

The number of fatalities fell from 88 to 71, a decrease of almost 20% with reductions in every major industry sector except mining which was stable at five.

Fatalities by mechanism showed an alarming increase in the categories of “falls from height” and “contact with electricity”.

Fatalities by mechanism for major industry categories

	2008	2009
Vehicle accidents	25	15
Being hit by moving object	18	10
Being hit by falling object	12	6
Drowning/immersion	8	3
Falls from height	6	14
Contact with electricity	4	7
Trapped by moving machinery	4	5
Trapped between stationary and moving objects	3	4
Vehicle rollovers	3	2
All other sources	5	5
TOTAL	88	71

In the WA mining industry there were three fatalities in the year ended June 2010, all in the category of falls from height.

CONSTRUCTION JOBS EXCEED MANUFACTURING

The construction sector has passed manufacturing to become Australia’s third largest employer.

The Australian Bureau of Statistics quarterly labour force data shows health care and social assistance remains the largest employer with over 1.2 million workers.

This is followed closely by retail trade with 1.18 million employees and construction with just over one million.

CommSec chief economist Craig James said it’s clearly a red letter day for the construction sector.

“For the first time there are now more people employed in construction than manufacturing. Amazingly just a decade ago manufacturing had 400,000 more workers than the construction sector, but strong population growth and China-driven projects have contributed to a sharp lift in building activity and demand for construction trades,” he said.

The mining sector continues to significantly outperform other sectors, with the number of employees in the sector growing by 17.8 per cent over the past year.

Source: WA Business News

NATIONAL CODE FOR THE PREVENTION OF FALLS IN HOUSING CONSTRUCTION

Safe Work Australia has released the above code which supports the National Standard for Construction Work and provides guidance on managing the risks associated with working at height in the residential construction sector.

The Housing Falls Code contains specific guidance for all those working in that industry including information for adopting a risk management approach for all work at height in the residential construction sector.

SLIPS, TRIPS AND FALLS ON DOMESTIC CONSTRUCTION SITES CAUSING CONCERN

Slips, trips and falls on domestic construction sites in Victoria are reported to be costing the community millions of dollars in medical costs, time off work and workers’ compensation costs.

WorkSafe Victoria has launched a campaign to reduce the incidence of slips, trips and falls which it says are one of the leading causes of sprains and strains, commonly referred to as musculoskeletal injuries.

In the last financial year almost \$5m has been paid out for treatment costs alone for roof tilers, bricklayers and carpenters.

Source: SafetySolutions May 2010

 safe work australia

NATIONAL CODE OF PRACTICE
FOR THE PREVENTION OF FALLS
IN HOUSING CONSTRUCTION



April 2010

DIRECTOR NEGLIGENCE LEADS TO CONVICTIONS

Two Victorian company directors with nearly 50 years construction industry experience were convicted and fined after cutting corners led to the death of an employee.

The company had been fined previously when a wall collapsed in 2006 and in 2008 when they continued construction work following an employee's death despite WorkSafe Vic issuing a notice prohibiting them from accessing the construction site.

The company has now been fined \$520,000 and its directors \$165,000.

Since July 2009 WorkSafe Vic has prosecuted 15 company directors.

Source: WorkSafe Vic Media Release 30 April 2010

WORKERS' COMPENSATION 'STRENGTHENED'

The Queensland Government says amendments introduced into Parliament will maintain Queensland's workers compensation scheme as the strongest in the country and the proposed reforms should ensure the status quo is maintained.

Queensland Industrial Relations Minister Cameron Dick says claims in the courts will be subject to a new cap, but premiums will go up by 13 per cent.

He says the changes will offset the impacts of the global financial crisis.

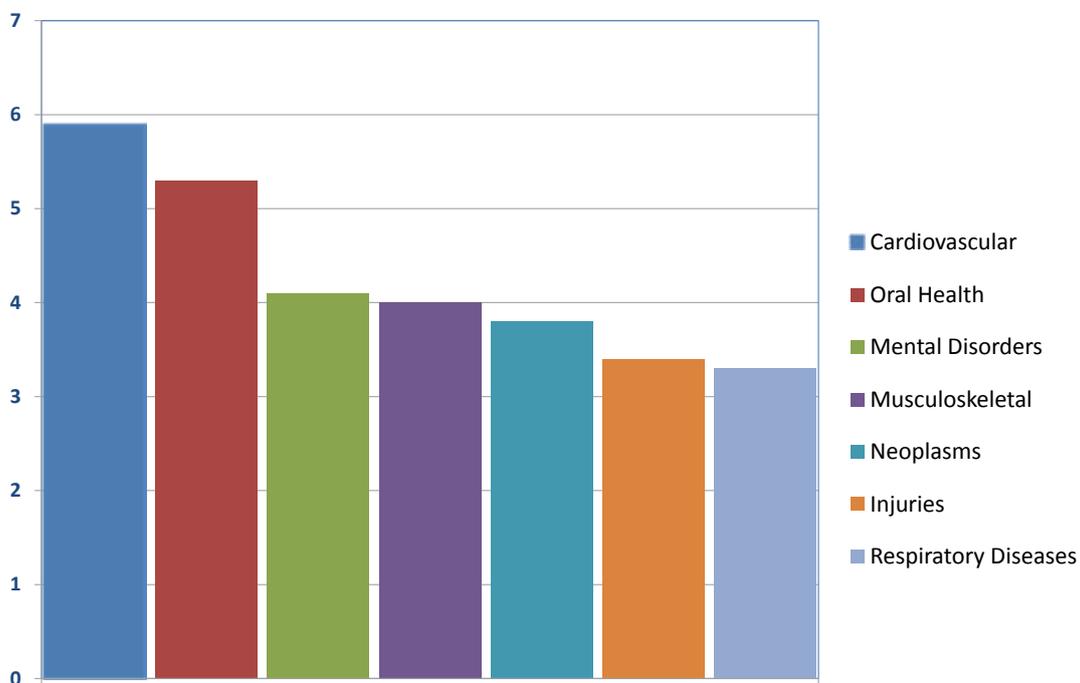
"Queensland continues to enjoy the most financially stable scheme in Australia," he said.

A review of the overall effectiveness of WorkCover's current and future financial position will be undertaken in two years' time and completed by December, 2012.

Source: ABC News

HEALTH EXPENDITURE

A report by the Australian Institute of Health and Welfare which provides a systematic analysis of Australian health expenditure in 2004/05 reveals that the following seven disease groups accounted for 57% of the \$30bn of allocated health expenditure in Australia:



Source: AIHW



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WORKER HEALTH AND WELLBEING

EFFECTS OF LONG TERM SHIFTWORK NOT PERMANENT

A study reported in the Journal of Occupational and Environmental Medicine in April has found that while the effects of long term shiftwork may persist for a long time after giving up shiftwork they are not permanent.

The main effect of shiftwork on sleep was premature awakening followed by difficulty getting back to sleep and difficulty falling asleep. The most common sleep problem – premature awakening – eased as a result of giving up shiftwork, but recovery was a slow process.

Source: Safety Journal 190

TREATING SLEEP APNOEA HAS SAFETY AND HEALTH BENEFITS

A study published in the American College of Occupational and Environmental Medicine reports that effective treatment of commercial motor vehicle drivers suffering from obstructive sleep apnoea (OSA) lowers both health care and disability rates.

For treated drivers, health plan costs decreased by an average US\$2700 in the first year and another US\$3100 in the second year, compared to no change for untreated drivers. Treated drivers missed fewer work days and had lower short-term disability costs.

Source: OHS online, 26 May 2010

NSW GOVERNMENT CAMPAIGN TARGETS TRUCKING FATIGUE

The NSW Government has launched a two-pronged campaign to target driver fatigue which will include:

- audits at distribution depots and high freight organisations to monitor compliance and ensure measures are in place to address fatigue risks
- face-to-face driver awareness days at five high-traffic truck stops across the state
- distribution of a specially produced “homecomings” CD for truck drivers, featuring popular music interspersed with safety messages
- an extensive mail out of guidance materials on reducing fatigue
- improved information exchange regarding the prevention and investigation of long-distance trucking.

Source: SafetySolutions 19 May 2010

IATA HIGHLIGHTS NEW FATIGUE MANAGEMENT APPROACH

A Fatigue Risk Management System (FRMS), such as the one used for more than a decade by Air New Zealand, uses several types of monitoring systems, including monitoring a crew’s rest and reporting by the crew.

The National Transportation Safety Board and international aviation authorities alike are

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searching for a long-term solution to air crew fatigue. NTSB's chairman, Deborah Hersman, spoke to regional airlines' leaders and mentioned the importance of solving the problem. The International Air Transport Association, which represents many of the world's major airlines, has posted an Airlines International article on its website about the Fatigue Risk Management System (FRMS) approach, which IATA supports.

Source: OHS Online, 5 June 2010

CHRONIC SLEEP LOSS HAMPERS PERFORMANCE

One night of good sleep is not enough to recover from chronic sleep deficit, which over time hinders a person's ability to stay alert and attentive.

Many nights of too little sleep when the body's rhythm says it is time to sleep have cumulative detrimental effects on how a person performs and could be a safety risk.

Research at Brigham and Women's Hospital in Boston found that while most participants caught up on acute sleep loss with a single night's sleep of 10 hours, those with chronic sleep loss showed deteriorating performance for each hour spent awake.

The lead author, Dr Daniel Cohen, said that we can falsely feel that we have recovered quickly from chronic sleep loss because recent sleep makes us feel relatively restored early the next day. He added that while researchers know that three days is not enough to recover from chronic sleep loss they still do not know how many days or weeks may be needed.

Source: Reuters Jan 2010

WHITE PAPER – THE KEY TO SUCCESSFUL SHIFT SCHEDULES

A review of shift scheduling practices in 24-hour operations has revealed three main facts:

FACT: There is no "golden" shift schedule that fits every operation's needs.

FACT: The shift schedules that perform the best - i.e., that increase productivity and minimise absenteeism, turnover, safety and other problems - must meet both operational requirements and the needs of the employees.

FACT: The best shift schedules can only be achieved by involving the employees in shift schedule selection.

Source: Circadian Newsletter 10 June 2010

DEPRESSION

According to the latest edition of Harvard's Medical School publication *Healthbeat*, depression can take many forms. Although there is a cluster of symptoms typically present, each person's experience of depression often differs from another's.

The definition of depression – and the therapies designed to ease the grip of the disease – continue to evolve.

What is major depression? Major depression may make you feel as though work, school, relationships and other aspects of your life have been derailed or put on hold independently. You may feel constantly sad or burdened or you lose interest in all activities, even those you previously enjoyed. This holds true nearly all day, on most days, and lasts at least two weeks.

During this time, you also experience at least four of the following signs of depression:

- a change in attitude that sometimes leads to weight loss or gain
- insomnia, or (less often) oversleeping
- a slowdown in talking and performing tasks or conversely, restlessness and an inability to sit still
- loss of energy or feeling tired much of the time
- problems concentrating or making decisions
- feelings of worthlessness or excessive, inappropriate guilt
- thoughts of death or suicide, or suicide plans or attempts

Other signs can include a loss of sexual desire, pessimistic or hopeless feelings, anxiety and physical symptoms such as headaches, unexplained aches and pains or digestive problems.

Source: ISHN May 2010

STUDY BY REUTERS HEALTHCARE

A Journal of Occupational and Environmental Medicine study by Reuters Healthcare, Washington DC, looked at the relationship between antidepressant treatment and productivity costs.

Results: Employees with depression were about twice as likely to use short-term disability leave, compared to workers without depression. For workers with severe depression, the short-term disability rate was three times higher. The new results show that even in workers taking antidepressant drugs, depression is associated with increased disability and absenteeism.

Source: EHS Today, January 2010

WOMEN MORE LIKELY TO DIE AFTER HEART ATTACK

A French study has found that among patients admitted to hospital for a heart attack, women were far less likely than men to get angiography in which blood vessels are injected with dye so that blockages are visible on an x-ray, or angioplasty to clear blockages.

Women were about twice as likely as men to die within a month of a heart attack, the study said.

The women in the study – about one third of the patients – were nine years older than the men on average and had some health problems.

The Director of Cardiovascular Imaging at Brigham and Women's Hospital in Boston noted that there is a growing awareness that women's heart attack symptoms are different from men's symptoms. One important difference, he said, is that women tend to have problems in smaller blood vessels, rather than the main coronary arteries.

Source: Reuters March 2010



PREVENTING CARDIO-VASCULAR DISEASE, DIABETES AND CHRONIC KIDNEY DISEASE IN AUSTRALIA

A report in late 2009 by the Australian Institute of Health and Welfare, which focused on prevention of the modifiable risk factors for the three closely related conditions of cardiovascular disease, diabetes and chronic kidney disease in Australia provided some important and relevant data.

Those three diseases account for about one quarter of the burden of disease in Australia and most importantly just under two-thirds of all deaths.

Risk factors for developing these diseases include smoking and high blood pressure (which affect 20-35% of adults), physical inactivity, overweight and obesity and high cholesterol (which affect over 50% of adults).

The prevalence of some risk factors, notably obesity, rose from 11% of adults in 1995 to 24% in 2007/08 despite population level interventions aimed at them.

The report identifies the next step as improving ongoing monitoring in the area of prevention and points out that there is currently a lack of systematic data available to enable a coordinated approach.

Source: AIHW



Mining and Resource
Contractors Safety
Training Association



Joe Maglizza



Ross Graham

MARCSTA who's who?

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Director Safety and Health
Patrick Gilroy AM

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Peter Nicholls
Kim Stewart

Monitor Editor
Geoff Taylor

REDUCING THE RISK OF DEVELOPING ALZHEIMER'S DISEASE

A Columbia University study has confirmed that a diet rich in olive oil, nuts, fish, poultry and certain fruits and vegetables can have a powerful effect on avoiding Alzheimer's disease for which currently there are no cures.

A researcher, Yian Gu, said that diet is probably the easiest way to modify disease risk especially as the population ages.

The research found that those least likely to develop the disease ate more olive-oil based salad dressing, nuts, fish, poultry, tomatoes, broccoli and dark green leafy vegetables. They ate less red meat, organ meat or high-fat dairy products.

Gu said the diet works in two ways. Because it is rich in heart-health foods, it may be protecting the brain from strokes that could make it vulnerable to Alzheimer's disease.

It may also be that the nutrients – such as Omega-3 fatty acids, antioxidants and folate directly protect the brain.

She said that people who adhered to this dietary pattern have about a 40% reduction in the risk of developing Alzheimer's.

MEN'S HEALTH IN REGIONAL AND REMOTE AUSTRALIA

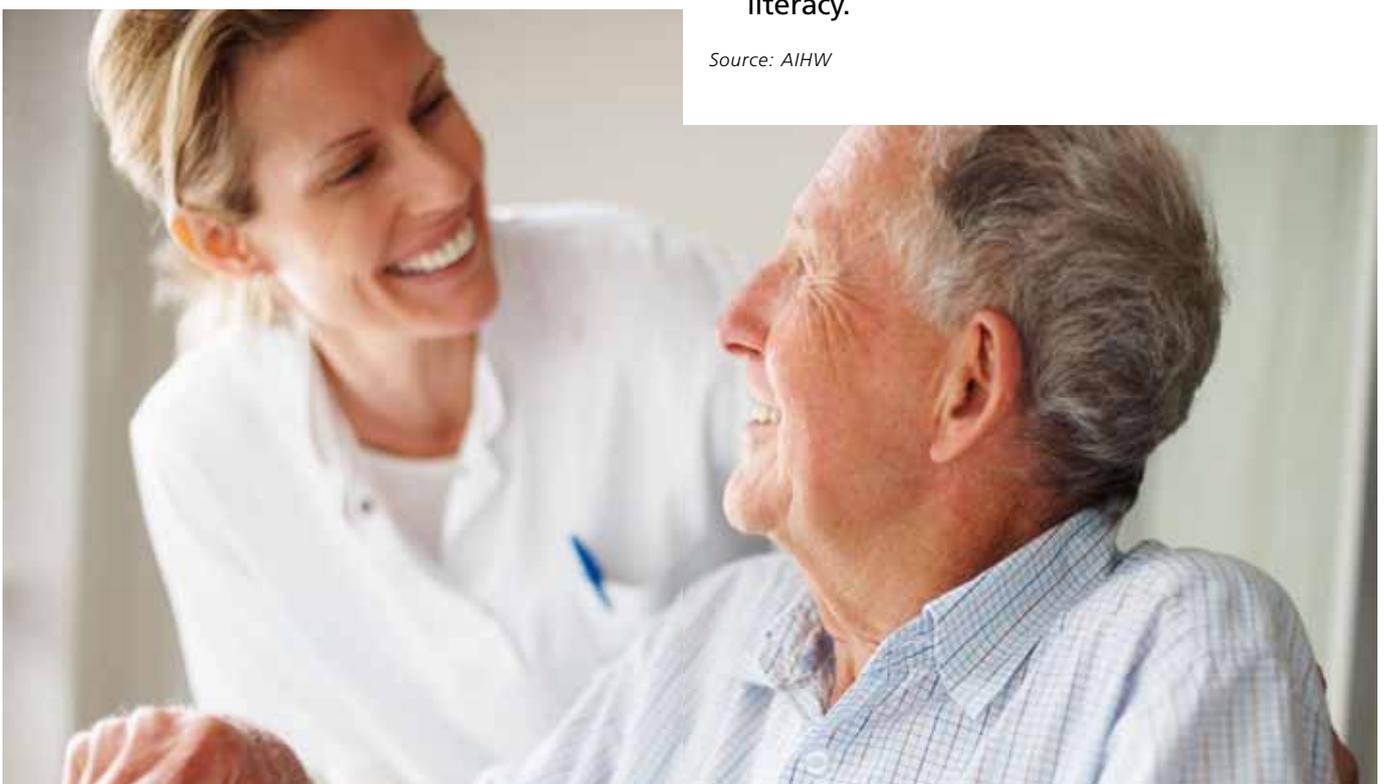
A report released in March by the Australian Institute of Health and Welfare confirms previous findings that rural men are more likely than their urban counterparts to experience chronic health conditions and health risk factors.

Death rates ranged from 8% higher in inner regional areas to up to 80% in very remote areas.

Areas of health that continue to be of concern:

- Cardiovascular disease and diabetes death rates from these diseases increased with remoteness
- Injury and poisoning death rates increased with remoteness
- Alcohol and drugs. Men living outside major cities were more likely to report daily smoking and risky or high-risk alcohol usage. They were also more likely to have experienced a substance use mental disorder throughout their lifetime
- Cancers. The incidence of head and neck cancers and lip cancers were higher outside major cities
- Health literacy. Men living in inner regional and outer regional/remote areas were less likely to possess an adequate level of health literacy.

Source: AIHW



AROUND THE GLOBE

YOUNGER WORKERS LACK APPROPRIATE SAFETY TRAINING AND PPE

NIOSH-USA reports that from 1998-2007 younger workers experienced approximately twice as many non-fatal occupational injuries as older workers.

The non-fatal injuries rate for younger workers was about two times higher than the rate for older workers.

Strangely, the fatality rate for younger workers of 3.5/100,000 employees was below that for older workers, 4.4/100,000 employees.

A large proportion of non-fatal occupational injuries for younger workers was attributed to contact with objects or equipment e.g. being struck by or against, rubbed or abraded, or caught in or crushed by various tools, equipment, machinery, parts or materials.

Source: EHS Today, May 2010

STRESSED WORKERS SUFFER MORE STRAINS

US researchers have found that workers who are more stressed and who perceive their workloads to be high are more likely to suffer from postural stress.

Eighty office workers were required to undertake two typing tasks – one 'low-demand' task of typing a text for 10 minutes delivered in a relaxed voice and the other a 'high-demand' task of proof reading and correcting typographical errors during transcription. The instructions were given in a stern tone and the workers were informed they were being evaluated for speed and accuracy.

The workers' mood, state, keyboard force and posture alterations were measured.

The 'high-demand' workstyle employees had more awkward arm posture and suffered greater postural strain than the 'low-style' group.

Source: Safety Journal 109

DOWNSIDE OF SITTING ON OUR BACKSIDES

Taking the stairs instead of the elevator, trips to the gym, lunch hour walks - the value of exercise is understood by both individuals and organisations. What may not be as well known are the health risks of sitting for long periods at a time - regardless of how much you exercise.

How working in a sitting position can affect your health

Those who must spend long periods in a seated position on the job such as taxi drivers, call centre professionals and office workers, are at risk of injury and a variety of adverse health effects.

The most common injuries occur in the muscles, bones, tendons and ligaments, affecting the neck and lower back regions. Prolonged sitting:

- reduces body movement making muscles more likely to pull, cramp or strain when stretched suddenly
- causes fatigue in the back and neck muscles by slowing the blood supply and puts high tension on the spine, especially in the lower back or neck and
- causes a steady compression on the spinal discs that hinders their nutrition and can contribute to their premature degeneration.

The bottom line: stand up and move around as frequently as you possibly can.

But understand that physical activity is just one part of the equation for preventing the harmful effects of prolonged sitting. Other important factors include chair selection, workstation design and training.

Source: Canadian Centre for Occupational Health and Safety

HEALTH AND SAFETY OF DISASTER CLEANUP WORKERS

OSHA personnel covering the southern states affected by the BP oil spill cleanup operations are working with the US Coast Guard to ensure that the safety and health of workers are being properly protected and that workers are being provided with the necessary protection from hazards. Workers area also being given safety training in languages that they can understand.

These initiatives are particularly important given the costly health and safety claims following the cleanup of the World Trade Center.

Source: OSHA Quick Takes May 2010

EXPOSURE TO ELECTRICAL HAZARDS IN THE US POSTAL SERVICE PROVES COSTLY

OSHA has fined three mail processing and distribution centres \$1 million for showing disregard for the safety and health of their workers by exposing them to potentially deadly hazards, including shocks, burns and electrocution. Violations included failure to provide required electrical safety training, non-isolation of equipment during maintenance and failing to provide personal protective equipment.

Source: OSHA Quick Takes May 2010