



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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Occupational Health Society of WA to be reactivated

Moves are afoot to rejuvenate the Occupational Health Society of Western Australia after a period of inactivity.

The value of an organisation to represent the views of occupational professionals to Government and to the public in general has become increasingly relevant as the range of occupational health concerns widens and the commitment of the bureaucracy and Government wanes.

A meeting of interested persons from the various disciplines working in occupational health will be held in June to appoint a Caretaker Executive, to determine the direction for the Society in the immediate future and initiate a program of activities to address some of the current concerns in the community today.

The meeting will be held as a breakfast function to minimise disruption to the working day and is not expected to occupy more than 90 minutes.

Participation by interested persons will be welcome. You can register by contacting Paula Sinclair pfs@marcsta.com.



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Issue 2

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- 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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OHS legislative/ regulatory matters



National Mine Safety Framework

The National Mine Safety Framework working group has met for the last time before the proposed new model regulations are finalised for adoption some time later this year.

The proposed non-core regulations will apply to the three major mining states of Western Australia, New South Wales and Queensland and will be within Chapter 10 of the new harmonised regulatory package currently awaiting endorsement by Government.

Progress on a national workers' compensation system

Safe Work Australia has agreed, on a majority basis, to a work program to progress workers' compensation in 2013-14. This will be based on an evaluation of the National Workers' Compensation Action Plan 2010-13 through consultation with Safe Work Australia member organisations.

The work program includes proposals for nationally consistent arrangements for the assessment of permanent impairment.

If endorsed by the Ministerial Council, individual jurisdictions will determine how these arrangements will be implemented.

If the vacillation that has occurred with the adoption of the harmonised OHS legislation is repeated in relation to a national workers' compensation strategy we can look forward to a lengthy wait.

Source: Communique, 14 March, Safe Work Australia

New Guideline for the Management of Diesel Emissions

The Department of Mines and Petroleum has released an informative guideline for the management of diesel emissions in mining operations which could be usefully applied in any relevant industry sector where diesel particulate is emitted.

The guideline refers to the decision by the International Agency for Research on Cancer to classify diesel engine exhaust emissions as carcinogenic to humans, noting that the decision was independent of determining the duration, frequency and concentration of exposure required to produce an actual risk.

The guideline points out that while there is no national exposure standard for diesel particulate matter the currently accepted exposure limit for mine workers in Western Australian mines is 0.1mg/m³ of elemental carbon.

Importantly, the document states that diesel emissions pose both short and long-term risks to health, ranging from mild effects such as headaches, irritation and nausea, to respiratory disease and cancer. There is also the issue of chemical asphyxiation from carbon monoxide.

The guideline includes a suggested risk-based approach towards the management of diesel emissions in workplaces.

WORKPLACE INJURY RATES FOR YOUNG EMPLOYEES

A media release from SafeWork Australia in March reveals that, in 2009-10, a fifth of all work-related injuries experienced by young Australians were incurred by workers aged 25 years or under.

The rate of injuries per 1000 workers for young workers under 25 years was 18% higher than for those aged over 25.

Key findings of the report "Work Related Injuries Experienced by Young Workers 2009-10" were:

- the manufacturing, accommodation and food services, health care and social assistance and construction sectors recorded the highest rates.
- almost two-thirds of young workers did not claim workers' compensation with one half of these feeling that the injury was too minor to warrant lodging a claim.
- one quarter of all compensated injuries incurred by young workers involved the hand, fingers and thumbs with young males at particular risk.
- two-thirds of young worker fatalities involved a vehicle.



SafeWork Australia is working with regulators and industry to find practical ways to raise awareness in young workers of the hazards they face in the workplace on a daily basis.

Source: SafeWork Australia Media Release 20 March 2013

Preventing mobile plant fires

WorkSafe Victoria have released an informative and helpful Safety Alert (November 2012) addressing the danger of workers being exposed to mobile plant fires and providing recommendations to reduce or eliminate fire risks.

The information provided addresses:

- Identified causes
- Preventative control measures
- Inspection and maintenance
- Emergency response

The Alert is directed primarily at mine workers but is relevant to employees in any industry sector working with mobile plant.

Source: WorkSafe Safety Alert November 2012

Notifiable work related fatalities

Safe Work Australia's monthly report "Notifiable Work-Related Fatalities by Industry" for the year to October 2012 by jurisdiction tells a sorry tale for NSW and Queensland with those states together responsible for 56 per cent, that is 94 of the 167 fatalities which occurred to the end of October.

Notifiable Fatalities by Jurisdiction, 1 Jan – 31 Oct 2012

Jurisdiction	All Notifiable Fatalities
NSW	61
Qld	33
WA	16
Vic	12
SA	9
Cwth	12
Tas	9
NT	3
ACT	3
Air incidents	9
TOTAL	167

Top 10 Industries

Transport and Storage	39
Agriculture, Forestry, Fishing	34
Construction	26
Manufacturing	13
Personal & Other Services	9
Retail trade	8
Health & Community Services	7
Cultural, Recreation and Services	6
Wholesale Trade	6
Mining	5

Fatalities involving **vehicles** amounted to 84 or approximately 50% of work related fatalities.

The extent of vehicle involvement is not generally appreciated and should be given high priority whenever workplace fatality incidence is being discussed.

Source: Safe Work Australia Notifiable Fatalities Monthly Report October 2012

Safe Work Australia Compendium of Workers' Compensation Statistics Australia 2010-11

The Compendium of Workers' Compensation Statistics for Australia compiled by Safe Work Australia, although restricted to the analysis of workers' compensation claims, nevertheless provides a valuable indication of Australia's work health and safety performance in 2010-11 (preliminary) and allows analysis of trends in performance over time.

The data in the report was compiled according to the concepts and definitions set out in the National Data Set for Compensation-based Statistics.

Among the range of detailed information is an interesting and useful Summary of Industry Characteristics for 2010-11.

The table has been modified to rank industry divisions by serious injury incidence rate (rather than by employed persons).

Industry Division	% of Workforce	Employed Persons	Serious Injury Incidence Rate
Transport & storage	5	548,730	21.73
Agriculture, forestry & fishing	3	360,125	20.98
Manufacturing	9	1,039,370	20.90
Construction	9	1,022,715	17.77
Personal & other services	2	193,860	17.46
Wholesale trade	4	459,375	14.16
Health & community services	13	1,518,775	13.74
Mining	2	201,795	12.66
Accommodation, cafes & rest.	5	564,310	10.20
Govt admin & defence	5	588,320	9.64
Cultural & recreational services	5	602,325	8.99
Property & business services	12	1,354,085	8.48
Retail trade	14	1,540,375	8.33
Education	6	629,495	7.93
Electricity, gas & water supply	1	133,315	7.35
Community services	2	180,535	6.22
Finance & insurance	4	416,995	2.87

EXPOSURE TO DIESEL EMISSIONS FOUND TO CAUSE LUNG CANCER

The Quebec Superior Court recently upheld a previous Commission of Occupational Health decision which could have far reaching consequences for employees exposed to potentially hazardous substances.

In the earlier decision the employee, who had worked as an electrician underground for 16 years, had claimed successfully that lung cancer he had contracted was an occupational disease resulting from exposure to cancer-causing diesel fumes.

The company who employed him had argued that the level of diesel emissions the worker was exposed to was below regulatory standards and the mine adequately ventilated.

Some medical evidence supported a direct correlation with his routine exposure to diesel emissions and the lung cancer diagnosis. Other studies presented discussed the relationship between long-term exposure to diesel exhaust and the incidence of lung cancer.

The claimant was required under the applicable legislation to show that, on the balance of probabilities, his cancer was directly related to the risks prevalent at the workplace.

The Commission of Occupational Health found that the claimant had been exposed to diesel exhaust throughout his employment and was otherwise healthy. The exhaust fumes were the most likely cause of cancer.

The Superior Court refused to interfere with that decision.

Although the employer had taken all necessary precautions to ensure the levels of diesel emissions fell below regulatory standards, the Court held that standards exist to diminish the likelihood that an employee might develop a pathology relating to a particular risk. These standards are constantly evolving to keep up with scientific developments. **Therefore they cannot be relied upon to determine the cause of a disease.**

Source: ABC.net.au

AMA expresses concern that human health is under threat through lack of comprehensive health surveillance

The Australian Medical Association has told a Senate Standing Committee that Australia lacks a comprehensive system of surveillance for occupational diseases associated with poor air quality despite compelling evidence that exposure to ultra-fine particles poses a significant threat to human health. However, it is not possible to precisely quantify the exposure levels that may result in specific health effects.

It said that the need for regular monitoring and surveillance, and the strengthening of air management processes, is imperative in industries where there is an elevated exposure to particulates arising from diesel emissions, such as underground mining.

Diesel emissions are a particular problem in enclosed environments such as underground mines, and workshops, where particulates and gases can accumulate if ventilation is inadequate.

The AMA recommends among other things that all levels of government consider mechanisms to improve the health surveillance of employees with a high risk of exposure to air pollutants, or in industries where workers are exposed to hazards with the most serious health consequences.

The submission notes that within the mining industry there has been a general shift away from prescriptive regulations to a more self-regulatory approach and cites the decision by the WA Department of Mines and Petroleum to cease monitoring of mine workers exposed to dangerous air pollutants including diesel emissions.

Source: BrisbaneTimes 16 April 2013

Abandonment of Mine Workers' Health Certificates attracts criticism

Dr L Fritschi, an epidemiologist from the WA Institute of Medical Research at the University of WA, has expressed concern at the discontinuation of monitoring the long term health of mine workers without proper analysis of the information or thorough consultation with health experts.

She says that cancellation of the study is of particular concern for health experts following the decision by the World Health Organization to classify diesel emissions as a cause of cancer.

Her views were supported by the head of the WA Cancer Council, Terry Slevin, who said that it is not reasonable to expect the Department of Mines and Petroleum to have a high level of expertise in doing sophisticated epidemiological analysis.

Dr Fritschi says that the Department should provide the data collected over the past 15 years to an expert to properly evaluate the Mine Worker Health Surveillance program. She says that there is much that can be looked at to ensure that miners aren't being harmed and if the data proves useful, or even of some aspects of the scheme are useful, they should consider continuing the program.

Interested readers are referred to the detailed justification for implementing the scheme in an excellent paper by Dr B Galton-Fenzi delivered at the Minesafe International Conference held in South Africa in 1998. Copies are available by contacting MARCSTA on 9355 1400.

Source: ABC

Fake drugs contributing to tuberculosis incidence

Although deaths and infections from TB are slowly declining around the world a disturbing phenomenon has emerged that could not only reverse the gains made but actually encourage the spread of a newly resistant form of the world's deadliest infectious disease.

In a study published in the International Journal of Tuberculosis and Lung Disease in February researchers have found that fake and poorly made antibiotics are being widely used to treat tuberculosis. These substandard drugs are almost certainly making the disease more resistant to drugs, posing a grave health risk to communities around the world.

A sampling survey of neighbourhood pharmacies and markets in 17 countries where tuberculosis is pervasive across Africa, Asia, South America and Europe revealed that one in every 10 pills collected failed to meet basic quality standards. In African countries, one in six pills was substandard.

The researchers stress that this is not just a problem for the developing world, and the United States is not impervious to bad drugs. Since the US is currently facing a shortage of tuberculosis medicines it will look to sources outside the country.

As long as substandard tuberculosis drugs are permitted in the marketplace, people will continue to die in pursuit of a cure – and without a coordinated response, growing resistance will eventually render even the highest quality drugs obsolete.

Source: NY Times

Orchestral pits can become unhealthy workplaces

A recent study by Switzerland's Lucerne University of Applied Sciences suggests that, even after musicians secure a good job, health issues can remain and even increase.

Researchers interviewed some 77 musicians employed by the Zurich Opera and found that two-thirds have work-related health problems.

Fourteen per cent of those surveyed suffer from hearing loss and 13 per cent had tinnitus; their daily exposure to sound levels ranged from 81-91 dB.

Low lighting in the orchestra pit had resulted in a vision problem for 12 per cent.

One in five complained of shoulder and/or neck pain resulting from incorrectly arranged seating.

Stress arising from the tense and 'heavy' atmosphere affects both mind and body and from a 'lack of solidarity' between colleagues.

Awareness of these potential health problems and taking protective measures is, according to the report, particularly important for young musicians just starting their careers.

Appointing an OHS professional with ergonomic expertise would seem justifiable and appropriate.

Source: MusicalAmerica Blog



Prevalence of hearing loss in the USA

An American study to estimate the prevalence of hearing loss in US industries examined audiograms for male and female workers aged 18-65 who had higher occupational noise exposures than the general population. It found that 18% of workers had hearing loss.

Not surprisingly workers in the mining, manufacturing and construction industries had higher risks for hearing loss.

The authors concluded that workers in those industry sectors needed better engineering controls for noise and stronger hearing conservation strategies.

The results are not surprising and the matter of engineering controls for noise management would apply especially in Australia in the same industry sectors.

Source: American Journal of Industrial Medicine Jul 2012

Nanotechnology work health and safety issues

Safe Work Australia has released two research reports examining OHS issues around nanotechnology as part of a comprehensive program of work on nanotechnology safety commenced in 2007.

One deals with emissions from composites and other solid articles during machinery processes; the other evaluates the potential safety hazards associated with the use of engineered nanomaterials.

Many valuable uses of nanotechnologies have been identified for example, in improved materials, electronics, the environment and health care.

However the properties associated with engineered nanomaterials may give rise to health and safety concerns in some circumstances.

Source: Safe Work Australia

RISK MANAGERS URGED TO BECOME BETTER INFORMED ON PAIN MANAGEMENT TREATMENT

In a study appearing in the February 2013 issue of *Occupational Health and Safety*, Risk Managers, Safety Consultants and Claims Professionals have been urged to become proactive by educating themselves on the best way to prevent opioid abuse and misuse in the treatment of chronic pain.

According to the US Center for Disease Control and Prevention (CDC) the number of emergency room visits linked to abuse of prescription opioids more than doubled between 2004-2008.

In an effort to curb abuse and misuse, prescribers are now discouraged from prescribing opioids.

Becoming better educated about prescribing practices along with understanding the signs of aberrant behaviours will enable risk and safety personnel to minimise the potential for abuse and keep the workplace safe from hazards while still providing maximum pain relief.

The article contains suggestions for safety practitioners to follow.

Source: OHS Online

Pilbara industry kit on volatile substances

The East Pilbara Volatile Substance Use Working Group, formed in 2011, is an interagency forum comprising representatives from Australian, State and local Government and non-government organisations.

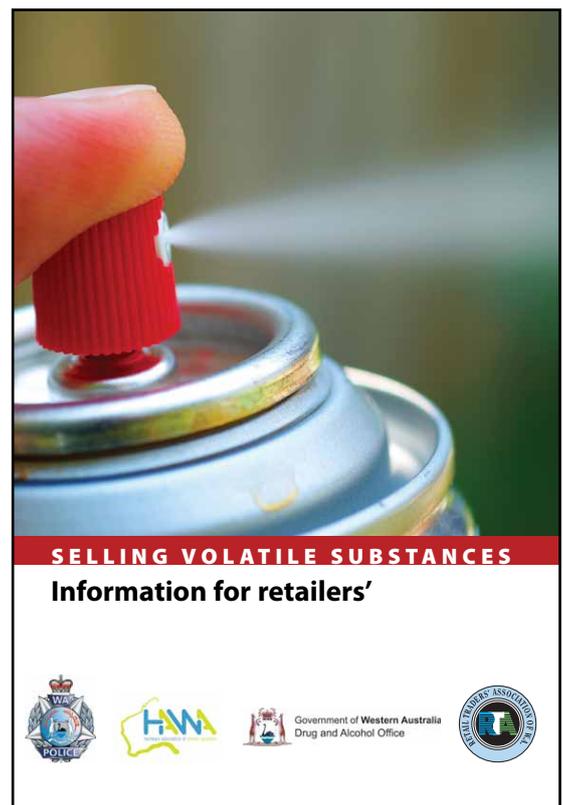
Its aim is to provide a strategic, coordinated response to reduce volatile substance use (VSU) in the East Pilbara area.

Volatile substances used for the purpose of inhaling are often stolen from worksites, vehicles and disposal sites, so it is important that these substances are stored and transported securely and disposed of in a responsible manner.

To this end, the EPVSUWG launched the *Pilbara Industry Kit* in March 2013 in Newman. The code of conduct related to the use storage, transport and disposal of volatile substances has been developed by the Drug and Alcohol Office (DAO) and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) in collaboration with the EPVSUWG. This code of conduct has been endorsed by the Western Australian Police.

To complement the Kit and reinforce the messages therein, the EPVSUWG are securing funding for the production of a 2 minute DVD which they hope Industry (contractors and sub-contractors) will have access to through formal induction processes within each mine site.

For further information contact Marian Palandri, FaHCSIA Regional Office, Tel: (08) 9138 3114 Email: marian.palandri@icc.gov.au





People who eat a varied diet have healthier sleep duration

It has long been recognised that sleep, like nutrition and physical activity, is a critical determinant of health and well-being. With the increasing prevalence of obesity and its consequences, sleep researchers have begun to explore the factors that predispose individuals to weight gain and ultimately obesity.

A new study conducted at the University of Pennsylvania shows for the first time that certain nutrients may play an underlying role in short and long sleep duration and that people who report eating a large variety of foods – an indication of an overall healthy diet – had the healthiest sleep patterns.

The study asked the question “are there differences in the diet of those who report shorter sleep (5-6 hours), longer sleep (9 or more hours) or standard sleep patterns (7-8 hours)?”

The authors found that total calorific intake varied across groups.

Short sleepers consumed the most calories, followed by normal sleepers, followed by very short sleepers, followed by long sleepers. Food variety was highest in normal sleepers, and lowest in very short sleepers.

Overall, people who sleep 7-8 hours each night differ in terms of their diet, compared to people who sleep less or more. Short and long sleep are associated with lower food variety.

What the researchers don't know is whether if people altered their diets they would be able to change their overall sleep pattern.

It is known that short sleep duration is associated with weight gain and obesity, diabetes and cardiovascular disease, and that people who sleep too long also experience negative health consequences.

If we can pinpoint the ideal mix of nutrients and calories to promote healthy sleep, the healthcare community has the potential to make a major dent in obesity and other cardio metabolic risk factors said Michael Grandner, a member of the Sleep and Circadian Neurobiology team at Penn.

Source: Penn Medicine

WORK RELATED STRESS – A MAJOR CONCERN IN AUSTRALIAN WORKPLACES

Safe Work Australia has released its first report devoted to work-related mental stress which is becoming a major concern in Australia because of the impact on individual employees and the costs associated with the long periods away from work that are typical of these claims.

The report utilises workers' compensation claims data from 2008/09 to 2010/11 and includes comparisons of rates of mental stress claims across industry sectors.

Key findings:

- The highest rates of mental stress claims were by workers with high levels of responsibility for the wellbeing and safety of others or workers at risk in dangerous situations.
- Mental stress claims are predominantly made by women.
- More professionals make claims for mental stress than any other occupation. A third of these claims are due to work pressure.
- The hazards resulting in mental stress claims vary with worker age. Younger workers are more likely to make claims as a result of exposure to workplace or occupational violence. Work pressure is the main cause of mental stress claims for older workers.
- Women were around three times more likely than men to make a workers' compensation claim as a result of work-related harassment or workplace bullying.
- Work pressure was stated as the cause of the majority of claims in industries with the highest claim rates.

Source: *The incidence of accepted workers' compensation claims for mental stress in Australia, Safe Work Australia, April 2013*

Canadian national standard on psychological health and safety in the workplace – the need for management training

The newly launched Canadian standard is directed toward the elimination of the stigma of mental illness and empowering workers with mental health problems to speak up about their condition according to the Federal Labour Minister, Lisa Raiti.

Taking away the stigma and allowing employees to speak up will also provide an opportunity for employers to acknowledge there is an issue and recognise their role in providing workplace support said George Cope, the President and CEO of Bell Canada.

He says that management training is absolutely critical to this and taking on the issue of mental health is not only the right thing to do, but also makes good business sense for employers.

Source: *Canadian Occupational Safety*

Antipsychotic drugs to treat depression not helpful

In a report published in the March issue of the online journal PLoS Medicine (Public Library of Science) the researchers have found that, for people who don't respond fully to antidepressants, adding commonly prescribed antipsychotic drugs appears to be only slightly effective and is linked to unwelcome side effects.

The lead researcher, Glen Speilmans, who is an associate professor at the Metropolitan State University in St Paul, Minnesota, says that the evidence supporting the use of antipsychotic drugs in depression is marginal and other options may be as effective, or more effective, and carry a lesser side-effect burden, for instance, the use of cognitive behavioural therapy.

Source: *MedicineNet.com*

Do mental disorders vary by the season?

In a study published in the May issue of the American Journal of Preventive Medicine researchers say that although it is already known that some mental health conditions, such as seasonal affective disorders, are associated with seasonal patterns, they were surprised to find a link between seasons and a number of major mental health disorders.

The researchers analysed data extracted from Google searches for mental health in Australia and the USA from 2006 through 2010.

The analysis revealed near correlation between the two countries' data.

Mental Disorder	% Reduction During Summer	
	USA	Aus
Eating	37	42
Schizophrenia	37	36
Bi-polar	16	16
Attention deficit	28	31
Obsessive compulsive	18	15
Suicide	24	29
Anxiety	7	15

The researchers concluded that much more research was needed to determine how this information might be used in prevention and treatment programs.

Source: MedicineNet.com

Mental health costs continuing to rise

The Australian Institute of Health's latest figures for 2010/11 show that, after allowing for inflation, spending on mental health-related services increased to almost \$6.9 billion in 2010/11, an increase of about \$450 million from 2009/10.

A spokesperson said that this equates to about \$309 spent per Australian on mental health-related services in 2010/11, an increase from \$248 in 2006/07.

The average cost for specialised mental health services delivered in public hospitals was \$842 per patient per day.

Source: AIHW, Media Release 27 March 2013

Mental health and emotional well-being in the mining, resources and remote construction

The University of Canberra and the Australian Centre for Rural and Remote Mental Health (ACRRMH) are collaborating in a study to look at the mental health and emotional well-being of employees in the mining, resources and remote construction sectors.

A lifestyle and well-being survey could be used to gather information on mental health to help establish a benchmark going forward.

The ACRRMH hopes to expand the survey to allow for a greater comparison between sites, companies and even states, in the future.

The researchers note that companies and employees have historically been reluctant to share sensitive information, leading to a lack of useful and reliable research regarding the mental health of remote workers in the mining and resources sector but provide no details as to whether this attitude has undergone widespread change.

Source: MiningNews.net

Electrical brain stimulation combined with drugs produces better results in treating depression

Brazilian researchers have found that the two techniques often used individually produce better results when used together.

Dr Sarah Hollingsworth Lisbenby, chair of the Department of Psychiatry and Behavioural Sciences at Duke University, School of Medicine (USA) said that the advent of technologies such as non-invasive brain stimulation is "one of the most exciting new developments in treating depression".

She noted that the study's two-pronged approach addresses both aspects of brain action. The drug affects the chemical aspect of brain function, while the electrical stimulation targets the brain's electrical activity.

"Because the brain is an electro/chemical organ using both electrical and chemical approaches to treat depression makes intuitive sense", she said.

Source: MedicineNet



SUBSTANCE ABUSE

Cannabis, cigarette and alcohol use of young mentally ill

A study published in the *British Medical Journal* has found that around one in 10 young teens with mental health issues also drinks alcohol, smokes cigarettes and uses cannabis on a weekly basis.

This pattern of substance abuse becomes more common as teenagers grow into young adults, and is likely to contribute to increased risk of poor physical and mental health outcomes.

Dr Daniel Hermens of the Brain and Mind Research Institute at the University of Sydney said that the study shows that we need to integrate mental health interventions with substance use interventions in order to help at-risk young people.

Source: The University of Sydney

Does early usage of cannabis affect the onset of psychosis?

In the largest study of its kind, a team from WA Health Services, UWA and the University of Melbourne has investigated whether the age of first cannabis use brings forward the age of onset of psychosis.

Of almost 8,000 people who screened positive for psychosis, 1,825 were randomly selected for interview using a standardised semi-structured interview and assessment.

997 of these people reported use of cannabis and were selected for further study.

The association between age at the start of cannabis use and the onset of psychiatric illness was linear and significant even after adjusting for confounders.

There was an average delay of 7-8 years from first exposure to cannabis and the onset of psychotic disorder.

The results suggest that cannabis may exert a cumulative toxic effect for those on the pathway to develop a psychotic illness like schizophrenia said Dr Brian Power, a member of the research team.

The effect of age at which use started was not significant.

Source: Science WA

Workers' compensation premium rates for 2013/14 to fall marginally

The WorkCover WA Board has approved workers' compensation premium rates effective 1 July 2013.

The Chairman, Greg Joyce, said that the average premium rate would fall slightly from 1.691 per cent to 1.668 per cent.

Mr Joyce said that the decrease is largely due to continued wages growth in Western Australia.

However, the positive impact of wages growth is offset by other factors including increases in claim numbers and associated costs, and reductions in real rates of returns for approved insurers.

The decrease is not uniform across all classifications.

For the mining sector the average premium rate will rise by 2.39% with only the gold-surface and nickel sectors enjoying slight reductions.

Significant increases in the rates for iron ore (20%), bauxite (9.5%) and gold-underground (9.24%) were largely responsible for the overall sectoral increase.

However, only the copper ore and gold mining-underground sectors have rates in excess of the all industry average of 1.668%.

Source: Media Statement, WorkCover WA

Recurrent claims add to the economic burden of workplace injuries

A cohort study of WorkSafe Victoria's Workers' Compensation claims to determine the incidence and impact of recurrent workplace injury and disease over the period 1995-2008 has found that recurrent work-related injury and disease is associated with a substantial social and economic impact.

Key messages

- A recurrent workplace injury or disease is frequent and associated with a substantial work disability. Over the 14 year study period in Victoria more than 50% of claims were filed for a recurrent injury or disease. In addition, the study found that the majority of time lost from work was from the recurrent claims.
- There is an opportunity to reduce the social, health and economic burdens of workplace injury by enacting secondary prevention programmes

targeted at workers who have incurred an initial occupational injury or disease.

Key points:

For the period 1995 to 2008, 448, 868 workers lodged 972,281 claims for discrete occurrence of work-related injuries or disease.

53.4% were for recurrent injury or disease.

Rates of initial claim dropped by 5.6%.

Rates of recurrent injury decreased by 4.1%.

In total, workplace injury and disease resulted in 188,978 years lost of full time work with 104,556 being for recurrent injury.

Conclusions

Recurrent workplace injury and disease is associated with a substantial social-economic impact.

There is an opportunity to reduce the burden by enacting secondary prevention programs targeted at workers who have incurred an initial injury or disease.

Secondary prevention initiatives were possibly reviewed and addressed more carefully after 1999.

There is probably still more room for improvement. The key to successful secondary prevention is not only appropriately trained staff but also clearly defined risk factors at work; and a combination of early prediction for poor long-term outcomes in work.

Secondary prevention examples may include:

- activities that promote lifestyle changes and aim at improving the overall health of injured workers
- restructuring the current workplace where injuries occur, providing modified work for injured workers
- recommending workers undergo regular exams and screening tests or surveillance systems
- educating workers
- introducing work wellness and rehabilitation programs
- providing counselling and job training for return to work.

Return to work co-ordinators, clinicians and case management support also play a role in return-to-work and re-injury prevention.

Source: The incidence and impact of recurrent workplace injury and disease: a cohort study of WorkSafe Victoria, Australia compensation claims, WorkSafe Victoria



AROUND THE GLOBE

UK

Health issues must be given equal status to safety issues

The British Trade Union Confederation (TUC) has produced a document, Health and Safety – Time for Change which laments the approach being taken by the Government to relax the health and safety workplace requirements.

The TUC insists that no business should be exempt from unannounced inspections – as is now the case for many so-called ‘low-risk’ workplaces, such as offices and shops. The trade union points out, for example, that supermarket checkout staff are particularly susceptible to back injuries; shop workers can come into contact with violent or abusive customers and other individuals; and workers in the education and health and social-care sectors can suffer high levels of stress.

The TUC calls for strong regulation aimed at preventing stress, musculoskeletal disorders, bullying and violence, as well as greater emphasis overall on occupational health measures.

More specific health measures promoted in the manifesto include the introduction of much lower limits for inhalable and respirable dust, and the removal, where possible, of all carcinogens from the workplace.

It says that if all workers were given free access to health surveillance and occupational health provision, the savings to the economy – through lower sickness absence and a reduction in benefits payments – would far exceed the cost.

Source: European Trade Union Institute News 28 February 2013

US

Eight in 10 US employers offer incentives for wellness programs

According to new surveys carried out by Aon Hewitt, incentives - in the form of both rewards and consequence – are playing an increasingly important role in helping employers to drive participation in health programs and encouraging employees to take actions to improve their health.

Eighty-three per cent of employers in the US offer employees incentives for participating in programs that help employees become more aware of their health status.

These actions may include taking a health risk questionnaire or participating in biometric screenings.

The Chief Innovation Officer for health and benefits at Aon Hewitt said that employers recognise that the first step in getting people on a path to good health is providing employees and their families with the opportunity to become informed and educated about their health risks and the modifiable behaviours that cause those risks.

Source: Canadian HR Reporter March 2013



MARCSTA Training Providers

Jayson Aveling (W)
 Catherine Benato (W)
 Wayne Berkrey (W)
 Danny Bogнар (W)
 John Christie (W) (C) (O) (R)
 Stacey Clark (W)
 Jim Dandie (W)
 Geoff Day (W)
 Vlad Doguilev (W) (C) (O) (R)
 Peter Dowding (W)
 Duncan Edwards (W)
 Donelle Fraser (W) (C) (O) (R)
 Rhonda Gilchrist (S)
 Ross Graham (W)
 Paul Harring (W)

Ralph Keegan (W) (S)
 Sheryl Kelly (W) (C) (O) (R)
 Joe Maglizza (W)
 Neil McMeekin (W)
 Katherine Montague (W)
 John Preston (W)
 Jason Roberts (W)
 Julian Strudwick (W) (C)
 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

