



ETU OHS NEWSLETTER

JULY 2006

REPORT – WORKPLACE EXPOSURE TO TOXIC DUST – A SENATE ENQUIRY – EXECUTIVE SUMMARY

TRAINING DATES
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INITIAL 5 DAY

August 9,10,15,16,17
November 5,16,21,22,23

1 DAY REFRESHER

July 11,
August 8,
September 12,
October 10,
November 14

OHS Reps Meetings 2006
10am–12pm

26th July—Trades and Labour
Portland
30th August—Melbourne
27th Sept—Trades and Labour
Shepparton
25th October—Melbourne
29th November—ETU Geelong
December tbc—Melbourne

This inquiry arose out of the exposure of workers to crystalline silica in the sandblasting industry. One worker, Mr Richard White, unsuccessfully sought compensation for lung disease allegedly as a result of exposure in the 1970s during employment as a sandblaster. Mr White then contacted others who knew or suspected that they had acquired lung or other disease through sandblasting, eventually obtaining over 900 names. It appeared that very few had received or sought compensation for their disability.

The harmful effects of toxic dust have been known for many years. The health impacts vary with the type of dust to which a worker is exposed. For crystalline silica, diseases range from silicosis, to chronic obstructive pulmonary disease and lung cancer.

Beryllium dust exposure leads to damage of the lungs, liver and spleen while exposure to timber dust is associated with cancer of the nasal sinuses.

Many Australian workers have suffered potentially harmful exposure to toxic dust because of poor work practices and slow response by regulators. Identifying the extent of illness related to toxic dust is difficult because the datasets are not compatible and most rely on workers' compensation data.

Workers' compensation data is limited in scope as it does not record work-related illness that is of less than five days duration and does not record unsuccessful claims.

Added to the limitations of the datasets is the impact of the long lag time for some dust related diseases to be diagnosed. This often means that disease is blamed on lifestyle factors such as smoking rather than workplace exposure to toxic dust. It is for this reason that the importance of regular health surveillance of employees, including lung function tests and X-rays, was emphasised in evidence.

The national occupational health and safety framework comprises Commonwealth and State and Territory legislation. While the regulatory system has been developed to ensure worker safety, some problems were identified including the timeliness of implementation of changes to the regulatory regime, the enforcement of regulations, particularly in small industries, and ensuring that all workers are aware of the dangers of exposure to toxic dust. There is also considerable debate about the national exposure standards for crystalline silica and beryllium with calls for the crystalline silica standard to be reduced by half

and the beryllium standard to match that published in the USA.

Compensation issues for those affected by exposure to toxic dust are complex: the long latency of disease makes it difficult to link work exposure to disease; compensation systems vary in the States and Territories; various limitations exist to prevent access to compensation; and a number of models for financial support exist.

While concern exists to ensure that workers who have already been exposed to toxic dust receive adequate medical assistance and compensation, the emerging field of nanotechnology presents new occupational health and safety challenges. Research already indicates that nanoparticles may have serious health outcomes but there are significant gaps in knowledge about how nanoparticles act, their toxicity and how to measure and monitor nanoparticle exposure. These issues must be addressed to ensure that adequate regulations are introduced to overcome occupational health and safety concerns.

For a copy of the full report go to: http://www.apf.gov.au/Senate/committee/clac_ctte/toxic_dust/report/index.htm

ASBESTOS CONCERNS

Asbestos is an issue that is just not going to go away, at least not in the short term anyway. Continually workers are involved in incidents where there has been possible exposure to asbestos fibres. This has been mainly occurring in the construction sector, at least this is where the ETU has been notified of possible exposures.

The OHS Asbestos Regulations 2003 and the OHS Act 2004 are very clear in this regard, that there should be no the possibility for workers to be exposed to asbestos fibres. Elimination of the hazard or risk is the highest priority and should

be easily achieved. The requirement is on the occupier of the site and the employee's employer to identify the location and the condition of the asbestos containing material.

OHS Reps and workers must know the location of asbestos materials in the workplace so that there is no possibility for exposure to occur. Employer's Asbestos Management Plans must focus on eradication of this problem, and not just leave it there in the hope the issue will go away. Many employers do have plans in place to

remove asbestos from the workplace, but there are just as many who don't. These are the workplaces where asbestos audits are either no-existent or out of date. On many occasions the audit itself is lacking as the person engaged to perform the audit could not access those areas to identify whether there is asbestos present or not. The OHS Asbestos Regulations specifies that where it is uncertain as to whether asbestos is present or not, then the area must be deemed to contain asbestos.

Workers have rights even

under the current industrial climate, they have the right not to have their health and safety placed at risk. Quite clearly the current incidents clearly show that we need to be ever vigilant when it comes to our own safety.

We should be asking to see or be advised about the current asbestos audit and if asbestos is present in the workplace, where it is located and the condition of that asbestos.

Asbestos exposure must cease, we don't need more exposure to know that asbestos kills.

ALSTOM-BRANDED DIN FUSE LINK ELECTRICAL SAFETY RECALL

ALSTOM branded DIN Fuse Links delivered subsequent to 1st September 2004, under certain overload conditions the integrity of the fuse ceramic body or metal end caps can rupture due to a component non-conformance.

Should a DIN fuse link fail, **Serious Personal Injury, Death or Property Damage** may result.

Due to the nature of the hazard, it is critical that all affected products (both those in service and those in packaging and yet

to be installed) affected by the Product Safety Notice be identified and replaced.

If you have any of these devices listed above within the affected date range in your inventory (stock or spare parts). Immediately place them in a secure quarantine location.

Register this action with ALSTOM Industrial Products Limited. On line at www.ip.alstom.com.au/dinfuse

See www.recalls.gov.au for Australian Product Recall Information.

It is imperative that electrical workers identify any affected fuse links and that these are removed from service and placed in a secure location and information is forwarded on to the appropriate parties as soon as possible.

The following images depict the items that are suspect and should be removed. If there is any doubt remove the product.



VERMICULITE

Vermiculite refers to a group of naturally-occurring micaceous ferro-magnesian aluminium-silicate minerals which exfoliate or expand (perpendicular to the plane of cleavage) on heating. In its exfoliated form, it is used as an aggregate in the manufacture of fireproofing materials to impart fire resistance to elements of steel and concrete construction

in civil, commercial, industrial, petrochemical and underground mine installations. Spray-applied fireproofing material is based on Vermiculite, Gypsum and Portland cement.

Vermiculite and Gypsum are materials which have been

in use since ancient times, hence their potential impact to humans and the environment are well documented.

Exfoliated vermiculite particles are too large to be inhaled but the binder (Plaster or Cement) can become airborne during preparation of the dry mix during mixing with water on site,

and is known to cause irritation of the upper respiratory tract if inhaled.

The main human exposure is that of a nuisance dust, a half face respirator in conjunction with other PPE should be worn to prevent the inhalation of the plaster or cement dust.