PUBLIC COMMENT

Consultation on WHS incident notification

Instructions

To complete this online submission:

- Download and save this submission document to your computer.
- Use the saved version to enter your responses under each question below. You do not have to answer all questions or sections if you do not wish to.
- Once you have completed your submission, save it and upload it using the link on the Engage submission form.
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- This template can be used as a guide for making a submission. If you wish to provide your submission in another format or provide a general statement, you may do so.

Submissions will be accepted until **10am (AEST) on Monday 11 September 2023.**

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Your details and background

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Name or organisation

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General feedback

Please provide any general feedback about the issues raised in the consultation paper here.

> Long latency diseases just focused on substance exposure is very narrow. The increasing rates of chronic disease such as heart attacks, stroke, high blood pressure, high cholesterol is something that needs to be captured now so workplace hazards can be controlled and improved to lessen the impact on workers' health. A number of the health checks such as blood pressure are precursers for injuries particularly hearing loss, high work demands, shift work, sedentary work, fatigue. By being proactive in addressing these hazards and also monitoring the aggregated picture of workers health, workplaces can decrease potential injuries and illness and increase productivity and profit.

Please duplicate the following set of questions when responding to multiple chapters of the consultation paper (note Ch 10 has a specific set of questions – refer below).

Which chapter you are referring to in your response below?

> e.g. Chapter 5 – Incapacity period

Do you support the assessment of current gaps and impacts of addressing those gaps? Please provide any supporting information and evidence.

> Click or tap here to enter text.

Do you support the proposed option(s)? Please explain why or why not and provide relevant evidence to support your views where possible.

> Click or tap here to enter text.

What practical impact, including costs and benefits, would the option(s) have on you, your organisation or your stakeholders? Please provide any details or evidence supporting your views, including the option's likely impact on WHS outcomes or any compliance costs or concerns.

> Click or tap here to enter text.

Are there any likely unintended consequences of the proposed option(s)? How could these be best mitigated?

Click or tap here to enter text.

Do you have another suggestion or preferred option for addressing the gap in WHS regulator visibility?

Click or tap here to enter text.

Additional questions **(for specific chapters)**

Chapter 7 - Capturing workplace violence

Are there particular types or circumstances of workplace violence that you think should or should not be notifiable to the WHS regulator that are not dealt with by the proposed option and descriptions? What would be the implications of including or excluding these incidents?

Click or tap here to enter text.

Chapter 10 - Long latency diseases – exposure to substances

Should exposure to hazardous substances in the workplace that cause latent diseases be recorded and reported? If so, for which substances?

Yes – Second-hand smoke, pesticides (organophosphates, organochlorines, insecticides, and herbicides.)

How are exposures to hazardous substances currently measured in the workplace (for example, air and health monitoring)? Do you have suggestions for options to improve monitoring to provide a better understanding of exposure to hazardous substances in the workplace?

Heart disease, blood pressure, stroke, Cardiovascular disease more broadly are impacted by exposure to chemicals as well as other hazards such as shift work, long work hours, high work demands.

With regards to air monitoring, how are exceedances of the WES captured? Do you think recording and reporting WES exceedances is a good way to identify exposure to hazardous substances in the workplace? What other ways could exposures be recorded and reported?

Some substances don't have an exposure limit such as second hand smoke as the limit is 0 as any exposure is harmful. This is where the exposure should be noted and aggregated health data (e.g. healthy workers survey Healthy workers survey | WorkSafe.qld.gov.au).

Fang et al., 2010 examined the association between occupational exposure to particulate matter and CVD. The collective evidence from a broad range of studies and CVD outcomes suggests an association between occupational particulate matter (PM) exposure and adverse CVD events and stronger associations with intermediate outcomes such as heart rate variability systemic inflammation. Increased risk of IHD (Rate Ratio 1.12) was observed in association with

inorganic dust, fumes, and diesel exhaust particles. A 15% increased risk of IHD mortality was reported from a meta-analysis of four studies where the high or any exposure was compared to low or no exposure. The meta-Incidence Rate Ratio for CVD was 1.17. the effect estimates for risk of Non-fatal Myocardial Infarction ranged from 1.31 to 1.53 for bus drivers, taxi drivers and long distance drivers.

Should PCBUs be required to keep records of statement of exposure documents and make them available for inspection by the regulator? Should the statement of exposure requirement be broadened from prohibited or restricted carcinogens to include other substances which are known to cause long latency diseases? If yes, how should these substances be identified?

> This should be included as part of the MSDS with the appropriate controls stated on how they are managing the risk to exposure. By monitoring for cardiovascular disease, this can be an pre-illness indicator looking at the blood pressure and other health measures.

Chapter 15 - Addressing minor gaps and ambiguities in the current incident notification provisions

Medical treatment for exposure to a substance

What health professionals should be covered by the definition of ‘medical treatment’? Please provide reasons, including examples of what treatment the health professional is likely to provide for which type of exposure.

Physiotherapy should be considered in relation to MSD injuries and modification or task redesign should occur at the PCBU before the worker returns to work.