

ABN: 83 170 105 830 Email safety@marcsta.com www.ohswa.marcsta.com

27 July 2017

Standing Committee on Public Administration Inquiry into WorkSafe WA IC105 Parliament House 4 Harvest Terrace WEST PERTH WA 6005

<u>icco@parliament.wa.gov.au</u> <u>lcpac@parliament.wa.gov.au</u>

# Inquiry into WorkSafe WA

The Occupational Health Society of Australia (WA Branch) (the **Society**) submits the following comments to the Standing Committee Inquiry into WorkSafe WA:

The Society considers that it is time to elevate the profile of 'health' vis-à-vis 'safety' in keeping with the equal status reflected in the following objects of the *Occupational Safety* and *Health Act 1984*:

- i) to promote and secure the safety and health of persons at work.
- ii) to protect persons at work against hazards (harm to the health of the person).
- iii) to assist in securing safe and hygienic work environment.
- iv) to reduce, eliminate and control the hazards to which persons are exposed at work.
- v) to promote education and community awareness on matters relating to occupational safety and health.

The Society is concerned that a range of occupational health issues existing and emerging today are not receiving the attention warranted, while safety performance continues to improve (with the exception of the agriculture sector) as reflected in the low workers' compensation premiums and industry regulation appears adequate.

Some issues of concern in occupational and environmental health

# **OCCUPATIONAL DISEASES**

The latest annual statistics from the UK-HSE reveal that an estimated 100 people die of occupational diseases for every one killed in an occupational fatality.

# **OCCUPATIONAL CANCERS**

The Cancer Council of Australia estimates that 3.6 million Australians are exposed to cancer-causing agents every day at work.

The European Trade Union Institute (ETUI) says that cancer is the primary cause of death in the workplace with almost one in every three cases of lung cancer and almost one in five leukaemia cases attributed to occupational cancer.

In Canada occupational cancer has become the leading cause of compensated work deaths.

### RESPIRABLE CRYSTALLINE SILICA

In June, the Medical Journal of Australia reported new outbreaks of silicosis after exposure to a relatively new type of engineering stone produce used for kitchen and bathroom benchtops.

#### **NANOPARTICLES**

Although the science on the toxicity of nanoparticles such as carbon nanotubes is still in its infancy, the latency of malignant disease can run into decades, meaning that if there is toxicity associated with certain nanoparticles, it may not be revealed in epidemiological studies for quite some time.

# **ENDOCRINE DISRUPTING CHEMICALS**

The health dangers caused by endocrine disruptors are sufficiently severe to warrant specific workplace prevention measures.

These chemicals have been acknowledged in the European Union with phthalates which are used in many plastic products now recognised as endocrine disruptors to humans.

In 2016 around a hundred international scientists signed a petition requesting Europe and the international community to act against endocrine disrupting chemicals.

#### **HAZARDOUS CHEMICALS**

Only one percent of the estimated 100,000 chemicals used in the workplace have been thoroughly tested for health risks.

# **AIR POLLUTION / DIESEL EXHAUST**

The latest data from the World Health Organization (WHO) estimates that air pollution killed 6.5 million people in 2012.

According to the WHO, air pollution is the largest environmental risk factor for human disease. They estimate that in 2012 around one in eight deaths worldwide was due to exposure to air pollution.

With most people living and working in densely populated areas, exposure to the carcinogen diesel exhaust and other particulate matter is a daily occurrence.

Diesel exhaust, classified as a human carcinogen by the International Agency for Research on Cancer (IARC), and confirmed as causing lung cancer in a series of epidemiological studies, can cause cancer of sites such as urinary bladder, larynx and colon.

Little has been done in Australia to alert the community to this everyday risk.

### OCCUPATIONAL ASTHMA

The US Occupational Health and Safety Administration (OSHA) says that occupational asthma can occur when a worker is exposed to on-the-job substances, such as wood dust, chemicals or mould. Workers can be exposed through breathing or skin contact.

## **PSYCHOLOGICAL HEALTH**

Mental health disorders are estimated by the Royal Australian College of General Practitioners (RACGP) to affect almost one half (45%) of Australians aged 16-80 at some point during their lifetime, with one in five (20%) affected during a 12 month period.

Only one in five Australians needing assistance seeks professional help for mental health problems.

With the expectation that employers will be required to monitor the health (including mental health) of employees in the legislation scheduled for 2019, the need for educating both employers and employees concerning compliance is self-evident.

# **Conclusion**

The Society believes that it is time to elevate the profile of occupational health to reflect the existing and emerging knowledge concerning occupational diseases in the workplace today.

The Society recommends to the Standing Committee:

That the title "Worksafe" be amended to include "health" e.g. Workplace Health and Safety

That the necessary occupational health expertise be appointed to develop simplified educational material on the range of occupational health concerns evident today and to conduct regular advisory forums to ensure a clear understanding of these concerns by the predominantly small employers in the WA economy.

Patrick B Gilroy AM
Secretary
Occupational Health Society of Australia (WA Branch)
PO Box 171, Belmont WA 6984
safety@marcsta.com | www.ohswa.marcsta.com



Ref M:\OHSOCIETY WA\OHSAWA \_WorkSafe Inquiry WAIC105.docx