

# HSE TOPICS

## 6 Basic Steps for Incident Response

- **First Step is to take care of any injured** or ill persons, see that they receive any needed First Aid or get them to a hospital or medical centre. Take careful and swift action to prevent anyone else from being injured e.g. cordon off area or erect barriers, turn off equipment and/or disconnect power.
- **Notify** immediately your Manager and Supervisor. **Act on their instructions** and notify WorkCover and isolate and secure the area if the incident is one that has to be notified to WorkCover NSW –notifiable incidents are deaths, serious injuries/illnesses and dangerous incidents (Sections 35-39 WHS Act 2011). Do not disturb or re-enter the incident site until directed by the WorkCover Inspector that you may. For listing of Regulators in States other than NSW and their phone numbers see below.
- **Notify** all other relevant parties: emergency contacts of any injured/ill person, relevant people within the organisation, HR Department, Safety Officer, Emergency Response Services where needed (Fire, Police, etc.).
- **Consult and Communicate** with workers about the actions taken to assist injured/ill workers and to make the workplace safe. Consult with workers about matters that will affect their health and safety. HR, H&S Committee Members or the established workplace channels for WHS consultation should be used to aid this process.
- Conduct an **Investigation of the incident**. This should be conducted by persons trained to investigate workplace incidents and should not focus on isolating who to blame, but on consulting and identifying control measures that can be put in place to prevent further injuries or illness. Seek legal advice and aid of WHS experts as needed.
- **Discuss** with your Employees, Managers, Supervisors and Safety Officer and **Implement** the control measures identified in the Investigation and **review these** at appropriate times to ensure they are **effective** in keeping the workplace safe and healthy.

# Occupational Diseases

## Musculoskeletal disorders

The condition Musculoskeletal disorders cover a broad group of clinical disorders that impact the musculoskeletal system and include a wide range of inflammatory and degenerative conditions affecting muscles, tendons, ligaments, joints, peripheral nerves and supporting blood vessels. The intensity of these disorders and the associated impact on those affected vary greatly.

Skeletal disorders include: fractures; fracture of vertebral column with or without mention of spinal cord lesion; dislocation; arthropathies (disorders of joints); dorsopathies (disorders of the spinal vertebrae and intervertebral discs); osteopathies (disorders of the bones); chondropathies (disorders of the cartilage); and acquired musculoskeletal deformities.

Muscular disorders include: strains and sprains of joints and adjacent muscles; disorders of muscle, tendons and other soft tissues; and hernia. For this indicator, workers' compensation claims for musculoskeletal disorders are limited to those caused by body stressing, which excludes cases where the disorder was most likely an injury (due to a single event such as a fall or by being hit by an object).

Known causes and impacts Workers compensation data shows that in 2010, 58% of all compensated claims for musculoskeletal disorders were the result of body stressing. This category includes: disorders arising from muscular stress while lifting, carrying, putting down objects or other ways of handling objects; stress from physical movements without handling an object; and stress from making repetitive movements. The occupations with the highest rates of workers compensation claims for musculoskeletal disorders over the three-year period 2008 to 2010 include: Ambulance officers & paramedics; Garbage collectors; Electrical & telecommunications trades assistants; Domestic housekeepers; Engine & boiler operators; Wood products factory hands; Meat & fish process workers; Paper products machine operators; Glass production machine operators; and Clay, stone & concrete processing machine operators.

### Prevention policy:

All jurisdictions publish guidance information on how to identify and manage the risk of injury to workers who perform manual tasks. While a manual task can be any physical activity requiring a person to use part of their body to perform their work, guidance information generally focuses on identifying and managing hazardous manual tasks that have a greater likelihood of causing injury.

**It is also always paramount that the correctly identified Techniques, Operational Procedures and Personal Protective Equipment (PPE) are applied for all specific tasks.**

## Occupational Disease Indicators

Summary of findings between 2000 and 2010, decreasing trends were observed for five of the eight disease groups:

1. Musculoskeletal disorders;
2. Infectious and parasitic diseases;
3. Respiratory diseases;
4. Contact dermatitis; and
5. Cardiovascular diseases.

Three of the eight priority disease groups did not display a clear overall trend of increase or decrease:

1. Mental disorders;
2. Noise-induced hearing loss; and
3. Occupational cancers.

The summary results presented below are primarily based on workers compensation data, which are supplemented by hospitalisation and disease notification data for selected diseases.

### Result Disease Findings

- Musculoskeletal disorders: The rate of workers compensation claims for musculoskeletal disorders caused by body stressing decreased by 31% between 2000 and 2010.
- Mental disorders: The rate of workers compensation claims for mental disorders decreased from its peak in 2002 until 2008 when it began increasing.
- Noise-induced hearing loss: From 2002, the rate of workers compensation claims for noise-induced hearing loss remained relatively stable before increasing from 2006 and declining after 2009.
- Infectious and parasitic diseases: There was a 53% decline in the rate of workers compensation claims for infectious and parasitic diseases from a peak in 2003 to 2010. This decline was also observed in the notification rate for specified zoonosis.
- Respiratory diseases: Although the hospitalisation rate for respiratory diseases does not show a clear trend, the rate of workers compensation claims declined by 49% between 2000 and 2010.
- Contact dermatitis: The rate of workers compensation claims for contact dermatitis declined by 48% between 2000 and 2010.

- Cardiovascular diseases: The rate of workers compensation claims for cardiovascular diseases declined by 51% from a peak of 49 claims per million employees in 2002 to a low of 24 in 2010.
- Occupational cancers: The rate of workers compensation claims for occupational cancers decreased from a peak of 66 claims per million employees in 2003 to a low of 48 in 2008 and has remained relatively stable thereafter.

## Electrical Risk

What are Electrical Risks?

Electrical risks are risks of death, electric shock or other injury caused directly or indirectly by electricity.

The most common electrical risks and causes of injury are:

- Electric shock causing injury or death. The electric shock may be received by direct or indirect contact, tracking through or across a medium, or by arcing. For example, electric shock may result from indirect contact where a conductive part that is not normally energized becomes energized due to a fault (e.g. metal toaster body, fence)
- Arcing, explosion or fire causing burns. The injuries are often suffered because arcing or explosion or both occur when high fault currents are present
- Electric shock from “step-and-touch” potentials
- Toxic gases causing illness or death. Burning and arcing associated with electrical equipment may release various gases and contaminants
- Fire resulting from an electrical fault.

Even the briefest contact with electricity at 50 volts for alternating current (V a.c.) or 120 volts for direct current (V d.c.) can have very serious consequences to a person's health and safety. High voltage shocks involving more than 1000 V a.c. or 1500 V d.c. can cause contact burns and damage to internal organs.

Electric shocks from faulty electrical equipment may also lead to related injuries, including falls from ladders, scaffolds or other elevated work platforms. Other injuries or illnesses may include muscle spasms, palpitations, nausea, vomiting, collapse and unconsciousness.

Workers using electricity may not be the only ones at risk—faulty electrical equipment and poor electrical installations can lead to fires that may also cause death or injury to others.

Who must manage electrical risks?

A person conducting a business or undertaking (supervisory / managerial roles) has the primary duty under the WHS Act to ensure, so far as is reasonably practicable, that workers and other persons at the workplace are not exposed to electrical risks arising from the business or undertaking. This duty requires eliminating electrical risks or, if that is not reasonably practicable, minimizing the risks so far as is reasonably practicable.

The WHS Regulations include more specific requirements for managing electrical risks at the workplace. For example, all persons conducting a business or undertaking have duties to ensure; so far as is reasonably practicable, that electrical equipment and installations at the workplace are without risks to health and safety of persons.

Persons conducting a business or undertaking with management or control of a workplace have a duty to ensure effective Residual Current Devices (RCDs) are used in certain high-risk environments as defined in the Regulations and explained in more detail.

Persons conducting a business or undertaking carrying out electrical work must comply with the prohibition on electrical work on energized electrical equipment subject to certain exceptions. These persons may also have duties under local electrical safety laws. Persons conducting a business or undertaking should ensure electrical work is only carried out by appropriately qualified persons and testing and compliance requirements are met.

We must ensure always that all Electrical Contractors:

- Are properly Site Safety Inducted and signed off.
- Possess valid tickets (electrical licenses) to carry out the designated tasks.
- Have given us appropriate Safe Work Method Statements (SWMSs) including "Lock-Out and Tag-Out" Procedures.
- Have given us current Public Liability Insurance Certificates.
- Have given us current Worker's Compensation, Injury and Hospitalization Insurance Certificates for all their Employees who will come on Sika Site.
- For out of the normal tasks, they must complete a Job Safety Analysis (JSA) together with the relevant SIKA Employees and sign off and abide by same.

(The above all is relevant for all Contractors we invite on Site...)

## INTRODUCTION CODE OF PRACTICE | MANAGING ELECTRICAL RISKS IN THE WORKPLACE

Designers, manufacturers, importers, suppliers and installers of electrical equipment and installations that could be used for work must ensure, so far as is reasonably practicable, that they are without risks to health and safety. Designers and manufacturers of electrical equipment or installations must ensure they are designed and manufactured so that electrical risks are eliminated or, if this not reasonably practicable, minimized so far as is reasonably practicable.

Officers, such as Managers and Company Directors, have a duty to exercise due diligence to ensure that the business or undertaking complies with the WHS Act and Regulations. This includes taking reasonable steps to ensure that the business or undertaking has and uses appropriate resources and processes to eliminate or minimize electrical risks at the workplace.

Workers must take reasonable care for their own health and safety and not adversely affect the health and safety of other persons. Workers must comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace. This means that if electrical equipment is provided by the person conducting the business or undertaking, the worker must use it in accordance with the information, instruction and training provided on its use.

Duty holders may have additional legal obligations under state or territory electrical safety legislation.

What is required to manage electrical risks?

A person conducting a business or undertaking (control / managerial / supervisory role) must manage risks to health and safety associated with electrical risks at the workplace.

In order to manage risk under the WHS Regulations, a duty holder must:

- Identify reasonably foreseeable hazards that could give rise to the risk. All new electrical work must be preceded with a detailed risk assessment and Job Safety Analysis. (JSA)
- Eliminate the risk, so far as is reasonably practicable
- If it is not reasonably practicable to eliminate the risk, minimize the risk so far as is reasonably practicable by implementing control measures
- Maintain the implemented control measure so that it remains effective
- review, and if necessary revise, all risk control measures so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health and safety. In this context it is very important that only properly qualified, insured and current license holders are employed as electricians to carry out electrical work and that all control procedures are fully implemented when such work is carried out.

The hierarchy of risk control is described in the Code issued by Worksafe Australia. This Code includes guidance on how to manage electrical risks in the workplace by following a systematic process that involves:

- Identifying hazards

- If necessary, assessing the risks associated with these hazards
- Implementing and maintaining risk control measures (e.g. inspecting and testing electrical equipment, using RCDs), and
- Reviewing risk control measures. Guidance on the general risk management process is available in the Code of Practice: How to Manage Work Health and Safety Risks.