Contents

1 Executive Summary ................................................................................................................. 3
2 More Information .................................................................................................................. 3
3 Using this Standard .............................................................................................................. 3
4 Standard Provisions ........................................................................................................... 4
4.1 Health Monitoring ............................................................................................................. 4
4.2 Communication .................................................................................................................. 4
4.3 Record Keeping ................................................................................................................. 4
4.4 Health Assessment ............................................................................................................ 5
4.4.1 New workers ............................................................................................................... 5
4.4.2 Current workers .......................................................................................................... 5
4.5 Noise and Hearing ............................................................................................................ 6
4.5.1 Exposure standards ...................................................................................................... 6
4.5.2 Consultation .................................................................................................................. 6
4.5.3 Qualifications ............................................................................................................... 6
4.5.4 Audiometric testing program ....................................................................................... 6
4.5.5 Results ......................................................................................................................... 6
4.5.6 Risk Controls ................................................................................................................ 7
4.6 Hazardous Chemicals ....................................................................................................... 8
4.6.1 Hazardous chemical exposure .................................................................................... 8
4.7 Microbiological Hazards .................................................................................................. 8
4.8 Asbestos ............................................................................................................................. 9
4.8.1 Health monitoring results ............................................................................................ 10
4.8.2 Health monitoring records .......................................................................................... 10
4.9 Manual Handling ............................................................................................................ 11
4.9.1 Consultation ................................................................................................................ 11
4.9.2 Qualifications and Standards ....................................................................................... 11
4.9.3 Testing program .......................................................................................................... 11
4.9.4 Results ......................................................................................................................... 12
4.9.5 Source of Risk ............................................................................................................. 12
4.9.6 Risk Control ................................................................................................................ 12
5 Responsibilities .................................................................................................................... 13
6 Glossary ................................................................................................................................. 14
7 Versioning ............................................................................................................................. 14
8 Supporting Documentation ................................................................................................. 14
9 Appendices ............................................................................................................................. 14
<table>
<thead>
<tr>
<th><strong>Responsible Officer</strong></th>
<th>Executive Director – Human Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approved by</strong></td>
<td>Executive Director – Human Resources</td>
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<tr>
<td><strong>Approved and commenced</strong></td>
<td>October, 2013</td>
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<td><strong>Review by</strong></td>
<td>October, 2016</td>
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| **Relevant Legislation, Ordinance, Rule and/or Governance Level Principle the Standard supports** | **Work Health and Safety Act 2012**  
**Work health and Safety Regulations 2012** |
| **Responsible Organisational Unit** | Work Health and Safety – Human Resources |
1 Executive Summary

The University has a primary duty of care to ensure that the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the University’s business. The University will undertake health monitoring where required to support the effective management of workplace risk.

This Minimum Standard provides the framework for worker health monitoring relating to:

- new workers;
- noise and hearing;
- hazardous chemicals;
- asbestos;
- microbiological hazards;
- hazardous manual tasks.

2 More Information

For further information, contact the Work Health and Safety Unit.

Email: health.safety@utas.edu.au

3 Using this Standard

This Minimum Standard provides practical guidance for the health monitoring of both new and existing workers at University workplaces.

The University is to:

- assess the health status of workers on a regular basis;
- analyse collected data, to detect adverse health effects at the earliest opportunity; and
- evaluate the control measures employed, to control exposure and take appropriate and timely corrective action where necessary.

This Minimum Standard has been developed in accordance with:

- Work Health and Safety Act 2012;
- Work Health and Safety Regulations 2012;
- Managing Noise and Preventing Hearing Loss at Work - Code of Practice;
- Managing Risks of Hazardous Chemicals in the Workplace – Code of practice;
- How to Manage and Control Asbestos in the Workplace – Code of Practice
- Australian Standard AS2243.3 Safety in laboratories Part 3: Microbiological safety and containment
- Hazardous Manual Tasks - Code of Practice;
- and with reference to:
- Guide to Preventing Body Strain, Workplace Standards Tasmania.
4 Standard Provisions

4.1 Health Monitoring

Health monitoring assists in identifying where new risk controls are required and where existing controls need to be reviewed.

Health monitoring is not to be used as an alternative to the proper implementation and maintenance of risk control measures in the workplace.

Health monitoring is to be:

- safe, easy to perform, acceptable to workers and where possible, non-invasive;
- based on specialist advice before implementing a health monitoring program;
- carried out under the supervision of a registered medical practitioner with the relevant competencies;
- only related to the worker’s work at the workplace.

Cost of health monitoring is to be borne by the relevant University Organisational Unit.

4.2 Communication

When communicating with the worker, the University will provide information which includes as appropriate:

- what is involved in any health monitoring program, for example the frequency of testing and which tests may be needed;
- what a program of health monitoring will achieve, how the worker will benefit and that it is in their interest to report symptoms;
- whether it is a legal requirement;
- alternative measures to manage risks to the worker;
- who pays for the health monitoring – all health monitoring expenses are to be paid by University;
- what are possible health effects from exposure;
- any requirements for the worker to see a doctor or specialist;
- how a medical practitioner is chosen and the qualifications that they need;
- that information about the results of health monitoring will be provided to University as well as the worker;
- if and how monitoring results may affect the worker’s employment arrangements;
- the record keeping requirements, and the confidentiality of information; and
- that the worker’s written consent is required for health monitoring results to be disclosed to someone else, other than the Regulator.

4.3 Record Keeping

Health monitoring records for all workers are to be kept for at least 30 years (40 years for asbestos), even if the worker no longer works at the workplace.

Additional information on record keeping requirements is provided in the University’s *Work Health Safety Record Management Guidelines*. 
4.4 Health Assessment

4.4.1 New workers

For new workers, the Manager of the Organisational Unit initiating recruitment is to:

- complete a written risk assessment using a *Pre Employment Health Report Form Part A*, which takes account of the nature of the hazards, the type and extent of exposure for the position;
- ensure this information is included in the Position Vacant summary.

The applicant for the position is to:

- complete Part B of the *Pre Employment Health Report Form* including a personal declaration.

The WHS Unit is to:

- review the pre-employment health report;
- schedule medical assessment where required; and
- complete Part C of the *Pre Employment Health Report Form*.

An initial health assessment for a new worker may include, but is not limited to (depending on the role):

- full muscle and strength assessment;
- skeletal assessment and Range of Movement (ROM);
- vision (colour, distance and near);
- cardio system, pulse and blood pressure;
- hearing assessment;
- a lung function spirometry test;
- locomotor – nervous system;
- ergonomic assessment.

4.4.2 Current workers

The Manager of the Organisational Unit in consultation with the WHS Unit is to identify those current workers who are to undertake a periodic health assessment. This will depend on their role and may include one or more of:

- summary of work history;
- questionnaire, re: known allergens to the individual;
- respiratory questionnaire;
- lung function test; and
- audiometric (hearing) test.

The *Health Monitoring Requirements Check List* is to be used to document health monitoring requirements within the Organisational Unit. The Checklist is to be completed annually and in consultation with the WHS Unit and the relevant

Frequency:

- where required, periodic health assessments should be conducted at intervals not exceeding five years;
- the frequency of health assessment for any individual, will be determined after an assessment of risk has been undertaken by a competent person;
• a worker who relies on personal protective equipment may be considered at higher risk of exposure and may be complete a health assessment more frequently.

4.5 Noise and Hearing

Hearing monitoring is to be managed in accordance with the Managing Noise and Preventing Hearing Loss at Work Code of Practice.

4.5.1 Exposure standards

Where any University worker is likely to be exposed to:
• noise above the exposure standard for noise;
• hand-arm vibration at any level and noise with LAeq,8h greater than 80 dB(A) or LC, peak greater than 135 dB(C);
• their hearing is to be monitored for exposure with regular audiometric testing.

4.5.2 Consultation

The WHS Unit is to ensure consultation with workers and their Health and Safety Representatives is undertaken before introducing an audiometric testing program, to ensure they understand the aim of the testing, which is to:

Evaluate the effectiveness of control measures to protect workers’ hearing.

4.5.3 Qualifications

The WHS Unit is to ensure that:
• only qualified people carry out audiometric testing and assessment of the audiograms;
• procedures and equipment used is in accordance with the specifications in AS/NZS 1269.4:2005 – Occupational noise management – Auditory assessment.

4.5.4 Audiometric testing program

The WHS Unit is to manage a program to:
• introduce testing for workers already exposed to noise;
• start audiometric testing before people are exposed to hazardous noise (such as new starters or those changing jobs) to provide a baseline for future audiometric tests;
• carry out regular (annual) follow up tests;
• carry out more frequent audiometric testing at high LAeq,8h, equal or greater than 100dB(A).

4.5.5 Results

The WHS Unit is to ensure compliance with the following requirements which apply to the results of audiometric testing:
workers are to be given the results of audiometric testing, accompanied by a written explanation of the meaning and implications;
• results are only to be provided to other parties with the consent of the worker;
• un-identifiable individual results and group data are made available to Health and Safety Representatives.

4.5.6 Risk Controls

The Manager of the Organisational Unit is to thoroughly investigate the reasons for any changes in hearing levels over time.

Also, when temporary or permanent threshold shifts are revealed through audiometric assessments, or when a worker reports a recent diagnosis of tinnitus, the Manager is to ensure:

• the worker’s work is reviewed to identify any changes that may have caused an increase in exposure to noise; and
• the levels of noise that the worker is exposed to is reduced and also the duration of exposure is reduced;
• if the worker uses personal hearing protection:
  – verify that the nominal performance of the worker’s personal hearing protector is adequate for the level of exposure to noise,
  – examine the protector carefully and ensure it is not worn or damaged,
  – check the protector fits the worker closely with no leakage paths for noise,
  – ask the worker if they have any difficulty using the protector, and
  – check the worker actually uses the protector correctly and consistently whilst performing their work;
• if the above procedures reveal problems, refer to expert advice as necessary;
• if workers are found to have sufficient hearing loss to interfere with the safe performance of their work, take all reasonably practicable steps to modify the work environment. This can include providing:
  – volume control on equipment such as telephones,
  – acoustically treated meeting areas with low noise and low sound reflections,
  – supplementary visual warning signals, and
  – alternative work for the worker if other measures do not remedy the situation;
• if workers are exposed to both noise and hand-arm vibration through the use of tools including:
  – pneumatic and electrical rotary tools such as concrete breakers, grinders, sanders and drills,
  – percussive tools such as chippers and riveters, and
  – petrol-powered tools such as lawn-mowers, brush-cutters and chainsaws;

control measures are implemented to reduce exposure to hand-arm vibration which may involve:
  – find alternative ways to do the work that eliminates the need to use vibrating equipment, or
  – purchase tools that produce less vibration.

• Ototoxins
Audiometric testing is to be undertaken where a worker is assessed as being potentially exposed to noise and to one or more of the solvents, heavy metals or asphyxiants listed as ototoxins in Appendix A of the Code of Practice.

4.6 Hazardous Chemicals

The Manager of the Organisational Unit is to ensure health monitoring is provided to a worker if the University identifies a significant risk to the worker’s health:

a) because of exposure to a hazardous chemical referred to in Schedule 14 of the Regulations; or
b) if the worker is exposed to a hazardous chemical (other than asbestos) and either:
   i. valid techniques are available to detect the effect on the worker’s health; or
   ii. a valid way of determining biological exposure to a hazardous chemical is available and it is uncertain, on reasonable grounds, whether the exposure is more than the biological exposure standard.

Health monitoring is to be managed in accordance with the Managing Risks of Hazardous Chemicals in the Workplace Code of Practice.

4.6.1 Hazardous chemical exposure

The Manager of the Organisational Unit is to monitor the workplace for the use of scheduled hazardous chemicals.

Chemicals currently listed in Schedule 14 of the Regulations are:

1. Acrylonitrile
2. Arsenic (inorganic)
3. Benzene
4. Cadmium
5. Chromium (inorganic)
6. Creosote
7. Crystalline silica
8. Isocyanates
9. Mercury (inorganic)
10. 4,4’-Methylene bis (2-chloroaniline)(MOCA)
11. Organophosphate pesticides
12. Pentachlorophenol (PCP)
13. Polycyclic aromatic hydrocarbons (PAH)
14. Thallium
15. Vinyl chloride
16. Lead (inorganic)

If exposure of workers to hazardous chemicals were to occur, then appropriate health monitoring is to be undertaken in accordance with Schedule 14 of the Regulations.

4.7 Microbiological Hazards

The Manager of the Organisational Unit is to ensure that where a University worker is to work with a human pathogen from Risk Group 3 or 4 as listed in Australian Standard AS 2243.3 Safety in laboratories Part 3: Microbiological safety and
containment, health surveillance is to be undertaken for each person in accordance with the Standard as follows:

“2.6 HEALTH MANAGEMENT

2.6.1 General
All personnel shall be advised of the risk of occupational exposure to microorganisms to which they may not be immune.
When working with human pathogens of Risk Group 3 or Risk Group 4, each person working in the laboratory or animal, plant or invertebrate facility shall be subjected to an initial medical examination, including a chest X-ray where relevant, and periodic examinations. A baseline serum sample should be obtained from at risk personnel and stored for future reference. (See also Clauses 2.6.3 and 2.6.5.)
When working with human pathogens of Risk Group 4, a system shall be set up for reporting accidents and exposures to microorganisms, for monitoring employee absenteeism and for the medical surveillance of illnesses that are potentially laboratory associated.

2.6.3 Blood samples
A serum bank can be invaluable when there are questions of work-related infection. Subject to privacy and informed consent considerations, baseline serum samples should be collected from ‘at-risk’ personnel, to be stored for future reference. Additional serum samples may be collected periodically, depending on the risk of exposure to agents handled in the laboratory. If samples are collected, procedures shall be documented defining who owns the serum, how it is stored, who can access it for testing, who may order tests, who evaluates the tests and who can have access to the results.

2.6.5 At-risk persons
Persons who are immuno-suppressed, immuno-compromised, or otherwise unduly vulnerable to infection, such as persons who are diabetic, should inform their supervisor or person responsible for microbiological safety of their condition so that appropriate action may be taken. Medical opinion may be required if working with human pathogens. Some microorganisms that are regarded as part of the normal flora of humans or animals may be pathogenic for immuno-compromised persons”.

4.8 Asbestos

University employees do not undertake licensed asbestos removal. The Manager of the Organisational Unit is to confirm that a contractor engaged as a licensed asbestos removalist at a University workplace has provided their workers with health monitoring before work commences.
Where health monitoring is required, it is to be managed in accordance with the How to Manage and Control Asbestos in the Workplace – Code of Practice.
The Manager of the Organisational Unit is to ensure that health monitoring is provided to a University worker:

- if the worker is carrying out other asbestos removal work (asbestos removal work that does not require a license); or
- is involved in carrying out maintenance work on asbestos; and
- is determined to have been in an area of the workplace in which the exposure standard was likely to have been exceeded.
The Organisational Unit is to pay all expenses relating to worker health monitoring.

The WHS Unit is to ensure that:

- health monitoring includes consideration of the worker’s demographic, medical and occupational history, records of personal exposure and a physical examination of the worker; and
- the worker is told about any health monitoring requirements before the worker carries out any work that may expose the worker to asbestos at the workplace; and
- health monitoring is carried out under the supervision of a registered medical practitioner with the relevant competencies after consulting the worker.

4.8.1 Health monitoring results

The WHS Unit is to ensure that:

- a summary of health monitoring results is obtained from the medical practitioner as soon as is reasonably practicable after the monitoring is carried out;
- the summary of health monitoring results includes:
  a) any advice indicating a disease or adverse health effect that is likely to be related to exposure to asbestos at the workplace;
  b) any recommendation that the person:
     - take remedial measures; or
     - is fit or not fit to continue the work that required the health monitoring;
  c) whether medical counselling is required in relation to work related health risks.

Where the University receives:

- advice or a recommendation referred to in a) or b), University is to ensure that a copy is given to the regulator as soon as is reasonably practicable.
- a recommendation referred to in b), University is to ensure that the risk assessment and control measures in relation to asbestos are reviewed and, if necessary, revised;

- a copy of the health monitoring results, together with an explanation of the results, is given to the worker as soon as is reasonably practicable.

4.8.2 Health monitoring records

The WHS Unit is to ensure that:

- health monitoring results in relation to a worker at a University workplace are kept as a confidential record:
  - identified as a record in relation to the worker; and
  - for at least 40 years after the record is made
- the health monitoring results of a worker are not disclosed to someone else without the worker’s written consent. (unless disclosed to a person who must keep the record confidential under a duty of professional confidentiality).
- health monitoring results relating to a worker are given to the worker if:
  - University stops conducting the business; or
4.9 Manual Handling

Where health assessment is required, it is to be managed in accordance with the *Hazardous Manual Tasks* - Code of Practice.

The University is to apply the following general health assessment principles:

4.9.1 Consultation

The Manager of the Organisational Unit is to consult with workers and their Health and Safety Representatives before introducing an MSD testing program, to ensure they understand the aim of the testing, which is to:

*Evaluate the effectiveness of control measures to identify hazardous manual tasks and protect workers from musculoskeletal damage.*

4.9.2 Qualifications and Standards

The WHS Unit is to ensure that:

- only qualified people carry out testing and assessment of the results;
- procedures and equipment used are in accordance with the specifications of applicable Australian Standards.

4.9.3 Testing program

The Manager of the Organisational Unit is to:

- introduce testing for those workers who have had prior occupational exposure to hazardous manual tasks and a significant risk of developing a MSD;
- commence testing before people are exposed to hazards (such as new starters or those changing jobs) to provide a baseline for future test results;
- carry out regular (annual) follow up tests.

The assessment is to include, as a minimum:

- blood pressure and pulse reading;
- Full Range of Movements (Documented ROM), which will also assess flexibility;
- strength testing, including testing shoulder strength using a Shoulder Strength Dynamometer and back/leg strength using a Back/Leg Strength Dynamometer. The strength test results are recorded against the normal values (averages) for the person’s age/gender.

During the assessment, the assessor is to discuss the results with the employee to assist and encourage the employee to understand and use correct manual handling techniques if and when required. A basic refresher in correct manual handling technique is included as part of the assessment.
4.9.4 Results

The WHS Unit is to ensure that the following requirements apply to the results of testing:

- workers are to be given the results of testing, accompanied by a written explanation of the meaning and implications;
- a report is to be provided to benchmark where employees are now and to identify any areas of current or potential risk relating to:
  - back/leg strengths
  - shoulder strength
  - blood pressure
- results are to be provided to other parties only with the consent of the worker;
- individual results (un-identifiable) and group data are available to health and safety representatives.

4.9.5 Source of Risk

Potential sources of risk include, but are not limited to:

- work area design and layout;
- systems of work;
- nature, size, weight & number of things handled;
- work environment.

4.9.6 Risk Control

When a worker reports a MSD, or a MSD is identified through a health assessment, the Manager of the Organisational Unit is to carry out an investigation.

The Manager is to ensure:

- the worker’s work is reviewed to identify any changes that may have caused an increase in exposure to MSD; and
- the level of hazardous manual work that the worker is exposed to and also the duration of exposure is assessed; and
- expert advice is sought as necessary;

If a worker is found to have MSD that interferes with the safe performance of their work, it is the University’s aim for the worker to continue work safely and not to cause further damage of injury.

The Organisational Unit is to implement the following controls where reasonably practicable and in priority order:

- remove the manual handling task;
- change the workplace;
- change the load being handled;
- change the tools used;
- use mechanical aids;
- change systems of work;
- change the environmental conditions.

See: Workplace Standards Tasmania Guide to preventing body strain.
Where implementation of one or more of the above controls is not effective in reducing risk to an acceptable level for a worker found to have a MSD that interferes with the safe performance of their work, the Organisational Unit is to consult with the worker and consider the following controls:

- rotate jobs so the worker is not doing any one repetitive task for too long;
- set realistic work rates that take into account the physical demands of the task and the differences between workers;
- ensure worker has adequate breaks during the day, between shifts, and when working with vibrating equipment or tools;
- ensure worker knows how to work safely by providing training as needed;
- support worker in carrying out some simple exercises before work and throughout the day.

Where one or more of the above controls is not effective, the Organisational Unit is to consult with the worker and consider the following controls:

- seek specialist medical advice to determine the nature of the MSD and the requirements for safe performance of work;
- implement a structured work plan (Return to Work plan);
- ensure compliance with work restrictions (until rehabilitation is completed and medical clearance is provided);
- undertake an exercise physiotherapy program as approved by a medical practitioner;

Where one or more of the above controls is not effective, the Organisational Unit is to consult with the worker and consider, if practicable, the following control:

- identify suitable alternative roles within the University, retrain and reassign.

5 Responsibilities

The University Work Health and Safety Unit is to:

- ensure health monitoring is carried out under the supervision of a registered medical practitioner, having the required competencies to undertake a health monitoring program;
- consult with workers about the choice of a medical practitioner;
- review the progress of the health monitoring program with the medical practitioner from time to time;
- obtain a summary of results of health monitoring from the medical practitioner as soon as reasonably practicable after the completion of the monitoring program.

The head of the Organisational Unit is to ensure:

- health assessments are organised and consultation is undertaken with the worker regarding a reasonable time for and place of attendance;
- costs (including travel time) associated with these tests are met.

Workers are to:

- undertake an initial health assessment where required to ensure their suitability for work at a University workplace; and
• attend ongoing health assessments as agreed after consultation and as organised by the University.

6  Glossary

<table>
<thead>
<tr>
<th>Term/Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Organisational Unit</strong></td>
<td>College, Faculty, School, Centre, University Institute, other University Entity, Division, Section or University Business Enterprise.</td>
</tr>
<tr>
<td><strong>Ototoxin</strong></td>
<td>Exposure to some chemicals (ototoxins) can result in hearing loss. Hearing loss is more likely to occur if a worker is exposed to both noise and ototoxins, than if exposure is just to noise or ototoxins alone. There are three major classes of ototoxins – solvents, heavy metals and asphyxiants.</td>
</tr>
<tr>
<td><strong>MSD</strong></td>
<td>Musculoskeletal Disorder: an injury to, or disease of the musculoskeletal system, whether occurring suddenly or over a prolonged period of time.</td>
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<tr>
<td><strong>SDS</strong></td>
<td>Safety Data Sheet</td>
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7  Versioning

<table>
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<tr>
<th>Former Version</th>
<th>Current Version</th>
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<tbody>
<tr>
<td>Version 1</td>
<td>Health Monitoring Minimum Standard; approved October 2013:</td>
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8  Supporting Documentation

- *Work Health and Safety Policy*
- *Health Monitoring Requirements checklist*
- *Hazardous Chemicals Health Monitoring Requirement Checklist*
- *Managing Noise and Preventing Hearing Loss at Work – Code of Practice;*
- *Managing Risks of Hazardous Chemicals in the Workplace – Code of practice;*
- *How to Manage and Control Asbestos in the Workplace – Code of Practice*
- *Hazardous Manual Tasks - Code of Practice;*

9  Appendices

Appendix 1. Health Monitoring Flow Chart – decision support

Appendix 3. What to do when health monitoring is required
Appendix 2: Health Monitoring Flow Chart - decision support

New worker
- Manager of Organisational Unit to complete Health Report Part A
- Applicant to complete Health Report Part B
- WHS Unit reviews report and schedules medical assessment where required
- Report provided to Manager
- Workplace assessments carried out as required e.g. ergonomic assessment

Noise and hearing
- Manager of Organisational Unit to identify where a worker is likely to be exposed to noise above exposure standard 85dB(A) or peak of 140dB
- Manager to consult with workers and HSR
- Baseline audiometric screening tests to be undertaken for new employees before commencing work
- Results and findings to be communicated to worker
- For LAeq,8h ≤ 80dB(A): regular (annual) follow up test
- For LAeq,8h > 80dB(A): more frequent testing

Hazardous Chemicals
- Manager of Organisational Unit to ensure Hazardous Chemicals assessment is carried out
- If exposure to hazardous chemicals occurs
- Undertake monitoring in accordance with Schedule 4 of the WHS Regulations

Asbestos
- Manager of Organisational Unit to determine if the exposure standard is likely to have been exceeded in the workplace
- If exposure is likely to exceed the standard, health monitoring to be undertaken under the supervision of a registered medical practitioner
- A copy of the results, together with an explanation as to be given to workers
- Results to be kept as a confidential record for 40 years

Micro-biological hazards
- Manager of the Organisational Unit to identify where a worker is to work with human pathogens from Risk Group 3 or 4
- Undertake initial medical examination including chest X-ray and baseline serum samples
- Undertake periodic examination
- For Risk Group 2: report incident, monitor employee absences and undertake medical surveillance of illnesses

Hazardous manual tasks
- Manager of the Organisational Unit to identify those workers who have had prior exposure to hazardous manual tasks
- Commence testing of new and current employees to provide a baseline
- Carry out regular (annual) follow up tests
- Give workers results of testing and a written explanation of results
Appendix 2: Risk management process for manual tasks

What is the manual task?
Using the body to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing.

Is the manual task hazardous?

<table>
<thead>
<tr>
<th>Application of force:</th>
<th>Posture:</th>
<th>Movement:</th>
<th>Exposure to vibration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Repetitive</td>
<td>• Sustained</td>
<td>• Repetitive</td>
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</tr>
<tr>
<td>• Sustained</td>
<td>• Awkward</td>
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<td>• High</td>
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<td>• Sudden</td>
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</table>

What is the risk of MSD?

- How often and how long are specific postures, movement, forces performed or held?
- What is the duration of the task?
- Does the task involve high force?
- Are environmental factors increasing the risk?
- Are systems of work increasing the risk?

What is the source of risk?

<table>
<thead>
<tr>
<th>Work area design and layout</th>
<th>Systems of work</th>
<th>Nature, size, weight &amp; number of things handled</th>
<th>Work environment</th>
</tr>
</thead>
</table>

What is the source of risk?

- Is the task necessary?
- Can the source of risk (work area layout, environment, etc) be changed?
- Can mechanical aids be used to perform the task?
- What training is needed?

Review

- before any change is made to a thing, system of work or the work area
- before a thing is used for a purpose other than that for which it was designed
- when new or additional information becomes available
- when a worker suffers an injury or illness due to a manual task
- if a notifiable incident occurs in relation to a hazardous manual task
- if the control measures do not control the risk
- if a health and safety representative at the workplace requests a review.
Appendix 3: what to do when health monitoring is required

Inform worker of health monitoring requirements before the worker carries out any work. Consult with the worker or their health and safety representative.

Engage a registered medical practitioner with the relevant competencies to supervise the health monitoring program.

Decide the type of health monitoring to use according to the WHS Regulations and in consultation with the registered medical practitioner.

Registered medical practitioner conducts or supervises health monitoring.

Obtain the health monitoring summary, identify the record as a confidential record in relation to the worker and keep the record at least 30 years after the record is made.

Provide a copy of the health monitoring summary to the worker.

Provide a copy of the health monitoring summary to others who have a duty to provide health monitoring for the worker.

Provide a copy of the health monitoring summary to the regulator if the summary has test results indicating the worker has been exposed to risk in excess of an exposure standard, or advises the worker is suffering a disease, injury or illness as a result of exposure, or recommends remedial action to be taken.

Take appropriate action where the health monitoring summary has test results indicating the worker has been exposed to risk in excess of an exposure standard, advises the worker is suffering a disease, injury or illness as a result of exposure, or recommends remedial action to be taken.