

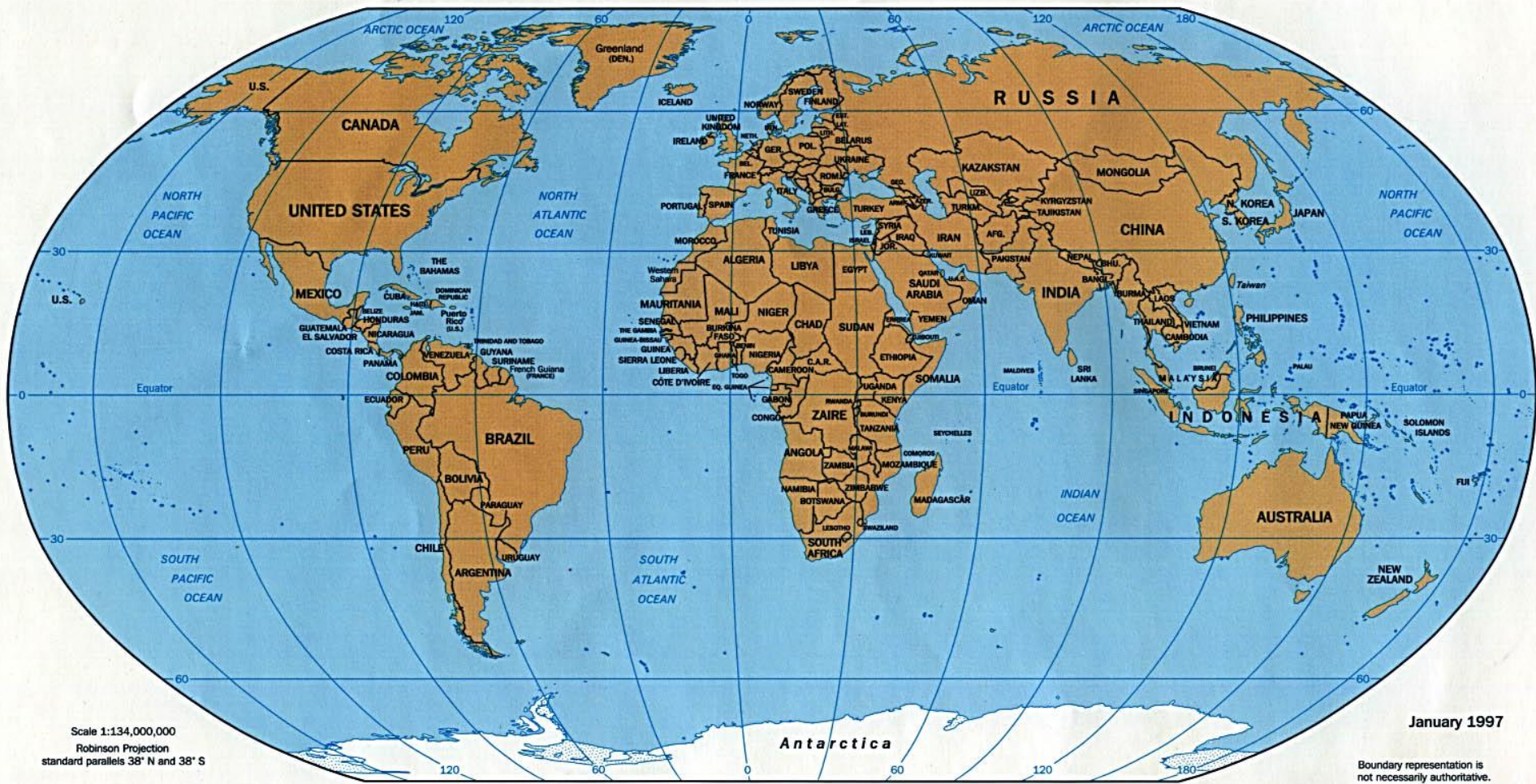
The Australian experience of Occupational Health Services

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Scale 1:134,000,000
 Robinson Projection
 standard parallels 38° N and 38° S

January 1997

Boundary representation is not necessarily authoritative.

802543 (R00352) 1-97



Upside down World Map

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LEGEND

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Origins of Australian occupational health services

- Asbestos widely mined and used in Australia
- One of the stimuli for developing workplace prevention services 2nd half of 20th Century
- Focus was also on prevention of occ diseases from other traditional hazards
- Mainly poisonings and occ lung disease

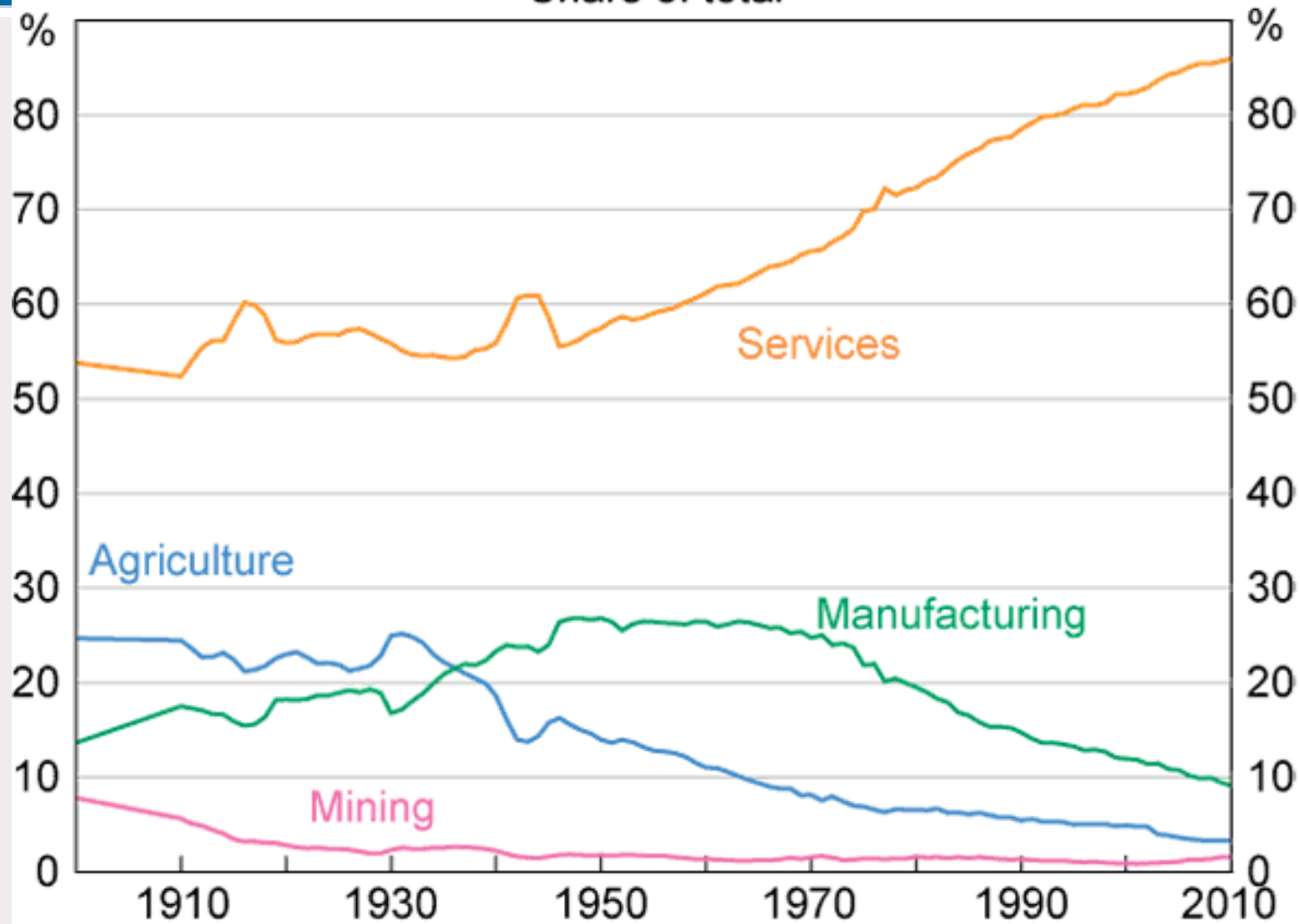


Changing spectrum in Australian industry

- Massive reduction in manufacturing industry
 - Motor vehicle manufacture
 - Aluminium smelting
 - Clothing and textile production
- Much of this has gone offshore to SE Asia
- Agriculture has also declined considerably
- Large rise in the service sector – office based
- Although mining industry is small, integral part of the Australian economy

Employment by Industry*

Share of total



* Data are interpolated between 1900 and 1910

Sources: ABS; RBA; Withers, Endres and Perry (1985)

Holden, Ford, Toyota plant closures to cost \$29 billion and 200,000 jobs report

65
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Changing spectrum in Aust OHS service delivery

- OHS services deliver primary, secondary and tertiary prevention
- In the early years, the focus was strongly on primary prevention in manufacturing/agriculture:
 - Dusts and fibres
 - Metals
 - Pesticides
 - Asthmagenic agents, as pneumoconiosis waned
- Secondary prevention activities also common:
 - Biological monitoring
 - Occupational lung disease screening

Changing spectrum in Aust OHS service delivery 2

- As these occupational diseases have come under control (in many cases) and industries declined, focus has turned to tertiary prevention
- This prompted by a change in the spectrum of occ diseases:
 - Rise of musculoskeletal disorders
 - More recently mental health disorders
 - Primary and secondary prevention less developed
- Therefore a major focus now in Australia is on reduction of disability and early return to work

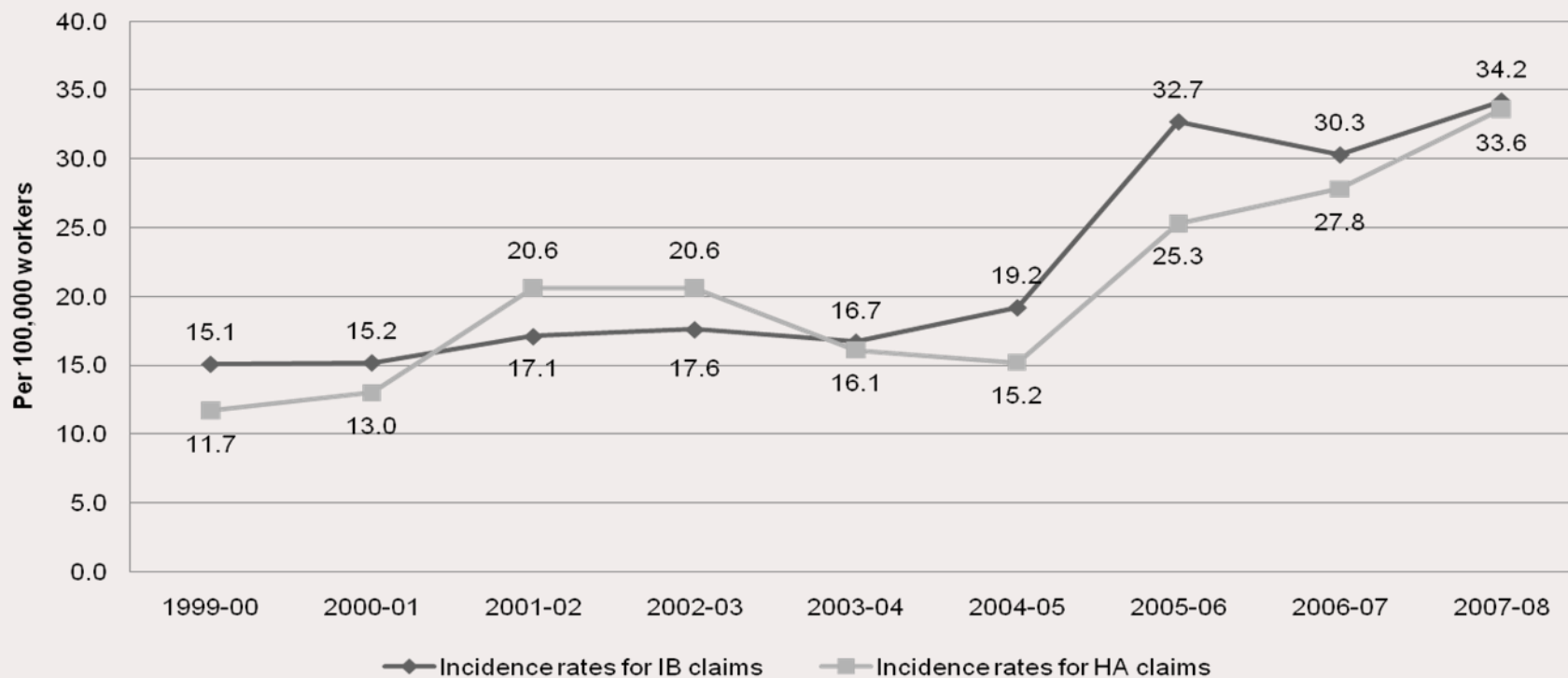
Changing spectrum in Govt and industry OHS services

- Latter part of 20th century large industry and government had strong OHS services
- Over the past 1-2 decades, Australian governments have reduced their service delivery:
 - greater focus on policy/regulatory role
 - reduction in medical/scientific expertise
- Large industry has also outsourced much of its in-house OHS services
- Therefore, a rise in consultant services
- Danger of fracturing OHS service delivery
 - less workplace involvement

May be a factor in re-emerging occ diseases

Trends in Noise Induced Hearing Loss claims

Incidence rates by type of claim



Australian Work Health and Safety Strategy 2012-2022



Healthy, safe and productive working lives

Focus of the 2012-2022 National Strategy

Six priority disorders:

- o Work-related musculoskeletal disorders
- o Work-related mental disorders
- o Occupational asthma
- o Occupational cancer
- o Work-related contact dermatitis
- o Work-related noise-induced hearing loss

Initial projects under National OHS Strategy

- Claims for mental stress; national report April 2013
- Australian workplace 'barometer': safety climate
- National Occupational Hazard and Risk Management Surveillance (NOHARMS)
- Extended Australian Workplace Exposures Study
- Emerging issues; eg workplace bullying
- Review of 'Deemed' diseases:
 - Relies on very old ILO list

Specific targets in National OHS Strategy

- 20 per cent reduction in fatalities
- 30 per cent reduction in injuries
- 30 per cent reduction in claims for musculoskeletal disorders

Provides a challenge for OHS services

No targets for longer latency diseases, as main focus is on more effective workplace controls and reduction in exposure

No national surveillance for occ diseases in Australia

- Australian Mesothelioma Registry
- Workers' compensation statistics
 - State responsibility – systems vary
 - Limited for occupational diseases
- Industry based surveillance
- Clinic data, eg patch testing clinic
- Hazard surveillance in its infancy
- Therefore, limits monitoring of occ diseases and targeting of occ health services

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Australian Mesothelioma Registry (AMR)

Welcome to the AMR website.

The AMR is a stand alone database that contains information about people with mesothelioma. We monitor all new cases of mesothelioma diagnosed from 1st July 2010 in Australia. In addition, [information about asbestos exposure](#) is collected from people with mesothelioma through the [Postal Questionnaire](#) and [telephone interview](#).

Mesothelioma is a cancer of the protective lining of the body cavities and internal organs, such as the lungs, heart and bowel. Asbestos is the main cause of mesothelioma.

In the past, Australia was one of the biggest users of asbestos in the world and there is a large amount of asbestos in Australian buildings and other infrastructure. As a consequence, we have one of the world's highest rates of mesothelioma and it is estimated that this is yet to peak. More research is needed to better understand the exact relationship between asbestos and mesothelioma.

The AMR is funded by Australian Government agencies [Safe Work Australia](#) and [Comcare](#). The information collected by the AMR will help the Australian Government develop policies to best deal with the asbestos still present in Australia's buildings and environment, with the [aim](#) of reducing mesothelioma in the future.

If you are a mesothelioma patient or a medical professional and are approached to participate in the AMR, we encourage you to become involved. Your participation will help towards preventing

What are our aims?

Who is involved?

How does the AMR work?

Information for patients

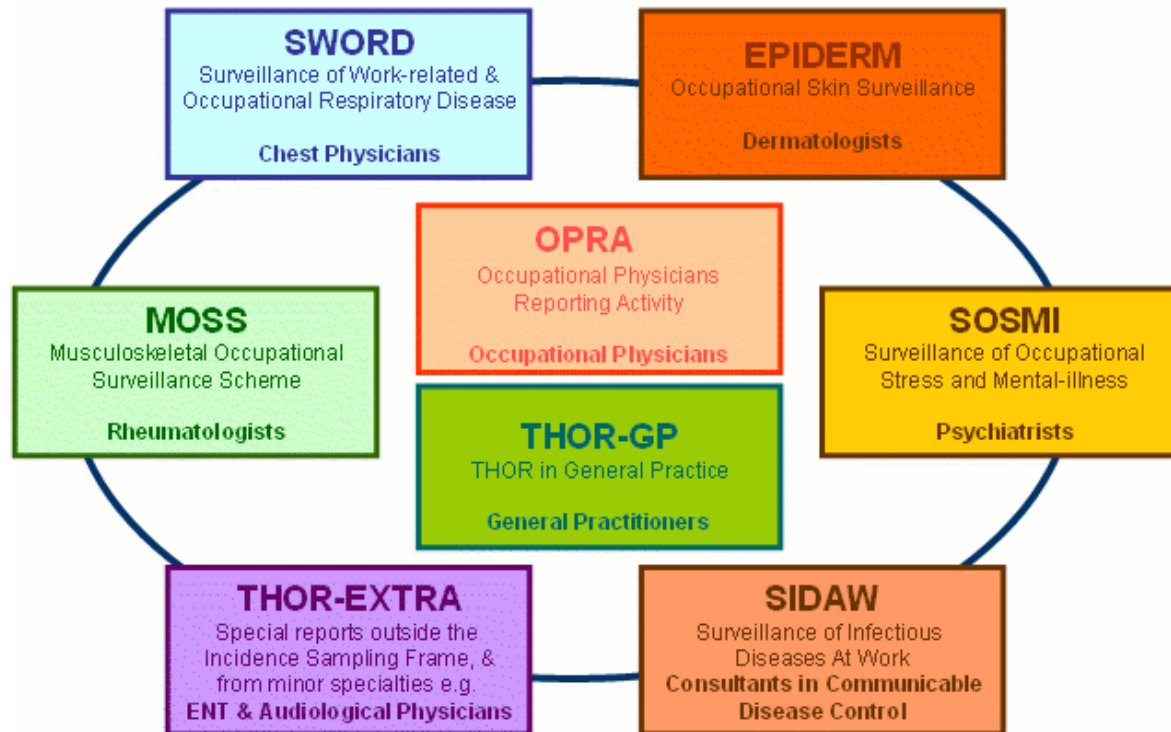
Information for doctors

AMR Materials

On-line Notification Portal

THOR – Great Britain

(The Health and Occupation Reporting Network)



MODERNET



A European network for development of new techniques for discovering trends in occupational and work-related diseases and tracing new and emerging risks

European Commission COST Action grant – 4 years

Occupational exposure surveillance

http://www.ttl.fi/Internet/English/Organization/Collaboration/Carex/carex_desc.htm

Finnish Institute of Occupational Health

Main Page | Contact Us | **Organization** | Thematic Pages | Research | Information | Training | Advisory services

Main page: Organization: Collaboration: Carex: CAREX description

Description of CAREX

Why a new exposure information system?

- The lack of information on the extent and industrial distribution of occupational exposure to carcinogens in most countries makes quantitative risk assessment and hazard surveillance difficult.
- The CAREX (CARcinogen EXposure) database, constructed with support from the Europe Against Cancer Program of the European Union, provides selected exposure data and documented estimates of the number of exposed workers by country, carcinogen, and industry.

What does CAREX include?

- CAREX is an MS Access database, which contains estimates of the numbers of workers occupationally exposed to carcinogens by industry in 15 previous countries of the European Union (exposure data from 1990-93) and four of the ten countries that joined the EU in 2004 (exposure data from 1997).
- CAREX contains also information on industrial distribution of the employed, summarised exposure data, numbers of exposed by occupation, definitions of carcinogenic exposure, descriptions of the estimation procedures and bibliographic references.

Which carcinogens and industries does CAREX cover?

- CAREX includes data on 139 carcinogens evaluated by the International Agency for Research on Cancer (IARC):
 - all agents in Group 1 (carcinogenic to humans)
 - all agents in Group 2A (probably carcinogenic to humans)
 - selected agents in Group 2B (possibly carcinogenic to humans) eg, inorganic lead, glasswool, styrene, methylene chloride, cobalt, pentachlorophenol, carbon tetrachloride
- The numbers of the exposed are displayed for 55 industrial classes of the United Nations system (ISIC Revision 2). For some 'exposure circumstances' and rare agents only one estimate/agent/country is presented.

How were the estimates generated?

- First phase: Estimates were generated automatically by the CAREX system on the basis of national workforce data and exposure prevalence estimates from two reference countries (the United States and Finland) which had the most comprehensive data available on carcinogen exposures. The most valid value of prevalence (usually the mean of the US and Finnish values) was used as the default value.
- Second Phase: A network of national experts assesses during summer 1997 these estimates in view of their similarity/dissimilarity to the perceived exposure patterns in their own countries. The CAREX system permits these experts to select appropriate 'first-phase' estimates or to generate and document modifications of these estimates.

OHS Services accreditation in the UK

SEQOHS

Safe Effective Quality Occupational Health Service

Occupational Health Service Standards for Accreditation

Issue Date: January 2010
Review Date: By January 2015

Developed by Faculty of Occ Med, London

“The standards and system of voluntary accreditation for occupational health services aim to:

- (i) enable services to identify the standards of practice to which they should aspire;
- (ii) credit good work being done by high quality occupational health services, providing independent validation that they satisfy standards of quality;
- (iii) raise standards where they need to be raised; and
- (iv) help purchasers differentiate occupational health services that attain the desired standards from those that do not.”

Implications for other countries

Upcoming conference!



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NEW INSIGHTS IN OCCUPATIONAL
HEALTH SURVEILLANCE

First announcement

The University of Bologna welcomes you to
Aware, beware, take care!
New insights in occupational health surveillance

joint-meeting of two ICOH Scientific Committees: Occupational Medicine and Health Services Research and Evaluation in Occupational Health

The meeting will be held in Bologna, Italy on October 15-16th, 2014

Sessions will be planned on management and organization of occupational health surveillance, effectiveness of interventions, development of guidelines, reviews on occupational etiology of diseases, surveillance of occupational or work-related diseases, detection of new occupational health risks

The meeting will run in parallel with the 77th National Conference of the Italian Society of Occupational Medicine and Industrial Hygiene (SIMLII)

Melbourne makes it three years in a row as world's most liveable city

By **CNN Staff**

August 28, 2013 -- Updated 0518 GMT (1318 HKT)



Melbourne is the world's most liveable city for a reason.

STORY HIGHLIGHTS

- A three-peat for southern Australian city of Melbourne
- Damascus drops 10 places to bottom of the rankings
- Canadian, Australian, New Zealand cities make up eight of top 10

(CNN) -- Melbourne made it three years in a row as the world's most liveable city, according to the 2013 Economist Intelligence Unit's (EIU) Global Livability Survey.

The top cities and indeed much of the rankings remained similar to last year, with Australian and New Zealand cities landing five of the top 10 spots. Canadian cities made up another three of the top 10 positions.