



LEGISLATIVE COUNCIL

GENERAL PURPOSE STANDING COMMITTEE NO. 1

MEMORANDUM

To Revd Hon Dr Gordon Moyes MLC **cc:** Hon Peter Primrose MLC
Hon Peter Primrose MLC
Hon Robyn Parker MLC Hon Don Harwin MLC
Hon Eric Roozendaal MLC Hon Michael Gallacher MLC
Hon Catherine Cusack MLC
Hon Ian West MLC
Ms Lee Rhiannon MLC

From Tanya Bosch

Subject Answers to questions taken on notice during the Budget Estimates hearing

Date 27 October 2004

Reference Special Minister of State, Commerce, Industrial Relations, Central Coast

Please find attached a copy of the answers provided to the questions taken on notice by the Hon John Della Bosca MLC, Special Minister of State, Minister for Commerce, Industrial Relations and Central Coast at the Budget Estimates hearing on Friday 17 September 2004.

Tanya Bosch
Director, Budget Estimates



**Special Minister of State
Minister for Commerce
Minister for Industrial Relations
Assistant Treasurer
Minister for the Central Coast**

A24803

Ms Tanya Bosch
The Director
Budget Estimates
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

**LEGISLATIVE COUNCIL
COMMITTEES**

27 OCT 2004

RECEIVED

Dear Ms Bosch

Please find enclosed answers to questions taken on notice during the Budget Estimates Hearing before General Purpose Standing Committee No. 1 on September 17, 2004.

Yours sincerely

John Della Bosca MLC

27 OCT 2004



**Special Minister of State
Minister for Commerce
Minister for Industrial Relations
Assistant Treasurer
Minister for the Central Coast**

BUDGET ESTIMATES HEARING – 17 SEPTEMBER 2004

QUESTIONS TAKEN ON NOTICE

Executive Accommodation Costs

1. What was the total cost for accommodation in Sydney for WorkCover senior executive staff in the 2003-04 financial year? (pg 3)

Answer

\$10,599.87

2. Could you indicate to the Committee, having now initiated an inquiry, what you saw in terms of trending? Was it trending upwards or downwards? (pg 3)

Answer

There is no inquiry underway.

3. Will you give an undertaking to the Committee to include in your response to the Committee a breakdown of accommodation, including the hotels stayed at? (pg 3)

Answer

The hotels utilised by senior executive staff in Sydney were the Travelodge, Rydges, Medina Classic, Medina Grand, Crowne Plaza, Novotel/Ibis, Mercure, Sheraton on the Park, the Grace Hotel, Wentworth, Marriot, Menzies and Intercontinental.

Tempo

4. Did you get advice that that was the correct process – will you table that advice? (pg5)

Answer

This question was answered, in the Transcript of the Committee Proceedings, by Mr Collins.

5. In terms of Tempo, what was the fiscal value of the extension? (pg 5)

Answer

I am advised that the fiscal value of the Tempo portion of the \$231 million contract extension to clean schools, TAFE colleges and other Government buildings is \$144.8 million. The contracts with Broadlex and Menzies were also extended.

The contract was extended under the same terms and conditions, including price, as the current contract. This included maintenance of cleaners' working conditions and hours.

Superannuation

6. I am sure you would agree that the calculation of superable salary is important, given that it influences the benefits that SASS members receive when they retire either as a lump sum or as regular payments for their retirements. Can you inform the Committee how superable salary is calculated? (pg 7)

Answer

A definition of salary is contained in section 4 of the *State Authorities Superannuation Act 1987*.

7. I imagine you would agree that the understatement of superable salary will have serious implications for members. Are you aware of any such instances? (pg 7)

Answer

I not aware of any instances of incorrect superable salary affecting employees' superannuation benefits.

I understand that incorrect salaries may be reported from time to time and employers will send amended advices. Such advice could be in respect of over-stated or under-stated salary. These situations are generally fixed before they have an effect on employees' superannuation entitlements.

Pillar Administration advises that over the past fifteen months they have not had a single complaint about superable salary.

8. Would you agree that the problem of superable salary is a result of inadequate and procedural manuals for superannuation? (pg 8)

Answer

In 2003, the Auditor-General reviewed the compliance of agencies in meeting their superannuation responsibilities. It was found that compared to 2001 results, agencies had improved their superannuation systems and staff were better educated in their knowledge of superannuation requirements.

The Auditor-General did suggest however that a number of agencies did not have adequate policy and procedures manuals.

The FSS and SAS Trustee Corporations, together with Pillar Administration, work actively with agencies through their Employer Relationship Managers to address superannuation requirements, update their Employer Easy Reference Guides on the internet, and have offered to assist agencies to update the superannuation sections of their policy and procedures manuals.

9. Can you inform the Committee—I am interested in the Department of Education and Training but if you do not have those figures at hand I am happy for you to deal with the Department of Commerce—how much the department collected in payroll deductions for employee SASS contributions for the financial year ended 30 June 2003? (pg 9)

Answer

The request for information on the Department of Education and Training should be directed to the Minister for Education and Training.

I am advised that the Department of Commerce submitted the following SASS contributions on behalf of its employees for the financial year ending 2003.

DPWS	\$2,068,982.29
OFT	\$779,018.81
OIR	\$98,790.07
Total	\$2,946,791.17

10. Why is the gross amount deducted for employees not reconciled with the gross amount invoiced by, in this case, SAS for SASS employee contributions? (pg 10)

Answer

All contributions by employees are reconciled with SAS invoices.

11. Can you inform the Committee how much the Department of Education and Training and the Department of Commerce deducted from employees' accounts as superannuation contributions to be paid to SAS and FSS for the financial year ended 30 June 2003? (pg 10)

Answer

The request for information on the Department of Education and Training should be directed to the Minister for Education and Training.

I am advised that the Department of Commerce submitted the following superannuation contributions to SAS and FSS on behalf of its employees for the financial year ending 2003.

DPWS	\$9,854,779.24
OFT	\$2,736,021.85
OIR	\$426,417.28
Total	\$13,017,218.37

Tony Beuk

12. Can you indicate to the Committee what was the total amount paid to Mr Beuk by your department and separately by your office for each of the financial years since 2000? Would it come under 1999 or 2000? (pg 13)

Answer

Mr Beuk is employed by the Premier's Department. He has been paid the following:

2000-2001	\$18,518
2001-2002	\$18,888
2002-2003	\$39,689
2003-2004	\$42,599

13. Do you know how many hours a week he works? (pg 13)

- 13.a) When did that increase (in hours) take place? Would that increase, to your recollection have been very recently? (pg 13)

Answer (13 – 13a)

Mr Beuk worked seven hours a week from 11 September 2000. This was increased to 14 hours a week from 10 September 2001.

14. Do you know whether any of the 30 phone calls Mr Beuk made to Michael Meagher, chief of staff to Diane Beamer, were made from phones in your ministerial office? (pg 14)

Answer

Use of telephones is governed by the NSW Premier's Departments Code of Conduct.

15. Does Mr Beuk have business cards from your office with his name on them? Will you give an undertaking to the Committee to provide a copy of the business card to the Committee? It would come out of the public purse, would it not, the printing of business cards? (pg 15)

Answer

Use of business cards is governed by the NSW Premier's Departments Code of Conduct.

Medically Qualified Doctors - Redundancies

16. Can you confirm that those two medically qualified doctors have been offered redundancies? (pg 17)

Answer

There has been no formal offer of a redundancy to the two medical officers. However, it is anticipated such an offer will be made shortly.

Overseas Travel

17. Does WorkCover have guidelines for the reporting of their activities to senior management after the completion of these overseas trips? (pg17)

Answer

Yes. See Attachment A.

18. Will you table the documents and reports produced by Drs Kenyon and Woolner in relation to their overseas trips? (pg 18)

Answer

Yes. See Attachment B.

19. Would you tell us the total cost of overseas travel undertaken by these doctors, breaking down their travel costs into, for example, accommodation, the activities they participated in and the hotels they stayed at. (pg 18)

Answer

Under the *Crown Employees (Medical Specialists, Various Agencies) Award* Senior Medical Officers are entitled to 18 working days per year of Training, Conference, Education and Study Leave. In relation to travel allowances, Senior Medical Officers are entitled to reasonable costs before, during and after any period of training, conference, education and study leave.

Reasonable costs include expenses for weekends and public holidays and registration fees. Senior Medical Officers are entitled to the Australian and Overseas Traveling Allowances specified by Premier's Department for Chief Executive and Senior Executive Service Officers on an equivalent remuneration package, as varied from time to time. In the case of Senior Medical Officers employed by WorkCover, the daily allowance is the Department Head Rate Category.

In relation to air fares, Senior Medical Officers are entitled to an annual allocation of funds for air fares, fully cumulative from year to year, based on the following:

- (a) the equivalent of 3/5 of a QANTAS Business Class around-the-world air fare (based on a fare valued at 30 April every year); and
- (b) the equivalent of one QANTAS Business Class Sydney to Perth return air fare (based on a fare valued at 30 April every year).

These funds may be used to purchase any number of air fares for the employee, at any class, provided that the liability of the employer for funding these air fares is limited to the amount specified in this sub-clause. Any expenditure for air fares in excess of this liability is the responsibility of the Senior Medical Officer.

The total costs and breakdown for the doctors overseas travel are:

Dr Robert Kenyon – Overseas travel 2003/04:

20 March to 4 May 2004: To attend American Society of Toxicology, Baltimore USA; Biovision Alexandria 2004 Egypt; Perspectives percutaneous penetration, France; SETAC Europe 14th annual meeting; and American College Occupational & Environmental Medicine Medical Registered Officers intensive course.

Accommodation: Marriott Baltimore, Marriott Kansas, Marriott Cairo, Hilton Alexandria, Ibis Marseille, Marriott Prague, Marriott Frankfurt - \$7,832.67

Airfares - \$7,398.51

Conference Fees - \$6,115.75

In addition, officers are paid a daily allowance in accordance with the Premier's Guidelines on overseas travel. This allowance provides for meals and incidentals such as airport transfers, ground travel, phone calls, laundry and other incidentals incurred.

The rate for the relevant cities are set by the Department of Foreign Affairs and Trade (DFAT) and were:

<u>Location</u>	<u>Meals</u>	<u>Incidentals</u>
US (outside New York)	US \$104	US\$31
Cairo	Egp\$325	Egp\$139
Alexandria	Egp\$325	Egp\$139
Marseille	Euro\$106	Euro\$35
Prague	CZK \$47	CZK\$21
Frankfurt	Euro\$76	Euro\$28

The total amount for incidentals (in accordance with the DFAT rates) was A\$9,458.80

Dr Kelvin Wooller – Overseas travel 2003/04:

26 February to 6 March 2004: 2nd Annual Gulf Co-operative Council Occupational Health Conference.

Accommodation: Fairmont Dubai - \$1,739.15

Airfares - \$1,811.69

Conference Fees - \$4,005.51

In addition, officers are paid a daily allowance in accordance with the Premier's Guidelines on overseas travel. This allowance provides for meals and incidentals such as airport transfers, ground travel, phone calls, laundry and other incidentals incurred.

The rate for the relevant cities are set by the Department of Foreign Affairs and Trade and were AED\$435 (meals) and AED\$123 (incidentals) respectively. The total amount for incidentals (in accordance with the DFAT rate) was A\$1,704.58.

28 April to 11 May 2004 -American College of Occupational and Environmental Medicine Conference

Accommodation: Westin Crown Centre Kansas City - \$1,985.00

Airfares - \$2,450.97

Conference fees - \$1,703.66

In addition, officers are paid a daily allowance in accordance with the Premier's Guidelines on overseas travel. This allowance provides for meals and incidentals such as airport transfers, ground travel, phone calls, laundry and other incidentals incurred.

The rate for the relevant cities are set by the Department of Foreign Affairs and Trade and were US\$104 (meals) and US\$31 (incidentals). The total amount for incidentals (in accordance with the DFAT rate) was A\$2,217.82.

Office of Fair Trading - Lease

20. The Office of Fair Trading in Gosford has moved from 19 to 21 Watt Street to the Gateway Centre. Is there an outstanding lease held by the Government on the Watt Street premises? (pg 19)

Answer

No.

21. Would you also provide the date the lease was established? (pg 19)

Answer

1 January 2004.

22. Apart from the terms of the lease, would you provide the total cost of the lease and the billing period for that empty space? (pg 19)

Answer

The lease of the new premises which commenced on 1 January 2004 for a period of ten years delivers greater floor space at a lower unit cost.

The new facility in the Gateway Centre, which was occupied by Fair Trading from April 2004, provides a full range of services including a Fair Trading Centre, proper and secure Tribunal hearing facilities as well as the provision of other Department of Commerce services such as Industrial Relations. The lease covers 570sqm at \$180 sqm per annum. Total annual lease cost is approximately \$106,380. There was also a rent free period of 3 months up to 31 March 2004.

The Watt Street premises cost \$84,000 annually to lease (i.e. 400sqm at \$200sqm per annum). These premises housed the Fair Trading Centre and Consumer, Trader & Tenancy Tribunal.

The Watt Street premises were dysfunctional in terms of office layout in that Fair Trading's operations were spread across three floors and the hearing facilities available for the Consumer, Trader & Tenancy Tribunal were inadequate to service the Central Coast. In addition the premises had been broken into on a number of occasions and would have required major refurbishment in order to provide better security.

The Government Leasing Service negotiated a financial settlement of the Watt Street lease on 1 July 2004 for \$136,162 (excluding GST). This covered future lease commitments of \$161,000 and also the cost of the make good of the premises estimated to be \$40,000 (which the Office of Fair Trading would have been liable for at the end of the lease).

The Watt Street premises cost \$84,000 pa to lease. The billing period for empty space at Watt Street was effectively for two months from the beginning of May 2004 to 30 June 2004. A total cost of \$14,000 approximately.

Outworkers

23. When will the Government implement council recommendations for the extension of education and training programs for outworkers, given that outworkers have not yet had the benefit of the good results of the improved regulatory framework? (pg 19)

Answer

The NSW Government has already extended outworker education and training programs.

Tunnelling

24. How many requests has WorkCover received to send officers to inspect tunneling projects? (pg 21)

Answer

Since 2001 there have been less than 20 complaints specifically relating to tunnelling work.

25. How long does WorkCover take to respond to those requests? (pg 21)

Answer

WorkCover takes all complaints and incidents very seriously. All complaints are actioned and WorkCover response times depend on the nature of the complaint and the severity of the risk. The decision on whether to investigate an incident, and the timing of investigations, is influenced by several factors, including:

- potential risk of or actual incidence of serious injury or illness;
- targeting of resources;
- involvement and lead roles of other Government agencies (cross-jurisdiction);
- the availability and quality of evidence; and
- public concern about the prevention of workplace injuries and disease.

26. Are the delays occurring because WorkCover does not have enough inspectors who can do the work satisfactorily? (pg 21)

Answer

Not applicable.

Support for Victims of Dust-Related Diseases

27. Do you have any idea of the outcomes of those programs to date (pg22)

Answer

See Attachment C.

Motor Vehicle Use

28. Has the delay in negotiations been the result of WorkCover management's suggestions that inspectors should forfeit \$200 a week for the privilege of using a government vehicle that they require for fieldwork? (pg 22)

Answer

No

29. Minister, could you or Mr Watson indicate whether WorkCover inspectors currently pay only \$32 a week for the privilege of the use of a WorkCover motor vehicle? (pg 23)

Answer

Inspectors were allocated a motor vehicle as a tool of work for their field inspection functions in 1991 and were allowed the benefit of using the allocated vehicle privately upon payment of a fee, which was negotiated as part of the Enterprise Agreement at the time. In 1996 the private use benefit was brought forward into a replacement Award. Inspectors may use the vehicle for private use by payment of a fee of up to \$43 per week.

30. How many WorkCover staff are entitled to a motor vehicle? (pg 23)

Answer

316. This comprises 301 inspectors that are allocated a WorkCover motor vehicle as a tool of work under the Award, to enable the efficient and effective operation of services, including after hours response; and 15 Senior Executive Service officers and those Senior Officers who have a business need for a WorkCover vehicle under salary sacrifice arrangements.

Kate McKenzie

31. Was she entitled to a pay-out as a result of leaving? (pg 23)

Answer

Ms McKenzie was paid her statutory entitlements. No additional payment was sought or made.

32. Is it correct that whilst Ms McKenzie was director-general, the department allowed staff to distribute Soul Pattinson [SP] telecommunications product and pricing plans to New South Wales government agencies?

Answer

I am advised that Soul Pattinson Telecommunications Pty Ltd (SPT) is the approved telecommunication service provider to eleven NSW towns under a project funded through the Commonwealth National Communications Fund. The Department of Commerce administers this project.

Officers from the Department of Commerce have given appropriate information about SPT, including product and pricing information, in presentations to the Department of Health and the Department of Education and Training staff in the towns covered by the project.

a) Has that matter been raised with you? I take it, therefore, that concerns have never been raised with you about SP telecommunications product and pricing plans being distributed to New South Wales government agencies? (pg 24)

Answer

No.

Mobile Phone Use

33. Minister, why has the vocational branch of the WorkCover inspectorate decided to ban co-operation with the implementation of WorkCover's new policy that limits the use of phones to work-related calls and reconciliation of billing statements almost immediately? (pg 24)

Answer

This is the subject of an industrial negotiation with WorkCover and the vocational branch of the Public Service Association.

34. Will you table the guidelines? (pg 24)

Answer

See attachment D.

35. Will you advise the Committee of the total cost to WorkCover of the mobile phones provided to the inspectorate? (pg 24)

Answer

\$218,214.10

E-Authorise

36. The e-life information technology project initiated by WorkCover at a cost of \$4 million has been abandoned. Why did WorkCover refuse to acknowledge and answer questions regarding that? Why did it refuse to provide documentation, as requested by way of a freedom of information application dated 5 April 2004, regarding the abandonment of the e-life information technology project?

The Committee would like you to table documents relating to the cost of the abandonment of that \$4 million project. Will you table the documents that explain your actions? Why did you abandon the project? (pg 25)

Answer

I am advised that WorkCover released all appropriate documentation in accordance with the Freedom of Information legislation and the Guidelines established by the Premier's Department.

The full project was discontinued after the first release of the system across the network, when post-implementation testing indicated that that it would not be able to efficiently and effectively cope with the proposed number and volume of additional licences and users. However, it is being used for pest control, fumigation and explosive learners permits.

Accreditor Assessments

37. Of the 30,000, how many are yet to be reassessed? (pg 27)

Answer

WorkCover has implemented a staged retesting program, which involves approximately 20,000 certificate holders.

All certificate holders that intend to continue holding their certificate will be reassessed over the next 12 months.

OH&S Breaches

38. Minister, are you, or your WorkCover officers present, aware that the Premier and the Minister for Transport Services, when visiting the Parramatta rail link site in May, accepted an invitation by the construction company Hochtief Joint Venture, to drive a vehicle with a petrol-driven engine inside the tunnel, in clear breach of section 13 of the code of practice for tunnels under construction under the Occupational Health and Safety Act? (pg 27)

Answer

No. Once WorkCover was made aware the incident was investigated. The investigation determined that a risk assessment had been undertaken and the risk assessment established that a risk did not exist because:

- no operations work was being undertaken at the site as it was a rostered day off;
- the duration of the travel was 15 minutes;
- the efficiency of the existing mechanical ventilation system was adequate to ensure that occupational exposure levels were not exceeded.

The *Occupational Health and Safety Act 2000* provides legislative requirements for the management of risks in workplaces. The Code of Practice for tunnels under construction provides practical guidance for those undertaking tunnelling work. Where an employer demonstrates compliance with the risk management provisions under the Act, to a standard equal to or better than the requirements stated in the Code, then they have complied with their relevant obligations under the Act.

Central Coast

39. Given that Bounty Oil and Gas has now delayed its plans to explore for gas until May next year, will you be pushing for a full and independent environmental impact study to assess the potential impact of such a project on what is Australia's most heavily populated and environmentally very sensitive section of coast? (pg 28)

Answer

The Bounty Oil and Gas proposal has been assessed by the Commonwealth Department of the Environment and the company's Environment Plan is currently being assessed by all relevant agencies.

NSW is the only State without its own major gas supply and gas exploration is needed to discover and develop local sources. We currently rely on gas brought in from South Australia and Victoria and as such any proven reserves will be of major benefit to NSW and reduce our reliance on the other states.

40. Are you in a position to assure that seismic testing and drilling as part of this gas exploration project will have no adverse impact on the sensitive marine environments in this area? (pg 28)

Answer

Bounty Oil and Gas conducted a seismic gas survey along the coastline including Newcastle and the Central Coast between 20th January and 9th February 2004, under an exploration Permit issued jointly by the Commonwealth and State Governments.

The seismic survey proposal was assessed by the department of Mineral Resources (now Department of Primary Industries) along with the Commonwealth Department of the Environment and Heritage, NSW Fisheries and the NSW National Parks and Wildlife Service.

Advice from these agencies indicated there is no scientific basis for claims that the seismic survey would reduce fish catches. Nevertheless the Company has commissioned an independent study to determine any such impacts.

An Environmental Plan to drill off shore gas exploration, has been lodged and is currently being assessed by the relevant agencies.

My colleague, the Minister for Mineral Resources has required Bounty Oil and Gas to establish a formal Community Consultative Committee to keep stakeholders informed.

Fine Recovery

41. When do you expect them to be finalised? (pg 29) - (protocol, setting out procedures for the State Debt Recovery Office and the Attorney General's Department to share information about the recovery of fines with WorkCover)

Answer

WorkCover is working with the Attorney General's Department and State Debt Recovery Office to finalise the protocol shortly.

42. Can you tell us when that will be? (pg 29)

Answer

WorkCover is working with the Attorney General's Department and State Debt Recovery Office to finalise the protocol shortly.


John Della Bosca MLC

OCCUPATIONAL HEALTH & SAFETY DIVISION
OCCUPATIONAL PHYSICIANS
OVERSEAS COURSE/CONFERENCE
PROCEDURES

The following procedures are to facilitate the implementation of the Training, Conference, Education and Study Leave provisions of the Crown Employees (Medical Specialists, Various Agencies) Award. In the interests of efficiency and timeliness of process, the Occupational Physician should provide informal advanced notice regarding any identified course/conferences with the Director at least 12 weeks in advance (where possible).

The proposed course/conference may be discussed at either the bi-monthly meetings held between the Director and the Occupational Physician as part of forward work programming, or at an appointment with the Director (if the course/conference is less than 12 weeks away). The Occupational Physician is to provide information such as the course/conference content, benefits to the Occupational Physician and to WorkCover. The Director will discuss the proposed course/conference with the OHSD General Manager.

If the Director or the General Manager do not support the proposed course/conference, the Occupational Physician will be advised of this by the Director (by email) as soon as possible, or within five working days.

If the Director and the General Manager support the proposed course/conference in principle, the following steps will be implemented. The Administrative Assistant (OMU) will monitor and complete this form.

1. Occupational Physician attending the course

Name:.....

2. Course/Conference Title(s)/Locations

(a).....

(b).....

3. Date(s)

(a).....

(b).....

4. TRIM record has been generated by Administrative Assistant (OMU) and a formal submission prepared and forwarded to the Director for final review. []

5. Submission has been lodged on MINCOR and MINCOR documentation generated for endorsement []

Date of registration of submission on MINCOR:

Administrative Assistant (OMU) to monitor progress of submission through MINCOR

- Occupational Physician []
Services Coordination Team Manager / Substances Team Manager []
Strategic Operations Group Director / Hazard Management Group Director []
OHSD General Manager []
WorkCover CEO []

Simultaneously, the Occupational Physician may secure accommodation utilising the corporate credit card, preferably on a non-cost basis or, if necessary, by a holding charge.

6. Administrative Assistant (OMU) to advise the Director if outcome of submission has not been received within three weeks and one day of the date of lodgment on MINCOR to enable immediate follow up action. If a response has not been received within three weeks and one day the Occupational Physician will be formally notified as to the status of the application within a further five working days.

7. On approval from the Chief Executive Officer, the Administrative Assistant (OMU) to undertake the following actions:

- Confirm bookings
- Advise Human Resources (Salaries)
- Submit Paperwork to Finance
- Raise Purchase Order (flights only)

Occupational Physician completes relevant forms, including OSC (eg annual leave)

8. The Occupational Physician is expected to provide a report to the Director, General Manager and a copy for the CEO preferably within one month of return. The report is to include:

- Overview of conference
- Benefit to Occupational Physicians and to WorkCover
- An overview of relevant sessions and how it could be applied at WorkCover

Date Occupational Physician's report submitted

NOTE: If the Occupational Physicians have a concern or complaint in relation to the implementation of this policy, they may use WorkCover's Grievance and Dispute Resolution policy.

Report – International conferences, September 2004

Dr Robert Kenyon
Senior Occupational Physician

I participated in the 23rd Medichem International Congress in Paris, France held 1 -3 September 2004 and the 24th Dioxin conference in Berlin, Germany held 6-10 September 2004. I attended these activities under the conditions (partially) of the Training, Conference, Study and Education leave provisions of the Medical Specialists Award.

These international conferences addressed a number topics and disciplines that contribute to effective practice in my position as Senior Occupational Physician within WorkCover. The conferences were sponsored by major international organisations involved in occupational health and both featured experts in their particular disciplines. A brief description of some of the more important topics covered is provided here however no attempt is made to cover any particular professional or scientific area in depth.

Medichem XXXII International Congress , 1 – 3 September 2004, Paris, France.**Overview**

The theme of this congress was "Occupational and Environmental Health in the Production and use of Chemicals". The membership of Medichem consists mainly of Occupational Physicians employed in the chemical industries and various government agencies responsible for the regulation and safe use of chemicals in industry. A prime objective is to prevent adverse effects from chemicals on employees, the general public and the environment. It also promotes international uniformity in the safe use of chemicals. The very broad range of topics discussed at this 2004 congress included global cooperation and sustainable best practices in chemical safety and health, hazard and risk assessment and risk management, models for compensation of asbestos related diseases, community emergency preparedness and epidemiology of chemical related illness.

The trend to transfer chemical production to "transitional countries" mainly for financial reasons continues amid rapid change in the chemical industries. Unfortunately the developing recipient countries frequently do not have the infrastructure, health, legislative and administrative resources to ensure occupational health and safety standards comparable to those in the developed nations. It is hoped that wide participation in international organisations such as Medichem will help to achieve sustainable processes that preserve the health and safety of all communities and the environment.

This year there was increased emphasis on the need to be prepared for chemical emergencies. Likely strategies for terrorist organisations could include attacks on chemical plants or diversion of products that could present extreme hazards and community disruption, although very safe under normal operating or use conditions. The growing trend seen over recent years for increased cooperation between government agencies and scientists with industry based and academic scientists is continuing and is absolutely necessary to counteract or minimise this type of hazard.

Topics of particular relevance

The development of decontaminating agents for hazardous chemicals and biological agents has been a focus since the "911" incident in the USA. This includes agents and package types to cover the gamut from personnel decontamination to those suitable for decontaminating vehicles and large structures such as buildings. Some of these are reaching the commercial market but others have been developed under specific contracts for defence organisations and are not available on the open market. A spin

off for general industry is that these products are useful for "neutralising" a wide range of agents and may be used on unknown contaminants. They should prove to be very valuable for industrial first aid in the chemical industries. A specific example of a commercial product now available in Europe is Diphoterine, an amphoteric compound that is used for decontamination of both acid and alkaline corrosive substances.

Professor Marco Maroni (Italy) presented an important study on the role of liver ultrasound examination of workers exposed to liver toxins, for example vinyl chloride monomer. The standard health assessment for liver toxins up to this time has depended mainly on the measurement of liver function enzymes in venous blood, as mandated for example by the European Community Directive (EC610/197). This has been a blunt tool since induction of relevant liver enzymes is marked only following relatively high level exposures. Processes such as carcinogenesis may be initiated by up regulation of genes at exposure levels below those causing noticeable liver function enzyme changes. Professor Maroni's study of 757 workers in 4 PVC plants demonstrated that liver ultrasonography had greater diagnostic power for detecting liver angioma and also detected incidental liver pathology.

Dr Thomas Kohler (Germany) presented an interesting review of polyneuropathy and encephalopathy associated with organic solvent exposure. It was concluded that the reports between 1970 - 1985, especially Scandinavian studies, that raised the alarm about solvent exposures involved substantial degrees of misdiagnosis. The number of valid cases of solvent induced impairment in Germany remains low and some are related to alcohol toxicity. Of those compensated the degree of impairment was generally low and in the region of 10 - 20%. Effects ranged from cognitive deficit to motor dysfunction. Important findings were that generally no deterioration occurs after exposure ceases and mild forms of encephalopathy and PNP can recede, hence early detection is very important. About 15 solvents have been shown to be neurotoxic and these include n-hexane, trichloroethane, styrene, toluene and perchloroethylene. These solvents are still widely used in Australia and the question as to whether current exposure standards provide adequate protection against encephalopathy is not absolutely certain. A related presentation discussed the development of safer dry cleaning processes.

A mortality follow up study of German workers involved in chromate production between 1957 and 1998 showed an increased standardised mortality ratio (SMR) for lung cancer. It has been known since 1890 that hexavalent chromium is a human lung carcinogen and chromium VI has been classified as a category 1 carcinogen by the International Agency for research in Cancer (IARC).. This study by Thomas Birk *et al* involved 901 employees and reviewed personal and environmental monitoring for chromium and more than 12,000 urine chromium biomonitoring results. The overall SMR for lung cancer was 1.48 but an important finding was that the increased risk was seen only in workers in the highest exposure group. The SMR for workers having >200ug/L years urine chromium was 2.09 (2.78 lagged 20 years) but SMR was less than 1.0 for all workers with cumulative chromium exposure less than this. These results are compatible with the hypothesis that there is a threshold exposure level for lung cancer - a very important consideration when advising/counselling chromium exposed workers.

Models for compensating persons with asbestos related disease in France and USA were discussed. Interesting points were;

France.

A compensation fund for asbestos victims (FIVA) established in 2000 and a table lists minimum exposure and maximum latency criteria for compensation.

Capital or pension is paid depending on level of disability. Pleural plaques attract compensation (estimated 1-5% disability). No proof of exposure if pleural plaques.

Disability for lung cancer is in range 67-100%. If cease work 60% pension first 28 days then 80% pension. Free medical care provided.

Capital compensation is about 300,000 Euro for lung cancer, 45,000 Euro asbestosis and 25,000 Euro for pleural plaques. Total estimated cost in 2005 is 600M Euro.

USA

Situation is much more complex. Estimated 27M workers exposed, estimate 225,000 premature deaths by 2009.

Number of cases compensated peaked in 1996. Earlier mass litigation cases for future claims overturned by courts in 1999.

It is often more lucrative to file civil claims outside of the compensation system. Five states have very liberal filing rules so claimants "shop" around for most favourable jurisdiction for case to be heard.

Majority of claims are for non-malignant disease and many are of doubtful validity. Criteria now apply for minimum latency period, chest Xray and lung function.

Priority scheduling of terminal cases is in place.

Cost of compensation to date estimated 60B USD and final predicted cost 260B USD.

Organisational stress is a growing problem in the United Kingdom and may be as important as physical/chemical hazards at work. An insidious problem that can lead to physical as well as mental ill health – accounts for 13 million days lost per year in UK (more than musculoskeletal injuries!) and 11-21% of lost days in USA. Main stressors include job dissatisfaction, lack of control, unsuitable physical environment, excessive demands beyond ability to cope, not enough work and lack of recognition/reward. Perception of one's role in the organisation, dynamics in the workplace and leadership of the organisation are seen as key factors of major importance. Use of outsourced Employee Assistance programs is seen as the easiest solution but preventive programs are much more difficult and less commonly applied.

Emergency situations for incidents at "hazardous plants" were discussed – the ACUTEX project for the European Union. Major considerations are thresholds for lethal and irreversible effects (SEL's). Thirteen chemicals evaluated to date. USA also has emergency plans in place for substances with acute lethal effects. In USA 15,219 facilities are regulated but compliance is "patchy" and most facilities still lack adequate terrorist controls. Chemical "agents of opportunity" were discussed. Contamination of food and water supplies was also considered. A number of associated programs to assess and control risks related to chemical warfare agent and other hazardous chemicals was discussed. USA EPA and Department of Homeland Security have prioritised 130 chemicals for assessment. Decontamination procedures and antidotes were discussed and these are likely to find application in the industrial chemical industries generally.

A number of other topics were presented in oral and poster presentations. The program for the oral presentations is attached and I would be happy to discuss any matter if you may want further information.

Dioxin 2004, 24th International Symposium on Halogenated Environmental Organic Pollutants and POP's, 6 – 10 September 2004, Berlin, Germany

Overview

This was the 24th annual symposium in this series. In earlier symposia, which followed the "discovery" of dioxin in the 1960's, the focus was very heavily on the dioxin chemicals themselves and the associated polychlorinated dibenzofurans. The major concern was the carcinogenicity of the polychlorinated dibenzo dioxins (PCDD's), particularly 2,3,7,8 tetrachloro dibenzo dioxin. These compounds were never produced intentionally by man but were by-products of many industrial processes and incineration of industrial and domestic waste. Concern was about the degree of environmental contamination and resulting human exposure especially by bioconcentration along the food chain. In later symposia the focus moved towards the polychlorinated biphenyl's (PCB's), particularly the "dioxin like" PCB's with the main concern remaining carcinogenicity and new production of these compounds ceased in the 1970's. Over the last 10 years interest has moved to chlorinated organic compounds generally particularly those that are persistent organic pollutants (POP's). These latter compounds are still used extensively in modern society in such products as flame retardants and pesticides hence it is important to understand their potential for impact on the environment, the biosphere and human health.

The focus for the next few years will most likely be on low level contamination of foods, particularly seafood, resulting from the global environmental contamination with the persistent halogenated compounds and on occupational exposures in industries with increased risks of exposure.

At this symposium more than 680 papers were presented as well as Plenary Lectures summarising major developments in specific areas each morning. More than 250 oral presentations were presented in five concurrent streams, the balance being poster presentations. More than 900 international scientists attended this symposium.

Australia now has a state-of-the-art analytical facility at Australian Government Analytical Laboratories. They have the capability to perform analysis for dioxins with the required analytical sensitivity and precision broadly comparable to the best overseas laboratories. The estimated cost of about \$2000 per analysis will limit application of this technology in all but the most important industrial matters. Matters of current concern in the Australian context include past exposure to PCDD's in herbicides. A recent inquiry in Western Australia concluded that past use of the herbicides 2,4-D and 2,4,5-T is associated with an excess incidence of cancer (various organs) in workers using herbicides between 1975-1985. It seems likely that similar claims will arise in other groups of workers using herbicides in the past.

Topics of particular relevance

Professor Klaus Topfer, Executive Director UNEP presented the opening Plenary lecture on the Stockholm Convention and global action to eliminate POP's. Concern is such that the aim is now to discontinue production of all intentionally produced POP's with controls on international trade in designated compounds except for essential purposes. PCB's are permitted to be used until 2025 (hence occupational exposures remain an issue) but must be disposed of by 2028. Unintentionally produced POP's must have action plans for their control developed within 2 years. Twenty source types have been identified for control. The 76 Parties (includes Australia) and 151 Signatories are required to develop National Implementation Programs for control of the designated compounds. Stockpiles of POP's must be managed to protect human health and the environment. The Basel convention relates to handling, collection, transport and storage of these wastes but does not require remediation of contaminated sites.

Plenary lecture 2 presented a historical perspective on POP's and summarised the current status. The high production of POP's in developed countries from 1930-2000 resulted in environmental contamination, global distribution, contamination of the food chain and human exposure. Decline in production since the 1990's has resulted in decline in contamination levels of some compounds but brominated diphenyl ethers are still increasing. A decline in DDT and POP's in human breast milk has been seen since the 1980's. This indicates that controls imposed since potential human health problems were recognised have led to significantly decreased levels of environmental contamination and many of the declines have been faster than was predicted. Most would accept that maximum residue levels (MRL's) for foodstuffs and recommended daily intakes (RDI's) for diets provide adequate human health protection.

In plenary lecture 3 Professor Andrew Renwick (UK) summarised recent major risk assessments of "dioxins" based on the huge amount of data that is now available. Three major reviews were compared. Large variations were seen in human studies with no clear cut dose-response effects being established. Most effects were considered to be mediated through the Ah Receptor. Disturbingly reproductive effects have been seen in single dose experiments, especially in male offspring. The no observed adverse effect levels (NOAEL's) in species other than humans plus uncertainty factors remain the main models for risk assessment in humans. Of concern is that risk assessments estimate a significant proportion of the population to have intakes above the established NOAEL's for a 60 kilogram woman.

Plenary lecture 4 by Professor Martin Scheringer (Germany) provided a comprehensive review of the cold condensation processes that facilitate the global distribution of POP's and that account for increasing concentrations of these compounds at high latitudes. Equilibrium processes between soil, water and air and the transport efficiencies of various POP's depending on their physico-chemical characteristics was discussed. Some models for predicting distribution of POP's, such as CliMoChem, were discussed. Many questions remain unanswered and will require generation of data which by their very nature will need wide inter-governmental and trans-national cooperation.

I attended the following streamed presentations;

1. External and internal human exposure:

- Biomonitoring for creosote and pentachlorophenol related to wood treatment.
- Occupational safety during remediation of contaminated sites.
- Serum PCDD, PCDF and PCB level in firefighters.
- Dioxin like PCB indoor air contaminants.
- DDT contamination of fish.
- Other papers on human contamination levels of POP's.

It is of interest to note that in Germany biomonitoring and documentation of contaminant levels in contaminated site workers appears to be much more strict than it is on Australian sites. Insurance companies generally determine the need for pre- and post-work monitoring and generally no increase is seen in relevant contaminants indicating that occupational safety measures applied were adequate.

The Irkutsk cable factory fire (Shelekhov, Russia) in 1992 that burned for 10 days and firefighters attended the fire with less than adequate personal protective equipment. Many of the firefighters have suffered symptoms including neuropathy, encephalopathy and mood disorders (Shelekhov syndrome). Higher levels of PCDD, but not PCB's or PCDF's, were found in the worst affected firemen.

The source of dioxin like PCB's in indoor air of large buildings in Germany was found to originate from "silastic" type sealants (which contained up to 60% PCB's). It was reported that estimate of PCB 118 alone may give a good estimate of the TEQ for the complex congener mixtures present. It was noted that Germany is currently the only country to have established a guideline value for PCB's in air (3,000ng/m³). This issue may arise in Australia in relation to indoor air contamination in the future.

2. Body burdens and dietary intakes: Relevant presentations were;

- High daily intakes of PCDD/F's near factory producing pentachlorophenol.
- Dioxin burdens in women residing near major chemical industries.
- Dioxin body burdens in blood donors before & after the Belgian accident.
- Elevated dioxin levels in chloracne cases 20 years after the Seveso accident.

3. Remediation methods and control techniques: Relevant sessions included;

- PCDD/F distribution in waste incinerator gases.
- Release of POP's in the cement industry.
- Decision Support tools for soil remediation technologies.

It should be noted that there are about 30,000 contaminated sites world wide that are considered to need urgent attention and these are estimated to contain 500 tons of POP's and 1'000 tons of PCB's. Occupational exposures in the site remediation industry will continue to be a concern into the future.

4. Risk assessment for non-dioxin like PCB's: Relevant sessions included;

- Modes of actions of dioxin like and non-dioxin like PCB's.
- Occurrence of non-dioxin like PCB's in food and feed.
- Non-dioxin like PCB's as carcinogens and tumour promoters.

Concerns about the non-dioxin like PCB's, which are substituted in the ortho positions of the phenyl rings, is relatively recent. It was previously considered that these were not likely to be carcinogens since their non-planar structure prevented complexing with the Ah Receptor and transport into the cell nucleus to interact with DNA. Another receptor, CaR, has now been identified as an inducer able to interact with non-dioxin like PCB's although no carcinogen studies are currently available for these compounds. Technical mixtures containing the non-dioxin like PCB's have been associated with liver and thyroid cancers in rat studies. These findings may be relevant to electricians and other workers who had exposure to PCB's in the 1960-1980's. There are also new concerns regarding the neurotoxicity of non-dioxin like PCB's and studies are currently underway on former capacitor workers with respect to neuropsychological function.

The European Food Safety Authority (EFSA) has now set tolerable intake levels (TIL's) for PCDD/F's and dioxin like PCB's in food and feed, as well as for other chemicals and mycotoxins, that will mostly become operative by 2006.

5. Kinetics, enzyme inhibition and the Ah Receptor.

This session contained papers that discussed metabolism and bioavailability of "dioxins" from contaminated sites. These studies used specific animal models.

6. Risk assessment

Several presentations discussed the need to re-evaluate the toxicity equivalence factors (TEF's) now used to estimate TEQ's of PCDD/F's and PCB's. For example the USA National Toxicology Program (NTP) data was used to recalculate the TEF for 2,3,7,8-PCDF in various studies. It was found that the TEF depends on the clinical end point chosen. For cancer data a TEF value much lower than the currently used 0.5 was found. The TEF is an important parameter that feeds into the risk assessment for hazardous contaminated sites clean up programs. Use of higher than actual TEF's may dictate more intensive remedial procedures than necessary. World Health Organization TEF's are based on intake rather than total body burden of the subject chemicals and this significantly influences the derived TEF.

There was also discussion about the utility of the TEF approach versus cell based methods, such as the CALLUX test, for estimating total toxicity. Some scientists favour the CALLUX test since it sums the toxicity of all components present and is much less expensive. Relative estimates of potency (REP's) determined by different methods can vary by several orders of magnitude. Since these are important for regulatory purposes it is important to develop a uniform approach to establishing assessment thresholds.

An interesting paper estimated total TEQW contributions from anthropogenic sources (eg dioxins) versus naturally occurring sources in diet capable of AhR activation. The conclusion that the "normal" TEQ in blood greatly outweighs that from anthropogenic sources flags the need for further investigation with respect to the implications for human health. The USA NTP already has research underway to clarify certain issues in this regard.

7. Feed and food.

The papers attended in this session described dioxin monitoring programs for foodstuffs eg the USA Food and Drug Administration program, levels in fish and fish feed (in aquaculture) in Germany and a total diet study from Taiwan. Report of a national dioxin study from Australia indicated that levels in the environment and diet are low relative to Europe, Asia and the USA. Some papers reported the results of bioremediation programs in Vietnam developed to manage dioxin residues from the Agent Orange deforestation program during the Vietnam War.

Retrospective studies looked at the bioavailability to troops who served in Vietnam and the cancer incidence in USA Vietnam veterans. The physician from the Australian Department of Veterans Affairs updated the study on 59,179 Australian troops who served in Vietnam between 1962-1973. There was special focus on navy personnel because of the distillation process used to provide potable water and which was hypothesised to have resulted in concentration of some chemical contaminants. In Australian troops some elevated odds ratios were seen for specific cancers, for example head and neck cancers and leukemia, but only slightly raised OR's were seen for total cancers. Some cancers, eg non-Hodgkins lymphoma, showed a significantly lower than expected incidence. No strong conclusions regarding causation were able to be drawn. It was noted that Australia does not have the financial resources to perform congener specific blood analyses in this sophisticated science.

As in previous Dioxin Symposia there was considerable diversity of opinion and lively discussion regarding the evidence for cause-effect relationships between dioxin exposures in Vietnam and cancers. This issue seems to be far from resolved at the present time.

On the final day of the symposium Chairpersons of the various specialist sections presented summaries for their respective areas that detailed recent advances, gaps in information and their opinions as to where the focus of future research, both short term and long term, should be directed. The tremendous amount of data generated for PCDD/F's and PCB's since the 1960's was acknowledged. The shift of focus to the POP's and other halogenated compounds and the need for continuing research into these areas was also recognised.

Relevant posters among the 400 displayed during this symposium were visited but are not specifically discussed in this report.


The NSW workers/industries to whom the topics in this very broad ranging conference are of particular relevance include, but are not limited to, are;

- Waste disposal
- Agricultural workers
- Firefighters
- Electricians
- Power generating industry
- Cement manufacture
- Hazardous site remediation and
- Any worker involved with incineration processes for organic materials.

Other groups to who these matters are relevant in regard to the general concern about halogenated compounds and especially dioxin include other occupational groups, environmental groups and the general public.

The papers for the Dioxin 2004 Symposium were presented in CD format rather than the usual (5 Volume!) hard copy format of previous symposia. This has facilitated the distribution of the papers from the symposia to interested scientists within WorkCover and other Occupational Physicians. Reference materials from both the Medichem and Dioxin conferences is held in the Occupational Medicine Unit and is available for reference to interested parties.

The wide knowledge gained in these activities will be applied generally to advise occupational health professionals, trades unions, employers representatives, scientific committees and others who provide support to maintain safe and healthy work practices in NSW and Australian workplaces. It is also available to be applied to other WorkCover programs on request.



6 Oct 2004

Dr Robert Kenyon
Senior Occupational Physician.

cc: K Wooller, Senior Occupational Physician - OMU
R Geyer, Manager - Laboratory Services
E Quinn, Librarian - Library Services
P Cantrell, Senior Project Officer, OMU

Disputed Training, Conference, Education & Study Leave

Justification for attendance at BioVision Alexandria 2004 Conference, Alexandria, Egypt March-April 2004

BioVision Alexandria 2004 Conference

This conference explored the current status of the "new life sciences" (genomics, genetically modified organisms and biotechnology) and discussion of the issues raised by these new technologies. There can be no doubt that developments in these sciences will have profound impacts in many aspects of daily life, particularly in health and agriculture. The impact of gene technology in food production and application has tremendous potential benefits in the developing countries. The conference had a central focus on ways the technologies could be transferred to the late developing countries but issues were considered on a global basis. It was recognized that approaches taken and application in developed countries greatly influenced not only the rate of advancement of the sciences but also the degree of acceptance in the poorer countries where potential benefits were greatest. The body of the conference was conducted in four concurrent strands offering a wide range of topics very relevant to health, agriculture and the environment.

The conference, was sponsored by the Egyptian Government and attendance was by invitation. It was held in Bibliotheca Alexandrina under the auspices of President Mubarak and opened by the Prime Minister of Egypt. The presenters were all high caliber experts in their respective fields and on "Nobel Day" four Nobel Laureates discussed their past and current work as it related to human health – a rare and rewarding treat for professional scientists in the life disciplines.

Relevance of BioVision 2004 conference to Occupational Medicine , WorkCover NSW and to Senior Medical Specialist training, education

The conference encompassed a wide range of ethical, social, economic, environment and health issues. These factors influence the way work is done and acceptance by the public of the new technology especially in regard to GMO foods but also other areas including medicines and fibre production. They will enable many current occupational health risks to be avoided but may also increase theoretical new risks that need investigation and possibly unseen risks to health. On balance the benefit to public and occupational health derived from these new technologies is expected to be overwhelmingly positive.

A few examples of factors explored that could impact workplaces are;

- GMO's and transgenic crops – could introduce new allergens that may cause respiratory and dermatological effects.
- Transgenic crops – these will drastically decrease pesticide use and decrease risks to workers health and the environment but could theoretically introduce new toxins.
- New vaccines developed by GMO technology will protect workers health.

- Genomic technology provides the opportunity to efficiently determine genetic polymorphisms that could assist in minimizing specific risks to workers.
- Regulatory considerations will define limits of application new biotechnology.
- Ethical, social and political considerations will influence the "weight" placed on scientific knowledge and will determine the acceptance and application of new biotechnology in various contexts.

Of special interest to occupational physicians was the impact development of transgenic crops and human vaccines would have on public and worker health as well as environmental impacts. A specific example of this was the introduction of transgenic cotton in Australia that resulted not only in increased yields but also a decrease of about 80% in the use of "hard" pesticides that is beneficial to agricultural workers and the environment. There are however some caveats and unexplored issues such as possible accumulation of plant generated toxins in agricultural soils and possible future impacts on field workers. Dr Jim Peacock, President of the Australian Academy of Science and Research Fellow of CSIRO Plant Industry presented this lecture and pointed out the nexus between human health and agriculture. This work was of particular interest to me due to my activities in pesticide related issues and the health of agricultural workers in the Australian cotton industry.

Particular relevance of BioVision Alexandria 2004 Conference to my professional development

I am a Senior Medical Specialist employed in the Occupational Medicine Unit at WorkCover NSW since 1987 and in the NSW Public Service since 1975. My qualifications include BSc (Hon) in chemistry, PhD in Chemistry, MB,BS (medicine and surgery), MPH (occupational medicine – University medal) and Fellowship of Australasian Faculty of Occupational Medicine (by examination). My uncommon combination of high academic qualifications in the disciplines of medicine and chemistry have enabled me to make contributions across a broad range of subjects. Responsibilities in WorkCover have included the following:

- Input to State and Commonwealth legislation related to work health and safety
- Training of occupational physicians and WorkCover Authorised Medical Practitioners
- Provision of Occupational medicine information and advice to a broad range of medical and paramedical professionals, trades unions and employers
- Service on a broad range of committees and working parties related to work health and safety and
- Contributions particularly to the regulation and safe use of pesticides in agriculture.

My broad range of interests and activities have been informed by attendance at a range of conference and training activities within the provisions of the Crown Employees (Medical Specialists – Various agencies) Award. It should be noted that participation in professional development programs is a requirement for continuing acceptance in the Royal Australasian College of Physicians.

Relevance of BioVision 2004 in the present WorkCover context

WorkCover has passed through a period in which there has been a drastic depletion of professionally qualified scientists including engineering, occupational nursing and medical specialist positions. Recently WorkCover has indicated the intention to abolish the remaining two (of six) Senior Occupational Physician positions by January 2005. Although at this time there are voluntary redundancy offers available it seems future employment with WorkCover as an occupational physician is precarious. In these circumstances it is very prudent to broaden my professional training to enhance prospects of future employment. Attendance at conferences such as BioVision 2004 where broad topics and overarching philosophy and principles are discussed, rather than the "nuts and bolts" of a narrow discipline, help to place my professional interests and work in a broader context and facilitate cross discipline interactions. I will be giving a presentation to doctors on "GMO's – the occupational and public health aspects" at the Australian and New Zealand Society of Occupational Medicine in August 2004 that derives from the BioVision 2004 conference.

Special considerations relating to this TCESL application

There was an understanding in place between WorkCover and ASMOF that TCESL applications would be considered and a reply given within 3 weeks. In the case of dispute the application was to be referred to an external appropriate specialist for an opinion. In this case my application for TCESL was extremely badly managed in that I could get no feedback for more than 6 weeks. In that time the application had been referred to an internal WorkCover officer who appears to lack appropriate qualifications to assess Medical Specialist professional matters. At no time within that 6 weeks was I approached to explain any aspect of my application.

When advice about refusal of some activities was finally received there was a proposal to undertake some activities at far greater expense than my original proposal. It was contended that approval was conditional on my taking private leave in several countries. This was unacceptable to me. Subsequently a proposal to delete only the BioVision 2004 conference was made. At this time ASMOF referred the matter to the IRC since time to make any arrangements for the conferences was extremely short. Approval to attend some of the proposed activities was then given with the acceptability or otherwise of the BioVision conference to be decided on my return. I proceeded on my original program at significantly greater cost than if arrangements had been able to be made at an earlier time. It should be noted that the timing crisis and two appearances in the IRC imposed considerable stress on me and there was little time to assess the financial implications of the program undertaken.

I submitted reconciliation details and claim for cost reimbursement on 13 May 2004 with a request for urgent consideration in view of the pending IRC hearing. I did not get any feedback until there was a request for further information on 26 May 2004, 2 days before the date for the IRC hearing. This report is provided in response to that request.

It should be noted that the number of free days taken on this activity was less than the number of weekend and public holidays I would have had on normal duty.

Summary

I consider that participation in the BioVision 2004 conference was of considerable benefit to my professional activities as an occupational physician and of potential benefit to workers within Australia. It is therefore submitted that attendance at the BioVision Alexandria 2004 conference was a legitimate TCESL activity under the Award.

Lack of communication on the part of WorkCover Management and variance from previously agreed procedures created significant difficulties and stress for me associated with utilising my Award entitlement that WorkCover is required by the Award to "facilitate".

In these circumstances I request that urgent consideration be given to reimbursing me in accord with the full entitlements of the Award, including attendance at the BioVision 2004 conference in Egypt.

Dr Robert S Kenyon
Senior Occupational Physician
27 May 2004

Dr Robert Kenyon
Senior Occupational Physician

No 27 Dust Diseases Board – Support for Victims of Dust-Related Diseases

Dust Diseases Board

The Dust Diseases Board's statutory function is to administer the *Workers' Compensation (Dust Diseases) Act 1942*.

The Board has exclusive jurisdiction to determine all matters in respect of a claim for compensation including questions of identity, dependency and fact of disablement and whether an award should be made.

Under the Act, the Board is required to:

- Determine eligibility and award compensation to workers and dependants of deceased workers
- Administer the Workers' Compensation (Dust Diseases) Board Fund and pay all monies for compensation awards and costs of administering the Act including operating expenses of the Dust Diseases Tribunal.
- Administer the trust funds held on behalf of dependants of deceased workers.

Dust Diseases Board Services

The Board provides a compensation screening service for workers who have had long term or extensive exposure to dusts such as asbestos or silica.

The Board's compensation screening facilities are located on Level 7, 82 Elizabeth Street, Sydney. The Board's diagnostic equipment is the same standard as that available at leading hospitals. The service includes a clinical examination by a respiratory physician who is generally able to provide an indication as to whether a dust disease has developed. The whole process of X-rays, lung function tests and clinical examination normally takes 40 minutes to 1 hour.

Information and counselling services are provided by:

- Dust Diseases Board Counsellor's
- Community Based Support Groups
- NSW Law Society
- Private Counsellor's

The counsellors' services are usually requested by the Advisory Officers when it is considered that professional intervention is required when for example a client or family are having problems coping with the diagnosis of a dust disease. This is particularly common with clients who are newly diagnosed with a terminal dust disease.

The counsellors can also provide ongoing support to the surviving spouses and families of our clients who have died as a result of a dust disease. This support is provided until the counsellor determines it is no longer required.

The counsellors are also involved in specialized patient support groups and contribute to patient conferences with the Manager Operations & Client Services and the CNC Patient Management Services.

More than six hundred contact visits are made per year with in excess of two thousand telephone contacts per year.

There are seven main stages involved in the process of securing compensation:

1. An application for compensation is filled out and lodged with the Board.
2. Medical information such as respiratory tests and x-rays and any other supporting material is submitted to the Medical Authority. These tests may be performed by the Dust Diseases Board's Medical Section or by a designated doctor in a local area.
3. An Industrial History is written by one of the Board's Client Services and Advisory Officers.
4. The Medical Authority reviews all information submitted and makes a recommendation on the existence of a dust disease and level of disablement.
5. Compensation is assessed and calculated in accordance with the relevant legislation ie. *Workers Compensation (Dust Diseases) Act* and *Workers Compensation Act*. Benefit levels are prescribed by the legislation.
6. The Dust Diseases Board makes its determination based on the advice of the Medical Authority and the proper exercise of its legislative authority under the Act.
7. The Award for compensation is processed by the Dust Diseases Board's Financial Services Branch.

The Board does not charge a fee for this service. Any reasonable costs incurred as a result of the Board directing an applicant to attend medical tests on its premises or with a doctor that the Board has arranged a medical appointment for an applicant to attend, are met by the Board.

Initiatives

The Dust Diseases Board's Lung Bus is a mobile respiratory screening program for NSW industry. It is a 14 tonne, 12 metre mobile respiratory screening clinic, built on a coach chassis.

The facility on the Lung Bus includes:

- Advanced lung function testing equipment
- An x-ray unit with digital imaging processor
- Dual spirometry facilities
- Specialised computer medical equipment.

The screening process takes no more than 15 minutes per person and the facility is capable of screening up to ten workers per hour.

Workers are advised immediately of any health problems and the physician on the bus can refer the patient for follow up action. All records are held by the Dust Diseases Board and provide continuity in the monitoring of workers' respiratory health.

Between 1 January 2001 and 30 June 2004, 9,656 workers were screened on the Lung Bus. In addition, 972 workers have been in the Board's premises as part of the same service to industry.

In May 2002, the Dust Diseases Board produced a video "Making a Difference" outlining the dangers of hazardous dusts in the workplace and what to do if you are affected.

The video encourages at-risk workers to be screened for dust disease and outlines to employers the services provided by the NSW Dust Diseases Board.

In addition, the DDB participates in and supports the annual asbestos awareness week run and sponsored by the Asbestos Diseases Foundation of Australia. It provides information to the public on the risk of asbestos and the services offered by the DDB. The DDB provides the Lung Bus at the launch of the week at the Maritime Museum at Darling Harbour as well as providing Advisory Officers to provide information to the general public.

The DDB examined or had examined on its behalf 2,275 people in 2004. Since financial year 1994 the DDB has had examined 27,734 people.

The DDB conducts screening of miners and ex miners in Broken Hill through the Bureau of Medical Inspection. More than 150 people have been screened. If a client at Broken Hill requires urgent treatment or consultation the DDB will arrange for transportation to a major centre. Because of its proximity this is usually Adelaide although from time to time clients are brought to Sydney.

During the 2002/03 financial year, personnel from the DDB provided the presentations to the following groups:

- Palliative care nurses, Napean Area Health Service
- Respiratory Nurses Interest Group, St George Hospital
- OHS Committee, Cessnock Gaol
- WorkCover NSW seminar for small business, Dubbo
- Palliative care and district nurses, Port Kembla Hospital

The DDB regularly exhibits at the Annual Scientific Conference of the Thoracic Society of Australia & New Zealand and at the Annual Conference of the Australian & New Zealand Society of Occupational Medicine.

In addition, the DDB addresses employees or employers in relation to the need for screening dust-exposed workers. A very recent series of meetings took place at the Thiess Hochtief Joint Venture constructing the Chatswood to Epping rail extension. These meetings were arranged to discuss issues related to exposure to silica with approximately 300 workers engaged on the tunnelling for this project.

Research

The DDB under its charter provides funds for research and support in a number of areas of research. This research is in a variety of areas including treatment, epidemiology, management of disease and pure cancer research. This funding supports important in-house research, financing cancer research through its Grants scheme in a variety of institutions in Australia and the foundation of a specific asbestos diseases research centre established at Concord Hospital.

The DDB through its charter can also fund support and educative initiatives through organizations such as adfa.

In the year 2000, the Board established the Research Grants and Community Support Committee to advise it and make recommendations in respect of research into asbestos related diseases.

The terms of reference for the Committee are as follows:

1. To identify, evaluate and make recommendations in respect of funding research into improved medical treatment available to victims of dust diseases.
2. To identify, evaluate and make recommendations in respect of funding research into advancing the understanding of the origins and development of occupational lung diseases.
3. To identify, evaluate and make recommendations in respect of funding clinical/medical or other research which may support the achievement of 1) and 2) above.
4. To identify, evaluate and make recommendations in respect of funding research to identify occupational exposures with the potential to cause occupational lung diseases.
5. To identify, evaluate and make recommendations in respect of funding to assist in assessing the extent of lung diseases in the workforce and potential claimants to improve the DDB's capacity to forecast future liabilities
6. To identify, evaluate and make recommendations in respect of funding research which may assist the Medical Authority in assessing and validating claims for compensation
7. To identify, evaluate and make recommendations in respect of funding research which may increase the efficiency and effectiveness of the DDB in discharging its statutory responsibility
8. To identify, evaluate and make recommendations in respect of funding projects, programs and initiatives that contribute to prevention and education in respect of occupational lung diseases.

In 2004, the Board has a four point strategy to tackle asbestos related diseases.

1. To provide financial and other support to the new Asbestos Disease Research Centre to be established at Concord Hospital. The Centre has a focus on improving treatment within the hospital system and making clinicians aware of the full range of treatments available.

The Board has approved a financial commitment of \$1.2m over three years. The year one payment of \$400,000 has been made.

2. The second strategy involves a very high level of engagement with national and international organisations to make sure the Dust Diseases Board has access to all relevant information relating to developments in research across the world. These organisations include the Thoracic Society of Australia and New Zealand, American Thoracic Society and the European Respiratory Society amongst others.
3. Thirdly, to continue the Board's in house research capacity which informs the Board's compensation role and medical decision making.

Finally, the continuation of the Board's Research Grants Scheme to seek out and fund innovative researchers working with asbestos related diseases.

Recent grants have been provided for work on, for example:

- Cellular and molecular mechanisms in mesothelioma and in fibro proliferative lung disease
- Biology of Mesothelioma as a basis for new treatment
- Oxidative stress in asbestos related pleural disease
- Non-invasive measures of Lung Inflammation in Silica exposed workers
- Genetic Risk Susceptibility and Biomarkers in Asbestos Related Cancers
- Developing strategies to meet the needs of people with mesothelioma, their family carers and health professionals involved in their care.

MOBILE PHONES

- Policy Statement & Guidelines on their use

Information Management Branch

May 2004

Copyright © WorkCover NSW 2004

Information about this document can be obtained from:

Manager, Executive Support Unit

Information Management Branch

Associated Documents

Title Issued

WorkCover NSW Code of Conduct 1998
NSW Premier's Department – Policy and Guidelines for the use by staff of Employer
Communication Devices 1999

Introduction

All public sector employees have a responsibility to be efficient, economical and ethical in their use of and management of all public resources.

This policy sets out WorkCover's policy position on staff use of mobile both for business and private purposes, and is consistent with the NSW Premier's Department 'Policy and Guidelines for the use by Staff of Employer Communication Devices 1999'. Communication devices such as mobile phones are provided for business use. As a public official you are accountable for the manner and the purpose for which they are used. The NSW Government accepts that to maintain a responsive and flexible public sector that limited personal use of communication devices is necessary.

This policy forms part of the WorkCover Code of Conduct documentation set and should be read in conjunction with the Code of Conduct.

Security

Messages conveyed through communication devices can be intercepted, traced or recorded. Although such practices are normally illegal, users cannot have an expectation of privacy. Mobile telephones can be intercepted.

In addition, mobile telephones are easily lost or stolen. In-built security features such as passwords or personal identification numbers should be activated.

Unlawful use of communication equipment

The use of any telecommunication system to make or send fraudulent, unlawful, or abusive information, calls or messages is prohibited. Staff are to report any threatening, intimidating, or harassing telephone calls or electronic messages to their manager.

Any staff member identified as the initiator of fraudulent, unlawful, or abusive calls or messages is subject to disciplinary action and possible criminal prosecution.

Using employer communication devices for activities that might be questionable, controversial or offensive, such as gambling, accessing chat lines, transmitting inappropriate jokes, sending junk programs etc, is forbidden and may lead to disciplinary action being taken against the employee concerned.

Personal use of employer communication devices is not considered private, and staff using these devices do not have the same personal privacy rights as they would using private communication devices. This means that staff reasonably suspected of abusing personal use of employer communication devices may be asked to explain such use (which can be monitored as part of WorkCover's responsibility to implement appropriate control mechanisms).

Mobile telephone use

Whilst mobile telephones can significantly add value to service delivery, they incur substantially higher call charges than ordinary telephone services and are not to be used where it is possible to use ordinary telephones.

All calls from and to mobile phones are time charged. Users of mobile telephones are expected to keep all calls as short as possible. Where it is necessary to make a call to a mobile telephone from an ordinary telephone, the caller also has a responsibility to keep the call as short as possible.

The guidelines for the personal use and travel related use in this policy apply equally to all types of telephones.

The following principles apply to mobile telephone use by WorkCover staff:

- **Business need:** mobile telephones are provided only in circumstances where there is a demonstrated business need. Mobile phones will be automatically issued (with line manager approval) to the Executive and Director-level positions; the inspectorate; or a field based technical or administrative officer (defined positions).

Any other positions will be considered on a business case by case basis, and are to be approved by the General Manager, Corporate Governance Division (in consultation with the relevant line GM);

- **Personal use of mobile telephones:** staff are required to pay for private calls made from their mobile telephone. WorkCover recognises that staff may be required to change their work arrangements at short notice and thus need to contact their families to alert them to this. As a result, during a standard one month billing period, 20 private calls are allowed at WorkCover expense (this equates to one private call per working day but these private calls can be made at any time during the billing period). Mobile telephone bills will be issued to staff on a monthly basis and they will need to identify all other private calls and arrange to pay Finance Branch for all these calls;

- **Working from home/telecommuting:** in approved working from home or telecommuting arrangement, work related costs of communication device usage will be reimbursed to the staff member, but costs of personal calls will not be reimbursed;

- **Accountability:** individuals are accountable for all calls from any mobile telephone assigned to them, and are required to certify billing records;
- **Fee based and subscription services:** access to services that charge fees (e.g. 1900 or 0055 telephones numbers) will be barred, unless a business need has been identified and by the Chief Executive Officer or delegate. All requests and decisions relating to the authorization of such access must be documented and retained to facilitate scrutiny or audit;
- **Motor vehicle use:** the use of a hand held mobile telephone while driving is an offence under the Motor Traffic Act. Staff must pull off the road and park before using a hand held mobile phone.

WorkCover will not be responsible for any fines incurred by staff improperly using mobile telephones. Involvement in an accident while using a hand held mobile telephone could negate any insurance claim. Hands-free mobile telephone kits have been installed in all WorkCover vehicles where an operational need has been demonstrated.

Alternatively, hands-free devices should be used where no car kit is installed or the mobile telephone should be linked to a message bank during the trip. Staff members should have regard to recent studies into the potential for distraction whilst talking on the mobile telephone and minimize call length;

- **Surrender during period of leave longer than 12 weeks:** where a staff member has taken leave for a period of twelve weeks or longer (including extended leave, study leave, leave without pay, sick leave, recreation leave etc), arrangements should be made for their mobile telephone to be handed in to IMB for the period of the leave.

IMB will arrange for the mobile telephone number to be retained during the period of the leave, however, the telephone may be reassigned to another officer for the duration of the leave.

All private calls are to be paid for by the staff member during this twelve week period. The Chief Executive Officer may agree not to enforce this provision on a case by case basis.

- **Industrial awards and enterprise agreements:** nothing in this policy overrides the rights of accredited union delegates to use WorkCover's communication devices in accordance with the conditions contained in properly constituted industrial instruments or other legislation.

OHS issues

A number of reports and newspaper articles have been published outlining concerns relating to output of radiation from the antenna of the mobile telephone. At this stage there is no conclusive evidence that mobile phones pose a long-term health hazard, but research in this area is continuing. It is recommended that staff take appropriate precautions.

It is recommended that all mobile telephone calls be kept to a minimum. It is strongly recommended that staff use these hands free devices whenever talking on a mobile telephone.

Mobile telephone requests

Any officer requesting a new or replacement mobile telephone can do so by using the Online Service Centre. These requests need to be approved by the relevant line manager before being submitted to the Information Management Branch.

Replacement Telephones and Accessories

If a mobile telephone has been lost, stolen or damaged beyond economical repair, an IMB Equipment Incident Report form should be filled out on the online service centre. Any damaged will be repaired where practicable. Loan or pool mobile telephones can be issued in these circumstances. Where a mobile telephone has been stolen it should also be reported to your supervisor and reported to the police, and an event number obtained.

Asset Management of Mobile Telephones

Mobile telephones remain the property of WorkCover. The Information Management Branch has the responsibility of maintaining the asset tracking of all mobile telephones. Staff should note that the mobile telephone belongs to the position and not the person.

If a staff member leaves either the position or WorkCover altogether, they are to return their mobile telephone to IMB for reallocation. If a staff member is transferring to a new position that is also eligible to receive a mobile phone, the mobile telephone may be retained by that person, however all relevant details need to be made available to IMB Helpdesk (telephone: 4321 5490) to enable the update of billing records and asset register.

Mobile Telephone Hardware

Standard Equipment

A standard mobile telephone handset and car kit have been selected by WorkCover. These may vary from time to time owing to the changing models produced by preferred suppliers. The standard equipment available to those WorkCover staff issued with a mobile phone is:

- Handset, battery and charger
- Leather Case
- Desktop Stand (if requested)
- Personal Hands Free Kit (if requested)
- WorkCover fleet vehicles are supplied with a hands-free car kit.

Securing Mobile Telephones

Staff are to ensure that they do not leave their mobile telephones in vehicles when unattended. Staff are requested to ensure that they take their mobile phone with them whenever they leave their vehicle to reduce the likelihood of theft.

General Care

Staff are responsible for the general care of their allocated mobile telephone.