

Notice of Decision under The Freedom of Information Act 1982 (the FOI Act)

Applicant: Mike Tremblay <foi+request-10307-a104cdec@righttoknow.org.au>
Decision Maker: Laura Funke
Date of Decision: 17 August 2023
Organisation: Australian Nuclear Science and Technology Organisation

1. This is my decision and the reasons for my decision in relation to the request made by the Applicant to the Australian Nuclear Science and Technology Organisation (**ANSTO**) on 15 May 2023 as revised on 23 July 2023, following a practical refusal consultation, seeking access to the following documents under the FOI Act:

'For the period from 1 January 2002 to 1 January 2006, any health centre or WHS procedure documents such as instructions, policies, processes relating to health surveillance of scientists working with depleted uranium. Excluding correspondence such as emails, letters, file notes and experiment specific records relating to health surveillance and the actual health surveillance records.'

2. I note the extension provided by the Office of the Australian Information Commissioner until 24 July 2023 for ANSTO undertake a practical refusal process. This period included time to undertake practical refusal consultation. The Applicant agreed to an amended scope on 23 July 2023.
3. I am authorised under section 23 of the FOI Act to make a decision.

DECISION

4. I have identified the 2 documents as potentially relevant to the Applicant's request.
5. I have decided to fully release the following document:
 - (i) ANSTO OHSE Standard Chemical Safety approved on 27 September 2006 (**Document 1**)
6. I have decided to partially release the following document. I have applied redactions on the basis of relevance under section 22 of the FOI Act.
 - (i) ANSTO Safety Directive – Medical Arrangements at the Lucas Height Science and & Technology Centre according to the properties of Microsoft word this document was created on 28/08/1997 (**Document 2**)
7. In making my decision, I had regard to the following:
 - (a) The terms of the Applicant's revised request dated 23 July 2023;

- (b) The content of the identified documents in issue;
- (c) Advice from ANSTO officers with responsibility for matters relating to the documents to which the Applicant sought access;
- (d) The relevant provisions of the FOI Act; and
- (e) The FOI Guidelines produced by the Office of the Australian Information Commissioner.

Locating and identifying relevant documents

8. The potentially relevant documents were identified by ANSTO's Work Health & Safety Team by searching electronic and hard copy folders for documents in and around the date range specified in the FOI request.
9. The WHS Team have confirmed:
 - i. There is no specific WHS or Health Centre document directed towards scientists working with depleted uranium. The health monitoring requirements would depend on the specific work circumstances.
 - ii. During the relevant period from 1 January 2002 to 1 January 2006 ANSTO had an on-site Medical Officer who would determine an appropriate medical surveillance program based on his medical opinion and in discussion with the personnel involved.
10. Document 1 titled 'ANSTO OHSE Standard Chemical Safety approved on 27 September 2006' was in the paper records of the WHS Team member. I acknowledge this document is 9 months outside of the date range specified by the Applicant.
11. Document 2 titled 'ANSTO Safety Directive – Medical Arrangements at the Lucas Heights Science and Technology Centre' was in a shared WHS directory for documents created before 2006. The document was in Microsoft Word form. The document date on document 2 automatically updated when it was converted to PDF as part of processing this request. According to the properties of Microsoft word this document was created on 28 August 1997. I am unable to confirm whether this document was in force during the period from 2002 – 2006. Since the date range is around 20 years ago, ANSTO's controlled document platform had not been implemented.
12. Document 2 covers a wide range of medical arrangements around fitness for duty and pre-employment medicals. I have redacted information in the documents which are not relevant to the Applicant's request.
13. In addition to the searches undertaken by the WHS team, ANSTO Information Management Officer did a search for depleted uranium and Health Surveillance and did not find any documents within the relevant date range.

Documents historical in nature

14. I confirm these documents are historical in nature and do not reflect the current documents in ANSTO controlled document database.

Review rights

15. Attachment A sets out your review rights.

Laura Funke

Projects and Privacy Officer
Freedom of Information Delegate

Attachment A

Internal review

If you are dissatisfied with this decision, you have certain rights of review available to you. Firstly, under section 54 of the Act, you may apply for an internal review of the decision. It is not necessary to go through ANSTO's internal review process and you may apply for a review by the Information Commissioner (see below).

Your application for an internal review must be made within 30 days, or such further period as ANSTO allows, of you receiving this notice.

No particular form is required to apply for review although it will assist your case to set out in the application the grounds on which you believe that the original decision should be overturned.

An application for a review of the decision should be addressed to the FOI Coordinator

Email: foi@ansto.gov.au or

Post: Locked Bag 2001 Kirrawee DC NSW 2232

Information Commissioner

You may also apply to the Information Commissioner for a review of the decision, or the subsequent internal review decision made by ANSTO. Your application must be made within 60 days, or such further period as the Information Commissioner allows, of you receiving the notice of an initial decision or a decision made on internal review.

No particular form is required to apply for review although it must give details on how notices may be sent to you (e.g. postal or email address) and include a copy of the notice of the decision given by ANSTO. The application should also contain particulars of the basis on which you dispute the decision.

You can lodge your application with the Office of the Australian Information Commissioner in a number of ways:

Preferred method is online: www.oaic.gov.au online portal

Post: GPO Box 5288 Sydney NSW 2001

Fax: +61 2 6123 5145

Email: enquiries@oaic.gov.au

Administrative Appeals Tribunal

You may subsequently apply to the Administrative Appeals Tribunal (AAT) for review of a decision made by the Information Commissioner with which you are dissatisfied. An application to the AAT

must be made within 28 days after the day on which you receive the Information Commissioner's decision.

The AAT is a completely independent review body with the power to make a fresh decision. Your application to the AAT should be accompanied by an application fee, which may be refunded in some instances. The fee may be waived by the AAT where financial hardship is shown.

The AAT has a help desk to advise on its procedures. More information is available on the AAT's website www.aat.gov.au.

The AAT preferred method of lodgement is via its online services portal.

The contact details of the AAT are:

Phone: 1800 228 833

Email: generalreviews@aat.gov.au

Locations: <https://www.aat.gov.au/contact-us/our-locations>

Commonwealth Ombudsman

You may also complain to the Ombudsman concerning action taken by an agency in the exercise of powers or the performance of functions under the FOI Act. There is no fee for making a complaint. The Ombudsman will make a completely independent investigation of your complaint.

The Commonwealth Ombudsman generally will not investigate your complaint unless you have raised it with the agency directly. This gives the agency an opportunity to resolve the complaint first.

Complaints can be made in writing:

Post: GPO Box 442, Canberra ACT 2601

Phone: 1300 362 072

In person: see <https://www.ombudsman.gov.au/contact>

Online: see <https://www.ombudsman.gov.au/what-we-do/Can-we-help-you>



Chemical Safety

Intent of Standard

This standard outlines the principles to assist personnel at ANSTO in creating and maintaining a people and environment safe workplace and to deliver excellence in OHSE performance. As a minimum it meets the requirements of: the *Occupational Health and Safety (Commonwealth Employment) Act, 1991*; the *Occupational Health and Safety Regulations (Commonwealth Employment) (National Standards) 1994*; and *relevant codes of practices*, with regards to chemical safety.

Purpose

The purpose of the ANSTO Chemical Risk Management System is to safeguard the health, safety and well being of all persons at ANSTO and the environment. This is achieved by systematically identifying, assessing and controlling risks arising from the storage, handling and disposal of non-radioactive chemical substances.

1.0 ANSTO application of Chemical Safety Standard

In terms of hazard identification and risk assessment, ANSTO must take all reasonably practicable steps to ensure that risks to health caused by work that involves potential exposure to hazardous substances are identified in accordance with Division 3, Part 6, of the Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994.

There are seven main strategies in the ANSTO Chemical Risk Management System:

1. Identification of hazardous substances
2. Risk assessment of chemical hazards
3. Risk control measures for eliminating or reducing the assessed risks
4. Exposure monitoring and health surveillance
5. Disposal of chemicals and management of spills
6. Specific chemical safety training
7. Monitoring and evaluation

For detail and further guidance on the ANSTO Chemical Risk Management System refer to the ANSTO Chemical Safety Practices.

1.1 Identification of hazardous substances

The methods used to identify hazardous substances shall include the following:

- Check material safety data sheet (MSDS) from supplier which should indicate whether the substance is 'hazardous' according to the NOHSC Approved Criteria for Classifying Hazardous Substances
- Check the NOHSC List of Designated Hazardous Substances to see whether substance is listed
- Review supplier's label for words such as 'warning', 'poison', 'dangerous poison' or 'hazardous'
- Check to see if the substance is listed in Schedules 1A, 1 or 2 of the Occupational Health and Safety Regulations (Commonwealth Employment) (National Standards) 1994.

1.2 Risk assessment of chemical hazards

A risk assessment of a work situation must be carried out when there is a risk of exposing personnel or the environment to a chemical hazard. A more detailed assessment must be made as part of a submission to the Safety Assessment Committee (SAC), if according to the material safety data sheet (MSDS) a substance is/has:

- Carcinogenic
- Mutagenic
- Teratogenic
- Sensitiser
- Very toxic
- Danger of serious irreversible effects
- Danger of serious damage to health by prolonged exposure.

The risk assessment process must follow the ANSTO Risk Assessment Methodology. Support and guidance regarding chemical risk assessment can be sought from Safety and Radiation Services (S&RS).

For further guidance on SAC submissions and chemical risk assessment refer to the ANSTO Risk Management Standard and Practices and the ANSTO Chemical Safety Practices.

Generic risk assessments for a group of chemicals can be done where the hazardous substances used and the nature of the tasks involving these substances are essentially similar. The health hazard information for the hazardous substances should be the same, or the risk assessment should be based on the most hazardous health effects. Where generic risk assessments are used, it is the responsibility of the person signing-off on the risk assessment to ensure that all risks are addressed. Consultation with employees is required to ensure that tasks are sufficiently similar to allow a generic risk assessment to be performed.

Individual chemical risk assessments must be conducted for chemical substances which are scheduled carcinogens as indicated in Schedule 1 of the Occupational Health and Safety Regulations (Commonwealth Employment) (National Standards) 1994

1.3 Risk control measures for eliminating or reducing the assessed risks

Risk controls must be selected in line with the hierarchy of controls, as described in the ANSTO Risk Management Standard and Practices and the ANSTO Chemical Safety Practices. The controls should be in direct response to the level of risk, and should reduce the risk as far as is practicable.

When establishing risk controls, emphasis shall be placed on using the least hazardous chemical possible. Risk controls should not solely rely on personal protective equipment (PPE) and clothing.

Prioritisation of the implementation of controls for existing chemicals must take into consideration the nature and risk level of the hazard, as well as the practicability of the proposed controls. Where practicable control options are available immediately they should be implemented straight away, and should not be deferred until higher risk activities have been controlled.

Safe storage and handling of chemicals

The licensing requirements of the NSW Dangerous Goods General Regulations for chemical storage facilities must be met. Storage facilities not requiring licensing must be managed according to the relevant Australian Standards.

For individual chemicals, the storage, labelling and transportation requirements given in the Material Safety Data Sheets (MSDS) must be followed.

Material Safety Data Sheets (MSDS) must be available in hard copy in the work area and the MSDS precautions for use and requirements for safe handling must be followed. Where the MSDS

is readily available through ChemWatch database, it is satisfactory to have "mini-MSDS" sheets at the workplace.

A chemical hazard register listing all the chemicals used and the approximate quantity stored must be maintained.

Use of fume cupboards

Prior to handling chemicals in a fume cupboard, the warning labels on the fume cupboard must be checked to ensure that it is appropriate for the intended chemical.

For further details on the storage, handling and use of chemicals, compressed and liquefied gases, dispensing of liquefied petroleum gas (LPG) and storage of flammable liquids refer to the ANSTO Chemical Safety Practices.

1.4 Exposure monitoring and health surveillance

If an MSDS specifies an exposure standard, S&RS should be consulted to determine if atmospheric monitoring by S&RS or health surveillance by the ANSTO Medical Centre is required.

Health surveillance may be required for past exposure to certain hazardous substances.

The ANSTO Medical Centre shall inform Comcare of any adverse health surveillance results consistent with exposure to the relevant chemical.

Carcinogenic substances

Employees who have been identified as having a reasonable likelihood of exposure to carcinogenic substances must contact the Site Medical Centre to establish a health surveillance program.

If ANSTO becomes aware that an employee has been exposed to a carcinogen, the employee will be advised immediately, offer counselling and medical support and maintain appropriate medical records.

Carcinogenic substances that are scheduled under the National Model Regulations for the Control of Scheduled Carcinogenic Substances [NOHSC:1011 (1995)] must not be used at ANSTO without approval from SAC and an exemption for their use from the Safety, Rehabilitation & Compensation Commission.

Inorganic lead

ANSTO follows the 'Approved Code of Practice on the Control and Safe Use of Inorganic Lead in Commonwealth Employment'.

If a job is assessed to be a lead-risk, ANSTO will provide changing and wash facilities to minimise ingestion and spread of lead contamination. ANSTO will also establish health surveillance including monitoring of blood lead levels and counselling for all people assigned to the job.

Employees who are pregnant or breast feeding will not be assigned to lead-risk jobs.

Other employees may be removed from lead-risk jobs on the advice from the ANSTO Medical Centre.

For further details on risk assessment and control of inorganic lead hazards, refer to the ANSTO Chemical Safety Practices.

Enclosed hazardous substances

All employees, contractors, casual staff and students who could be exposed to any hazardous substances contained in enclosed systems (including a pipe, piping system or a process vessel) must be informed of the existence of the chemicals. ANSTO Technical Services and

Facilities Management is responsible for the engineering standards of piped gas systems.

1.5 Disposal of chemicals and management of spills

ANSTO Waste Operations must be informed of and approve the collection and disposal of chemical waste in accordance with Waste Operations requirements.

The equipment and materials listed in the MSDS for control of chemicals spills must be immediately available in work areas using chemicals. Staff in the area may deal with small spills following guidance from the MSDS; however the ANSTO Site Control Centre must be contacted in the event of large or potentially hazardous spills. S&RS shall provide initial response and coordinate the cleanup of large spills with staff from the area and/or with ANSTO Waste Operations.

SRS shall notify Comcare of any spills/incidents involving carcinogenic substances.

1.6 Specific chemical safety training

All people working with or near chemicals at ANSTO shall be provided with the skills and knowledge required to perform their work in a manner that is safe and without risk to health prior to starting the work. This applies to ongoing and contract employees, casual staff, students, contractors and cleaners. In addition, employees who supervise others who work with chemicals shall also receive training and instruction.

The level of information, instruction or training that is required depends on the level and nature of the potential exposure to the hazardous substance.

In general information provision should cover:

- types of hazardous substances in use in the workplace;
- the location and use of MSDS's in the workplace;
- labelling requirements, including for decanted substances;
- safe use and handling procedures and practices for the substance or group of substances;
- potential routes of entry and exposure to hazardous substances and symptoms of exposure;
- risk controls in place at the workplace, and how they protect the employee against exposure;
- reasons why air monitoring or biological monitoring may be required, and how this will be executed within the work environment if required;
- emergency procedures regarding emergencies that include hazardous substances;
- the need to forward a copy of the relevant MSDS's with a staff members if they are referred for medical attention after exposure;
- safe clean-up of spills, and safe disposal of hazardous substances;
- selection, fitting and use of personal protective equipment (PPE), where it is in use to control exposure to hazardous substances; and
- first aid requirements and provision.

Where training has been conducted documents should be maintained for a minimum period of five years with the following information:

- date of the training session;
- outline of the training session; and
- names and signatures of persons attending the training.

1.7 Monitoring and evaluation

All chemical risk assessments must be reviewed every three years or when:

- the process, plant or substances has been modified;
- new information about the hazard presented by the substance becomes available;
- monitoring or health surveillance indicate inadequate exposure control;

- new or improved control measures become practicable; or
- new regulations or changes to existing regulations are introduced.

The ANSTO Chemical Risk Management System will be audited periodically to assess the level of compliance to this standard.

2.0 Record keeping

Records relating to chemical safety shall be maintained in line with the ANSTO Chemical Risk Management System and should include the following:

- Chemical Risk Assessment Record (including Control Plan)
- Training Record
- Chemical Hazard Register
- Health Surveillance Record
- Atmospheric Monitoring Report
- ChemWatch Database

For employees potentially exposed to scheduled carcinogens or inorganic lead substances, the following information must be maintained for thirty years:

- Full name of employees
- Date of birth
- Address
- Record of exposure, including employee's date of commencement, termination of employment and specific dates of periods of potential exposure
- Employees' present and past job classification
- Areas of work at ANSTO.

Records of atmospheric monitoring and health surveillance must be retained by ANSTO for thirty years. All other assessment reports must be retained for a minimum of five years.

Appropriate records must be accessible at all times as required by Emergency Services, Comcare and any investigating officer.

For copies of forms, checklists, guides, flowcharts refer to the ANSTO Chemical Safety Practices.

3.0 Key references

Note: Refer to the actual Regulations, Code, Australian Standard or referenced documents.

Hazardous Substances:

- Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994.
- The Approved Code of Practice on the Control of Scheduled Carcinogenic Substances, Commonwealth Employment, SRS Commission, 1999.
- The Approved Code of Practice on the Control and Safe Use of Inorganic Lead in Commonwealth Employment, SRS Commission, 1999.

Available from Comcare 1300 366 979 or refer to website

National Occupational Health and Safety Commission (NOHSC):

- National Model Regulation for the Control of Workplace Hazardous substances, [NOHSC 1005 (1999)]
- List of Designated Hazardous substances, [NOHSC 10005 (1999)]
- Exposure Standards for Atmospheric Contamination of the Occupational Environment, National Exposure Standards [NOHSC 1003 (1995)]
- The Approved Criteria for Classifying Hazardous substances, [NOHSC 1008 (2004)]

- Guidance Note for the Assessment of Health Risks Arising from the Use of Hazardous substances in the Workplace, [NOHSC 3017(1994)]
- National Code of Practice for Control of Workplace Hazardous substances, [NOHSC 2007 (1994)]
- National Code of Practice for the Labelling of Workplace Substances, [NOHSC 2012 (1994)]

All available from NOHSC on (02) 6279 1000 or refer to website

Dangerous Goods:

- National Occupational Health and Safety Commission – National Code of Practice for the Storage and Handling of Dangerous Goods [NOHSC 2017 (2001)].

Available from NOHSC on (02) 6279 1000 or refer to website

Australian Standards:

- AS/NZS 1596:2002, 'The Storage and Handling of LP Gas', Standards Australia.
- AS 1894:1997, 'The Storage and Handling of Non-flammable Cryogenic and Refrigerated Liquid', Standards Australia.
- AS 1940:2004, 'The Storage and Handling of Flammable and Combustible Liquids', Standards Australia.
- AS 2243.8:2006, 'Safety in Laboratories – Fume Cupboards', Standards Australia.
- AS/NZS 3780:1994, 'The Storage and Handling of Corrosive Substances', Standards Australia.
- AS 4332:2004, 'The Storage and Handling of Gases in Cylinders', Standards Australia.
- AS/NZS 4452:1997 'The Storage and Handling of Toxic Substances', Standards Australia.

Australian Standards are available from SAI Global Ltd through ANSTO library database.

- Australian Dangerous Goods Code (ADG Code).
- New South Wales, Dangerous Goods (General) Regulation 1999.

Available from WorkCover (NSW) 4321 5000 or

Other:

- Occupational Health and Safety (Commonwealth Employment) Act 1991. Available from Comcare 1300 366 979 or refer to website
- AS/NZS 2243:2005, 'Safety in Laboratories- Planning and Operational Aspects'. Available from SAI Global Ltd on 1300 65 4646 or refer to website

End of Document

The instructions in Safety Directives apply to all ANSTO staff and by agreement, to all staff of all CSIRO Units located at the Lucas Heights Science and Technology Centre, as well as all persons attached to the Lucas Heights Science and Technology Centre.

1. **PURPOSE**

This directive explains the Medical Arrangements in place at the Lucas Heights Science & Technology Centre (LHSTC).

2. **SCOPE**

The directive applies to ANSTO staff and is advisory for other staff working at the LHSTC.

3. **DEFINITIONS**

3.1 Fitness is authorised ability to perform particular work safely.

3.2 Limitation means conditional restrictions on whether or how or with what precautions a task is to be undertaken. These may be temporary if a person is convalescent from illness or injury.

3.3 Medical Examination is a personal interview with a Medical Officer and may involve history taking, communication and some physical examination and ancillary investigation (eg spirometry and audiometry).

3.4 First Aid (in the workplace) is defined as the provision of emergency treatment and life support for persons suffering illness or injury at work.

3.5 Emergency Medical Care is defined as the provision of first aid and ongoing treatment by a trained ambulance officer, registered nurse or medical practitioner.

3.6 A Visually Demanding Task is one requiring sustained focus at a distance outside normal reading distances or one which has been determined to be visually demanding because it requires particular visual capacity.

4. **REFERENCES**

4.1 AGHS Handbook, Guidelines for Medical Officers, Australian Government Health Services 1996.

4.2 Radiation Protection in Occupational Health Manual for Occupational Physicians, IAEA Safety series No. 83 1987.

4.3 Victorian Code of Practice on First Aid in the Workplace, 1988 (Adopted by Comcare, Nov 1995).

4.4 Australian First Aid, St John Ambulance Australia 1990.

4.5 Comcare Fact Sheet 8 "Guidelines for Eyesight Testing and Optical Correction for Visually Demanding Tasks".

4.6 Occupational Health and Safety (Commonwealth Employment) Act 1991.

5. **RESPONSIBILITIES**

5.1 The Director Safety Division is responsible, through the Site Medical Officer or an appropriate officer of the Australian Government Health Service, for providing the medical arrangements outlined in this directive.

- 5.2 Supervisors are responsible for referring staff to the Site Medical Officer when the need for a medical examination or review is required, or the need for eyesight testing for visually demanding tasks may be required as set out in this directive.
- 5.3 Employees are responsible for complying with this directive and the advice provided by the Site Medical Officer.
- 5.4 The Director Safety is responsible through the Site Operations Safety Supervisors for the provision of initial First Aid assistance outside standard hours.
- 5.5 Nominated First Aiders are responsible for keeping their knowledge up to date, maintaining first aid boxes, applying first aid as appropriate and keeping records.
- 5.6 The ANSTO Personal Dosimetry Service is responsible for providing external dosimetry, whole body monitoring, bioassay services and keeping records.
- 5.7 Division Directors are responsible for ensuring the provisions of this directive are applied and specifically for appointing First Aiders in their Division if required

6. **PROCEDURES**

SECTION ONE

Medical Examination Requirements and Fitness Classification Categories

6.1 **General**

6.1.1 Medical examinations and the use of fitness for work limitations on medical grounds are essential components of the safety arrangements at the LHSTC.

6.1.2 The Site Medical Officer must ensure that no-one working at the LHSTC is put into a work situation where their health can be jeopardised by the work or where their own health condition can put at risk the health or safety of themselves, their colleagues or the general public. There are also Commonwealth medical requirements for appointment at ANSTO.

It should be emphasised that medical clearance is specific for the tasks and requirements for a particular job situation.

6.1.3 The following medical examinations may be required:

a) Preplacement medical examinations

These are conducted prior to employment and involve history taking, physical examination, urinalysis, lung function and hearing testing (see Appendix 3). Chest X-rays and blood tests are rarely required. Other tests or specialist opinions may also be obtained at the discretion of the Site Medical Officer.

b) Periodic medical examinations

These are only done as required. Individuals with health problems are reviewed individually as appropriate by the Site Medical Officer. Periodic examinations may be required in certain circumstances, eg for drivers or persons with pre-existing health problems.

c) Special purpose medical examinations

These assess fitness for specific tasks such as work with ionising radiation in Australia and overseas, the use of self-contained breathing apparatus, fitness for emergency

work, working with specific hazards, field trips in remote areas and driving ANSTO vehicles. Other examinations may include fitness to participate in certain site sports activities after injury. In some cases an audiometric examination may be required.

d) Return to work examinations

Employees returning to work after five or more days absence with illness or three or more days absence from injury must report to the Site Medical Officer/Section for review of fitness before resuming work.

e) Change of work examination

Staff who are redeployed to a different type of work must be medically reviewed before any change or transfer takes place.

f) Medical limitations classification system

- (i) This comprises two components - General Health designated as GH and Occupational Limitation designated OL. The limitations can be temporary or permanent.
- (ii) When the Site Medical Officer has assigned a classification to an employee, he will inform the employee and provide a "Certificate of Medical Fitness" on a need to know basis to other persons at the LHSTC.

Details of the classification system are given in Appendix 1.

SECTION TWO Medical Surveillance

This section outlines an overall protocol for medical surveillance. It does not limit other surveillance being introduced on an as needs basis. Additionally any staff member who has concerns over possible past exposures to hazardous substances or other agents should consult with the Medical section to determine whether medical surveillance would be beneficial.

6.2 Medical Examination or Review by the Site Medical Officer

- a) On return to work after illness or injury.
- b) Review of conditions previously diagnosed.
- c) As alerted by a medical certificate.
- d) On advice from ANSTO Staff and Site Services section or an employee's supervisor.
- e) When a change in safety related circumstances suggests it would be appropriate.

6.3 Ionising Radiation

Monitoring of radiation is an important facet of health surveillance.

6.3.1 External Dosimetry

- a) All LHSTC personnel who regularly work in classified radiation areas regularly must be monitored. The principle form of monitoring is by use of thermoluminescent dosimeters (TLDs). Such people are considered to be occupationally exposed and require appropriate medical classification.

- b) Staff who receive more than 10% of the annual dose limit, ie > 2 mSv per year, are monitored monthly. This group consists of personnel from Radiopharmaceuticals, Nuclear Technology and Physics Divisions, and certain Safety Division personnel.
- c) Staff who may receive less than 10% of the annual dose limit, ie < 2 mSv per year, are monitored three monthly.
- d) The ANSTO Personal Dosimetry Service may also monitor contractors and visitors who enter classified radiation areas. With the exception of overseas visitors who are radiation workers, these people are NOT designated as occupationally exposed. Medical clearance is not required and public dose limits apply.
- e) The dosimeters shall be worn continuously while in classified radiation areas.

6.3.2 Internal Dosimetry

- a) Radiopharmaceuticals staff who work in blue or red contamination areas regularly are on a monthly Whole Body Monitoring program.
- b) Waste Management Operators and the HIFAR Active Handling Group are on a three monthly and HIFAR operators on an annual program.
- c) The contamination history of individuals may dictate that more frequent monitoring is required.
- d) The frequency of monitoring of personnel for internal contamination is continually reviewed as work circumstances change.

6.4 Chemical Exposure

All LHSTC personnel who regularly work with the following materials may be occupationally exposed and an appropriate medical surveillance regime will be instigated by the Site Medical Officer after discussion with the personnel involved.

- a) Inorganic Lead annually.
- b) Organic Lead)
Mercury) The frequency will be dictated by the
Arsenic) conditions and frequency of use
Pesticides)
- c) Avenues for identifying the need for medical surveillance for exposure to chemicals include:
 - (i) Safety Assessment Committee System.
 - (ii) Material Safety Data Sheets and product labels.

6.5 Immunity against Infection

Antibody titres are examined after certain types of immunisation, eg Hepatitis B.

6.6 Hearing Surveillance – Audiometry

This is done during preplacement medical examinations and at appropriate intervals as indicated clinically or occupationally.

SECTION THREE

Site First Aid and Emergency Medical Care Arrangements

6.7 Primary Provision of First Aid/Emergency Medical Care

6.7.1 In standard hours

- a) This is by the Site Medical Officer, and/or the Site Nursing Sister at Bld 21A for ambulant 'casualties'.
- b) If it seems unsafe to move the patient, a call to the Site Control Centre on 888 requesting help and giving the type of medical emergency, the exact location and, if possible, the patient's name – will ensure the arrival of trained assistance within minutes.

6.7.2 Outside standard hours

Again a telephone call to the Site Control Centre on 888 and a request for medical help will have the duty SOSS in an emergency vehicle equipped with first aid equipment to the nominated location quickly. The SOSS can administer first aid on the spot or take the casualty to the ANSTO Medical Centre to administer it or summon a NSW Ambulance if appropriate.

6.8 Secondary Provision of First Aid

6.8.1 First aid boxes

For provision of immediate first aid, and for the treatment of minor matters which the 'patient' considers do not merit visiting the Medical Centre, First Aid Boxes are positioned around the LHSTC.

6.8.2 Control of first aid boxes

It is recommended that First Aid Boxes should be under the control of designated person(s) qualified in first aid. Such persons are to be appointed by Division Directors, should be suitably qualified and have agreed to participate.

6.8.3 Contents of first aid boxes

- a) Appendix 2 lists suggested contents of first aid boxes. Divisions are responsible for stocking and maintenance.
- b) In some cases (eg where hydrofluoric acid is in use) additional items shall be included. The Site Medical Officer will advise what additional items are required.
- c) If required, the Site Medical Officer can advise on the availability of appropriate first aid cabinets for purchase.

SECTION FOUR

Eyesight Testing and Optical Correction for Visually Demanding Tasks

- 6.9 Comcare issues guidelines concerning the duties and responsibilities of employers and employees for those staff required to undertake visually demanding tasks. These guidelines deal with the general principles together with supporting schedules which address specific issues relating to Eyesight Testing of Users and Operators of Screen Based Equipment.

- 6.10 A visually demanding task is one requiring sustained focus at a distance outside normal reading distances or one which has been determined to be visually demanding because it requires particular visual capacity. The latter should be determined on a case by case basis but would include such requirements as: vision superior to normal, specific colour discrimination, a high level of binocular coordination, peripheral vision or vision at low light levels.
- 6.11 Under the Occupational Health and Safety (Commonwealth Employees) Act 1991 (the Act), employers have a duty to monitor their employee's health and safety. This includes the responsibility for ensuring that staff required to undertake visually demanding tasks have adequate vision for the purpose. To this end, the employer must provide appropriate eyesight tests and reports to employees who undertake such tasks and ensure that appropriate corrective appliances (such as spectacles) are provided when necessary. It is not, however, a requirement to provide a corrective appliance when appliances, needed to meet normal vision requirements, would be adequate for the task.
- 6.12 Employees are responsible for maintaining a personal standard of vision, with or without lenses, which permits them to see clearly at normal reading distances and for distance vision. Difficulties with this requirement should be discussed with supervisors. The Act also requires employees to cooperate with an employer's safety instructions and to use safety equipment provided by the employer.
- 6.13 The frequency of screening for employees undertaking visually demanding task is:
- prior to commencement of the task;
 - whenever they experience apparent visual problems associated with the task;
 - every two years following initial screening if an employee is aged over 40, or under 25 where distance vision is an important part of the visually demanding task.
- Such screening tests will be arranged by the ANSTO Medical Centre.
- 6.14 Where an employee fails one or more of the tests, that employee should undergo a full visual examination, arranged by the employer with a qualified optometrist or ophthalmologist.
- 6.15 The examiner should provide the employee with a prescription for an appliance if required, with a certificate if appropriate, confirming that the appliance is needed for a visually demanding task and not just for normal vision.
- 6.16 The employer is responsible for the cost of the screening tests, the full vision examination and the reasonable cost of corrective appliances. In this context, ANSTO will currently reimburse up to \$65 for single vision spectacles and up to \$115 for bi-focal or multi-focal spectacles.
- 6.17 For the particular case of staff who use screen-based equipment for at least two hours per day or ten hours per week, Schedule 1 of the guidelines provides further information on the minimum set of tests which should be carried out to determine whether special spectacles are needed as:
- distance visual acuity;
 - near visual acuity;
 - occulomotor coordination;
 - colour vision.

- 6.18 The above guidelines apply to all ANSTO staff required to undertake visually demanding tasks.

6.19 The Site Medical Officer will provide a letter of introduction to an Optometrist/Ophthalmologist detailing the information and testing required (see Appendix 4).

6.20 Staff or supervisors requiring further information should contact the Site Medical Officer.

7. **RECORDS**

7.1 Confidential Medical Records are securely stored in the LHSTC Medical Centre. This includes first aid treatment.

7.2 Following pre-employment examinations a "Medical Report Form" is forwarded to the Australian Government Health Service.

7.3 The Site Operations Safety Supervisors keep records of first aid they provide in their daily log book.

7.4 The First Aider in control of the First Aid Box shall keep a record of treatment provided in a log book in the First Aid Box.

7.5 The ANSTO Personal Dosimetry Service keep permanent records of all dosimetry results.

8. **APPENDICES**

Appendix 1: Medical Limitations Classification System.

Appendix 2: Recommended contents of First Aid Boxes (Cabinets).

Appendix 3: ANSTO Medical History Questionnaire Form.

Appendix 4: Referral Form to Optometrist re Visual Examination and appropriateness of Employer Subsidy on Cost of Spectacles.

HELEN M GARNETT
Executive Director, ANSTO

This Safety Directive supersedes Safety Directives C5, P1, P5, P6 and Information Circulars 24/1988 and 9/1996.

END OF SAFETY DIRECTIVE

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APPENDIX 1: MEDICAL LIMITATIONS CLASSIFICATION SYSTEM





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TITLE: Medical Arrangements at the Lucas Heights Science & Technology Centre

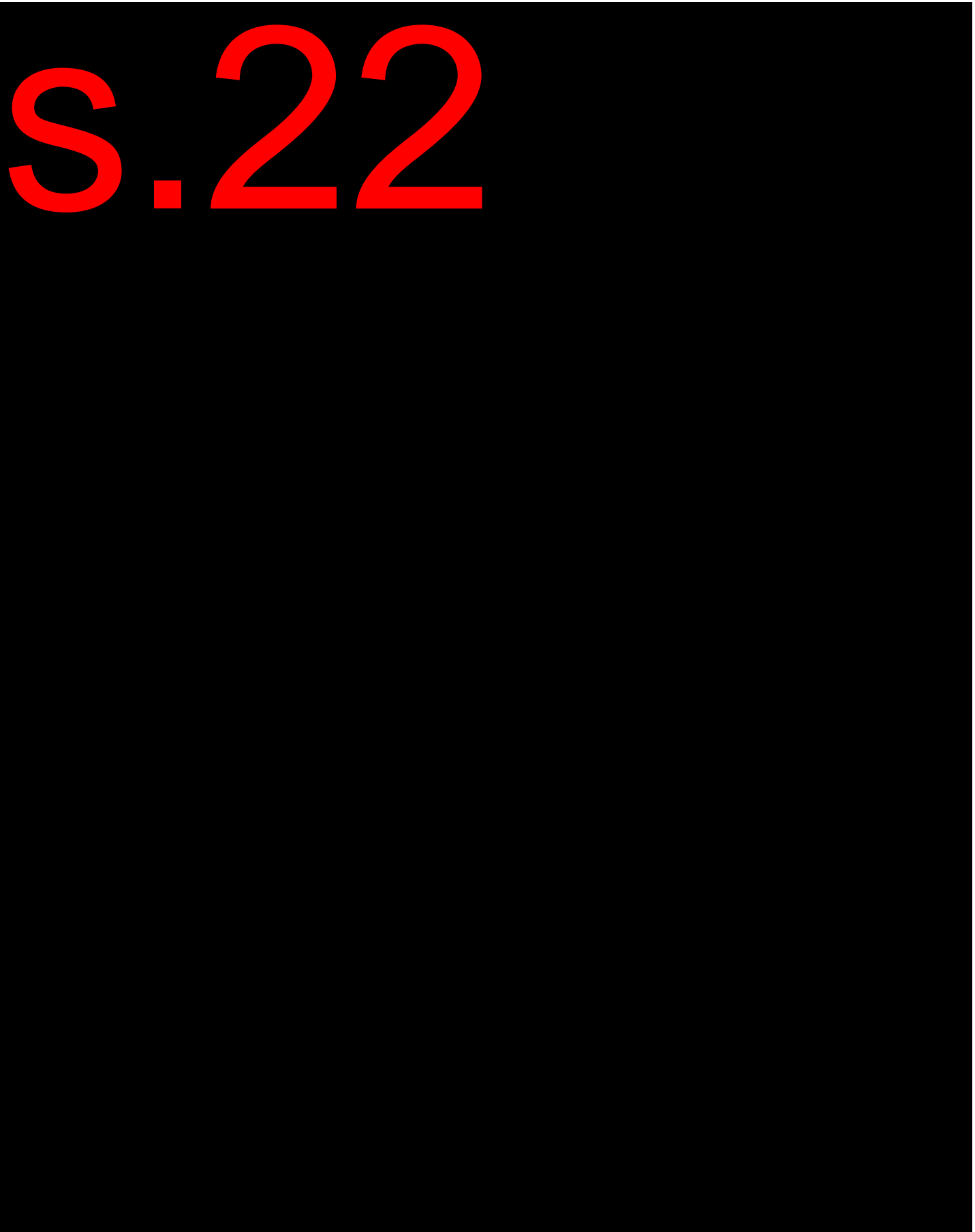
APPENDIX 2: RECOMMENDED CONTENTS OF FIRST AID BOXES (CABINETS)

S.22

MEDICAL HISTORY

S.22

S.22



Signature of applicant:

Date/...../.....

APPENDIX 4
REFERRAL FORM TO OPTOMETRIST RE VISUAL EXAMINATION AND APPROPRIATENESS
OF EMPLOYER SUBSIDY ON COST OF SPECTACLES

S.22

S.22

S.22

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