

BSBWHS410

Contribute to work-related health and
safety measures and initiatives

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ASSESSMENT FOR BSBWHS410

Student name	Sandra McCarthy
Date of assessment submission	22/04/2019
Trainer/Assessor's name	
Date of assessment marking	
Outcome for unit	☐ Competent ☐ Not Yet Competent

TASK INSTRUCTIONS

- The assessment for this unit of competency consists of the following:
 - **A series of activities:** Some of these activities will require you to provide a response within this document, others will require you to gather evidence to demonstrate your knowledge and skills (overview below)
 - **Quiz:** You will be required to complete a series of questions to demonstrate your knowledge and skills.
 - **Practical task:** You will be required to have an observer attest to your knowledge and skills and sign a report to this effect.
- At times, you will be provided with a specific business context to which you must respond, otherwise it is anticipated that you will use a workplace of your choosing (your own, or hypothetical) to provide the context to the task.
- At all times, the responses in your assessment must reference **Australian** (Queensland or Federal) documentation, including legislation, regulations, codes of practice, standards and guidance publications.

ACTIVITY OVERVIEW	REQUIRED FOR SUBMISSION
1. Legislative and non-statutory measures	• Workbook response (below)
2. Consultation	• Workbook response (below)
3. Establishing measures	• Workbook response (below)
4. Ensuring compliance	• Workbook response (below)
5. Reviewing and evaluating measures	• Workbook response (below)

ACTIVITIES

For the following activities, name a workplace that you wish to examine.

Name of workplace	Civforce Traffic Management
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- a) Identify and describe one (1) chemical hazard and one (1) physical hazard that workers may be exposed to.
- b) Research, name and describe one (1) health monitoring measure/initiative for workers exposed to the dangerous chemical identified in (a).
 - The health monitoring measure/initiative must involve biological monitoring
 - The health monitoring measure/initiative must meet requirements for health monitoring under the *Work Health and Safety Regulation 2011* (Qld)
 - Summarise its benefits and how it addresses the chemical hazard effectively
- c) Research, name and describe one (1) non-statutory health promotion program
 - Summarise its benefits and how it addresses worker health and safety effectively
- d) Identify the differences between these measure/initiative and program.
- e) Identify who would be interested in receiving this information
 - How would you communicate such findings to them and in what timeframe?

Identify and describe chemical hazard

Silica

Crystalline silica (quartz) is a common mineral found in:

most rocks, sands, and clays products such as concrete, mortar, brick, blocks, pavers, tiles, natural and composite stone bench tops cement-based materials such as fibre-cement sheeting and autoclaved-aerated concrete.

Dust containing respirable crystalline silica (RCS) is generated by high-energy processes such as cutting, sawing, grinding, drilling, polishing, scabbling and crushing of silica-containing materials. RCS particles are so small they cannot be seen under ordinary lighting, and stay airborne long after larger particles have settled to the ground – the small particle size means it is easily inhaled deep into the lungs.

Certain work processes can also create RCS exposure risks, including housekeeping activities involving dry sweeping, compressed air or blowers on silica-containing dusts.

WHS Regulation Chapters 3 and 7.1

The specific activities which a PCBU must carry out with respect of silica are found in two distinct areas of the regulation.

WHS Regulation No	Major activity
34	Identifying the silica hazards
341	Labelling hazardous chemical containers
344	Obtaining, recording and displaying SDS
346	Keeping a register of hazardous chemicals
35	Managing the risk
44	Providing personal protective equipment
49	Ensuring exposure standards are not exceeded
50	Monitoring workplace air for silica
368-377	Health monitoring for exposed workers
50	Keeping air monitoring records
378	Keeping health monitoring records
38 and 352	Reviewing control measures for silica
379	Induction, information, training and supervision about silica.

Health monitoring for crystalline silica is applicable under Chapter 7.1, Division 6 of the WHS Regulation. Section 368 of the WHS Regulation expresses the duty for the PCBU to provide the health monitoring for RCS. Although crystalline silica is listed in Schedule 14 of the WHS Regulation, health monitoring is required only if a number of conditions are met. Monitoring may be required whether the silica comes to the workplace as a product with a label and an SDS or is generated in a process such as drilling, construction or tunnelling.

The PCBU therefore needs to review worker RCS exposure data to determine if there is a significant risk to health. As a guide, regular ongoing unprotected exposure of workers >0.5 WES is considered a significant risk requiring health monitoring, as well as the need for control.

Sections 369 – 372 on duties relating to health monitoring

These sections are straightforward administrative duties for the PCBU relating to:

- informing workers about the need for health monitoring for silica
- ensuring that health monitoring for silica is provided
- engaging a registered medical practitioner to conduct the health monitoring
- paying for the health monitoring.

The PCBU must arrange for the health monitoring to be done by a registered medical practitioner with experience in health monitoring.

Source(s) of information:

<https://www.worksafe.qld.gov.au/construction/workplace-hazards/silica-exposure-a-serious-risk-for-construction-workers#exposure>

https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0008/83186/silica_managing_workplace.pdf

Identify and describe physical hazard

Noise which may cause hearing lose damage.

A person conducting a business or undertaking (PCBU) must ensure that workers are not exposed to noise that exceeds the exposure standard for noise. The exposure standard for noise is defined in the WHS Regulation as $L_{Aeq,8h}$ of 85 dB(A) or an $L_{C,peak}$ of 140 dB(C).

Source(s) of information:

<https://www.worksafe.qld.gov.au/injury-prevention-safety/hazardous-exposures/noise>

Identify and describe health monitoring measure/initiative for chemical hazard

WHS Regulation 34 on identifying that you may have a silica hazard

The process of identifying hazardous chemicals usually relies on using the safety data sheet (SDS) and a product label. Silica containing materials supplied and brought into workplaces need to be accompanied by both the SDS and the label. Manufacturers and suppliers of a product containing silica have the duty to provide the SDS and label for use by the PCBU.

What does the SDS provide to the PCBU?

The SDS will provide necessary information on identity, health effects and safe use to assist the PCBU to conduct the risk management process.

In those instances previously mentioned where an SDS is unlikely to be provided, alternative sources must be sought to obtain information about possible risks from silica. The instances include:

- drilling rock for a building foundation
- chasing in a concrete wall
- concrete floor grinding
- concrete block cutting
- tunnelling for an underground roadway.

Sections 341 - 346 Labelling of containers, safety data sheets and the hazardous chemicals register
These sections of the WHS Regulation contain a set of simple administrative requirements relating to how information regarding the silica is to be obtained, stored and used in the workplace.

As far as silica containing chemicals are concerned, labelling is no less of a priority than for other chemicals, despite the difficulty of labelling a lot of product which is used in bulk form. However, most of the labelling requirements for silica derived from sand are simple. Some specialty products such as abrasive blasting agents with intentionally low levels of silica will undergo careful and deliberate labelling. Pipe work used for pneumatic conveying of dry sand is an example requiring pipe work labelling.

Section 344 Obtaining, recording and displaying an SDS

Besides identifying the existence of silica, information from the SDS is important for informing decisions about health risks. For these reasons, separate duties with respect to SDS have been specifically determined. To ensure that information is obtained, and is accessible by the ultimate user:

- the workplace must obtain the current SDS from the supplier
- a copy of the current SDS must be placed in the register of hazardous chemicals
- a copy of the SDS must be kept close enough to where the silica is being used by a worker for their easy reference (this assists the worker in identifying the silica hazard, being informed about the hazard and complying with appropriate controls).

WHS Regulation 346 Keeping a register of hazardous chemicals

The register is essentially a repository where the names and details of all the hazardous chemicals used in the workplace are recorded. SDS of chemicals containing crystalline silica need to be stored in this register. Examples would include cements, silica containing grouts, tripoli polishing blocks, calcined diatomaceous earth filtering powders, sand supplied for moulding and concrete product manufacture, some blasting abrasives, silica polishing powders and some materials used in manufacturing dental prostheses.

WHS Regulation section 35

Managing the health and safety risk from operations involving crystalline silica commences with an assessment of information in the SDS or other technical information where no SDS is likely to be present. Because silica has such a central role in products related to construction, extractive industries, metal production and metal working, elimination of all risk associated with silica is impractical in most situations.

Management of silica related risk is thus reduced to one of minimising the risk of exposure to dusts containing RCS. This is usually achieved by ventilation and use of respiratory protection, or a combination of these.

WHS Regulation section 49

Workplaces can present RCS risks ranging from trivial exposures to life threatening. An SDS, if available, will provide information about the health hazard, the workplace exposure standard (WES) and some suggestions for controlling the exposure, but it will not demonstrate what is happening in the workplace. It is possible to manage the risk using qualitative information from the SDS about controls, from the label and from knowledge about the processes where RCS is generated in the workplace.

Experience has shown, however, that managing the risk may require demonstrating that no person is exposed to a substance (RCS) in an airborne concentration that exceeds its exposure standard.

What is the workplace exposure standard for respirable crystalline silica, and where to find it? According to the Safe Work Australia definition, (the) 'Exposure standard represents the airborne concentration of a particular substance or mixture that must not be exceeded'. Section 49 of the WHS Regulation uses this exposure standard as a means to pursue the goal of preventing adverse health effects.

The WHS Regulation establishes a minimum standard for exposure to dusts containing RCS where the exposure cannot be prevented. In this case, the relevant exposure standard for dusts containing quartz, cristobalite or tridymite which cause chronic disease is the 8 hour Time Weighted Average Exposure Standard (TWA-ES) of 0.1 mg/m³ measured as RCS in the respirable dust portion of a dust cloud. This RCS standard is expressed in accordance with the previously mentioned ISO convention for respirable dust sampled as is mentioned in Step 3.

It should be noted that the TWA-ES of 0.1 mg/m³ applies to a standard 8 hour working day. If your work shift is longer than 8 hours, it is necessary to make some downward adjustment in the exposure standard. This is to allow for both the extended period of work exposure and the diminished amount of time for recovery and clearance mechanisms to operate between consecutive shift exposures. Guidance for making this adjustment for extended shifts is provided in the Safe Work Australia Guidance on the interpretation of workplace exposure standards for airborne contaminants using an appropriate model (e.g. using the conventional Brief and Scala shift adjustment model, for a 10 hour work shift, the TWA-ES for RCS is reduced to 0.07mg/m³, and for a 12 hour work shift, it is reduced to 0.05 mg/m³*). The PCBU should seek professional guidance from an experienced occupational hygienist on the most appropriate shift adjustment model where extended shift operations involving RCS occur. * mg/m³ = milligrams per cubic metre of air

WHS Regulation Section 50 may require that monitoring for the RCS be undertaken. If the PCBU's risk management program has determined that a worker is exposed to RCS but does not know whether the RCS exposure is above or below the exposure standard, then the worker's exposure should be monitored.

The need for such airborne monitoring of RCS can usually be restricted to workers who do not use respiratory protection. If workers consistently use an appropriate level of respiratory protection, exposure will probably be controlled and air monitoring may be unnecessary.

Monitoring for RCS:

- provides information about RCS exposure for those workers who work without respiratory protection and need to have those exposures maintained well below the WES
- indicates compliance or otherwise with the WHS Regulation
- provides a guide to the potential risk to health
- helps determine the appropriate control strategy required (e.g. substitution, ventilation or use of respiratory protection, or combinations of these), where non-compliant exposures are identified
- can be used to determine the correct minimum protection factor for respiratory protection

Source(s) of information:

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#ch.3>

https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0008/83186/silica_managing_workplace.pdf

<https://www.safeworkaustralia.gov.au/system/files/documents/1702/guide-pcbu-health-monitoring-exposure-hazardous-chemicals.pdf>

Identify and describe non-statutory health promotion program

The Queensland Healthier. Happier. Workplaces initiative focuses on a range of healthy lifestyle behaviours, including:

- healthy eating
- physical activity
- healthy weight
- quitting smoking
- reducing harmful alcohol consumption.
- mental health and wellbeing
- sun safety

Workplace wellness program benefits include:

- greater productivity
- reductions in work related ill-health and injuries
- lower workers compensation costs
- a decrease in absenteeism and staff turnover
- improving employee relations
- a healthier work environment
- enhancing your corporate image.

Source(s) of information:

<https://workplaces.healthier.qld.gov.au/public-about/about-this-program/>

<https://workplaces.healthier.qld.gov.au/public-about/benefits/>

Differences between measure/initiative and program

Health measures and initiatives are quite distinct. The health measure is more focussed on controlling risk of hazards that exist. It is also a requirement under the law, where initiatives considers more preventative measures. It is voluntary only.

<https://www.safeworkaustralia.gov.au/book/essential-guide-work-health-and-safety-organisations-engage-volunteers>

Work Health Planning Guide

Communication of findings

Measures and initiatives are driven by the PCBU, they would be the body to whom such information should be communicated. With regards to the mandated measures, this should happen immediately. With regards to the initiatives, it would be good to communicate this as soon as possible so that the positive effects of such initiatives can be felt at the earliest opportunity.

Outcome for Activity 1

- ☐ Satisfactory
☐ Not satisfactory

Trainer/Assessor comments

For each of the following matters, identify two (2) individuals and/or parties who you would consult with and outline why you would consult with them:

- a) To assist with identifying and evaluating factors impacting on work-related health and safety
- b) To assist with determining appropriate measures and initiatives to address factors impacting on work-related health and safety
- c) To assist with designing measures and initiatives that either meet specific legislative requirements and obligations or support non-statutory health promotion programs.

	Identify two (2) individuals and parties	Why you would consult with them
a)	Individual/Party 1: Persons Conducting a Business or Undertaking (PCBU) https://www.legislation.qld.gov.au/view/html/inforce/current/act-2011-018#pt.5-div.2	Sections 47-49 of the Work Health and Safety Act 2011 (Qld) outline that the PCBU has a duty to consult with workers when addressing matters relating to work health or safety, this includes identifying and evaluating factors that impact on work related WHS. “BSBWHS410 Contribute to work-related health and safety measures and initiatives slide, 6,”
	Individual/Party 2: Workers including Health and Safety Representatives (HSRs)	Workers would be the best to identify factors that affect WHS. The PCBU would be an effective party to evaluate such factors, as they would have an overall view of the workplace. “BSBWHS410 Contribute to work-related health and safety measures and initiatives slide 6,”
b)	Individual/Party 1: Person Conducting a Business or Undertaking (PCBU)	Sections 47-49 of the Work Health and Safety Act 2011 (Qld) outline that the PCBU has a duty to consult with workers when addressing matters relating to work health or safety, including determining appropriate measures and initiatives to address factors impacting on work related health and safety. With regards to such consultation, the PCBU would be able to determine whether a proposed measure is capable of being implemented e.g. financially. “BSBWHS410 Contribute to work-related health and safety measures and initiatives slide 6”
	Individual/Party 2: Workers including Health and Safety Representatives (HSRs)	Workers would be able to provide guidance on whether the measures and initiatives would be practical and well received e.g. from a day-to-day perspective.

c)	Individual/Party 1: Person Conducting a Business or Undertaking (PCBU)	Sections 47-49 of the Work Health and Safety Act 2011 (Qld) outline that the PCBU has a duty to consult with workers when addressing matters relating to work health or safety, including designing measures and initiatives that either meet specific legislative requirements and obligations or support voluntary health programs. In regards to such consultation, the PCBU needs to have knowledge of what their legislative requirements are, they should also share what they wish any voluntary health promotion programs to achieve. “BSBWHS410 Contribute to work-related health and safety measures and initiatives slide 6, 8”
	Individual/Party 2: Workers including Health and Safety Representatives (HSRs)	Workers would be able to provide guidance on whether the measures and initiatives would be well received and practical e.g. from a day to day perspective

Outcome for Activity 2	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

To assist with the planning and development of the health monitoring measure/initiative measure you identified in Activity 1(b) undertake the following tasks (refer to organisational policies, procedures, processes and systems as required):

- a) Identify resourcing requirements
 - Outline the involved cost and how it should be implemented in the workplace
 - How would you be involved in organising the resources?
- b) Identify timelines for implementation
 - How might you assist with timetabling?
- c) Identify parties who would be involved and their responsibilities
 - How would you liaise with and coordinate parties?
- d) In what ways would you provide communication about the measure?
 - Who would you need to seek permission from according to workplace policies, procedures and processes (or under the Work Health Management System)?
 - In what timeframes would you communicate this information?

	Response
a)	The resourcing requirements would include costs involved with health monitoring, including costs involved with ensuring that health monitoring is supervised by a registered medical practitioner with the appropriate experience. As a workgroup supervisor, I would be involved in organising the resources, including ensuring that workers are available for monitoring, while ensuring that work is continued during their absence. I would need to follow workplace procedures, processes and systems for applying for workers' absence. http://www.endvawnow.org/en/articles/331-why-is-monitoring-and-evaluation-important.html
b)	The Work Health and Safety Regulation 2011 (Qld) provides specific information on monitoring to be undertaken. Health monitoring for crystalline silica is applicable under Chapter 7.1, Division 6 of the WHS Regulation. Section 368 of the WHS Regulation expresses the duty for the PCBU to provide the health monitoring for RCS. Although crystalline silica is listed in Schedule 14 of the WHS Regulation, health monitoring is required only if a number of conditions are met. Monitoring may be required whether the silica comes to the workplace as a product with a label and an SDS or is generated in a process such as drilling, construction or tunnelling. Section 50 which outlines that health monitoring is necessary to determine whether there is a risk to health. As a workgroup supervisor, I would be involved in organising the resources, including ensuring that workers are available for monitoring, while ensuring that work is continued during their absence. I would need to follow workplace procedures, processes and systems for applying for workers' absence.
c)	The parties involved would mainly be the workers and the registered medical practitioner with relevant experience. The workgroup supervisor may be required to determine the medical practitioner's availability and schedule the availability of their workers accordingly. The workgroup supervisor would need to follow workplace procedures, processes and systems for applying for organising a third party to be present e.g. payment.

d)	Workers who are having their health monitored would need to be informed about the monitoring. This should come from the PCBU as the monitoring is a legal requirement. This would be followed up with reminders from the workgroup supervisor through meetings and other mediums e.g. email. The workers permission would need to be sought, as they are undergoing medical tests. Health monitoring for crystalline silica is applicable under Chapter 7.1, Division 6 of the WHS Regulation. Section 368 of the WHS Regulation expresses the duty for the PCBU to provide the health monitoring for RCS. Although crystalline silica is listed in Schedule 14 of the WHS Regulation, health monitoring is required only if a number of conditions are met. Monitoring may be required whether the silica comes to the workplace as a product with a label and an SDS or is generated in a process such as drilling, construction or tunnelling. The PCBU therefore needs to review worker RCS exposure data to determine if there is a significant risk to health. As a guide, regular ongoing unprotected exposure of workers >0.5 WES is considered a significant risk requiring health monitoring, as well as the need for control. Sections 369 – 372 on duties relating to health monitoring These sections are straightforward administrative duties for the PCBU relating to: • informing workers about the need for health monitoring for silica • ensuring that health monitoring for silica is provided • engaging a registered medical practitioner to conduct the health monitoring • paying for the health monitoring. The PCBU must arrange for the health monitoring to be done by a registered medical practitioner with experience in health monitoring.
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Outcome for Activity 3	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

For the following points, identify and outline the obligations according to legislation and explain how they will be addressed for the health monitoring measure described in Activity 3:

- a) Required consultation and participation with individuals and parties about all aspects of the health monitoring measure
- b) Health monitoring reporting
- c) Maintaining confidentiality of health monitoring results

Required consultation

Legislation name and relevant section

Work Health and Safety Act 2011 (Qld), Sections 47 and 48

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.47>

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.48>

Obligations

A PCBU must consult with workers who are affected by matters relating to work health or safety.

Workers must be given a reasonable opportunity to express their views to raise work health or safety issues in relation to the matter and to contribute to the decision-making process relating to the matter.

Workers' views must be taken into account by the PCBU and workers must be advised of the outcome of the consultation in a timely way.

How legislative obligations will be addressed

Workers involved in lead risk work should be addressed by the PCBU before commencing work to raise their concerns about the work and any associated health monitoring measures.

This would likely happen during induction, due to the requirement for monitoring to start before they commence lead risk work.

Health monitoring reporting

Legislation name and relevant section

Work Health and Safety Regulation 2011 (Qld), Sections 411, 412, 413 and 414.

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.411>

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.412>

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.413>

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.414>

Obligations

A PCBU must take all reasonable steps to obtain a health monitor report from the registered medical practitioner who carried out or supervised the lead monitoring as soon as practicable after the monitoring is carried out in relation to a worker.

A PCBU must give a copy of the health monitoring report to the worker as soon as practicable after the person obtains the report.

A PCBU must give a copy of the health monitoring report to the regulator as soon as practicable after obtaining the report if it contains test results that reach or exceed the relevant blood level for that person, if the results indicate that the worker may have contracted a lead-related disease or any recommendation that the PCBU takes remedial measures.

A PCBU must give a copy of the health monitoring report to all other persons who have a duty to provide health monitoring for the worker as soon as practicable after obtaining the report.

How legislative obligations will be addressed

These requirements are mandated, they must be implemented exactly as the legislation states.

The requirement is that notification occurs as soon as possible, it may also be worthwhile providing password protected electronic access to such records.

Confidentiality of health monitoring results

Legislation name and relevant section

Work Health and Safety Regulation 2011 (Qld), Section 418.

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-0240#sec.418>

Obligations

A PCBU must ensure that health monitoring reports are kept as a confidential record, identified as a record in relation to the worker for at least 30 years after the record is made.

The PCBU must ensure that the health monitoring report and results of a worker are not disclosed to another person without the worker's written consent.

How legislative obligations will be addressed

These requirements are mandated and must be implemented exactly as the legislation says.

Due to the length of time that the records need to be kept, it would be advisable that they are kept electronically under a password.

Outcome for Activity 4

- ☐ Satisfactory
☐ Not satisfactory

Trainer/Assessor comments

Explain how you would engage in review and evaluation of the health monitoring measure/initiative described in Activity 3:

- a) Identify methods you would use to review and evaluate the measure
 - How would you be involved in the review process?
- b) Explain how you might assist with preparing reports (and communicating) about the outcomes of your review
 - What would be the purpose of the report?
 - Who would be included in the target audience?
 - How would digital systems and tools assist with completing record-keeping tasks?

	Response
a)	When reviewing and evaluating control measures for silica the following factors should be considered • whether the measure has been embraced by those involved • whether reports were provided within reasonable timeframes • whether privacy has been appropriately maintained. The workgroup supervisor could be involved in this process by conducting surveys with workers within the workgroup. WHS Regulation Sections 38 and 352 contain new provisions relating to reviewing control measures for silica put in place by the PCBU. Reviewing control measures is a process which occurs only after all other duties e.g. control, air monitoring and health monitoring for silica, have initially all been addressed. The situations which give rise to general duties are identified in WHS Regulation Section 38. These will include • failure in the control process identified through excessive silica exposures • change to processes - this might be a change of product or control processes, or working longer shifts in silica contaminated environments • new RCS risks being identified – e.g. a change in an associated code of practice • as agreed to by consultation between the PCBU and workers • if a health and safety representative requests a review of the RCS controls. Some specific situations for review of controls for hazardous chemicals are found in Section 352. For RCS these include: • changes in an SDS - a product composition change, variation in the WES for silica • air monitoring results which are shown to exceed the 0.1 mg/m³ WES for RCS • a health monitoring report which indicates that a worker has a disease or illness (e.g. silicosis, emphysema) which is the result of RCS exposure • any recommendation made by the registered medical practitioner to improve ventilation, upgrade respiratory protection or to remove a worker from further exposure to RCS. In nearly all the above circumstances, the controls will be subject to both review and revision. Review of control measures is required at least once every five (5) years. https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0008/83186/silica_managing_workplace.pdf

- b)** The workgroup supervisor can be involved in compiling a report about the outcomes of the review. The purpose of the report would be to highlight areas where improvement could be made with health monitoring of silica in the workplace. The target audience would be the workers involved in health monitoring and the PCBU who is required to ensure that the health monitoring is undertaken.

The workgroup supervisor may communicate a summary of the findings of the report at a meeting and then distribute the full report electronically. Keeping electronic records allows for easy distribution and recall.

Outcome for Activity 5	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

QUIZ

QUESTIONS	CORRECT
1. Which of the following factors may impact on work-related health and safety? Select all that apply. ☐ Non-work related health and safety problems ☐ Legislative requirements and obligations ☐ Lifestyle factors ☐ Psychosocial factors (e.g. stress, bullying, fatigue)	☐
2. Development and planning of work-related health and safety measures and initiatives may require you to consult with which of the following parties? Select all that apply. ☐ Health and wellbeing specialists ☐ Government bodies ☐ Human Resources Department within your workplace ☐ Unions	☐
3. When reviewing and evaluating a work-related health and safety measure, which of the following might you refer to? Select all that apply. ☐ WHS legislation ☐ Exposure standards ☐ Privacy legislation ☐ Common law rights and duties	☐
4. When implementing a work-related health and safety measure/initiative, a workplace must elect to implement a measure to address specific legislative requirements <i>or</i> a non-statutory health promotion program. They cannot implement both. ☐ True ☐ False	☐
5. Non-statutory health promotion programs may make reference to privacy legislation, but are not obliged to follow such legislative requirements. ☐ True ☐ False	☐

Outcome for Quiz

- ☐ Satisfactory
- ☐ Not satisfactory

Trainer/Assessor comments	
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PRACTICAL TASK

You are required to have a suitable observer verify your ability to complete the following tasks. These tasks may be simulated (using the handouts provided) or real.

TASKS		VERIFIED
A.	Consult with others about a WHS measure/initiative designed to meet legislative requirements and a non-statutory health promotion program: - Differentiate between the legislative measure/initiative and non-statutory program - Identify the WHS issues that the legislative measure/initiative and non-statutory health program address - Determine effectiveness of measure/initiative/program, considering costs and benefits	☐
B.	Consult with others about how to modify and implement the legislative measure/initiative and non-statutory program to meet the requirements of the workplace. Identify processes for: - Coordinating resource requirements - Timetabling and timelines - Consulting and communicating with others - Encouraging participation of workplace members	☐
C.	In group interactions, play an active role in facilitating effective group interaction, influencing direction and taking a leadership role on occasion.	☐
D.	Review/evaluate measures/initiatives to ensure they are compliant with legislation (WHS and other), and workplace policies and processes. Highlight required changes and how they can be implemented	☐
E.	Present findings in electronic report for various parties in the workplace (e.g. workers, health and safety committees, health and safety representatives, managers, supervisors and PCBU's or their officers), using correct vocabulary and grammar.	☐
Name of observer		
Role of observer (Confirm their suitability to sign)		☐ Trainer/Assessor ☐ Other (specify):
Phone number of observer		
Email address of observer		
Signature of observer		
Date		Click here to enter a date.
Comments		

Outcome for Practical Task	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	