Workplace and Health Monitoring Procedures

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1. Governing Policy

[Work Health and Safety Policy]

[Work Health and Safety Risk Management Procedures]

2. Purpose

Flinders University, as a Person Conducting a Business or Undertaking (PCBU), must identify and provide health monitoring in instances where there is a substantial risk of developing an occupational disease or illness from exposure to certain substances, conducting hazardous tasks, and/or where required under Work Health and Safety legislation.

Flinders University

3. Scope

Workplace and Health Monitoring must be provided when workers or Higher Degree by Research (HDR) students engaged in **ongoing** work that results in exposure to hazards such as noise, radiation, human pathogenic agents, asbestos, lead, or specific chemicals, where the risk to health is determined as **significant** and there is available a valid method for determining exposure.

4. Definitions

Health Monitoring	The monitoring of a person to identify changes in health status because of exposure to certain hazardous substances, tasks, processes.
Workplace Monitoring	Is a broad description of monitoring of hazards in the workplace that may impact on health and safety. It can include, but is not limited to: • air monitoring – involves techniques to determine a worker's exposure and involves measuring the level of an airborne contaminant in the breathing zone of workers. • noise monitoring.
Workplace Exposure Standards (WES)	WES – represent the airborne concentration of a substance or mixture that can't be exceeded. Post December 2026, this will be called a Workplace Exposure Limit (WEL).
Worker	A person who carries out work in any capacity for the University including all academic and professional staff, contractors and subcontractors and their employees, labour hire company employees, trainees, persons gaining work experience and volunteers.
HDR student	See Higher Degrees by Research Policy

5. Workplace and Health Monitoring Program

a. Workplace and Health Monitoring must be implemented for a worker or HDR student where a risk assessment has identified potential exposures to hazardous materials or tasks. This is to prevent or identify changes in health status because of exposure to certain hazardous substances, tasks or processes, as required under the Work Health & Safety (WHS) and other Regulations.

b. Under WHS legislation, the focus is on specific chemicals, including items such as lead and asbestos, and tasks such as exposure to noise. However, there are other overlapping regulatory requirements that cover radiation and biologicals.

c. Health monitoring must be provided when workers or HDRs are engaged in ongoing work, are exposed to hazards where the risk to health is significant and there is an available and valid way of determining that exposure.

d. If a risk to health has been identified through a risk assessment as significant, and workplace or health monitoring is required, then the manager/supervisor must notify the WHS Unit so that relevant monitoring, where available and valid, can be implemented.

6. Managing Risk and Preventing Exposure

a. Workplace and Health Monitoring **is not a substitute** for managing Work Health and Safety risks that can cause ill-health or disease.

b. The risk of exposure to hazards must be assessed using risk management principles and recorded using a risk assessment.

c. Controls must be implemented in line with the **hierarchy of controls** and must reduce the likelihood and/or consequence of exposure, where reasonably practicable to do so. This means assessing the implementation of controls in the following order:

i. eliminate the hazard

ii. substitute a safer alternative or method of use

iii. isolate the hazard

iv. reduce exposure using engineering controls e.g. fume hood or other ventilation

v. reduce the exposure by administrative controls, including training and signage

vi. use Personal Protective Equipment (PPE).

d. Controls must be identified in the risk assessment and be reflected in the relevant safe work procedures or equivalent safety documentation.

e. Controls must be maintained, kept in good working order (where appropriate), and regularly reviewed to make sure they are effective – see Work Health and Safety Risk Management Procedures.

6.1. Significant Risk of Exposure

a. Health monitoring is only required if there is significant risk of exposure. A risk assessment will identify the consequences and likelihood from exposure to the hazard. When assessing the consequence and likelihood for impact on a person's health consideration needs to be given to whether the exposure is:

i. acute or chronic

ii. the frequency and duration of exposure

iii. all routes of exposure

iv. the form the exposure may occur in (i.e. dust, gas, liquid, noise, radiation)

v. quantity and concentration (including combined exposures)

vi. emergency situations that may result in exposure, such as a spill or leak

vii. personal conditions, such as pregnancy or if immunocompromised.

b. If risks are being controlled with effective control measures, then the residual risk may not be significant and health monitoring may not be required.

c. Whenever the residual risk rating is **medium** or above (using the Flinders University risk matrix), is unknown, or cannot be determined, then health monitoring must be conducted if there is an **available and valid way of determining exposure**.

d. People who are considered at risk (e.g. Immune compromised, diabetic, pregnant) should seek medical advice prior to working with hazardous materials.

7. Consultation with Workers

a. Prior to commencing work with a material that requires workplace or health monitoring, workers, and where reasonably practicable to do so, the relevant Health & Safety Representative (HSR), should be informed for the reasons for any monitoring.

b. Workers must follow any reasonable instruction given by the University to allow the University to comply with its duties.

c. If a worker is directed to undertake health monitoring that is prescribed by legislation and the worker refuses, they may be contravening their duties under the Work Health and Safety Act (SA) 2012 or equivalent in the respective State or Territory.

8. Workplace Monitoring and Airborne Contaminates

a. Assessing if there is exposure to airborne contaminants (e.g. dust, gases, fumes, smoke or vapours) may require air monitoring in the workplace to ensure levels of contaminants are below Workplace Exposure Standards for Airbourne Contaminants (WES).

b. WES for airborne contaminants will be determined depending on the relevant exposure for of the work/tasks:

   i. 8-hour time weighted average (WES-TWA)

   ii. peak limitation

   iii. short-term exposure limit (WES-STEL).

c. Air monitoring is an effective means to determine this for some hazardous materials and should be undertaken if:

   i. there is uncertainty and a reasonable possibility that workplace exposure standards are being exceeded, or

   ii. air monitoring is necessary to determine if there is a risk to health.

d. Workplace airborne monitoring, when conducted, must be undertaken by a competent person, such as an Occupational Hygienist.

9. Hazardous Chemicals

9.1. Health Monitoring for Specific Hazardous Chemicals

a. Health monitoring must be provided if a worker or HDR student who is carrying out ongoing work at a workplace using, handling, generating or storing hazardous chemicals when there is a **significant risk** to health because of exposure to a hazardous chemical referred to in Schedule 14, table 14.1, column 2.

b. Other chemicals used for work/study/research purposes not covered under the WHS Regulation (schedule 14.1) which could be considered in a health monitoring program if a risk assessment determines that there is **significant risk of exposure** and **there are valid monitoring techniques or test** for:

   i. chemicals which are prohibited or restricted carcinogenic, mutagenic, cytotoxic, neurotoxic, severely toxic or risk to human reproduction or pregnancy.

   ii. chemicals that are known to be significant respiratory or sensitising agents

   iii. those listed in table 4 of Health Monitoring (Guide to PCBU).

c. Information on risks of the chemical hazards must be obtained from the Safety Data Sheets, labels or the Hazardous Chemicals Information System (HCIS).

d. Health monitoring for these chemicals should also be provided in the event of:

   i. excessive exposure or unusual events e.g., spills or loss of containment, or

   ii. if a worker has experienced symptoms that relate to workplace exposure, or

   iii. there is uncertainty about the exposure workers are experiencing.

e. For a list of chemicals where Health Monitoring is required see SafeWork Australia: Health Monitoring When you work with Hazardous Chemicals and Hazardous Chemical Safety Procedures.

10. Additional Requirements for Prohibited or Restricted Carcinogens

a. Additional documentation is required when working with a Schedule 10 substance (prohibited/restricted carcinogens).

b. When a worker or HDR student has had appropriate authorisations in place to handle a Schedule 10 substance and is ending their employment/study, a statement of exposure must be provided to the worker in accordance with Clause 387 of the Work Health and Safety Regulations.

c. The statement will be issued by the WHS Unit and must include the name of the prohibited or restricted carcinogen, the time they may have been exposed, and if they should undertake regular health monitoring or assessment, and the relevant tests to undertake.

   For further details please see Hazardous Chemical Safety Procedure

11. Ionising Radiation

a. Workers should refer to the Radiation (Ionising) Safety Procedures for details about when monitoring is required and how to obtain a personal dosimeter.

b. Any person who is occupationally exposed to radiation must be monitored using a personal dosimeter unless specific EPA criteria can be met confirming it is not a requirement.

c. Exposure doses must not exceed annual effective dose of 20 mSv averaged over 5 consecutive years or members of the public 1 mSv/year.

d. Records must be kept confidential. Records will be kept in Historion data base by the WHS Unit.

12. Noise

Hearing loss can occur through exposure to noise, vibration, ototoxic substances and other factors such as age and disease.

12.1. Audiometric Monitoring

a. Noise Induced Hearing Loss (NIHL) is associated with being exposed to noise above the levels specified in the WHS Regulations:

   i. 85dB(A) aggregated over 8 hrs

   ii. 130 dB(C) peak noise exposure.

b. Noise from plant or task should be identified in the risk assessment and strategies to control the exposure of noise by maintaining levels at or below the legislative specified levels must be identified and implemented in line with the hierarchy of controls.

c. When the risks arising from exposure to noise cannot be eliminated or minimised by other more effective control measures, then Personal Protective Equipment (PPE – namely earmuffs or ear plugs) will be mandatory and required to be selected, worn and maintained in line with [Personal Protective Equipment Procedures](#).

d. All workers that are required to regularly wear hearing protection must undertake audiometric testing.

e. Supervisors who have staff in areas where hearing protection is mandatory, must organise all new staff to have a baseline audiometric test carried out within **3 months of commencing work**.

f. Supervisors must ensure staff in these areas continue to undertake audiometric tests **every 2 years after that**.

g. Testing will be via a qualified audiologist, organised by the WHS/RTW Coordinator. A report will be produced by the audiometric testing provider.

h. These records will be provided to the individual and a record will be maintained in FlinSafe.

i. A de-identified summary report will be prepared for College/ Portfolio management every 2 years to assist areas in reviewing if controls in place to manage noise have remained effective.

12.2. Noise Monitoring – Location Mapping

a. Areas where there is potential for noise exposure will be identified by considering risk assessment, incident reports, workers compensation claims and using a noise hazard identification checklist – see Noise - Flinders University Staff.

b. Where areas are identified as posing a risk of hearing damage, a more detailed noise mapping exercise will be conducted by the WHS Unit.

12.3. Ototoxic Substances

a. Exposure to certain chemicals can result in hearing loss, this is compounded when exposure to noise also occurs – see SafeWork Australia.- Code of Practice: Managing noise and Hearing Loss at Work.

b. Audiometric testing will also be carried out on workers who are exposed to ototoxic substances listed in Safe Work Australia Code of Practice – Appendix B **and** have exposure to noise.

c. Where the above is identified audiometric testing must be carried out within **3 months of commencing** work with the substances and at least every **2 years** thereafter.

13. Biological Hazards

a. Biological hazards are organic substances that pose a threat to the health of humans and other living organisms.

b. There are a number of biological hazards that staff or HDR students may be exposed to whilst working at the University. This exposure could occur either on site, such as in a laboratory, or out in the field.

c. Biological hazards could include:

   i. viruses e.g. Japanese encephalitis, Avian flu, Hepatitis, HIV Hendra and Rabies
   ii. bacterial pathogens
   iii. fungi and spores
   iv. bioactive substance.

d. Exposure can occur when working with:

   i. live animals or animal materials, fluids or products
   ii. human blood, body materials or fluids (BBFE)
   iii. moulds and yeasts

iv. organic materials – rubbish, sewerage, soil and organic dusts.

e. When working with **known human pathogens**, personnel working in a **containment facility** (i.e. a PC lab) shall be offered an initial medical examination within **3 months** of starting work with the human pathogens. The examination shall use appropriate medical imaging as well as periodic examinations where clinically relevant (as determine by any medical advice) unless a risk assessment has shown that these are not required.

f. People who are considered at risk (e.g. Immune compromised, diabetic, pregnant) must seek medical advice prior to working with human pathogens.

g. Managers/ Supervisors are required to make sure their workers and HDR students report accidents/incidents and exposures to human pathogens as per section 18.

h. Where a worker or HDR student is absent due to illness identified as resulting from a workplace exposure, then the WHS unit must be notified for recording and follow up.

13.1. Health monitoring required following a biological incident/exposure.

a. Exposure to human blood, body materials or fluids – see BBFE Management Chart.

b. Exposure to Animal bites, blood or products – seek medical advice (only if the animals, blood or products carry a human pathogen)

c. Exposure to micro-organisms/viruses/fungi etc – seek medical advice, depending on the nature of the organism and exposure.

d. Exposure to GMO's – these must be reported to the Biosafety Officer and medical advice will be sought in line with the risk and pathogenicity of the organism.

13.2. Vaccination

A number of the risks to health from human pathogens can be reduced by vaccination. Persons who work with human pathogens, or samples that may contain human pathogens must be immunized, in accordance with the potential risks to the worker. A list of vaccine preventable diseases is available – see Australian Immunisation Handbook. Also see the University Vaccine Preventable Disease Procedures.

14. Asbestos

a. Health monitoring is required under WHS Legislation for workers where there is an exposure to asbestos as a result of asbestos-related work, regardless of the level of risk.

b. Ongoing health monitoring is required if there has been a known exposure - See the Flinders University Asbestos Management Procedures.

c. Workplace monitoring and clearance certificates will be stored in Service One with the asbestos permits.

15. Laboratory Animal Allergens

a. Laboratory Animal Allergens (LAA) can cause allergic reactions associated with breathing or skin contact with animal dander, body products such as saliva, serum or urine, or other materials such as bedding etc.

b. Potential for allergic reactions must be identified via risk assessment and adequate controls put in place.

c. All Animal Technicians and those animal researchers working with lab animals with high frequency or other identified risk factors, will need to undergo baseline health monitoring. Testing will be in the form of a skin prick test and must be carried out within **3 months of commencing work.**

d. Workers will continue to self-monitor. If sensitivity develops, other regular testing such as Spirometry or blood (IgE) test) maybe recommended by a medical practitioner.

16. Scuba Diving/Snorkelling

a. The requirement for medical fitness to undertake activities is specified under WHS legislation. Also see University Diving and Snorkelling Safety Procedures and Manual.

b. A worker must not carry out diving work or undergo training for diving unless they have been certified medically fit by completing an annual occupational dive medical as outlined in AS/NZ 2299.

c. These medical records for staff will be kept on FlinSafe.

d. For those staff who undertake frequent scuba diving, such as the MSDO, additional audiometric testing can be offered.

17. Lead

a. Health monitoring must be provided to a worker undertaking activities where there is a risk of **lead (Inorganic) exposure**.

b. Although exposure in the University setting is not common, there may be instances where those undertaking the following tasks maybe exposed:

   i. Environmental Health – including analysing samples and standards

   ii. Field work – digging of contaminated dirt, mining activities, or other contaminated samples

   iii. Workshops - grinding, cutting, buffing materials or welding activities.

c. Every activity involving potential exposure to lead must be risk assessed. If it is determined there is a risk of exposure then workplace monitoring must be conducted – see Health Monitoring Guide for Lead (Inorganic).

18. Reporting Accident/Incidents

a. Where workers or HDR students are exposed or suspected of being exposed to a hazard requiring workplace or health monitoring, the worker or supervisor must complete an incident report in **FlinSafe** as soon as reasonably practicable, or within 24 hrs.

b. Once the worker has received any first aid or medical treatment required, the WHS Unit will contact the worker to organise any ongoing monitoring.

c. Where an incident has occurred, the supervisor must ensure a re-assessment as per Section 20 of this document.

19. Notifiable Incidents

The following are required to be notified to the relevant Regulator:

a. SafeWork SA must be notified via the WHS Unit if any advice or test results indicate a person may have contracted a disease, injury or illness or exceeded any exposure limits as a result of carrying out the work with the following:

   i. hazardous chemicals (see Procedure 9)

   ii. lead

   iii. asbestos

   iv. biologicals (reporting to the OGTR via the Biosafety Officer may also be required).

b. The Environmental Protection Authority (EPA) must be notified if a person receives radiation exposure that:

  i. leads to a radiation injury

  ii. exceeds the annual dose limit

  iii. are otherwise notifiable as classified in Schedule 3 of the Radiation Protection and Control Regulations 2022.

20. Preventing Further Exposure

a. The supervisor / manager must cease a work activity and review and implement controls when:

  i. a workplace or health monitoring result identifies people are being exposed to levels above WELs

  ii. there is an indication there are changes in health status

  iii. there has been an incident.

b. The WHS unit must be notified if there is significant exposure identified.

c. The review of controls must be documented via a risk assessment and a safe work procedure, both signed by the supervisor/manager.

d. Follow up monitoring must occur to confirm effectiveness of reviewed controls.

e. Where a person's health monitoring results indicates a change to their health status, their manager/supervisor may be required to reassign that person to other tasks to prevent further exposure and risk to health.

21. Personal Health Monitoring Reports

a. Health monitoring must be carried out by a registered medical practitioner with experience in health monitoring of the particular hazard. Appropriate practitioners will be identified and engaged by the WHS Unit.

b. Health monitoring should not, and cannot, legally be used to preclude employment but rather is useful to detect any changes in the individual, or for early detection of failure of control measures that may put persons at risk.

c. Health monitoring reports should only contain information relating to the health monitoring program. They should not contain other confidential health information or details of medical conditions that have no relevance or bearing on the work being performed. Please see – Health monitoring | SafeWork SA

d. A copy of the health monitoring report must be provided to:

  i. the worker or HDR student as soon as reasonably practicably after it has been received

  ii. the Regulator as soon as practicable after obtaining the report **if** the report contains any of the notifiable listed in Section 19.

e. Personal health monitoring records must be kept for 30 years, noting as this is personal medical information, confidentiality is required and disclosure to another person must not occur without the persons written consent.

f. Workplace Monitoring Reports, including air monitoring, must be maintained for a period of 30 years and must be accessible to persons who may be exposed. These will be recorded in FlinSafe.

22. Funding of Workplace and Health Monitoring

a. The cost for Workplace and Health monitoring is generally a cost for the College/Portfolio responsible for the work activity causing the exposure.

b. These costs should be included when considering submitting applications for funding.

23. Responsibilities

Vice-President and Executive Deans of Colleges, Portfolio Heads	a. Ensure that: i. these procedures are implemented in their College/Portfolio, and ii. there are adequate resources for effective health and workplace monitoring management in their College/Portfolio.
Managers and supervisors	b. Ensure that: i. Hazards associated with work, study or research activities in their areas of responsibility are identified, risk assessed and that risk control measures are implemented, documented, monitored, regularly reviewed and maintained ii. Where workers or HDR students are exposed to significant risk that the WHS unit is notified iii. That new workers and HDR students in identified tasks/areas requiring health monitoring are identified for initial medical examination within **3 months** of starting work and follow up testing as specified in this procedure iv. That any accident/ incidents and hazards involving hazardous materials are reported into FlinSafe v. That ongoing absences due to illness due to workplace exposure are monitored and reported to WHS Unit.
Work Health & Safety Unit	c. Assist in the identification of exposure that may require health or workplace monitoring. d. Arrange competent workplace and health monitoring providers as necessary. e. Maintain records of any monitoring to meet regulatory requirements.
Worker (staff) and relevant HDR students	f. Comply with these procedures and follow all instructions and directions. g. Where a person is directed to undertake health monitoring that is prescribed by legislation they must undertake the identified monitoring. h. Report immediately any accident or incident involving exposure to hazardous materials or tasks to their manager/supervisor and report any such incident in FlinSafe within 24 hours.

24. Supporting Information

Work Health and Safety Regulations 2012

Workplace exposure standards for airborne contaminants

Health Monitoring When You Work With Hazardous Chemicals Guide

Interpretation of Workplace Exposure Standards for Airborne Contaminants

SafeWork Australia – Code of Practice: Managing Noise and Hearing Loss at Work

Managing Noise & Preventing Hearing Loss

Biosafety webpage

Blood and Body Fluid Exposure (BBFE) Management Flow chart

Approval Authority	Vice-President (Corporate Services)
Responsible Officer	Director, People and Culture
Approval Date	27 August 2025
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Review Date*	2028
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CM file number	CF25/1739
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