

PSYCHOLOGY OF EMERGENCIES

**WorkSafe's New
Approach to
Dangerous Goods**

**Are Covid Masks
Poisoning Us**



**Eye Strain
and Covid**

**Victoria to Ban
OHS Insurance**

What's New in November?

Welcome to the November Safety News.

This month Gary discusses why in an emergency so many witnesses watch instead of help.

Also this month how working from home due to COVID is causing eye strain and we ask the question "are the mask's poisoning us"?



Gary at the wheel of his 1958 Sprite

Stay Safe!

Safety Webinar – Friday 12th November 10

We invite you to join us at **10am on Friday 12th November** for our free monthly webinar to keep you up to date on workplace health and safety. Gary and the team present short informal sessions of only 20 to 30 minutes on topical issues and answer your questions. * [Please note our monthly webinars are now on Fridays.](#)

Register [here](#)

Missed our last webinar? View them [here](#)

SAFETY ACTION TEAM



Andrea



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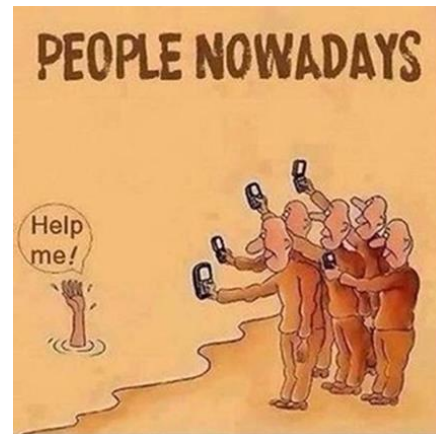
Sarah

Psychology of Emergencies

Most people feel safer in crowds and believe it is more likely that someone will act correctly when needed, as opposed to less populated circumstances. Interestingly, studies indicate the opposite.

The Myth: *The more people present at an emergency, the more likely someone will help*

One explanation could be that we think other people are more skilled or appropriate and they will act, so we and others don't.



Nowadays there is a greater likelihood that people present will want to film an emergency rather than rescue you. Possibly for notoriety, fame, or reward.

Studies indicate eyewitnesses typically need two specific things before they will promptly intervene:

1. Recognise the Emergency is Really an Emergency

For example, if you see someone lying on the footpath you may think they are merely drunk, and not a person dying of a heart attack, particularly if you are in an area where you have seen "derelicts" on the streets before.

This is known as recognising the context of the situation.

2. Other People Also Alarmed

The presence of other people not reacting to the circumstances may inhibit us from reacting quickly to an emergency, as we tend to rationalise that our concerns must be wrong if no one else is panicking.

A university study found individuals taken to a room to complete a survey acted immediately 90% of the time when smoke came out of the ventilation ducts, but when they were in a group (who were secretly instructed not to act), participants stayed in the room longer, with some staying until the smoke was so thick, they couldn't read the survey.

Individualists, who are typically people less concerned about peers or social approval and who are less traditional, are more likely to intervene quickly in an emergency, even when others around them don't react. Tip – stay close to the individualist.

Acknowledgement: Based on article on Popular Psychology by S. Lilienfeld et al, Wiley-Blackwell, 2010

OHS Insurance Prohibited

The Victorian OHS Amendment and Other Legislation Bill 2021 will make it illegal to seek or offer indemnities for OHS penalties.

Most other states have long prohibited insurance to pay workplace safety penalties for company officers and organisations.



The Vic OHS amendment will specifically prevent employers from seeking OHS penalties insurance, or paying OHS penalties for staff or officers of the company. It will also prohibit insurers, or business contracts, offering or inferring indemnities for OHS penalties.

More Power for OHS Reps

The Vic amendments include increased powers for health and safety representatives. Specifically, this change will allow OHS Reps to take photographs or measurements or sketches or recordings in their designated work area.

The amendment sensibly prevents OHS reps from intentionally using, disclosing or providing such information to others, unless reasonably connected with their role as OHS rep.

Electronic Issue of Notices

The Vic legislative amendments, mentioned above, also allow WorkSafe Notices to be served electronically. Currently inspectors can only serve notices by hand or posted to the registered head office.

This change will include serving notices for OHS, Dangerous Goods, Equipment – Public Safety, and Work Injury and Rehabilitation Compensation.

We will update you when the Vic amendments come into force.

Are Covid Masks Poisoning Us?

There has been a number of cases reported in the media in recent months where people claim wearing a "Covid mask" has caused ill-health, accidents, or allege long-term health effects can arise.

In April last year a US driver claimed he crashed his SUV because he wore his N95 (P2) mask for too long and passed out at the wheel. At the time police recorded the cause of the accident as *"insufficient oxygen intake or excessive carbon dioxide intake"*, but police later amended the cause to *"... didn't know with 100% certainty that excessive wearing of N95 mask was a contributing factor ..."*.

Compulsory wearing of masks looks like it will continue for some time, particularly in shops, at major events and on public transport. So, what are the facts about wearing masks for long periods of time and their health and safety implications?

Mask-Associated Dry Eye

In Optometrists report that exhaled air venting from the top of masks increases air flow across the surface of the eyes, causing the tear fluid to evaporate more quickly, leading to dry eyes and discomfort. However, adjusting the nose piece on the mask minimises this problem, and using eye drops, if necessary, will improve eye comfort. See also article P.8.



Oxygen Deficiency

Research confirms alleged oxygen deficiency from wearing a surgical mask, or P2/N95 respirator, or fabric face covering is not possible, as the filter/fabric is porous, and oxygen passes freely through it, but of course breathing may be more difficult.

Rebreathing Carbon Dioxide Poisoning

Carbon dioxide (CO₂) rebreathing has long been recognised as a concern regarding respirator use and is related to symptoms of discomfort, fatigue, dizziness, headache, muscular weakness, and drowsiness.



These symptoms may be valid for certain individuals or particular circumstances, however, authoritative research* confirm whilst CO2 levels do increase inside a mask, particularly when exerting energy eg brisk walk or carrying groceries, the levels do not exceed safe exposure levels.

* Effect of CO2 in Breathing Zone by Geiss, EU Joint Research Centre, Italy, Feb. 2021.

For example, testing various masks found CO2 levels in the breathing zone between 2,000 to 3,000ppm, and baseline (fresh air) about 500ppm. Concentrations of less than 5,000ppm is typically an acceptable workplace exposure limit (8hr av.) in most jurisdictions.

Inhaled CO2 in concentrations below 10,000ppm has little or no toxicological effects, but levels above 50,000ppm is harmful.

Conclusions

Wearing masks for long periods of time, particularly if undertaking strenuous tasks, may cause things like headaches and increased fatigue, but they will not cause serious health effects.

Where employers require workers to wear masks for long periods and perform physical tasks, they should consider more comfortable and cooler air-supplied respirators, or seek alternatives to eliminate the need for masks.

Will Coffee Help You Sober Up?

MYTH:

“Drinking coffee is good way to sober up after heavy drinking”

TRUTH:

Drinking coffee won't help with a hangover; it just turns you into a “wide awake drunk”.

Changes to WorkSafe's Approach to Dangerous Goods

Based on recent information provided from WorkSafe Qld it is clear that the Regulators have slightly changed their stance regarding two elements of Dangerous Goods health and safety.

1. Determining Manifest Quantities

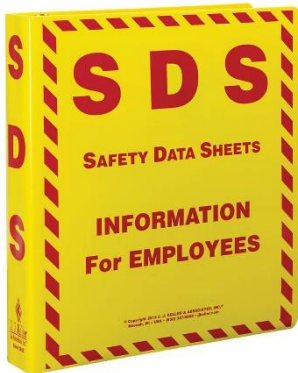
With the move to GHS labelling and management of Dangerous Goods in place for a significant period of time, WorkSafe Qld has stated they will be ensuring that manifest quantities are to be calculated based on the GHS classification manifest levels only.

This replaces the usage of a published ADG to GHS linking table published by [Safe Work Australia](#).

To date the other WorkSafe authorities have not made a formal statement on their position, however all organisations (particularly those in Queensland) should undertake a review of the chemical classification and registers as their DG classification may now have changed and they may now exceed Manifest quantities.

2. Staff Knowledge of Safety Data Sheets

The Regulator has flagged their intention to alter their approach the review of site compliance for the management of Hazardous Substances in the workplace.



As part of site visits WorkSafe Qld has indicated they will select random staff members who interact with, or are potentially exposed to, Hazardous Substances and review their knowledge of safe management of Hazardous Substances, specifically how to access and use Safety Data Sheets in a timely manner.

As such staff will need to be able to demonstrate how to access the SDS for any selected HS, and how to use the information contained within.

Companies will now need to ensure their SDS access systems are robust and timely, with all relevant staff trained, with sufficient refresher training and/or communication to ensure they have active knowledge of this process.

Eye Strain and Covid

Covid is increasingly changing the way we do work with many workers increasingly working from home. One emerging health issue due to this change in work regime is eye related conditions.

This has arisen as a result of more people using their personal digital devices to do routine work for longer periods of time.



The problem with this is that most personal devices are not designed or suitable for continuous work purposes. A typical example is when people use their smart phones for long periods for work meetings, thereby increasing their risk of developing eye strain.

The condition is caused by staring at a digital screen at close and mid-range distance for a prolonged period of time. Some of its symptoms include headaches, dry eyes, tired eyes, blurred vision and possibly sleeping difficulty.

The employer's duty to provide a safe workplace and system of work is not limited to work done at the workplace, but includes work carried out remotely or at the worker's home.

Therefore, employers and safety professionals must consider putting measures in place to minimize the risk of a worker developing digital eye strain due to increased screen time on possibly inappropriate equipment or conditions.

Suggested measures to help manage this risk:

1. Ensure workers have a good desktop set up when working from home.
2. Provide training and information on ergonomic standards e.g., how to conduct a workstation risk assessment and required lighting to do work.
3. Encourage regular eye examinations for workers.
4. Practice the 20-20-20 rule i.e., set a timer to remind you to look away from the screen every 20 minutes and relax the eye.
5. Provide information on the required safety adjustments to prevent eye strain during work with laptop.
6. Minimize the amount of surrounding light competing with the light coming from your device screen e.g., glare.
7. Consult an optometrist if eye discomfort continues.



References

- Alabdulkader B. Effect of digital device use during COVID-19 on digital eye strain. Clin Exp Optom. 2021 Aug;104(6):698-704. doi: 10.1080/08164622.2021.1878843. Epub 2021 Feb 22. PMID: 33689614.
- Vision Eye Institute. (2020). From the COVID-19 pandemic emerges an increase in Digital Eye Strain complaints