

HRP09: Occupational Health and Hygiene

Section 1 - Purpose and Scope

(1) This Procedure aims to ensure Southern Cross University (SCU) management, employees, students, and others know the risks associated with occupational health and hygiene in the workplace and relevant management strategies for the risk mitigation process.

(2) All employees, students, and others must follow this Procedure.

(3) This Procedure applies to all SCU Work Units and sites.

Section 2 - Definitions

Airborne Contaminant	A contaminant in the form of a fume, mist, gas, vapour, or dust includes microorganisms.
Breathing zone	A hemisphere of a 300 mm radius extending in front of a person's face is measured from the midpoint of an imaginary line joining the ears.
Workplace Exposure Standard (WES)	Represents the concentration of a particular hazard that must not be exceeded.
Similar Exposure Group (SEG)	A group of workers is expected to have the same exposure to a physical or chemical hazard.
Occupational Hygiene	It is the anticipation, recognition, evaluation, and control of exposure to occupational hygiene hazards. Occupational hygiene uses a combination of science, engineering, and professional judgement in the process.
Qualitative Exposure Assessment	Evaluation of potential personal exposure based on personal experience and professional judgment.
Quantitative Exposure Assessment	Evaluation of actual personal exposure data using accepted numerical and mathematical analysis.
Route of Exposure	The route through which exposure occurs, such as ingestion or inhalation.
Peak Limitation	Means a maximum or peak airborne concentration of a substance determined over the shortest analytically practicable period, which does not exceed 15 minutes.
Short-term exposure limit (STEL)	Means the time-weighted average maximum airborne concentration of a substance when calculated over 15 minutes.
Eight-hour time-weighted average (TWA)	Means the maximum average airborne concentration of a substance when calculated over an eight-hour working day for a five-day working week.
Personal Monitoring	Measuring an individual's exposure using a valid monitoring technique.
Environmental Measurement	Measurements within the workplace should be taken using a suitable sampling device or instrument.
Static/Para Occupational Measurements	Taking samples or measurements within the working environment to determine potential exposure, not actual exposure.

Section 3 - General Principles

Risk Management Process

(4) SCU will follow the risk management process outlined in [WHSMP02: Hazard Identification, Risk and Opportunity Management Procedure](#), this process includes:

- a. Hazard identification.
- b. Risk assessment.
- c. Risk Control.
- d. Review of control measures.

Consultation

(5) Consultation is critical for effective risk management and is outlined in [WHSMP07: Consultation, Communication and Participation](#).

Part A - Hazard Identification

Workplace Exposure Standards

(6) Workplace exposure standards (WES) are defined for airborne contaminants and noise. The process for determining if exposure monitoring is required is outlined in this procedure.

Airborne Contaminants

(7) Exposure standards for substances and mixtures must not be exceeded. Occupational exposure standards include:

- a. Time Weighted Average (TWA): This is a concentration of exposure for eight hours.
- b. Short-Term Exposure Limitation (STEL): This 15-minute TWA exposure limit cannot be exceeded during the working day. The STEL exposure cannot last longer than a 15-minute period, which is not repeated more than four times during the shift. There must also be at least a 60-minute interval between the exposures at the STEL.
- c. Peak limitation: This is the maximum airborne concentration of a particular substance determined over the shortest practicable period, which does not exceed 15 minutes. The peak limitation must not be exceeded at any time.
- d. An 8-hour TWA occupational exposure standard is based on an 8-hour working day and a 5-day working week. Where a shift is longer than 8 hours, more than 5 days are worked in a row, or more than 40 hours are worked in a week, an adjustment to the TWA OES may be required.
- e. When work shifts are longer than 8 hours or weeks longer than 5 days, adjustments will be required to determine if a WES has been exceeded.

(8) The Australian Institute of Occupational Hygienists (AIOH) recommends using the Quebec model to adjust for extended shift arrangements. TWA exposure standards must not be adjusted (increased) for shorter work shifts.

(9) The Safe Work Australia document "[Guidance on the Interpretation of Exposure Standards for Airborne Contaminants](#)" should be consulted when interpreting exposure standards to determine if shift adjustment is appropriate for the monitored substance.

(10) The Peak limitations or short-term exposure limit exposure standards should not be adjusted. Where work shifts are longer than 8 hours, assessments of noise exposure (the measurement) must be normalised and adjusted as per

AS:1269.1 (2005) to allow comparison with the LAeq,8h of 85 dB(A).

Alternative Exposure Standard

(11) Where an Australian WES does not exist, guidance from other sources may be used.

(12) The source of the alternative WES should be a recognised government or professional agency.

(13) Sources may include:

- a. Australian and New Zealand Standards.
- b. Health and Safety Executive (United Kingdom).
- c. Occupational Safety and Health Administration (USA).
- d. Australian Institute of Occupational Hygienists.
- e. American Conference of Governmental Industrial Hygienists (USA).

(14) Where an alternative exposure standard is used, the rationale and method must be documented by a Certified Occupational Hygienist (COH) and approved by the WHS Manager prior to use. The decision and source must be communicated to affected workers.

Hazardous Occupational Hygiene Exposure Monitoring Program

(15) The potential exposure of employees and students to occupational health and hygiene hazards is to be risk-assessed within all work units. Formal occupational hygiene evaluations shall be conducted where there are potential acute or chronic health effects from chemical and physical agent exposure.

(16) The assessment process will:

- a. Start at the Faculty level and follow through to the Work Unit level as appropriate.
- b. Identify potential exposures and define similar exposure groups (SEGs) with occupational exposures requiring further review and control or no further action.

(17) Potential occupational health hazards include:

- a. Respirable dust.
- b. Inhalable dust, including contaminants (e.g., lead).
- c. Welding/soldering fume.
- d. Asbestos.
- e. Crystalline Silica.
- f. Hazardous substances (e.g., gas, vapor, liquid, solid).
- g. Noise.
- h. Vibration.
- i. Extremes of temperature.
- j. Non-ionizing radiation (UV, welding flash).
- k. Ionizing radiation (alpha, beta, gamma, x-ray).
- l. Electromagnetic fields.
- m. Biological hazards.
- n. WHS Regulations Schedule 14 Hazardous chemicals.

Part B - Risk Assessment

Initial Exposure Assessment

(18) The initial characterisation aims to determine potential exposures to occupational health and hygiene hazards that require further monitoring and assessment due to the likelihood of adverse health effects. This involves a qualitative risk assessment, potentially including a workplace walk-through and preliminary exposure measurement.

(19) How to complete the initial exposure assessment:

- a. Refer to HRP09-FOR-01 Occupational Health and Hygiene Monitoring Program Overview flowchart.
- b. Use of exposure-assessment forms (HRP09-FOR-01/21) which included Occupational Health and Hygiene Qualitative Risk Rankings. These forms are available on the WHS website: WHS Management system-Associated forms.
- c. Where results indicate a risk of exceeding a Workplace Exposure Standard (WES/WEL) or another regulatory trigger, escalate in accordance with Health Monitoring (see Section "Health Monitoring") and other monitoring methods as advised by a hygienist.

(20) The qualitative risk assessment shall determine similar exposure groups (SEGS) where no further action is required. This may include the following.

- a. SEGS is expected to be exposed to <10% of the relevant occupation exposure standard (OES).
- b. SEGS that use known control banding techniques result in very low exposures. Such as using fume cabinets during work with hazardous chemicals or alarm gas monitoring systems.

(21) The qualitative risk assessment shall determine similar exposure groups (SEGS) that require further review and monitoring. This may include the following:

- a. SEGS is expected to be exposed to >10% - <50% of the exposure standard.
- b. SEGS is expected to be exposed to >50% of the exposure standard.
- c. SEGS, where further review is required due to uncertainty.
- d. SEGS or exposures that have legislative requirements to assess exposure.

(22) The qualitative risk assessment shall determine similar exposure groups (SEGS) that require immediate controls for unacceptable occupational exposures. This will include:

- a. SEGS is expected to be exposed to >100% of the occupation exposure standard.
- b. SEGS, where occupational disease is reported.

(23) The qualitative risk assessment will also consider:

- a. Existing exposure monitoring data.
- b. Current control measures.
- c. Visual observation and other exposure indicators.
- d. Work practices.
- e. Worker experience.
- f. Legislative requirements for chemical and physical exposure hazards.

(24) The assessment will be reviewed every five years or when a change occurs, prompting the need for a review.

(25) Risk assessments may not be recorded where there is not perceived to be a benefit, as the potential for exposure is so low and infrequent.

(26) Notification of risk assessments that determine a need for exposure monitoring or health assessment will be made to the Work Unit Manager and included in the monitoring programs.

Exposure Assessment Methods

(27) Exposure assessments may be conducted using various techniques and over different time frames. Sampling methods include:

- a. Personal monitoring, e.g., sampling inhalable dust exposure within the employees' breathing zone.
- b. Static, para-occupational monitoring, or environmental monitoring, e.g., gas monitoring.
- c. Monitoring surveys, e.g., a noise survey with a handheld sound level measuring device.
- d. Biological monitoring, e.g., blood testing.
- e. Health surveillance results.
- f. Or as directed by a hygiene specialist, doctor, or code of practice and legislation.

(28) Time frames for sampling include:

- a. Grab sampling: short-term sampling. Customarily used to confirm the presence or identify a contaminant.
- b. Short-term sampling: 10-15 minutes. These short samples may be used to calculate full shift exposure compared with short-term exposure limits (STEL).
- c. Long-term sampling: full shift or more significant than half of a working shift. Using one method, this method can provide a time-weighted average (TWA) for the exposure period, peaks, and STEL measurements.
- d. Continued sampling: real-time measurement for the sampling period.

Additional Exposure Assessment

(29) Additional exposure assessments may be required due to:

- a. Incidents.
- b. New research.
- c. New substances.
- d. New equipment/plant.
- e. Legislative changes.
- f. Risk assessments.
- g. WorkCover claims.
- h. Health Surveillance results.
- i. Biological monitoring results.
- j. Requests.

Exposure Assessment Monitoring Schedule.

(30) A monitoring schedule will be produced from the information gained during the initial characterisation and risk assessment. The schedule will include:

- a. Identification of the SEG to be monitored.
- b. Type of exposure assessment.
- c. Frequency of monitoring.

- d. Record of when monitoring is no longer required.
- e. Relevant reports/records for the SEG.
- f. Occupational Hygiene Reports.

Part C - Risk Control

Monitoring Methods

(31) When conducting occupational hygiene monitoring, the measurement and analysis method should be as stated in the relevant legislation or sourced from a recognised body.

(32) Recognised monitoring methods and sources are included in the table below.

Occupational Monitoring Methods

Occupational Hygiene Hazard	Source for Monitoring Method.
Occupational Noise	AS/NZS 1269.1:2005 Occupational noise management – Measurement and assessment of noise emission and exposure.
Whole Body Vibration	AS/NZS 2670.1:2001 Evaluation of human exposure to whole-body vibration.
Inhalable Dust	AS 3640:2009 Workplace atmospheres – Method for sampling and gravimetric determination of inhalable dust.
Respirable Dust	AS 2985:2009 Workplace atmospheres – Method for sampling and gravimetric determination of respirable dust.
Various Airborne Chemical Hazards	Occupational Safety and Health Administration, Sampling and analytical Methods.
Various Airborne Chemical Hazards	The National Institute for Occupational Safety and Health (NIOSH), Manual of Analytical Methods 4th Edition.
Asbestos Fibre	Guidance Note on the Membrane Filter Method for Estimating Airborne Asbestos Fibres 2nd Edition [NOHSC:3003(2005)] .

Equipment

(33) Occupational hygiene monitoring equipment will be maintained, serviced, and calibrated as required by the manufacturer's recommendations and the sampling methodology being applied.

(34) When equipment is hired, a copy of the calibration documentation will be obtained.

(35) Copies of calibration certificates will be attached to the report.

Specific Hazards Noise

(36) SCU must ensure that the noise a worker is exposed to at the workplace does not exceed the exposure standard. Audiometric testing is required for workers who frequently require personal protective equipment (PPE) to protect them from the risk of hearing loss associated with noise that exceeds the exposure standard.

(37) The occupational exposure standard for noise is:

- a. LAeq,8h of 85 dB(A). This is the sound pressure averaged over the time period.
- b. LC, Peak of 140 dB(C). This is an instantaneous level that can cause immediate hearing damage.

(38) If hazardous noise is identified, a noise assessment should be carried out unless the exposures can be

immediately reduced to below the standard.

(39) A noise assessment should:

- a. Identify which workers are at risk of hearing loss.
- b. Determine what noise sources and processes are causing that risk.
- c. Identify if and what kind of noise control measures could be implemented.
- d. Check the effectiveness of existing control measures.

Specific Hazards - Audiometric Testing

(40) Audiometric testing is required where SCU frequently requires a worker to use personal protective equipment to protect the worker from the risk of hearing loss associated with noise that exceeds the exposure standard.

(41) Audiometric testing must be provided within 3 months of the worker commencing the work and at least every 2 years.

Specific Hazards - Silica

(42) The workplace exposure standard (WES) for respirable crystalline silica (RCS) in Australia is 0.05mg/m³ (8-hour time-weighted average) or adjusted WES for extended work for shifts. Air monitoring is required to determine the airborne concentration of a substance or mixture that has a WES if:

- a. You are uncertain on reasonable grounds whether or not the airborne concentration of RCS at the workplace exceeds the WES for RCS.
- b. Monitoring is necessary to determine whether there is a risk to health from RCS at the workplace.
- c. Air monitoring results must be provided to the Regulator if the RCS airborne concentration has exceeded the RCS WES.

Specific Hazards - Asbestos

(43) The exposure standard for asbestos is a respirable fibre level of 0.1 fibres/mL of air measured in a person's breathing zone and expressed as a time-weighted average fibre concentration calculated over an eight-hour working day.

(44) SCU must ensure that the workplace exposure standard (WES) for asbestos is not exceeded.

(45) Where there is uncertainty as to whether the exposure standard is likely to be exceeded, air monitoring must be carried out by a competent person. A competent person may include a licensed asbestos assessor or someone who has undertaken the endorsed unit of competency for licensed asbestos assessors. An occupational hygienist who has experience in asbestos exposure monitoring may also undertake air monitoring

(46) Refer to [HRP03: Asbestos Management](#) procedure.

Part D - Review of Control Measures

Health Monitoring - Hazardous Chemicals

(47) For hazardous chemicals, health monitoring must be provided to workers if there is a significant risk:

- a. To worker's health because of exposure to a hazardous chemical listed in Schedule 14 of the Work Health and Safety Regulation.
- b. Regarding exposure to another hazardous chemical (not listed in Schedule 14), suitable testing methods, such

as cyclophosphamide, ethylbenzene, and nickel, are available.

Health Monitoring - Reporting

(48) A copy of the report must be given as soon as reasonably practicable after obtaining it from the medical practitioner to:

- a. The employee.
- b. The Regulator, if the report contains any test results that indicate the employee may have contracted a disease, injury, or illness as a result of the work that triggered the need for health monitoring.
- c. Any recommended remedial measures, including whether the employee can continue to carry out the work.
- d. All other businesses who have a duty to provide health monitoring for that employee.
- e. Reports must be kept confidential for at least 40 years after the record is made and identified as a formal record for the particular employee. The report and results must not be disclosed to anyone without the employee's written consent unless required under the Work Health and Safety Regulation.

Health Monitoring - Asbestos

(49) The need for health monitoring for workers at risk of asbestos exposure should be determined based on:

- a. the potential for exposure
- b. the frequency of potential exposure, and
- c. the duration of the work being undertaken.

Health Monitoring - Respirable Crystalline Silica (RCS)

(50) Where workers are exposed, suspected of being exposed, or concerned about exposure to crystalline silica, SCU must arrange a health monitoring appointment with the registered medical practitioner for the worker(s). The medical examination should include:

- a. Records of personal exposure.
- b. Physical examination.
- c. Standardised respiratory questionnaire and pulmonary function tests following the appropriate quality guidelines.
- d. Chest X-ray full posterior-anterior (PA) view.

Occupational Hygiene Reports

(51) Occupational hygiene reports prepared by SCU or external contractors should address the headings below:

Introduction

- a. Date.
- b. Location.
- c. Commissioning person.
- d. Monitoring aim.

Monitoring Methods and Equipment

- a. Sampling procedures.
- b. Assessment standards.

- c. Type of survey.

Analysis Method: method and technical standard

- a. Workplace exposure standard: standards used for comparison.
- b. Background: process description, task history.

Results and discussion

- a. Results.
- b. Sampling period.
- c. Sample identifier.
- d. Task description.
- e. Monitoring period description.
- f. Discussion.

Conclusions and recommendations

- a. Applying the hierarchy of control.
- b. Calibration certificates.
- c. Analysis certificates.
- d. Personal exposure summary.
- e. Separate results table with confidential names of participants.

Confidentiality of Reports

(52) Reports must be kept confidential for at least 30 years after the record is made and identified as a formal record for the particular worker. The report and results must not be disclosed to anyone without the worker's written consent unless required under the Work Health and Safety Regulation.

Section 4 - Roles and Responsibilities

(53) Refer to [WHSMP13: Responsibility and Accountability Statement](#).

Section 5 - Records of Documentation

(54) All relevant documentation will be recorded and kept following WHS Legislation and other legislative obligations, including:

- a. Occupational hygiene monitoring reports.
- b. Personal exposure letters/statements.
- c. The WHS Unit will keep a record of exposure sampling. The record will include the date of sampling, monitoring conducted, and outcome/follow-up.

Health and Hygiene Records

- a. Schedule 14 Register – current version maintained by WHS Unit.
- b. Exposure Monitoring Request & Approval Form – required for any planned hygiene monitoring.

- c. Retention – Health monitoring reports and exposure monitoring records are retained for a minimum of 30 years. Personal exposure letters are provided to monitored workers. These are to be kept in personal HR files.
- d. Asbestos records – health monitoring reports related to asbestos must be retained for at least 40 years. These are to be kept in personal HR files.
- e. Laboratory/analyst – Where biological monitoring or sample analysis is required, a NATA-accredited laboratory must be used. Records to be retained by work unit.
- f. Access & privacy – Worker health monitoring records are confidential. Release is limited to the worker, the medical practitioner, the PCBU (summary where appropriate), and the Regulator if required.

Section 6 - Revision and approval history

(55) This procedure will be reviewed as per nominated review dates or because of other events, such as:

- a. Internal and external audit outcomes.
- b. Legislative changes.
- c. Outcomes from management reviews.
- d. Incidents.

Section 7 - References

Work Health and Safety Act (in the applicable jurisdiction that SCU operates)
Work Health and Safety Regulation (in the applicable jurisdiction that SCU operates)
Australian Institute of Occupational Hygienists
AS/NZS 1269.1:2005 Occupational noise management – Measurement and assessment of noise emission and exposure
AS/NZS 2670.1:2001 Evaluation of human exposure to whole-body vibration
AS 3640:2009 Workplace atmospheres – Method for sampling and gravimetric determination of inhalable dust
AS 2985:2009 Workplace atmospheres – Method for sampling and gravimetric determination of respirable dust
The National Institute for Occupational Safety and Health (NIOSH), Manual of Analytical Methods 4th Edition
Guidance Note on the Membrane Filter Method for Estimating Airborne Asbestos Fibres 2nd Edition [NOHSC:3003(2005)]
Managing Risks of Hazardous Chemicals in the Workplace Code of Practice 2021
Labelling of Workplace Hazardous Chemicals Code of Practice 2021
Managing Noise and Preventing Hearing Loss at Work Code of Practice 2022 (NSW)
Managing Noise and Preventing Hearing Loss at Work Code of Practice 2021 (Qld)
Safe Work Australia Workplace Exposure Standards for Airborne Contaminants Guidance Material
Safe Work Australia Working with crystalline silica and crystalline silica-containing products Guidance Material

Section 8 - Related Documents

WHSMP02: Hazard Identification, Risk and Opportunity Management
HRP03: Asbestos Management

HRP11: Hazardous Chemical Management
HRP13: Biological Safety
WHSMP13: Responsibility and Accountability Statement
HRP09-GUI-01 Occupational Health and Hygiene Monitoring Program Overview
HRP09- FOR-01/22 Exposure assessment forms

Status and Details

Status	Current
Effective Date	29th October 2025
Review Date	29th October 2028
Approval Authority	Vice President (People and Culture)
Approval Date	29th October 2025
Expiry Date	Not Applicable
Responsible Executive	Kim Franks Vice President (People and Culture)
Head of Work Unit	Brendan Pearce Director, Workplace Relations
Enquiries Contact	Shaun Brown Manager, Workplace Health and Safety Vice President (People and Culture) portfolio