



# THE BUMPER MONITOR

VOLUME 1 ISSUE NUMBER 7

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## THE UFUA AVIATION BRANCH NEWSLETTER

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## 1. EA 2017

### Branch Secretary

Your current Enterprise Agreement, *Airservices Australia [Aviation Rescue and Fire Fighting] Enterprise Agreement 2013-2017*, is due to expire in May 2017. You are due for the final wage increase under this Agreement from the first pay period commencing on or after the 22<sup>nd</sup> November 2016.

Negotiations for a new Agreement to operate from May 2017 will actually commence with a preliminary meeting in late November/early December.

In preparation for the compiling of our bargaining log of claims we have opened an EA Survey to find out from you what the important issues are for you in negotiating a new Agreement. For those who are members of our facebook group, you can access the survey from facebook. For other members the survey can be accessed from our website or via the following link:

<https://www.surveymonkey.com/r/K5MZ9DV>

Your participation in the survey is important so please take the time to complete it. It will take only a small amount of time to complete it but will be well worth your time.

As is evidenced by the fact that the ATCs still haven't finalised an Agreement, the next round of bargaining is going to be tough. Pay increases under the government's bargaining framework are capped at 2% per annum.

To see and get a grasp on the government's workplace bargaining policy, go the following link:

<http://www.apsc.gov.au/priorities/workplace-relations/australian-government-public-sector-workplace-bargaining-policy>

Our experience in the last 12 months with AS/ARFF reinterpreting the Agreement for their agenda of cutting costs clearly demonstrates that your conditions are under attack. Despite the EGM and CFO telling your Branch Secretary and Branch President at a meeting in Canberra on 30<sup>th</sup> August that they are not after your conditions, our experience over the last 12 months says otherwise and that AS/ARFF word cannot be trusted.

We will inform you regularly of developments via our website, facebook page and where we have your private email addresses through personally addressed emails. Negotiations are typically conducted at more than one location and the negotiating team proposes to visit stations at those locations after negotiation meetings.

Remember to take part in our survey which will be open until 5pm on the 16<sup>th</sup> of November. At any time of course, stay in touch with and talk to your BCOM Delegates and Organisers.

## 2. Communications

The last 4 editions of our newsletter "The Bumper Monitor" have been issued on a weekly basis. Future editions will be issued on a fortnightly basis. As always, we would like to see contributions from members or suggestions for items to be included in an addition. For example, if you want clarification on a condition in the Enterprise Agreement or any other matters such as your rights in Workplace Investigations then please let us know.

### Facebook group

Our facebook group which is open only to members now has 183 members and growing. If you want to become a member let your BCOM Delegate or Organiser know and if they are already members they can send you a friend request and place a request to approve you as a member. The Branch Secretary is the Administrator of the page and will admit you on request if you are a member.

### **Email distribution group**

Not everybody uses facebook or the website so for those members who have provided us with their private email addresses we are currently organising an email distribution list so you will personally receive your newsletters that way.

Our website also gives access to our newsletters and other information and we are constantly working on ways to improve it for you.

Again, we really would appreciate your feedback via email, phone call or through your BCOM Delegate or Organiser on our communications or any other issues, so please let us know what you think and any ideas or suggestions you have for improvement.

### **3. ARFF HEALTH AND SAFETY COMMITTEE**

**Branch Secretary/WHS Coordinator Wes Garrett**

At a meeting between the EGM ARFF, Chief Fire Officer and your Branch Secretary and Branch President on 30<sup>th</sup> August, the EGM told us that ARFF had to drastically improve its performance with WHS. The Branch Secretary said that your Union was working on a proposal that would assist ARFF with that. The EGM said that her intention was to establish a “working group” that would include Union involvement but that she was not interested in establishing a Health and Safety Committee [HSC].

Our WHS Coordinator emphasised that there is a need for an ARFF specific HSC established in accordance with the WHS legislation as the Airservices NHSC does not allow for effective representation of ARFF members and the very specific WHS issues they face. He said that your Union had contacted Comcare on the issue in order to invoke section 82 of the WHS Act [referral of an issue to the regulator for resolution by an Inspector] and that Airservices/ARFF could expect to be contacted by Comcare.

Quite clearly, AS/ARFF do not want a HSC because that will give you a direct voice through your Union and HSRs elected by you and not handpicked by them. You will see and understand from reading the following information why AS/ARFF are opposing your Union’s efforts to have an ARFF specific HSC established.

The WHS Act’s intention for HSC’s is to encourage worker participation in the management of WHS across an entire workforce. An ARFF HSC will provide fair and effective national workplace representation, consultation and issue resolution in relation to workplace health and safety.

ARFF managements current penchant for WHS “consultation” is underpinned by its desire to hand pick employee representatives, this desire does not allow for ARFF specific health and safety issues to be adequately addressed and for its workers to be effectively represented.

The role and functions of a HSC are detailed below. The following information has been taken from a document published on the Comcare website titled “Participating in effective health and safety committees”.

Under the Work Health and Safety Act 2011 (WHS Act) a health and safety committee (HSC) brings together workers and management to assist in the development and review of health and safety policies and procedures for the workplace.

**WHO CAN BE A HEALTH AND SAFETY COMMITTEE MEMBER?** To ensure worker representation, *at least half of the members of a HSC must be workers of the PCBU—but **not** nominated by their PCBU.* If there is one HSR at the workplace (a workplace may include a number of work locations), that HSR is automatically a member of the relevant HSC where one is in place (if they choose to be). If there is more than one HSR at a workplace, the WHS Act allows more than one HSR to be a member of an HSC. It is up to the HSRs (**and not the PCBU**) to determine who will fill the available positions. Alternatively, a HSR does not have to participate but they may find it beneficial to do so. The PCBU and the workers at the workplace then agree on the remaining membership. If the HSC is not agreed upon within a reasonable timeframe, either party can ask Comcare to appoint an inspector to decide on the makeup of the HSC, or whether to establish it at all.

#### **FUNCTIONS OF A HEALTH AND SAFETY COMMITTEE**

The functions of an HSC are:

- > to facilitate cooperation between the PCBU and workers in instigating, developing and carrying out measures designed to ensure the workers’ health and safety at work
- > to assist in developing standards, rules and/or procedures relating to health and safety to improve and ensure workers health and safety at the workplace
- > to comply with functions prescribed by regulations
- > to carry out any other functions agreed between the PCBU and the HSC.

HSC members are entitled to:

- > spend reasonably necessary paid work time attending meetings and carrying out their functions as committee members
- > have access to information that the PCBU has in relation to hazards, risk assessments and the health and safety of workers at the workplace.

The entitlement to access information in relation to health and safety of workers does not extend to personal or medical information of a worker unless the worker consents. However, consent is not required if the information does not identify the worker and could not reasonably be expected to identify the worker.

#### **MEETINGS OF HEALTH AND SAFETY COMMITTEE**

A HSC must meet at least once every three months, and at any reasonable time at the request of at least half of its members.

We know you support our efforts to establish an ARFF specific HSC and will maintain our efforts to ensure this happens. We believe that Comcare will have visited AS/ARFF during this week on the matter and we will keep you updated when we know anything further.

#### 4. PFC's CHEMICALS OF CONCERN [PART 1]

Significant media attention has been directed towards the current situations in the CFA Fiskville fire training area and several Defence Force bases with serious contamination issues, mainly attributed to hot fire training. Oakey and Williamstown air bases are two significant defence sites which have had quite a lot of study and research done over the past three years. Aviation Rescue Firefighting (ARFF) has used Foams containing Per Fluorinated Chemicals (PFC's) since about 1980 for over 30 years. Training with it through foam branches, handlines, hose reels and fire vehicle monitors on an almost daily basis. ARFF ceased the use of 3M Light Water AFFF in 2002 and then ceasing the use of Ansulite AFFF its replacement in 2010.

What does exposure to PFC's mean to you the Australian Firefighter? Who do you trust when your employer and the government tells you that it's perfectly safe and yet more and more studies, international government authorities, the UN and other acknowledged experts are saying it's not?

The family of Perflurochemicals (PFC's) are known to be either ingredients or degradation products from the foams used on a daily basis by some firefighters in training and operations until quite recently. The most commonly known and talked about are PFOS and PFOA.

The C8 science panel research which was used recently by the US courts to successfully award damages to plaintiffs suffering certain cancers, shows Perflurochemicals probable involvement/link in the increased incidence of:

1. High Cholesterol
2. Kidney Cancer
3. Testicular Cancer
4. Thyroid Disease
5. Pregnancy-Induced Hypertension/Preeclampsia
6. Ulcerative Colitis

It is also very important to note that the co-operation of CFA Senior management had to be seriously challenged by the parliamentary enquiry committee. This is noted in the forward to their special report to Parliament:

For these reasons it is disheartening for this Committee to have to table this special report. Decision makers within the CFA have done a disservice to the CFA legacy and CFA firefighters twice over. First the tragedy of Fiskville itself and now the refusal to provide vital information to this inquiry.

Every member of the Committee conducting the inquiry into Fiskville is committed to seeking out the truth. The Government referred this important matter to this Committee because in the words of the Premier of Victoria, the Hon. Daniel Andrews: 'We need a full and frank inquiry to answer every question honour every worker and reassure every family'.

Further on the CFA's executives reluctance to co-operate is the following quote from the VIC Enquiry Special Report:

The CFA administration has issued many assurances to the Committee that it wants to cooperate with the Fiskville Inquiry. In spite of this the Committee had to issue summonses in order to access critical information. We are now forced to table this report to Parliament due to documents not being produced under the terms of the summons relating to CFA Board papers.

This special report details the extensive withholding of information that is crucial to the Committee's understanding about what happened at Fiskville from 1970 to the present.

The evidence to the committee from the UFU Victoria Branch included evidence of senior CFA managers now employed by Airservices covering up evidence from reports and not acting immediately to protect their staff. Unfortunately when you read of this sort of behaviour by your managers it is very hard to put any trust in what they tell you.

The main lesson to draw from the Oakey reports is the way the evidence there shows a strong connective link between the practices in place there on the base and the contamination they caused. ARFF Firefighters also have a proven connection in the form of the QLD University study that was conducted in 2013. ARFF Staff participated in regular almost daily foam training and all the 150 staff tested had significant PFC readings and that was 11 years after ARFF had stopped using 3M AFFF and changed to Ansulite AFFF.

The AECOM Report 2015 on the design of their Oakey study states:

In order for a human receptor to be exposed to a chemical contaminant deriving from a Site, a complete exposure pathway must exist. An exposure pathway describes the course a chemical or physical agent takes from the source to the exposed individual and generally includes the following elements (USEPA, 1989):

- A source and mechanism of chemical release.
- A retention or transport medium (or media where chemicals are transferred between media).
- A point of potential human contact with the contaminated media.
- An exposure route (e.g. ingestion, inhalation) at the point of exposure.

Where one or more of the above elements is missing, the exposure pathway is considered to be incomplete and there is therefore no direct risk to the receptor.

So AFFF was in use almost daily from the early 1980's until 2010. For 30 years Airservices ARFF has exposed both their staff and their training grounds (some still in use today) to PFC's.

The Agency for Toxic Substances and Disease Registry (ATSDR) Toxicological Profile for PFC's states:

Perfluoroalkyls are very stable compounds and are resistant to being broken down in the environment. Perfluoroalkyls in the air are expected to settle to the ground within days to weeks. Perfluoroalkyls may be carried through soil by groundwater and flooding and become airborne during windy conditions. ATSDR (Draft) Tox Profile 2015.

This is a problem with any legacy fire training grounds still in use for hot fire training. Services that have trained with AFFF products for over 30 years would have poured millions of litres of 3% or 6% foam product on to these training areas. Even with very small concentrations of PFC's in the AFFF concentrate that still amounts to significant contamination. Staff that continue using these training grounds and aids are constantly being exposed to residual PFC dusts every time a rain event floats more of these PFC dusts to the surface.

A Finnish study conducted in 2014 into the use of AFFF by firefighters found the following routes of contamination:

During the suppression of a liquid fire, firefighters may be exposed to AFFF's through inhalation and dermal exposure routes. Contaminated personal protective equipment and fire suits might also increase the risk of hand to mouth transfer and eventual exposure via the

gastrointestinal tract. The washing of this equipment (PPE) is still a big problem for fire brigades in Finland and the use of contaminated firefighting suits is a very common practice. Thus firefighter's short and also long term occupational exposure to PFAA compounds appears to be more than evident. Toxicology Letters 231 (2014)

This study confirms that the pathways for contamination during training have been confirmed via scientific study. So while Australian firefighters were training with AFFF for the past 30 years they were being constantly contaminated.

An epidemiological study of retired employees involved in the production of PFCs revealed that the human serum elimination half-lives were 4.37yr for PFOA and 8.67yr for PFOS (Burriss et al., 2002).

So it is interesting to note that the Airservices ARFF study into Firefighters and Emergency Vehicle Technicians (EVTs), conducted in 2013, 11 years after having ceased the use of 3M AFFF, shows high PFC contamination levels with some staff still very heavily contaminated.

Blood serum concentrations of PFOS, PFHxS and PFOA are summarized for the different stations---. Serum concentrations of PFOS ranged between 3 ng/ml and 391 ng/ml serum. The highest average concentrations were found in ARFF staff currently working in Rockhampton, Karratha, Adelaide, Sydney and Coolangatta. Rotander. A, Toms. L, Aylward. L, Kay. M, Mueller. J, (2013)

This same finding was noted by Dr Lloyd-Smith in June this Year 2016.

A 2014 study of 149 Queensland firefighters detected multiple PFCs in their serum. The three most prevalent and detected in all samples were PFOS, perfluorohexanesulfonic acid (PFHxS) and PFOA. Their serum levels of PFOS were approximately six to ten times higher than those found in the general population in Australia. The median/mean level in firefighters was 66/74 ng/mL compared to 12 ng/mL (mean) and 6.8 (median) ng/mL in the general population in Australia. The serum levels of other PFCs like PFHxS in firefighters were approximately 10 to 15 times higher compared to the general population levels in Australia. Lloyd-Smith. Dr M, Senjen. Dr R, (June 2016)

Even ten years after the phase out of 3M AFFF Industrial Fire Fighting Foam, PFOS serum levels remained above 100 ng/mL and 200 ng/mL in 27% and 3% of the participating firefighters, respectively. Lloyd-Smith. Dr M, Senjen. Dr R, (June 2016)

As PFOS and PFOA do not break down, are passed from one generation to the next via breast milk and in utero, and have in some cases demonstrated changes in gene expression at very low levels, it is possible that like lead and mercury, there may be no safe level of exposure to PFOS and /or PFOA. Lloyd-Smith. Dr M, Senjen. Dr R, (June 2016)

One of Dr Lloyd-Smiths conclusions in her report is: Special consideration must be given to the health and wellbeing of firefighter's and other affected workers.

Olsen. G W, et al (2007) found in his study of 26 retired chemical workers the same slower than normal rate of elimination.

It is possible that the rate of elimination may have resulted in more shallow slopes as concentrations declined because of the influence of environmental exposure.

This slowing or reversal of PFC elimination was also noted in an internal memo of the 3M Company:

The tests results that were reviewed at our meeting seem to substantiate a trend that has been developing over the past 12-18 months - A tendency for these levels in a number of people to no longer show the previous pattern of decline, in fact, a fair number are now demonstrating an increase in blood fluorine levels.

It is certainly possible that with steady and concentrated production of these surfactants in Bldg. 15, and despite our controls, exposure opportunities are providing a potential- uptake of fluorochemicals that exceeds excretion capabilities of the body. If this is true, additional protective measures will be needed. 3M Internal Memo 1984.

## **5. Divisional Consultative Council Meeting [DCC]**

The most recent meeting of the DCC was held in Canberra on 12<sup>th</sup> October. A summary of issues dealt with/discussed can be found [here](#).

The minutes of the meeting, when they are done, are posted on the AvNet. Airservices have previously provided these instructions to access them:

*“Open the Avnet, under navigation, click on HR & WHS,  
Click on Employee Relations, then click on Consultation.”*

**FORWARD ALL CONTRIBUTIONS TO: [ufuavat1@bigpond.com.au](mailto:ufuavat1@bigpond.com.au)**

*Authorised by Henry Lawrence Branch Secretary United Firefighters' Union of Australia Aviation Branch*