

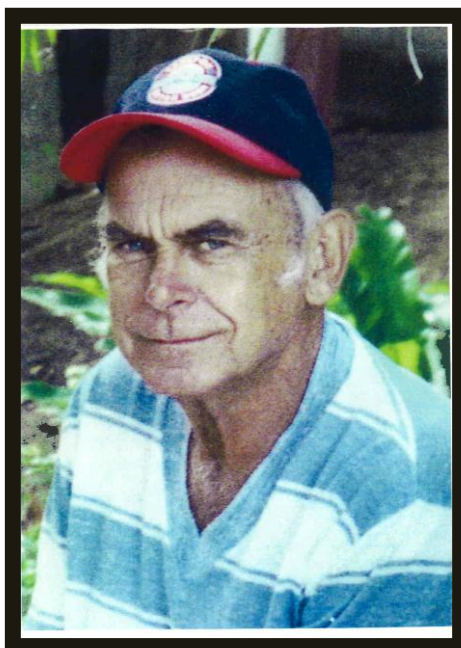


*June Newsletter*  
*Sponsored by*

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*In Loving Memory*  
*of*

*Arthur Hutchins*



# Certainty for disability parking permit holders

A disability parking permit allows a person with a permanent or temporary severe walking restriction to use designated parking bays located close to the entrances of shopping centres, hospitals and other public places.

In Queensland, there are 2 types of disability parking permits:

- Australian Disability Parking Permits (replaces the Queensland Blue disability parking permit)
- Queensland Red permits

The Queensland Blue Disability parking permit was recently replaced with the new Australian Disability Parking Permit (ADPP). This means that under the new scheme, Queenslanders with an ADPP can now access local disability concessions across Australia. Each Australian state and territory administers its own disability parking schemes, therefore parking privileges or concessions may vary from state to state. For more information visit [www.disabilityparking.gov.au](http://www.disabilityparking.gov.au)

If you are a blue permit holder and you have not received your new ADPP, please contact the Department of Transport and Main Roads on 132 380.

Queensland's 100,000 red permit holders, who have reduced mobility, can still access their red disability parking permit parking concessions when they travel interstate and must park according to the conditions on their permit. New red permits ceased to be issued from 31 March 2011. If you hold a 5 year red permit, it remains valid until its expiry date. You may apply to renew your red permit when it expires, provided you continue to meet the existing eligibility criteria.

The Federal Parliamentary Secretary for Disabilities and Carers, Senator Jan McLucas, said the announcement is an important outcome for Queenslanders with reduced mobility.

"Queenslanders with a red permit now have certainty and confidence when driving interstate."

"Disability parking concessions help make life easier for people with reduced mobility to stay connected with their community, reducing walking distances and anxiety when heading to work, visiting the doctor or going shopping."

Senator McLucas said the Australian Government provided \$3 million to support the introduction of the new Australian Disability Parking Scheme.

The scheme follows extensive consultations with stakeholders, including permit holders, medical associations, peak organisations and state, territory and local government.

The Queensland Minister for Transport, Anastacia Palaszczuk, said the recognition of red permits across Australia would be welcome news to many Queenslanders, particularly those living near New South Wales who may drive regularly across the border.

"We'll now have a disability parking permit system that does not recognise borders making it easier for the disabled and those administering the system," Ms Palaszczuk said.

"It will give people with limited mobility access to the disability parking concessions they need and deserve."

All disability parking permit holders should check the local rules for parking and obey all other road and parking conditions.

For additional information or any questions about the Australian Disability Parking Scheme, please contact the Queensland Department of Transport and Main Roads on 132 380 or visit [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au)

Information sources: 1. Senator The Honourable Jan McLucas, joint media release with

Anastacia Palaszczuk MP, Queensland Minister for Transport 15/03/2011. 2. Queensland Government, Department of Transport and Main Roads website.



## Australian Disability Parking Permit (individual)

ADPP Eligibility as an individual up to and including 30 March 2011  
The ADPP includes additional safety features such as micro printing, holographic foil and background printing to assist in preventing misuse of the permit.



An example of the ADPP design.

# June 2011 NEWSLETTER

The printing of this newsletter is proudly sponsored by Karen Hutchins, Family & Friends and the postage by Mr Thady Blundell.



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## President’s Report

Enclosed in this newsletter is an article into ground breaking research for the management of Mesothelioma.

In 2010 the Society was approached by Professor Lyn Griffiths, from the Griffith University, Griffith Health Institute, with a view to establishing a Mesothelioma Research Scholarship, which could be awarded to a leading research student over the next three years, the project being to develop a simple skin patch similar to that used to quit smoking, which has a slow, sustained delivery that can be applied and monitored by the patient.

We had no hesitation entering into this research contract, and the “Douglas Francis Green” Scholarship was born. Douglas Green or Doug as he preferred left a substantial legacy to the society for research and would have been very proud to be involved in this way.

It is encouraging to note the early findings of this project are showing positive results. This will be quite a significant breakthrough in the management of Mesothelioma.

The full article although somewhat complex is in this edition of our newsletter and updates will be distributed as they are received. The Research Student and their project leader will be invited to present their research at the next Society Symposium, which is planned for 9.30am on the 30<sup>th</sup> September 2011, at the Holiday Inn, Roma Street Brisbane.

Although invitations to this event will be sent out closer to the date I would urge you all to make a note of the date, time and place, so as to avoid the disappointment of missing out on what will be a truly memorable, educational and uplifting event.

*Helen Colbert*  
President

## **THE CAUSE OF MESOTHELIOMA by The Society Legal Adviser.**



It is well known that the only known cause of mesothelioma in Australia is asbestos exposure. The only other substance to my knowledge that has been implicated in the cause of mesothelioma is a mineral called erionite which is found in Turkey. It has always been stated in medical literature that there may be a proportion of people with mesothelioma that have not been exposed to asbestos so it has been theorised that mesothelioma could arise spontaneously, but for compensation purposes if a person has been exposed to asbestos, that exposure has been identified as the cause of the condition.

A person with mesothelioma may have had a number of periods of asbestos exposure with different employers or to different manufacturers of products. For compensation purposes as long as an exposure is seen as being reasonably significant it is seen as materially contributing to the mesothelioma.

Recently the High Court of Australia has considered the issue of causation of mesothelioma. Mr John Booth, who suffers from mesothelioma brought proceedings against James Hardie Pty Ltd (now known as Amaca Pty Ltd) and Hardie Ferodo (now known as Amaba Pty Ltd) for damages for his condition of mesothelioma. He worked with brake linings made by these companies between about 1953 and 1983. He brought proceedings in the Dust Diseases Tribunal and succeeded and then there was an Appeal to the New South Wales Court of Appeal and he succeeded there as well.

Amaca and Amaba sought Special Leave to Appeal to the High Court of Australia. What occurs with the High Court is that a party must apply for Leave to Appeal and the High Court will generally only grant leave if there is a matter of special importance involved.

The High Court of Australia heard the Special Leave Application on Friday, 10 June 2011. It was argued by these companies that they were not at fault in allowing Mr Booth to be exposed to asbestos from their products however the High Court did not grant Leave to Appeal on this point which would suggest that asbestos manufacturers are negligent from at least 1953 in terms of their asbestos containing products in circumstances like Mr Booth's.

The High Court did carefully consider the causation issue and there is a difference of opinion between how courts in the United Kingdom and courts in Australia tend to approach the question of causation of mesothelioma for compensation purposes. In the United Kingdom, they tend to look at whether an asbestos exposure "increases the risk of a person developing mesothelioma". In Australia the approach has more been about whether an asbestos exposure "has materially contributed" to a person's mesothelioma.

The High Court granted Special Leave to Amaca and Amaba and it is expected that the hearing on this matter will occur sometime in about October this year with a judgment sometime thereafter. This judgment should clarify the law in Australia as to what is required to prove that a particular asbestos exposure has "caused" a person's mesothelioma. This will be a very important decision. The High Court did order that Amaca and Amaba pay Mr Booth's legal costs for all his trials regardless of the outcome of the High Court hearing. I will report on the result of this as soon as the judgment comes down.

### **Advising of a Person's Passing**

It is tragically unfortunately the case that many people with asbestos disease have their life shortened as a result of their condition. Many of our members are in receipt of Dust Diseases Board pensions, Centrelink pensions and other Government benefits. All Government or compensation authorities that pay periodic payments or are responsible for medical expenses need to be advised as soon as possible by family members if someone with asbestos disease passes away.

Sometimes Government Departments and the Dust Diseases Board can be overlooked and payments will continue but unfortunately those authorities will need to be repaid if payments continue past a person's death. The Society of course wishes to be advised if one of its members pass away but notification to the Society is not notification to the Dust Diseases Board, Centrelink or other such bodies and it is very important that family members make these authorities aware as soon as possible. If you require any assistance in this regard do not hesitate to contact me at any time or ring the Society office on 1800 776 412.

# Eating During Cancer Treatment: Tips to Make Food Tastier

## Cancer or cancer treatment may affect your sense of taste. Food may seem to lack flavour or taste too sweet, salty or metallic.

Usually these changes are temporary and will improve with time. In the meantime, do what you can to maintain your calorie intake and meet your body's protein, vitamin and mineral needs. Here are some suggestions for selecting and preparing foods. Experiment with these ideas until you find combinations that appeal to you.

*Note:* If your mouth or throat is sore, avoid spices, acidic foods, and hot foods or beverages, which may be irritating.

### If food lacks flavour

Try different sauces, marinades, seasonings and other ingredients. These can help perk up the taste of food.

While cooking, add:

Barbecue sauce - Soy sauce – Extracts or other flavourings - Spices and herbs - Tomato sauce - Teriyaki sauce - Meat marinades – Vinegar – Mustards – Wine



### If food tastes too sweet

Tone down overly sweet foods by:

- Adding a little salt or lemon juice
- Adding plain yogurt, instant coffee powder or extra milk to milkshakes, instant beverage mixes or commercially prepared nutritional drinks

Try foods that are less sweet:

- Drink beverages such as diluted fruit juice, milk, lemonade, ginger ale or sports drinks.
- Choose less-sweet-tasting desserts, such as yogurt, custard, fruit or fruit with cottage cheese.

In place of sweet snacks, choose other foods:

- Cheese
- Crackers and cheese
- Chips/pretzels with dip
- Nuts
- Cottage cheese
- Peanut butter

### If food tastes too salty

A little sugar may tone down the saltiness of some foods. Cook foods without adding salt or seasonings containing salt. Avoid processed foods that contain a lot of sodium. Look for products labelled reduced sodium or low sodium. Try bland, mild-flavoured foods.

### If meat doesn't taste right

If the meat is fresh and cooked properly, but it just doesn't taste right, serve other foods that contain

protein, such as: Beans or peas in soups, salads or side dishes or as a dip - Macaroni and cheese - Malts – Milkshakes – Cheese – Nuts - Cottage cheese - Peanut butter – Custard – Poultry - Egg dishes – Pudding - Fish — fresh or frozen - Tofu - Instant breakfast-type drinks or other nutritional beverages - Yogurt

Other suggestions for meat:

- Try meat prepared in combination with other foods, such as chilli, lasagna, spaghetti sauce, casseroles, stews or hearty soups.
- Try sauces and other seasonings, which may improve the flavour.
- Try marinating meat, chicken or fish in marinades, soy sauce, sweet fruit juices, wine or Italian-style dressings.
- Try salty, spicy or smoked meats, such as ham, sausage or cold cuts.

If your cancer treatment has weakened your immune system, some of these foods may not be safe for you. Practice food safety by keeping foods at safe temperatures. Don't let perishable foods sit out for more than an hour. Avoid unpasteurized juice, cheese or milk, and raw or undercooked meats.

### General suggestions

- Foods that look appealing often taste better.
- Vary the colour, temperature and texture of foods.
- Drink liquids often or use gum or mints to remove a bad taste in your mouth.
- Try using plastic utensils if you have a bitter or metallic taste in your mouth when eating.
- Check with your dentist to see if you have any dental problems. Maintain good oral hygiene.
- Check with your doctor to see if your taste changes could be related to your medications. In some cases, your doctor may adjust your medications to reduce or eliminate side effects. Don't stop taking your medications unless your doctor tells you to.
- Check with a health care professional about mouth rinses.

If these measures don't help, or if you're losing weight, ask your doctor or a registered dietician for further advice.

SOURCE: Mayo Clinic, 2011

We wish to share this letter with you as it relates to our research funding program:



Griffith Health

**Professor Lyn Griffiths**  
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and Dean (Research)  
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Mr Ray Colbert  
Secretary  
Queensland Asbestos Related Disease  
Support Society  
16 Campbell Street  
Bowen Hills Qld 4006  
PO Box 280 Spring Hill Qld 4004

1st June, 2011

Dear Ray,

Please find attached a six monthly progress report for the research activities from the Griffith Health Institute **Douglas Francis Green Scholarship**, which has resulted from the support provided by the Queensland Asbestos Related Disease Support Society in 2010.

This report provides an overview of progress to date, and the researchers would welcome the opportunity to present data and discuss the implications of the results and impact on future research following further research progress.

We would like to thank the Queensland Asbestos Related Disease Support Society again for the opportunity to progress research directed towards obtaining a cure for mesothelioma.

Regards  
Lyn

A handwritten signature in black ink, appearing to read "Lyn Griffiths".

Professor Lyn Griffiths

## Queensland Asbestos Related Disease Support Society

### Griffith Health Institute Malignant Mesothelioma Research Douglas Francis Green Scholarship Progress Report May 2011

Project Leader: Professor Jiri Neuzil.

Malignant mesothelioma is a cancer originating from the lining cells (mesothelium) of the pleural and peritoneal cavities - the lungs and abdomen. Its distribution may be uni- or multifocal or may involve the lining cells in a continuous manner. Because of the long latency of up to 40 years from exposure (mostly to asbestos fibres) to diagnosis, the current trend is that the incidence of the pathology will increase and will not plateau off before 2015, by which time some 10-15,000 patients may be expected to be diagnosed. Because of the nature of MM plus the relatively late diagnosis, the prognosis of the patients is very grim, with survival of 1-12 months post diagnosis. The current therapeutic modalities, which include very harsh chemotherapy, sometimes combined with surgery extend the life-span of the patients only marginally. Therefore new therapeutic approaches are warranted. In Australia, there are currently 800 - 1,000 new cases per year.

Dr Neuzil's research group has been focusing on anti-cancer drugs related to vitamin E (VE analogues) that are epitomised by the redox-silent agent  $\alpha$ -tocopheryl succinate ( $\alpha$ -TOS).  $\alpha$ -TOS is part of the Mitocan cancer drug family. Mitocans are small compounds that directly kill cancer cells by inducing the cells own cell death pathway (apoptosis), while being largely non-toxic to non-malignant (normal) cells and tissues. Consequently,  $\alpha$ -TOS suppresses cancer in a variety of animal models of cancer, including lung, breast and colorectal cancer, as well as melanomas.

In the mesothelioma model within Dr Neuzil's group, they have demonstrated the use of this VE analogue to efficiently kill the MM cells through induction of apoptosis, while being non-toxic to non-malignant mesothelial cells. Two clinical cases in Australia and Europe have demonstrated the efficacy of the  $\alpha$ -TOS treatment. Work is now under way to produce the drug for application via a simple skin patch, which has a slow, sustained delivery that can be applied and monitored by the patient.

Funding from the Queensland Asbestos Related Disease Support Society for this project has provided a PhD stipend through the establishment of the **Douglas Francis Green Scholarship**, for a higher degree research student to undertake research on this project. Following the advice of successful funding a suitable candidate was recruited, and Elham Alibadeh commenced on this project in January 2011.

Further updates on research progress will be provided at the end of 2011.

# **Occupational Therapy for chronic respiratory conditions:**

## **How can I get more energy? - > Energy Conservation.**

Chronic Respiratory conditions by their nature have a significant effect on energy levels. With lowered energy, achieving day to day tasks around the home as well as activities for fun can become very difficult or impossible.

People with chronic respiratory conditions commonly experience reduced lung function which limits energy expenditure and functional capacity for meeting daily exertional demands. They also experience shortness of breath which can be frightening. This fear can further aggravate shortness of breath even when the slightest exertion is attempted.

The use of energy conservation techniques with coordinated breathing and proper body mechanics will help to relieve shortness of breath and in turn will enhance the ability to cope with daily activities.

Occupational Therapists can teach simple strategies to enable energy conservation. This means more energy for you for longer in your day, and in your week.

### **What is Energy Conservation?**

Energy Conservation means looking at your daily routines to find ways to reduce the amount of effort required to perform certain tasks, eliminating some tasks and planning in rest.

Think of energy like money: You only have a so much, so think carefully about how you are going to use it!

Energy Conservation is a multi-layered skill that offers many direct benefits: preserving physical function, promoting wellness and maintaining a sense of personal efficacy.

The application of energy conserving techniques provided aim to improve quality of life by enabling participation in and completion of activities of daily living.

### **Some essential tips:**

- Energy Conservation is a skill that has to be learned. The learner needs to be willing to enact change. People are creatures of habit and change can be difficult to implement but it is essential if these techniques are to work.
- In order to benefit from Energy Conservation techniques, one must be in touch with their body. They must understand its limitations and be aware of indicators such as muscle tension, heart rate, breathing rate and emotions.
- An essential aspect of Energy Conservation is rest. Rest allows the body to rebuild itself. Resting must be an active choice. That is, it must be chosen as an activity where the body is allowed to be still. (Not as a side effect of being exhausted!)
- Energy Conservation may require help from others. If you are typically not good at asking for help, now is the time to learn!



## **Principles of Energy Conservation**

The rationale behind energy conservation is to reduce unnecessary energy expenditure in the body. There are several major principles which can be incorporated into daily activities. These principles are meant to be internalised into daily habits.

### **1. Organise your daily routine and activities and plan ahead:**

Plan a daily activity schedule that alternates heavy and light tasks. Eliminate unnecessary steps of a task when possible.

Gather and arrange supplies or tools for daily activities before start.

Plan sufficient rest after completing a task and before moving onto the next one.

### **2. Use appropriate tools to simplify activities**

Use of modern household utensils or electric appliances to save energy, e.g. non-stick kitchen wares, electric can opener, microwave etc.

Use assistive devices such as long handled reachers to minimize the need to bend over when retrieving objects from the floor or a shower chair to sit when washing.

Use wheeled trolleys to assist pushing and carrying heavy objects.

### **3. Work with proper pacing**

Allow ample time to finish an activity, keep a slow and steady pace and don't rush.

Listen to your body messages, rest before you are exhausted.

### **4. Avoid tiring and awkward posture that may impair breathing**

Sit down for your activities whenever possible. Avoid tasks that require prolonged standing, squatting or stooping.

Avoid raising your arms too high above shoulder level. (Eg: Lower your clothesline).

### **5. Use of proper body mechanics**

Keep your body straight while performing a task, poor posture consumes more energy.

Keep your arms straight and close to your body while carrying objects and spread the load between both arms at the same time.

Support your elbows on table or a firm surface while performing a task to avoid positions that make you tired, e.g. during shaving, peeling potato skin.

An Occupational Therapist can assess your everyday activities, in your home to determine which of the above principles can be applied, and how they can be applied for you.

This is the tip of the proverbial iceberg for Energy Conservation, but starting with these on your own is a great place to start.

Give yourself 4 weeks of dedicated change and notice the difference!

Beth Dermer  
Principal Occupational Therapist  
DOTS Occupational Therapy Services.



## ***beyondblue* launches a Men's Shed online**

**The Shed Online is a new website that aims to recreate all the positive things men get from being in their own sheds in an online community space.**

'Every man needs a shed, but not everyone has one, so we're building Australia's biggest shed and it's online, the more men, the bigger the shed!' said beyondblue Chairman, the Hon Jeff Kennett AC.

The inspiration for The Shed Online comes from the 400 community Men's Sheds, which are thriving across Australia.

In those sheds, in towns across the country, men can get together, work on projects shoulder to shoulder, learn new skills and if they feel comfortable, they can talk to one another about light-hearted or more serious issues,' Mr Kennett says.

'My shed is very important to me because I'm a keen gardener and I'm a very, very amateur carpenter. It's where I house my tools and my paints, bits and pieces which I need to work in the garden,' says Mr Kennett.

The Shed Online aims to give men who do not have a local Men's Shed the opportunity to be part of a virtual community, to socialise, make new friends and work on a project together.

Patron of the Australian Men's Shed Association, Tim Mathieson, encourages all men to get involved in The Shed Online.

'When I want to escape my house, I go to my shed. My shed's a temple and it's great for my mental health. The Shed Online will reach many more men, especially those in rural and remote areas,' Mr Mathieson says.

'Even if you're a bit shy at first, you'll be able to chat to mates, get information about a whole range of topics including health, learn about DIY projects and hopefully, eventually, you'll feel like you belong to this community or club and it doesn't matter where you live,' says Mr Mathieson.

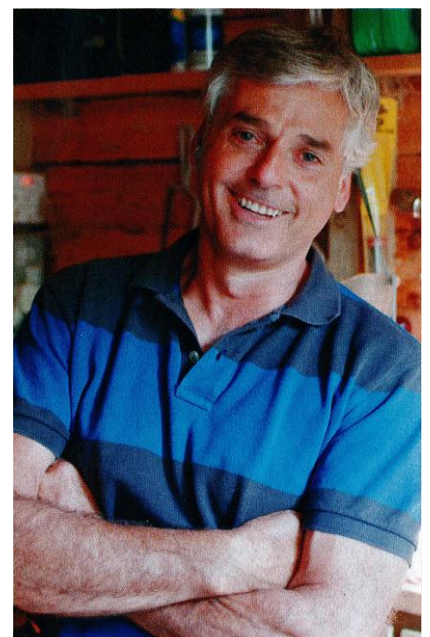
The Shed Online is a joint project of beyondblue and the Australian Men's Shed Association and is funded by The Movember Foundation.

Men can be reluctant to seek help for both physical and mental health problems. 'We know that being isolated and feeling lonely may contribute to depression,' Mr Kennett says. The Shed Online seeks to address this by providing easy-to-access health information that men otherwise may not come across.

Joining up and joining in is free and easy.

Visit [www.theshedonline.org.au](http://www.theshedonline.org.au) and register to become a member.

To talk to beyondblue call **1300 224 636**.



**Canadian NDP MP Pat Martin said asbestos is the greatest industrial killer the world has known and that Canada is undermining the UN treaty because of its position on chrysotile asbestos, which is exported to developing countries such as India.**



OTTAWA — Opposition New Democrats teamed up with public health experts Tuesday, urging the government to stop blocking a United Nations treaty from acknowledging that a Canadian asbestos industry product is toxic and should not be shipped overseas without the proper controls and consent.

NDP MPs said a newly released internal government email has revealed that Health Canada officials recognise the danger of chrysotile asbestos, mined in central Quebec, but failed to convince the government to take the same position on the international stage under the United Nations Rotterdam Convention, which sets controls on the trade of a list of toxic substances.

NDP MP Pat Martin said asbestos is the greatest industrial killer the world has known and that Canada is undermining the UN treaty because of its position on chrysotile asbestos, which is exported to developing countries such as India.

"I used to work in the asbestos mines and they were lying to us about the health hazards of asbestos then and they are lying today because of this irrational, unnatural affinity that Canada has for this Class A carcinogen," Martin said. "It's appalling, it's a disgrace, it's an international shame and, in fact, it gives a big black eye to Canada's boy-scout image around the world, if we're dumping this carcinogen into unsuspecting developing nations."

Fernand Turcotte, a retired professor of public health at Laval University in Quebec City, said the scientific evidence about the harmful effects of asbestos have been clear for 50 years, and no credible scientist disputes the consensus.

"The refusal of a modern country like ours to admit what scientific facts have established in an unequivocal manner dishonours us," said Turcotte, one of more than 200 scientists and organizations from around the world, including the Canadian Cancer Society and the Canadian Medical Association, who have signed a letter urging the government to support the listing of chrysotile asbestos under the UN treaty.

The health experts and non-profit organizations, including environmental groups, have asked the government to reverse course on its long-standing defence of the industry at an upcoming UN conference, next week in Geneva, Switzerland.

"We cannot say that chrysotile is safe," wrote Paul Glover, an assistant deputy minister at Health Canada, in an internal email, dated Aug. 15, 2006 that was released through an access-to-information request. "HC's preferred position would be to list (the substance under the treaty) as this is consistent with controlled use — i.e. let people know about the substance so they have the information they need, (through) prior informed consent, to ensure they handle and use the substance correctly."

A spokesman for Industry Minister Christian Paradis said the government is still developing its position for next week's conference. But he noted that the government has consistently promoted the safe use of chrysotile fibres, and that scientific reviews have found they can be used under controlled conditions.

NDP natural resources critic Romeo Saganash, who represents the northern Quebec riding of Abitibi-Baie-James-Nunavik-Eeyou, also slammed the Quebec government for offering a multimillion-dollar loan that will allow a Quebec chrysotile asbestos mine to expand, describing it as an "irresponsible" decision.

The New Democrats suggested that some politicians support the industry for political reasons and fear of a backlash in Quebec, but they noted their party clearly stated their concerns about the government positions in the last election campaign, which saw them win 59 out of Quebec's 75 seats.

## **ILO issues landmark decision on Asbestos: Review of laws & regulations necessary**

Saturday June 11, 2011 – Geneva Switzerland

In its conclusions about a case on Canadian asbestos launched by Canadian Labour Congress (CLC) the International Labour Organisation (ILO) today issued a landmark decision that could create ripple effects on global campaigns to ban the product.

The decision by the ILO Committee on the Application of Standards has told the Canadian government to adopt the “strictest standard limits for the protection of workers’ health as regards exposure to asbestos” and to engage in consultations with its worker and employer organizations on the application of sections of the ILO Asbestos Convention 162 for reviewing national laws and regulations.

In noting that the ILO Convention “placed an obligation on governments to keep abreast on technical progress and scientific knowledge”, the Committee called on Canada to “take into account the evolution of scientific studies, knowledge and technology since the adoption of the Convention, as well as the findings of the World Health Organisation (WHO), the ILO and other recognized organizations concerning the dangers of the exposure to asbestos.”

Yesterday at the ILO the CLC and other unions argued that Canada had consistently ignored scientific and technical information that pointed to the need for a total ban of the product.

The ruling introduces a new element for countries that have ratified ILO Convention 162, which requires periodical reviews in the light of technical progress and advances in scientific knowledge. It more clearly identifies that information about the elimination of asbestos from the WHO, ILO and other competent authorities must now fall within the scope of such reviews, putting an end to a practice by governments like Canada’s to ignore such information.

The decision is significant for countries that have ratified C162 but not yet banned asbestos: Bolivia, Bosnia & Herzegovina, Brazil, Cameroon, Canada, Colombia, Ecuador, Guatemala, Russian Federation, Serbia, Macedonia, Uganda and Zimbabwe.

The decision is expected to add impetus for campaigns by the International Trade Union Confederation (ITUC), the Building and Woodworkers International (BWI) and others for a total world-wide ban of all types of asbestos.

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The follow article was published in The Vancouver Sun June 14<sup>th</sup>, 2011

### **Quebec asbestos shunned at home, shipped abroad Canada resists efforts to label chrysotile asbestos as hazardous material, despite pressure from environmental and health advocates**

By Craig McInnes June 14, 2011

Prime Minister Stephen Harper rolled into Asbestos, Que., during the recent federal election campaign as the self-declared champion of the industry that gave the town its name.

That name was adopted proudly at a time when asbestos was a miracle mineral, widely used in thousands of applications from coffee pots to home insulation. Then, in the 1960s and 1970s, miners started dying from respiratory diseases and asbestos was linked to cancer.

Asbestos is now banned in the European Union and Australia, and its use is severely limited in the U.S. and Canada. But it is still exported to the developing world where it is widely used, especially in India and China. While the World Health Organization, which estimates that more than 100,000 people die each year from asbestos-related illness, would like it banned, to our shame, Canada still promotes its use.



Claude Lortie, a supervisor at the site of Mine Jeffrey Inc., looks at the 2.5 kilometre-wide asbestos mining pit, in the town of Asbestos, Quebec, last year.

“Canada is the only Western democracy to have consistently opposed international efforts to regulate the global trade in asbestos,” the Canadian Medical Association Journal stated in a 2008 editorial headlined “Asbestos mortality, a Canadian export.”

Harper and others who defend the practice of exporting a product that is in limited use here because of its deadly properties argue that the form of asbestos we produce is not as dangerous as some others. They say that properly handled, it can be used safely.

asbestos mined in Quebec is called chrysotile or white asbestos. While it is not considered to be as dangerous as other forms of asbestos, it is still considered to be a carcinogen by WHO’s International Agency for Research on Cancer.

But critics point out that the people who work with asbestos in the developing world don’t have all the health and safety protections that apply here. The

That was also the conclusion reached by an international panel commissioned by Health Canada to review the safety of the asbestos mined in Quebec. Harper knew all this when he told reporters in Ottawa during the campaign that Canada “will not put Canadian industry in a position where it is discriminated against in a market where sale is permitted.”

Harper is not alone in defending the industry. Then Bloc Quebecois leader Gilles Duceppe complained during the campaign that he has always supported the safe use of chrysotile asbestos. The Quebec government recently approved a \$58-million loan guarantee for an expansion of the Jeffrey Mine, one of the primary producers.

All of this is over the strenuous objections of the medical community, both outside and inside the government.

The CBC reported this week that documents obtained through an access request show that Health Canada recommended in 2006 that Canada support the adding of chrysotile asbestos to a list of hazardous materials under a United Nations treaty known as the Rotterdam Convention.

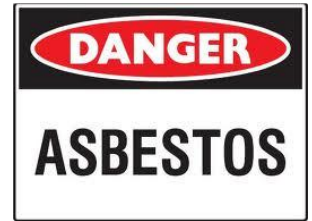
Listing chrysotile would only be the equivalent of adding a warning label. But even that has been too much for Harper’s government. Instead of following Health Canada’s advice, Canada worked to keep chrysotile off the list, apparently based on the fear that including it would add weight to calls by the World Health Organization, among other groups, for a global ban on all asbestos products.

On Monday, the countries that are party to the Rotterdam Convention will again consider a recommendation that chrysotile asbestos be added to the list.

On Tuesday, scores of individuals and organizations including the Canadian Cancer Society, the Canadian Medical Association and the Canadian Public Health Association called again for Canada to do the right thing and add chrysotile to the Rotterdam Convention list. Incredibly, federal officials told the Montreal Gazette that Canada’s position on the issue has yet to be determined.

**Definition of asbestos clarified**  
**See *Workplace Health and Safety Act 1995***

In May 2011 a minor technical amendment was made to the definition of asbestos in the *Workplace Health and Safety Act 1995*. The amendment to the definition of asbestos is to clarify that only asbestiform mineral silicates are considered to be asbestos. The current definition inadvertently captures non-asbestiform mineral silicates found in products such as imported decorative stone tiles, which do not have the particular characteristics that can cause asbestos related diseases.



In 2010 it was found that small quantities of decorative stone tiles containing ‘fibrous’ tremolite were being imported into Australia. The tiles were tested by accredited laboratories to see if they contained asbestos. All test results confirmed that there was no asbestos in the wall tiles but that they did contain non asbestiform fibrous tremolite. Under the definition of asbestos that existed in Queensland’s workplace health and safety legislation, as well as the legislation of most other occupational health and safety regulators in Australia, all fibrous tremolite, both asbestiform and non asbestiform, was being captured as asbestos.

OHS regulators worked together to determine a nationally agreed response. This included taking advice from the scientific experts in states and territories and the Australian Government Regulator of Industrial Chemicals (NICNAS). Agreement was reached on an amended definition of asbestos that would ensure non asbestos forms of minerals were not inadvertently captured. This is the definition that will be used in the model Work Health and Safety laws that come into effect throughout Australia on 1 January 2012.

Queensland made the decision to introduce the new definition as soon as possible in the interest of having a definition of asbestos that is clear and unambiguous. The new definition has been applied consistently across legislation relating to workplace health and safety in Queensland, including mining safety and public health. The previous and new definitions are provided below.

**Previous definition**

The previous definition of asbestos under the *Workplace Health and Safety Act 1995* was:-

***asbestos*** means the fibrous form of the mineral silicates belonging to the serpentine and amphibole groups of rock-forming minerals and includes—

- (a) actinolite, amosite (brown asbestos), anthophyllite, crocidolite (blue asbestos), chrysotile (white asbestos), tremolite; and
- (b) any mixture containing 1 or more of the minerals mentioned in paragraph (a).

**New definition of asbestos**

The new nationally agreed definition of asbestos is:

‘***asbestos*** means the asbestiform varieties of mineral silicates belonging to the serpentine or amphibole groups of rock-forming minerals, including the following—

- (a) actinolite asbestos;
- (b) grunerite (or amosite) (brown) asbestos;
- (c) anthophyllite asbestos;
- (d) chrysotile (white);
- (e) crocidolite (blue);
- (f) tremolite asbestos;
- (g) a mixture containing 1 or more of the minerals mentioned in paragraphs (a) to (f).

*Note—*

Paragraphs (a), (b), (c) and (f) mention mineral silicates that use the same mineral term for both the asbestiform and nonasbestiform varieties. The word ‘asbestos’ has been included when listing these minerals to emphasise that only the asbestiform habit of these minerals is regulated as asbestos.’

# CONDOLENCES

*In loving memory*

Albert Adams  
Barry Roberts  
Desmond DeVoss  
Douglas Campbell  
Harry Beach  
Jeanette Sweeney  
John Powell  
Lawrie Paliaga  
Nicholas Carpenter  
Shirley Cecil  
Tony Bird  
Wolfgang Biermann  
John Roy Rozynski  
Warren Clarke  
Donald Ramsay  
John Haigh  
James O'Callaghan  
Dennis Coxeter  
Vivienne Phillips  
Douglas Laidlaw  
John Feldman  
Ray Dawson  
Norman Meadowcroft  
Stan Hutton

Albert Victor Doyle  
Bill Menzies  
Desmond Hickmott  
Dusan Pauchlik  
Helen O'Brien  
Jeffery Hogan  
Kelvin Cresswell  
Leonard J Cholakos  
Patricia Page  
Stan Hilton  
Wallace Chapman  
Yvonne Bedson  
Jack Rachow  
Peter Walker  
James Taylor  
Murray Stokes  
Victor Hinton  
Kenneth Rush  
Michael Maher  
Max Weier  
Ian Currie  
Rob Finnemore  
Gerrard Killhulie  
Irene Paine

Alex Cooper  
Christopher Smith  
Desmond Power  
Eddie Anderson  
Ian Hutcheson  
John Askew  
Kenneth Lenneberg  
Mustafa Beqiri  
Paul Bosomworth  
Stella Mary Scott  
William 'Al' Floyd  
Paul Bathersby  
Michael Cruickshank  
Robert P Thompson  
Terence Robinson  
Trevor Donald Kuskopf  
Petrus Van Zijl  
Veronica Haynes  
Michael Gerard  
Berenice Fea  
Susan Campbell-Wharton  
Roy Mintram  
Ian Hutcheon

Allan Waters  
Daniel Dingwall  
Doreen Notley  
Graham Stevens  
James Graham  
John Patterson  
Kevin Thorpe  
Neville C Davison  
Robert Maclean  
Thomas Young  
William Huxley  
Robin Hewton  
Keith Shingler  
George Kotynski  
Donald Ross Watts  
Murray Ballantyne  
'Hank' Van Mierlo  
Theodore Tziolis  
Barry Mason  
Norman Corby  
David McGahey  
Oswald Raine  
Desmond Powel



*Into each life some rain must fall but sunshine does appear.  
It brings with it a rainbow and a message that is clear.  
Please know that you are not alone that we all hold you dear  
let faith & hope into your heart and keep your memories near.*

## **WHY DO WE NEED A STRONG ACTIVE SUPPORT SOCIETY**

Listed above is a very sad reality. It is one which is so easily overlooked. These are the names of those members who have passed away since The Workers Memorial Day April 2010.

The number is almost unbelievable, but in reality, the true number of people who passed away from Asbestos Related Diseases in Queensland over the past 12 months is in fact substantially higher.

Medical and Legal estimates are, that for each person who passes away from Mesothelioma, another 4 people pass away due to other forms of Asbestos Related Diseases.

Using this ratio it is estimated that in excess of 500 people passed away from Asbestos Related Diseases in Queensland alone between April 2010 and April 2011.

This is why this society is endeavouring to have each person diagnosed with substantial Asbestos Disease, assessed by an Occupational Therapist, thus allowing us to tailor a support plan to their particular needs.

By renewing your membership you are assisting the society to help other people being diagnosed with an Asbestos Related Disease.

# THE QUEENSLAND COUNCIL OF UNIONS

## WORKERS MEMORIAL DAY 2011

Workers Memorial Day, 28<sup>th</sup> April, is held each year all around the world. Its purpose, to stop and reflect on the loss of life which is a direct result of work related accidents and/or work related illnesses. These are mostly preventable deaths, if only proper workplace policy and procedures were established and strictly followed.

### **FACTS: (Information courtesy of ADAO – Asbestos Disease Awareness Organization)**

- Approximately 125 million workers worldwide are still regularly exposed to asbestos.
- The World Health Organization estimates that more than 107,000 workers die each year from asbestos caused diseases — mesothelioma, asbestosis and lung cancer.
- **Australia** has the highest incidence of Asbestos Disease in the World.
- More than 300 people die every day from preventable asbestos-caused diseases.
- Construction workers were found to be 11 times more likely to develop mesothelioma.
- Asbestos is classified by IARC (International Agency for Research on Cancer) as a lung and laryngeal carcinogen, and some evidence suggests it may increase risk for non-Hodgkin lymphoma, chronic lymphocytic leukemia, and multiple myeloma.
- Hazardous substances kill 440,000 workers annually – asbestos claims more than 100,000 lives.
- In Australia more than one in every three homes and businesses contain Asbestos containing materials.



Hazards Magazine has compiled a list of countries participating in this global event. Below is a current list of countries who also celebrate Workers Memorial Day:

|                  |                |              |                              |
|------------------|----------------|--------------|------------------------------|
| Angola           | Argentina      | Australia    | Bangladesh                   |
| Belgium          | Brazil         | Burkina Faso | Bulgaria                     |
| Cambodia         | Canada         | Costa Rica   | Democratic Republic of Congo |
| Denmark          | Ecuador        | Ethiopia     | France                       |
| French Polynesia | India          | Indonesia    | Ireland                      |
| Kenya            | Malaysia       | Mali         | Malta                        |
| Mauritania       | Mongolia       | Namibia      | Nepal                        |
| Peru             | Philippines    | Portugal     | Senegal                      |
| Spain            | Switzerland    | The Americas | Timor Leste                  |
| Uganda           | United Kingdom | Uruguay      | USA                          |
| Vietnam          |                |              |                              |

Despite poor weather, the day was well attended by Politian's, Unions and members of The Queensland Asbestos Related Disease Support Society.



Andrew Ramsay - CFMEU

Thanks to some very quick planning by Andrew Ramsay (CFMEU) and Amanda Richards (QCU) and the cooperation of the Holiday Inn, this year's Memorial Day was able to be held indoors at an alternate venue, right next door to the memorial itself, as it had originally been planned to hold a morning tea at the Holiday Inn immediately after the outdoor service. After a few hasty phone calls and the support of Helen Colbert and Thady Blundell everything went off very smoothly.

# WORKERS MEMORIAL DAY 28TH APRIL 2011

## IN MEMORY OF THOSE WE HAVE LOST

by Madonna Bebbington



I feel privileged to be here today to participate in this memorial service and in so doing to represent my father, Trevor Stagg, who died three years ago from mesothelioma – in Dad's case this was a malignant tumour of the lining of his lungs as a result of exposure to asbestos when he worked for a company over 40 years ago. It was this disease which eventually took his life in July 2008. Mesothelioma is a horrible cancerous disease and unfortunately a disease that the medical world is still attempting to understand. The last weeks of Dad's life were amazingly painful.

He was always proud of his vocation as a transport worker and always exercised great care and attention to his driving and related duties. Asbestos fibres were inhaled into his lungs when he was carting fibro sheeting in the 1960s. It wasn't until about 30 years later, that his doctor discovered pleural plaques had formed on his lungs as a result of the asbestos he had inhaled. He managed this condition for a number of years with regular medical checks, but in 2007 these pleural plaques grew into the devastating asbestos related cancer, mesothelioma. He was given twelve months to live at this point.

When Dad was diagnosed with mesothelioma he was a very fit and energetic 70 year old with a young heart and a determination to win the battle against this ugly disease. He loved life, was an active member of his local community and Church, loved fishing, riding his bike and enthusiastically playing with his grandchildren. In fact, Dad was such a fit man, that, up to six months before his final decline, he would often be observed scaling gum trees with a chain saw, as was his way.

In the 10 months following his terminal diagnosis, Dad coped remarkably well and responded very positively to the chemotherapy treatment. It was at this point that he developed a secondary cancer in his throat and mouth area. This mouth cancer was confidently diagnosed by his specialists as a standard SCC (Squamous cell carcinoma) and they strongly recommended that this secondary cancer be immediately removed. This involved intricate surgery, with the removal of most of his teeth, half of his tongue, lymph nodes in his throat and neck and lord knows what else. Dad and my mother were only supportive of this surgery after they reclarified and requalified that this secondary cancer was in fact a SCC site and not a secondary mesothelioma site; as we were all aware that once a mesothelioma cancer was subjected to surgery, it quickly spread through the host's body.

Within three weeks after this dramatic surgery, my father was dead. His death certificate confirmed his death as a result of mesothelioma which was confirmed to be located in every major organ of his body. Prior to this last operation, Dad's mesothelioma was only diagnosed as being located in his lungs.

Fine food and a good chat were two of Dad's favourite things. He enjoyed all types and volumes of cuisine and had a particular soft spot for chocolate and sweets. Dad also loved to talk with anybody who had a moment to chat. He could hold a conversation with anyone, be they the Premier of Queensland, the local Parish Priest, our Bishop or someone he just met in the local shop. Dad was Dad, and he saw no need to discriminate between one person and the next. This vicious disease of mesothelioma also does not discriminate and very successfully stole Dad's love of food and conversation from him in the last weeks of his life and, ultimately, killed Dad.

Unfortunately my family and I were interstate when Dad passed into God's care. We were not expecting his death to be so sudden. He was in hospital and it was expected that he'd be returning home. This was not meant to be. I do know that Dad was very much in God's care from the minute of his passing. I was walking my teenage daughter to her University seminar that was being held in Sydney. We were talking about Dad,

so I said let's say a prayer to God and ask Him to take away Dad's pain and suffering. In my heart I was asking God to heal Dad and so stop his pain. This was at 8.15am on the Thursday morning of the 10th July 2008. Albeit, twenty minutes later, I was to talk to Mum on the phone to hear the life shattering news that Dad had died. I now reflect on this prayerful moment with mixed emotions. At this moment in time, our family's life was to unmistakably change for ever and our experience of incalculable loss was about to begin.

Dad's funeral was very much a celebration of his life. Over three hundred people filled the Catholic Church at Victoria Point and each family member participated in his memorial service.

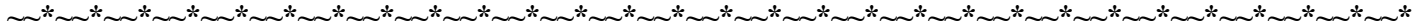
Dad's body may have finally failed him, but his 'larger than life' spirit will continue to surround our family and give us the strength and the courage to move forward each day. We all learnt so much from him and reflect often on many wonderful memories.

I think of Dad every day, but for those who have experienced a similar loss, the subconscious and constant questioning as to why such an excellent human being had to have their life shortened as a result of a workplace disease, presents a conundrum which will never be answered.

For my mother, married to Dad for over 50 years, the loss is indescribable. The loss for my sister and me is amazingly painful and the loss for our families, including our husbands, our children and their children, is also immeasurable.

So today, at this special memorial service for all of the extraordinary people who have suffered and lost their lives to a work related injury or disease, we remember their exceptional spirits and live in the hope that our current and future workplace and medical teams can learn from past mistakes and improper practices and so become increasingly more informed, educated and vigilant to ensure that what we do today does not destroy lives in the future.

Thank you.



## MAY DAY APPEAL

On behalf of the management committee, I would like to thank all those who supported QARDSS in this fund raising activity. Your very generous support enables us to continue our work in supporting those who suffer from an Asbestos Related Disease. The magnificent first prize, a Samsung 50" Plasma Television kindly donated by **Pradella Constructions**, was won by:

**Mr Darryn Young of Warner - Ticket no: 172**



Pictured L to R - Ray Colbert, Pat Cini, Kerrie Williams, Kay Ravbar and Helen Colbert with the winning ticket.



# MAY DAY BBQ 2011



The management committee would like to take this opportunity to thank everyone involved in the Annual May Day BBQ, from its organisation through to the many hours of labour which goes into creating a successful conclusion to May Day.

I will not even try to name everybody individually as it is guaranteed, no matter how hard I try not to, I would miss someone, so Thank You one and All.

## Membership and Raffle

Thank you very much to the many members who have already renewed their membership of the society, this is so important in our negotiations with government and industry alike.

The success or failure of any intervention policy for Asbestos Disease Sufferers, their families and/or carers is directly related to the size of the society.

Over the past two years we have grown to be a very well respected advocacy group, and due to the size of our membership, have commanded a fair hearing at all levels of government, we cannot afford to lose this position.

So if you have not yet completed your new membership form then please complete the form in this copy of your newsletter, let's keep QARDSS strong!

### Membership Fees

Associate membership is still only \$10.00,

Full membership \$20.00 and

Family membership \$30.00.

### ANNUAL RAFFLE

- 1st Prize** - 5 Night Dolphin Getaway Package for 2 persons at Tangalooma Island Resort (Valued at \$2,000)
  - 2nd Prize** - Luxury Weekend Getaway for 2 at Hunchy Hideaway in Montville (Valued at \$600)
  - 3rd Prize** - \$200 Coles Myer Gift Card
  - 4th Prize** - \$50 Assorted Gift Basket from Carol's Gift Baskets
- Book of Tickets \$20**

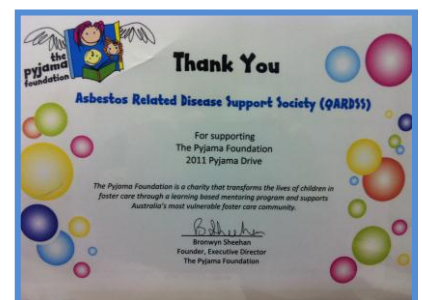
I would like to ask all members to return their raffle tickets sold or unsold by the 7<sup>th</sup> July 2011. The Tangalooma Holiday will be drawn at the July Management Committee Meeting. I wish to thank you all for your support and do appreciate the sacrifices many of you make to buy your tickets. There is no shame in returning unsold tickets.

# Thank You

Thank you to our many members, who kindly donated several pairs of pyjama's for The Pyjama Foundation.

It was with great pleasure that we handed the pyjamas to the organisation knowing that OUR contribution, will make the nights for these children a little cosier.

Your generous support for this worthy cause is very much appreciated.



# Support Group Morning Teas for Asbestos Disease Sufferers, their Carers and Families.

## **Bethania**

4<sup>th</sup> Monday of the month 9.30am – 11.30am (Feb – Nov)  
Bethania Community Centre, Station Road, Bethania

## **Brisbane**

To be advised. We do apologise for any inconvenience.

## **Capalaba**

4<sup>th</sup> Tuesday of the month 9.30am – 11.30am (Feb – Nov)  
Main Hall, Capalaba Place, 14 Noeleen Street, Capalaba

## **Chermside**

2<sup>nd</sup> Friday of the month 10am – 11.30am (Feb – Nov)  
Chermside Library, 375 Hamilton Road (Corner Kittyhawk Drive) Chermside

## **Ipswich**

1<sup>st</sup> Friday of the month 10am – 11.30am (Feb – Dec)  
Room 5, Queensland Health Plaza Centre, Plaza Auditorium, Bell Street, Ipswich

## **North Lakes**

2<sup>nd</sup> Wednesday of the month 9.00am – 11.30am (Feb – Dec)  
Pathways Library, The Corso, North Lakes.

## **Robina**

2<sup>nd</sup> Thursday of the month 9.30am – 11.30am (Feb – Dec)  
Robina Community Centre, 196 Robina Town Centre Drive, Robina

## **Sunnybank**

3<sup>rd</sup> Thursday of the month from 9.30am (Feb – Nov)  
Sunnybank Hills Library, Sunnybank Hills Shopping Centre, Corner Compton & Calam Roads, Sunnybank Hills

## **Sunshine Coast**

1<sup>st</sup> Monday of the month 10am to 12pm (Feb - Dec)  
Maroochydore RSL, Memorial Drive, Maroochydore

## **Toowoomba**

4<sup>th</sup> Friday of the month 10am – 12pm (Jan- Nov)  
Gallipoli Room, Toowoomba RSL, Corner Ruthven & Herries Streets, Toowoomba. (Entrance via Herries Street)

## **Tweed Heads/Gold Coast**

1<sup>st</sup> Wednesday of the month 10am – 11.30am (QLD Time) (Feb – Nov)  
The Secret Garden, South Tweed Sports Club, 4 Minjungbal Drive, Tweed Heads South



\*\*\*\*Phone call the office **1800 776 412** or  
email [asbestoshelp@westnet.com.au](mailto:asbestoshelp@westnet.com.au) for further  
details or to confirm attendance. \*\*\*\*

# cylinder safety basics

## Handling, transporting and storage of medical oxygen cylinders



### HANDLING

- Never smoke or use a naked flame in the presence of a cylinder or cylinder storage area
- Never use oil or grease based products on the cylinder or any attachments (This includes ensuring hands are clean and free of oils or hand creams)
- Always use an appropriate trolley



or bag when moving or using the medical oxygen cylinder where possible

- When opening a cylinder always point the cylinder outlet away from any person/s and open the valve slowly
- Close the cylinder valve and regulator securely when not in use
- Detach accessories from the cylinder during transport when not in use
- Keep cylinders secured at all times
- Immediately advise your supplier of any suspected tampering, theft, fall, or malfunction of a cylinder or attachment

### TRANSPORTING

- We would always recommend using your oxygen supplier as the first option for transport requirements
- Never smoke or use a naked flame in the presence of a cylinder or cylinder storage area
- Ensure the cylinder transporting area is well ventilated
- Ensure the cylinder is restrained to avoid movement during transport
- Ensure the cylinder is free from impact by other objects in the transport area
- Never store objects on top of the cylinder/s
- Ensure cylinders are not left in the vehicle for longer than required - take the shortest route to your destination
- Remove the cylinder as soon as practical upon arrival at your destination
- If the cylinder is not being used during transit remove any attachments and ensure the cylinder valve is securely closed
- When transporting, keep the number of cylinders carried to a minimum



## STORAGE

- Never smoke or use a naked flame in the presence of a cylinder or cylinder storage area



- Ensure a "NO SMOKING" sign is prominently displayed at all times
- Do not store cylinders where there is a possibility of contamination from items such as oils or grease
- Ensure cylinder storage and usage areas are well ventilated
- Keep cylinders in a secure area to avoid tampering or theft
- Keep cylinders secured at all times
- Always rotate cylinders - ensure that cylinders first delivered, are first used
- Ensure storage areas are at least 3 meters from heat sources or combustible materials
- Keep the number of cylinders stored to a minimum
- Separate full and empty cylinders

### **Your safety is important to us**

Safety is the first priority at AIR LIQUIDE Healthcare. We take your safety and that of our employees very seriously.

This information is a basic guide to the safe handling, transporting and storage of your AIR LIQUIDE Healthcare medical oxygen cylinder. Please read carefully and should you have any questions please contact your nearest AIR LIQUIDE Healthcare branch for assistance.

Should you require more specific information relating to transporting of cylinders we would recommend you contact the Roads and Traffic Authority applicable to your State or refer to the Australian Dangerous Goods Code.

AIR LIQUIDE Healthcare Pty Ltd Australia was established in 1995 and is now one of Australia's leading suppliers of domiciliary oxygen systems, CPAP therapy and home ventilatory equipment and services.

With 6 State Office locations and a network of over 40 additional locations, AIR LIQUIDE Healthcare serves more than 10,000 patients. AIR LIQUIDE Healthcare services enable those patients who were once limited by their condition, to experience a better quality of life.

#### **For your nearest location.**

Call during business hours on:

1300 36 02 02

Or visit our website at:

[www.airliquidehealthcare.com.au](http://www.airliquidehealthcare.com.au)



[www.airliquide.com](http://www.airliquide.com)

The Healthcare Division within the Air Liquide Group, with its 6000 professionals worldwide, is present in homecare, medical gases, medical hygiene, the pharmaceutical and cosmetic excipients.

# ***SUPPORT THOSE WHO SUPPORT THE SOCIETY***

## **Corporate Sponsors**

Trident Trades & Labour Hire



Queensland  
Council of Unions



Your consideration of these organisations would be greatly appreciated - their assistance is invaluable.

## **Corporate Members**

Air Liquide Healthcare Pty Ltd  
AMWU - Your Rights at Work  
Australian Rail, Tram & Bus Industries Union  
Australian Services Union  
Aust Federated Union of Locomotive Employees  
Beaudesert RSL sub-branch  
Builders Labourers Federation  
CEPU Plumbing Union – Qld Branch  
CEPU Electrical Division – Qld Branch  
Communication Workers Union

D.O.T.S. Occupational Therapy Services  
Liquor, Hospitality & Miscellaneous Union  
Logan Funerals  
Niagara Therapy  
PFG Financial Services  
Parsons Brinckerhoff  
Queensland Independent Education Union  
Queensland Nurses Union of Employees  
Safe Work College of Workplace Health & Safety

The contact details for all of our corporate sponsors and corporate members are available by ringing the QARDSS office on 1800 776 412.

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**QARDSS is an endorsed charity (ABN 29 150 479 514).  
Membership fees and donations of \$2.00 or more are tax deductible.  
*We thank all members for their ongoing support.***