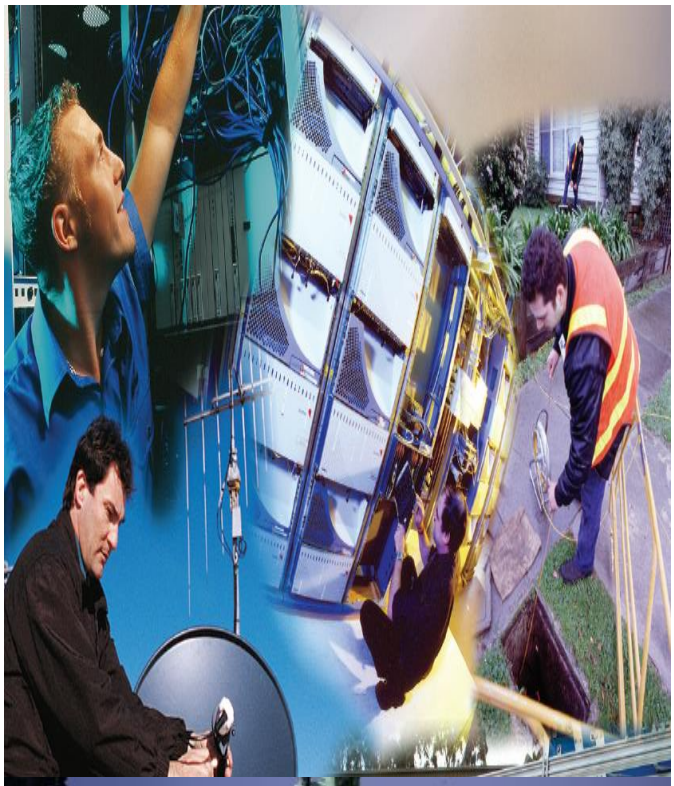

EMPLOYEE AND CONTRACTOR OH&S HANDBOOK

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1. INTRODUCTION

You are engaged by one of the leading telecommunications services companies, Universal Communications Group Ltd.

The health, safety and general welfare of our employees, sub-contractor, clients and general public is of paramount concern. Therefore your personal safety is an important consideration in all our operational and corporate decisions.

Being a leading telecommunications services company means that Universal Communications Group is under constant scrutiny by our clients and government agencies. The most visible aspect of our company is the work force we utilise to deliver these services.

Remember that you are not only a representative of Universal Communications Group, but also our clients in the process of delivering services for UCG. Your reputation as well as that of Universal Communications Group, our clients and the industry will be enhanced by courteous, safe and careful fulfilment of whatever the required activity you may be participating in.

This handbook provides some guidelines and information to help you to work safely. Your genuine desire to understand and comply with these guidelines will greatly assist you in the performance of your duties and minimise any risks.

Instructions in this handbook include government regulations or company rules. Installers and sub-Contractor must know and understand the contents of the handbook so that they can perform their duties safely and complying with the appropriate Work Health and Safety Acts & Regulations. Any person found not complying with the guidelines set out this handbook may face penalties demanded by the legislation or disciplinary action by the company.

This book will be reviewed from time to time to ensure it is kept up to date with appropriate legislations, equipment handling and safe working practices.

1.1 POLICIES

Health and Safety Policy

The aim of Universal Communications Group, Health & Safety Policy is to ensure the wellbeing of our employees, subcontractors, suppliers, customers and the communities in which we work.

For Universal Communications Group this means:

- striving to achieve and maintain high standards of Health & Safety management through a process of continuous improvement;
- consultation with our employees, subcontractors, suppliers, governments, customers and the public;
- adopting a proactive risk management process by which to identify, evaluate and control safety and health risks'
- the provision of adequate Health & Safety education and training for all levels of the organization;
- complying with all statutory Health & Safety obligations.

Universal Communications Group's aim is to create a Healthy & Safe working environment through the application of a systems approach to Health & Safety.

To achieve our expectations we will:

- establish systems and procedures to provide a safe system of work;
- integrate safety and health matters into business planning and set achievable Health & Safety objectives and targets;
- provide appropriate supervision and control of the workplace;
- establish proper lines of reporting on Health & Safety performance;
- conduct regular audits of our safety and health performance and where necessary implement appropriate corrective and preventive action to remedy deficiencies; and
- select suppliers and subcontractors who have a demonstrated commitment to Health & Safety management.

This policy represents a statement of intent and drives the setting of Health & Safety objectives, targets and performance criteria for Universal Communications Group and its employees. Achievement of the goals set out in this policy is the responsibility of all managers, supervisors and staff.

Rafael Luna
Chief Executive Officer
Universal Communications Group

Environmental Management Policy

Universal Communications Group Pty Ltd undertakes work and related activities within the telecommunications industry.

To ensure we meet our environmental obligations, Universal Communications Group environmental policy is to:

- Comply with legislative and regulatory requirements;
- Continuously monitor and improve environmental performance by the identification, evaluation and effective control of environmental risks associated with Universal Communications Group operations and the implementation of an effective environmental management system;
- Implement programs which strive to conserve resources, minimize waste and, where practicable, prevent pollution;
- Ensure all personnel within Universal Communications Group are aware of this policy and their environmental responsibilities and obligations;
- Liaise with the community on environmental issues as appropriate and make this environmental policy publicly available;
- Establish and maintain proper lines of reporting on environmental performance;
- Conduct periodical reviews of this environmental policy for effectiveness and adequacy, and amend as necessary.

Universal Communications Group is committed to achieving a high standard of environmental management and performance. This policy represents a statement of intent and drives the setting of environmental objectives, targets and performance criteria for Universal Communications Group and its employees.

All managers, supervisors and staff are responsible for the achievement of the goals set out in this policy.

Rafael Luna
Chief Executive Officer
Universal Communications Group

Rehabilitation Policy

Universal Communications Group Pty Ltd is committed to systems and procedures aimed at preventing injury and ensuring a safe work environment. If injury or illness does occur, Universal Communications group is committed to the provision of rehabilitation services that will:

- Support injured personnel from the time of their injury until a return to work is possible.
- Ensure ongoing with legislation relating to rehabilitation.
- Minimise the impact of the rehabilitation process upon our operations

In Satisfying this commitment, Universal Communications Groups will:

- Educate our personnel on the requirements of rehabilitation and improve awareness of rehabilitation throughout the company.
- Ensure that the rehabilitation process is commenced as soon as is medical practicable following injury/illness.
- Ensure that all employees have a safe and early return to work.
- Provide suitable alternative duties, possibly including a gradual return to work program, for injured employees.
- Consult with injured employees, treating doctors, rehabilitation providers and medical services to ensure the effective operation of the rehabilitation process.
- Ensure injured workers are not unfairly disadvantaged whilst undertaking rehabilitation.
- Ensure the performance of workers compensation insurers and preferred rehabilitation providers by reviewing the progress of all casers regularly.

There are benefits to both the company and our employees in fulfilling the above commitments and we seek the active co-operation at all levels of our staff in its implantation.

This policy represents a statement of intent and drives the setting of Return to Work objectives, targets and performance criteria for Universal Communications Group and its employees. Achievement of the goals set out in this policy is the responsibility of all managers, supervisors and staff.

Rafael Luna
Chief Executive Officer
Universal Communications Group

Drug and Alcohol Policy

We are committed to providing a workplace in which employees, subcontractors and visitors are not exposed to risk of injury from persons affected by Alcohol and other Drugs.

We will provide education to people on the effects of these substances on personal health and well-being. Identify problems, which contribute to substance abuse and seek appropriate solutions to prevent their recurrence

Universal Communications Group has a zero tolerance policy. Enforcing prescribed disciplinary procedures to those who are found on a UCG worksite testing positive to alcohol and other drugs or other breaches of the policy

This means that you must not:

- Drive to or from your workplace under the influence of drugs and/or alcohol.
- Attend work under the influence of drugs and/or have a blood alcohol concentration greater than 0.00%.
- Be in possession of alcohol or illegal drugs at your work.
- Consume alcohol at work or during work hours.

Possession and responsible use of prescription drugs for the treatment and control of medical conditions is not a breach of our policy. However, because the use of prescription drugs may impair or impact your ability to perform your work, you must inform your supervisor of the potential effects prior to commencing work.

For details on this policy please refer to **Policy Implementation Procedure UCG-SM-Pr001**

Rafael Luna
Chief Executive Officer
Universal Communications Group

2. GENERAL COMPANY RULES

You must obey the following instructions – failure to do so will lead to disciplinary action being taken. This can include instant dismissal in some instances!

- ✓ Being under the influence of any intoxicating liquor or drug while on duty or on a client's premises is absolutely prohibited.
- ✓ Report for duty as instructed, and if unable to do so for any reason, notify UCG operations office or your supervisor or manager immediately.
- ✓ Obey all traffic regulations laid down by the responsible authority.
- ✓ Where the company provides or requires you to wear a uniform, safety clothing or specialised safety equipment they must be worn or used as directed. Uniforms are to be maintained clean and ironed at all times.
- ✓ Report as soon as possible delays, breakdowns, Hazards or incidents causing disruption of work or injury to any person or the environment, to your supervisor or UCG operations office immediately.
- ✓ Refrain from discussing UCG or their client's business and operations with other clients or UCG competitor staff, contractors or representatives.
- ✓ Keep all required UCG documents clean and in good order, complete them as required, and hand them to your supervisor by the required time.
- ✓ Installers are to ensure that they have all the required equipment for a job before starting.
- ✓ Conduct endangering the life, safety or health of yourself and other persons or the environment will not be tolerated.

2.1 ALCOHOL AND DRUGS

UCG HAS A ZERO TOLERANCE POLICY IN REGARDS ALCOHOL AND DRUGS

It is prohibited for an employee or contractor to be on a Universal Communications Group worksite with any detectable level of alcohol. A breath alcohol reading greater than 0.00% is considered a positive result.

An employee or contractor is prohibited to be on a UCG Worksite with a detectable reading for illegal drugs. An employee or contractor that tests positive to an illegal drug is deemed to be under the influence of that drug and not fit for work.

Except where explicitly permitted, no employee shall use, or be under the influence of, any legally obtained drug whilst performing Universal Communications Group business, or whilst in a company facility, where the use of that drug impairs their ability to work safely.
Please contact your supervisor of HSEQ representative for further information. For additional information on specific drug types see the appendices in Section 7 of this manual.

2.2 COMMUNICATION AND CONSULTATION

UCG has set in place Communication and Consultation processes and responsibilities of Personnel and Visitors of UCG to ensure that:

- ✓ All Personnel are provided with the necessary information to perform their work in a safe, competent and efficient manner
- ✓ Personnel are informed, represented and involved in decision-making processes affecting their employment and workplace
- ✓ Personnel have sufficient opportunity to raise issues, concerns or opportunities for improvement
- ✓ Visitors, Customers and other Stakeholders are duly informed of matters affecting their interests
- ✓ Public Complaints are handled promptly and effectively
- ✓ UCG maintains a positive public profile and good relations with the community

For current information of Health, Safety and Environment Legislation, Codes of Practice, Standards and other relevant health and safety resource information please contact your UCG Manager or supervisor

These documents are also available from the Group Manager Quality, Health, Safety & Environment.
Alternatively, they can be sourced from National, State or local Authority Websites and the Safety Law/Enviroessentials web site.

2.3 CARDINAL RULES

The Universal Communications Group Cardinal Rules document behaviours and situations which we know can lead to serious harm or death.

The Cardinal Rules strengthen and define UCG's organisational safety culture and clearly demonstrate that the UCG Group will not tolerate unsafe behaviour in the workplace.

All workers, employees and Contractors are obliged under harmonised Safety legislation to stop work and report any unsafe work.

Breaches of these rules put lives in danger. All incidents will be investigated and may result in Dismissal.

The Rules are as follows:

1. **NEVER** WORK AT HEIGHT WITHOUT FALL PROTECTION.

2. **NEVER** ENTER A DESIGNATED CONFINED SPACE WITHOUT TRAINING AND A PERMIT.

3. **NEVER** ENTER A DESIGNATED EXCLUSION ZONE WITHOUT AUTHORISATION.

4. **NEVER** BE UNDER A SUSPENDED LOAD.

5. **NEVER** CONSUME OR BE UNDER THE INFLUENCE OF ALCOHOL OR NON-APPROVED DRUGS

6. **NEVER** WORK ON PLANT AND EQUIPMENT WITHOUT VERIFYING ISOLATION, TAGGING AND TESTIN

7. **NEVER** TAMPER WITH, REMOVE OR BYPASS ANY SAFETY DEVICE.

8. **NEVER** OPERATE PLANT OR MOBILE EQUIPMENT UNLESS LICENSED / COMPETENT (UNLESS UNDER DIRECT TRAINING SUPERVISION).

9. **NEVER** OPERATE A VEHICLE WHILE USING A HANDHELD MOBILE PHONE NOR WITHOUT WEARING A SEATBELT WHERE FITTED.

10. **NEVER** WALK DIRECTLY BEHIND OR IN THE PATH OF A REVERSING VEHICLE.

3. GENERAL OHS&E REQUIREMENTS

3.1 EMERGENCY INSTRUCTIONS

The following are basic emergency procedures, for more detailed information on individual emergency situations please consult the Site Emergency Manual.

The first thing to do in any emergency is.

Look around and assess the situation. Call for help, then render what assistance you can. Do not put yourself at further risk and monitor the situation until backup arrives!

Before anybody attempts to assist a victim the actual and potential dangers must be fully evaluated. Remember that if you are injured you should provide no assistance and may only further complicate the situation for others to resolve.

Ensure that others know of the incident immediately !!!

This is for two reasons:

- ✓ If you become injured when attempting unassisted rescue there could be long delays before help arrives.
- ✓ If you have to perform life-sustaining function the victim's condition may worsen before help can be summoned.

If the victim's condition is serious and you don't think you should leave, try to attract attention by making a noise. (e.g. sounding a horn, use the mobile phone) If the area is dark a flashing light can be used to attract attention. Remember not to expose yourself to further danger.

Do not move the victim unless you are certain there is no possibility of back or neck injuries, or broken bones causing internal injuries. However, if you must move a victim, do so only in the following circumstances:

- ✓ If there is immediate danger of further injury (e.g. fire or explosion).
- ✓ If there are no vital signs (breathing or pulse) and it is necessary to clear the airway, or apply cardiopulmonary resuscitation.
- ✓ If it is necessary to reposition the victim to stop severe bleeding by applying pressure to a wound.

After help arrives, and you are free to call, inform your supervisor or branch manager of the accident if you have not already done so.

3.2 HOUSE KEEPING

It is essential that on all worksites, warehouses and offices are maintained at a high standard of neatness and cleanliness.

- ✓ Access ways and walk ways must be kept clear at all times.
- ✓ Rubbish must not be allowed to accumulate around work areas.
- ✓ Leads and cables must be run so as to create the minimum hazard.
- ✓ Always ensure there is uncluttered access to Switch Boards/Circuit Breaker gear and fire fighting equipment.
- ✓ Always clean up immediately any liquid/oils/solvents as these pose both a fire hazard and are easily slipped on.
- ✓ Protruding rods or poorly stacked items must be rearranged to remove the hazard or if this is not possible then the hazard should be clearly marked so as to be obvious to all. If possible a protective cover or wrap should be fitted to the dangerous item.
- ✓ Always clean up immediately after you complete the installation.
- ✓ Report any spills or hazards to the Supervisor

3.3 POWER TOOLS

- ✓ Do not tamper with any fuse or electrical connection.

- ✓ Report defective equipment immediately to your supervisor.
- ✓ A licensed electrician must inspect all portable electric tools and extensions at regular intervals. If the item passes the inspection a colour-coded tag will be attached to the lead. The tag will indicate the date of inspection and who performed it. Do not use any equipment, which does not have a current inspection tag.
- ✓ In most instances cables must be run so that they are elevated. However, if a lead has to be subject to vehicle traffic it must be protected. It is necessary to use heavy duty hose, small bore pipe or boards in such cases.
- ✓ Earth leakage units must be used for all 240v equipment and be connected at the supply end of any lead.
- ✓ Do not use electrical leads which are frayed, damaged or have suspect insulation. If in doubt report to your supervisor.
- ✓ Do not trail leads over sharp or hot surfaces.
- ✓ Do not trail leads through oil or water.
- ✓ Before operating an electrical power tool make sure that no one will be endangered by that action.
- ✓ The use of a number of short extension leads on one tool is dangerous. A single extension lead is the prudent connection (a maximum length of 40 metres is preferred). The length and capacity of the lead must be determined by the load that it will be expected to carry. Where the load exceeds the capacity of the cable the risk of fire and electrocution are increased.
- ✓ When making a connection between a tool and the electrical supply begin at the tool, making sure it is in the OFF position, and work towards the power outlet.
- ✓ When disconnecting a power tool begin at the power supply, switch it off, remove the plug and work back to the tool.
- ✓ All power tools must be neatly stowed when not in use. Check that the guards are in place when stowed and that they are working correctly before the tools is used.
- ✓ For electrical fires use only DRY POWDER, OR CO2 TYPE extinguishers.

3.4 LADDERS

Ladders are to comply with AS/NZ 1892. All ladders are to be inspected at regular periods (preferably monthly) for the following:

- ✓ If a ladder is being transported by a vehicle it should be supported to avoid sagging, and be securely fastened to minimise chafing and the effects of road shock.
- ✓ The ladder does not sag or bend excessively.
- ✓ All fittings and accessories are securely attached.
- ✓ Pulleys, locks, hinges and wheels operate freely and without excessive play.
- ✓ All bolts and rivets are in place and tight.

- ✓ All welds are sound and free of cracks.
- ✓ Ropes or cables are not frayed or worn.
- ✓ Rungs, treads, cross-bars and stiles are not dented, bent or cracked.
- ✓ All rung (horizontal member) to stile (vertical member) connections are sound.
- ✓ All anti-slip mounts for the ladder feet are secure and without excessive wear.
- ✓ Should a ladder be found which has one or more of the above defects an attempt should not be made to repair it and the ladder must be tagged out & discarded and replaced.
- ✓ In use ladders are to be sited on firm and level ground. All ladders shall be tied at the top or bottom or held at the base to prevent slipping or falling. Where a ladder must be in a doorway, the door is either to be locked shut or blocked open for the duration of the job. And an exclusion zone established.
- ✓ Ladders must not be spliced or used as scaffold/work platform components. They should be used for access and egress only. When used for access to elevated work areas, the ladder must extend one metre above the step-off point, and be placed at an angle where the base of the ladder is one quarter of the ladder height away from the base of the scaffold or structure.

3.5 WORKING AT HEIGHTS

Ensure that when working at heights and where indicated to be necessary the correct safety equipment is used. Body harnesses and restraints conforming to AS/NZ 1891 are to be used. Fall Restraint systems are to be used. Refer to SWMS.

Under no circumstances are you to get on a wet roof or a roof that is slippery with any substance.

If the roof pitch is greater than 22 Degrees, a body harness conforming to AS/NZ 1891 is to be used unless working on a pole and then a pole strap is to be used.

3.6 CONFINED AND RESTRICTED SPACES

The Occupational Health and Safety Act has a number of regulations which are gazetted under their control. One of these regulations covers work in confined spaces.

The regulations generally define what a confined space is and then refers to AS/NZ 2865-1986. The regulations require that all work done in confined spaces is done in accordance with the standard, a confined space could be going into a roof cavity and or going under a house where there is a hazardous atmosphere. There are strict requirements and a permit is required for a confined space. Consult your supervisor before entering a confined space.

Most often we are required to enter into what is described as a Restricted space. The procedure to be followed for entering a restricted Space is:

- ✓ Notify the customer/homeowner or your work mate before entering the roof space.
- ✓ Give the customer the “Emergency Contact List” contained on you ID Badge.
- ✓ Have your work mate keep watch and use the “Emergency Contact List” in case you become incapacitated.

3.7 WORKING IN HOT CONDITIONS

A person in good health automatically has a body temperature, under normal conditions, between 36°C and 39°C. The maintenance of body temperature within this range depends upon:

- ✓ Cooling by evaporation through sweating
- ✓ Cooling by heat loss directly to the air through increased supply of blood to the skin.

Working in impervious clothing means that the efficiency of cooling is reduced because of the reduced rate of evaporation. Impervious clothing does not 'breathe'. The body tries to compensate by increased sweating and although this may assist in cooling, it can lead to serious water and salt loss.

This, combined with the higher than normal body temperatures, can lead to the following conditions:

- ✓ heat exhaustion
- ✓ heat cramps and/or
- ✓ heat stroke

Excessive sweating combined with inadequate evaporation, which keeps the sweat against the skin, may cause prickly heat. Prickly heat can be extremely uncomfortable, and can lead to skin and fungal infections.

3.8 HEAT STRESS

Heat stress arises from working in conditions where the normal functions of the body struggle or fail to maintain acceptable body temperatures. Prolonged exposure to these conditions may result in heat exhaustion or heat stroke.

3.9 HEAT EXHAUSTION

Results from sweating and evaporation producing unacceptable high levels of loss of liquid and salt.

Symptoms:

The person may fell exhausted, hot or struggling for air, cool and clammy pale skin, weak rapid pulse, shallow breathing, cramps, headache, nausea and dizziness.

Treatment:

- ✓ Place person in a cool place.
- ✓ Loosen or remove clothing.
- ✓ Give plenty of water(water at room temperature NOT chilled).
- ✓ If suffering from cramps or diarrhoea, add salt at the rate of one teaspoon for each litre of water.
- ✓ If person is vomiting or unconscious get medical assistance.

3.10 HEAT STROKE

Heat Stroke is a serious condition requiring urgent medical attention.

Symptoms:

Very high body temperatures without sweating, hot dry red skin, weak rapid pulse, deep rapid breathing, nausea, dizziness, and frequently, sudden collapse.

Treatment:

- ✓ Reduce body temperature IMMEDIATELY.
- ✓ Place person in the coolest possible place.
- ✓ Loosen or remove clothing.
- ✓ Sponge or spray person with water at room temperature, and apply ice packs or cold compresses.
- ✓ Take to hospital, continuing the cooling treatment, if conscious give water at room temperature to sip.

3.11 HAZARDOUS CHEMICALS

All chemicals will be recorded on Hazardous chemicals manifest and where required a risk assessment conducted and training on the safe use provided.

3.12 INCIDENT REPORTING

All unsafe conditions or potential hazardous situations observed must be reported to your supervisor as soon as possible.

Any incident, no matter how minor, must be reported.

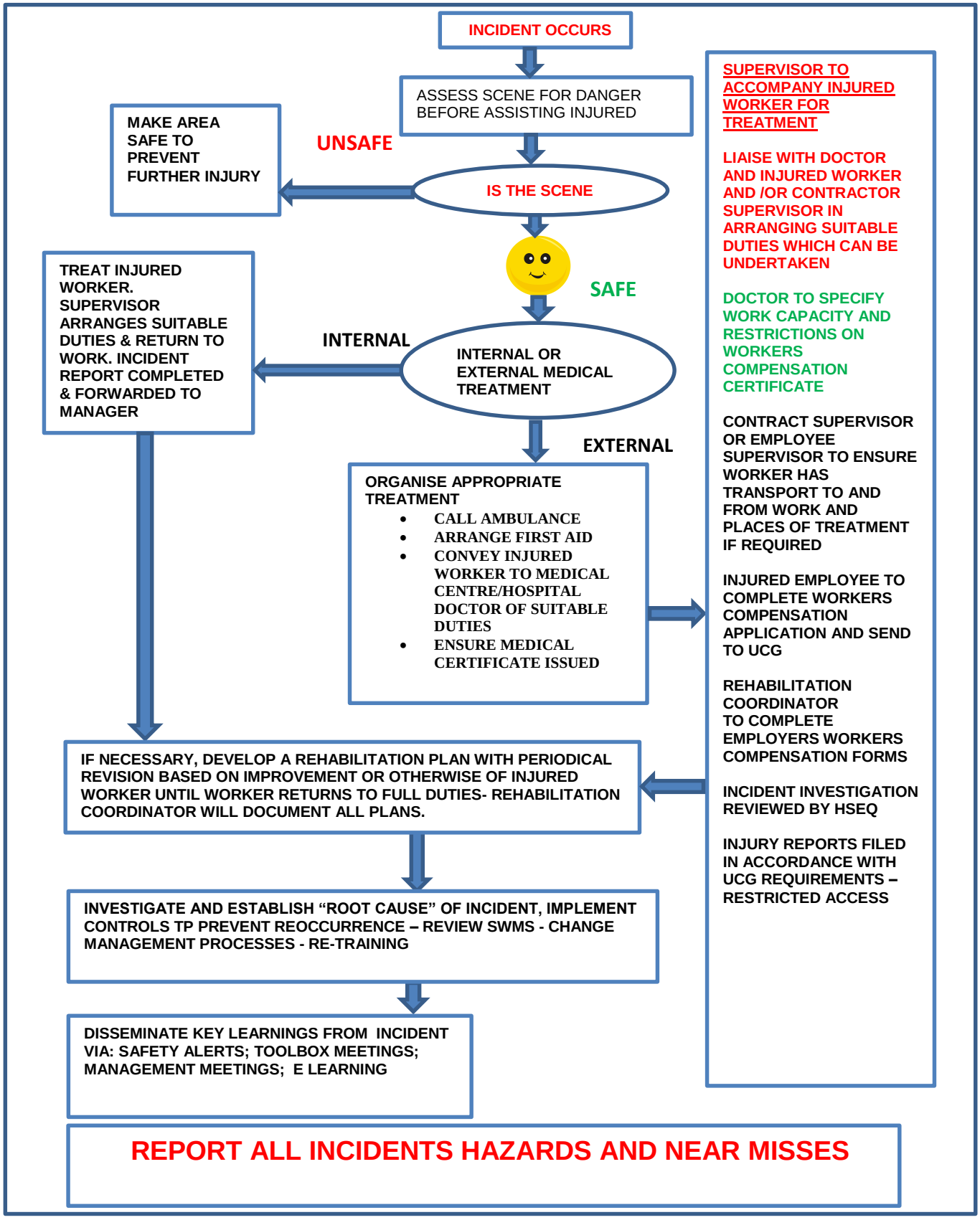
Your supervisor is the UCG management representative in our safety programme. A safe working environment can only be created when the supervisor knows of the various problems as they arise so he can then investigate and act on them.

Should you suffer an injury the following procedure is to be followed:

- ✓ Notify your supervisor of the injury so that they can assist you and pass on information on to the Project or Operations Manager.
- ✓ **Seek first aid assistance and obtain an assessment of the degree of injury.** If necessary you will be transported for further medical treatment.
- ✓ After initial treatment and prior to release from care, ensure that the treating physician has completed a signed statutory certificate. This form will specify any requirement for time away from work.
- ✓ If you are a subcontractor you are required to have compensation cover that will cover Rehabilitation and loss of income.
- ✓ The Company rehabilitation co-ordinator will get in contact with you and help you arrange rehabilitation as described in UCG rehabilitation procedures when medical advice deems that action to be appropriate.

You are required to assist your supervisors or other appointed UCG personnel in the investigation of any accident of which you may have knowledge or have been involved.

INCIDENT MANAGEMENT FLOWCHART



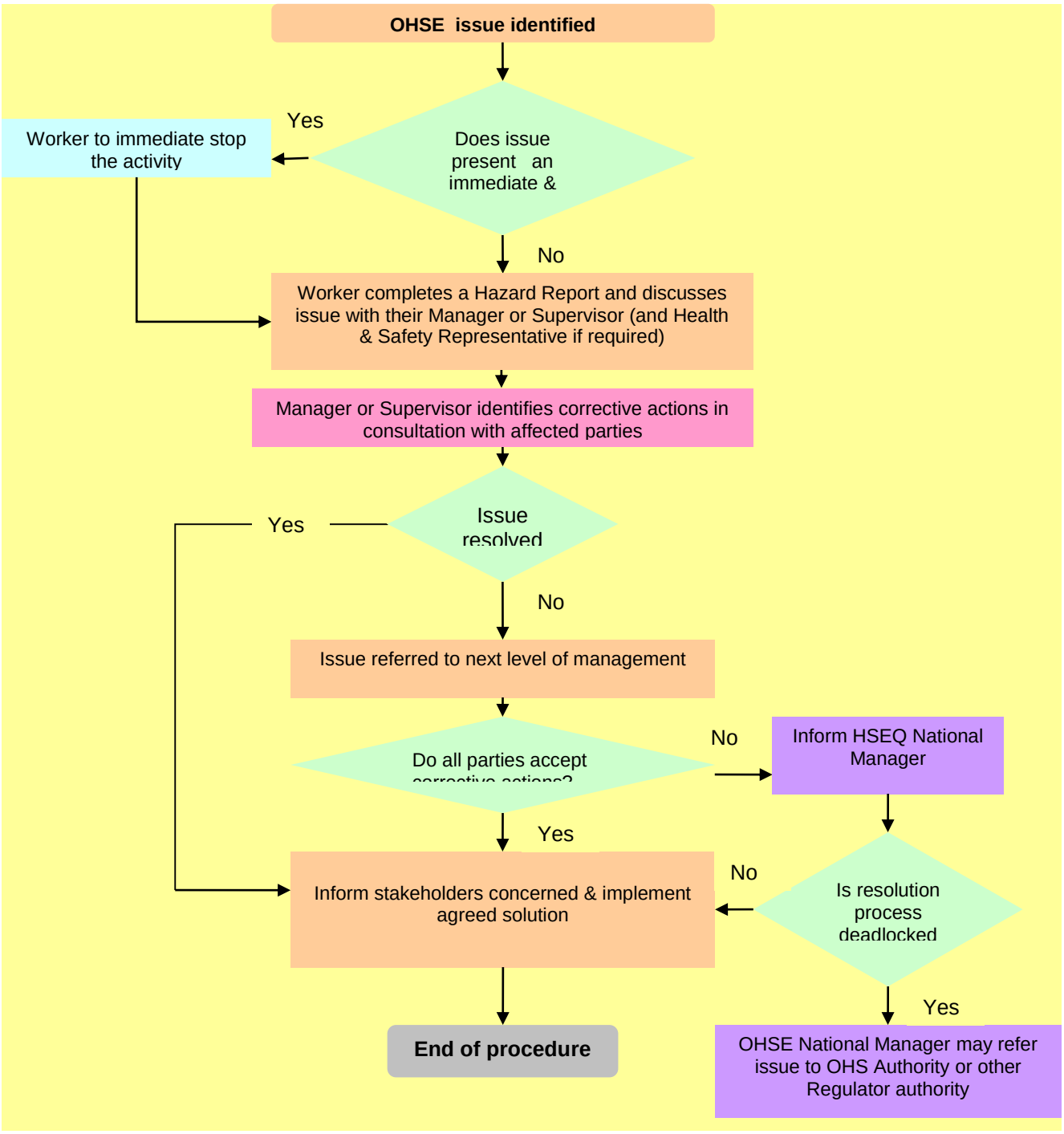
3.13 HSE ISSUE RESOLUTION PROCESS

Pre-start meetings shall be conducted before starting work each day on a worksite, during shift handover or if there are new or changed risks during the course of the shift.

All pre-start meetings shall be prepared for and conducted using the Daily HSE Worksite Record form (UCG-SM-F001)

Record any actions from the pre-start meeting (the Daily HSE Worksite Record form (UCG-SM-F001) and escalate issue/s if required, according to the Issue Resolution Procedure.

UCG Works Issue Resolution Process



3.14 FATIGUE MANAGEMENT

Universal Communications Group recognises the potential for workers fatigue to lead to hazardous situations and will provide the following:

- ✓ Education to supervisors and management on the effects of fatigue and the potential consequences on safety and performance.
- ✓ Ongoing assessment of the working environment and its requirements and authorisation of supervision to call rest breaks for those likely to be fatigued.
- ✓ The use of risk assessments to identify the potential for excessive fatigue.
- ✓ Modification of the work environment where practical to reduce the potential for fatigue.

Every worker has a responsibility to take precautions to prevent impairment of their fitness to work from fatigue. This includes ensuring that they have adequate sleep and rest whilst off work and not drive a vehicle or plant when they are fatigued.

It is a UCG requirement that all employees and contractors have a minimum 10 hour break between shifts.

Management and Supervision will review and monitor duration of shifts to ensure employees are not working excessively and that appropriate rest breaks are ensured between shifts.

4. VEHICLE AND MOBILE EQUIPMENT RULES

No person shall drive or operate any equipment unless licensed to do so, even if inadvertently instructed to do so by the supervisor or project manager. Particular attention must be paid to forklifts, their weight and the license class or endorsement required to operate them.

- ✓ The road speed limit shall be adhered to at all times.
- ✓ Inspect the plant prior to use and complete the pre start check sheet. If a fault exists, tag out and lock out until safe to use.
- ✓ Always operate a vehicle at a safe speed, use care at intersections and cross overs.
- ✓ UCG has a ZERO drug and alcohol tolerance policy whilst at work and no vehicles are to be driven or equipment used, whilst under the influence of alcohol or drugs.
- ✓ Do not leave a powered vehicle running when unattended.
- ✓ Seat belts, where fitted shall be worn when driving a vehicle or mobile equipment.
- ✓ A person shall not drive any vehicle or mobile equipment unless they are competent, authorised to do so and are licensed.
- ✓ Care should be taken at all times when reversing and never stand behind a vehicle as it may reverse and injure you.
- ✓ Riding on fenders, running boards, tops, bumpers or hoods of motor vehicles are prohibited.
- ✓ Mounting or dismounting from a vehicle in motion is prohibited.
- ✓ Riding in, or on trucks or utes not designed to carry passengers is prohibited.

- ✓ Passengers must keep arms, legs and head inside the truck or car body at all times. Drivers shall exercise extreme care.
- ✓ At the commencement of each day persons responsible for the vehicle shall ensure the vehicle is in a suitable and safe condition to drive. ie. oil, water, tyres, windscreen clean, etc.
- ✓ Any person who finds a fault or defect which in his opinion could make the vehicle or mobile equipment unsafe to operate should report the problem to his supervisor.
- ✓ Never operate a vehicle or mobile equipment for any purpose other than which was intended.
- ✓ Any accident involving mobile equipment must be reported to your supervisor immediately.
- ✓ Never operate a motor vehicle or plant when fatigued
- ✓ All vehicles MUST carry a First Aid Kit as per OHS Standards.

5. ASBESTOS HANDLING

5.1 PREFACE

The following notes have been written with the legislation and practical experience in mind and the authors believe they should be of assistance to installers/contractors. Additional information is available from Government Websites, the national COP and Industry Bodies for further familiarisation with the dangers of Asbestos.

5.2 WHAT IS ASBESTOS

Asbestos is a generic term for a whole range of naturally occurring minerals. Three kinds have been used commercially in Australia.

Chrysotile	known as white asbestos
Amosite	known as brown (or grey) asbestos
Crocidolite	known as blue asbestos

Asbestos has the following properties:

- ✓ It is fibrous
- ✓ It has high tensile strength,
- ✓ It has high resistance to acid and alkaline chemicals,
- ✓ It has a high resistance to electricity,
- ✓ It resists abrasion,
- ✓ It resists deterioration by high temperatures,
- ✓ It is an excellent reinforcement for cement based products because of its good adhesion to cement.

The following examples of the use of asbestos reflect its properties as listed above:

- ✓ Spayed asbestos for fire protection, thermal insulation, acoustic correction.
- ✓ Thermal insulation using preformed sections or blocks, or as thick pastes applied by hand.
- ✓ Additive reinforcements and fillers for paints and sealants.
- ✓ A component in friction materials such as clutch and brake linings.
- ✓ Additive reinforcement for products described as asbestos cement sheets used for walls and ceilings, pipes, gutters.
- ✓ Asbestos paper or felt.
- ✓ Gaskets.
- ✓ Asbestos cord, rope, cloth. Fire-proofing behind fire-cabinets, electrical switchboards.
- ✓ Ceilings with decorative asbestos spray (textured).
- ✓ Caskets, fume cupboards, duct linings made of compressed board or sprayed asbestos.
- ✓ Ventilator filters.
- ✓ Stoves, kilns, boilers operating at high temperatures.
- ✓ Caulking. Fire-proof clothing, gloves, aprons.

Health Hazards

HAZARDS OF ASBESTOS

NOTE: Cigarette smoke greatly increases the risk of illness and death from lung cancer in particular. Stopping smoking, *or exposure to cigarette smoke from others,* once exposed to asbestos, may reduce risk of lung cancer.

Asbestosis:

A progressive scarring of the lungs which continues to worsen after exposure stops. Symptoms include shortness of breath, coughing, phlegm, lung infections. Smoking increases the risk of death from asbestosis.

This disease requires a very heavy exposure over a long period of time to develop. Typically, there is a latency period between first heavy exposure and onset of clinical symptoms of 10 to 15 years. The control of asbestos over the last 20 years means that this disease will become a disease of the past.

Lung Cancer:

Tumours of the bronchial tubes and the lungs can develop after exposure to asbestos. The most common symptom is a chest infection which fails to clear up within two to three weeks. This is the same lung cancer as that from smoking. Latency periods range from 15 to 30 years. The risk is greater from Amosite and Crocidolite than from Chrysotile.

Mesothelioma:

A fatal cancer of the lining of the lung (pleural) or the stomach (peritoneal) it is closely (but not exclusively) associated with exposure to asbestos. Latency periods range from 25 to 40 years.

Breathing asbestos dust without respiratory protection may result in any of the above. All asbestos dust may be harmful if there is enough of it in the air you breathe. Asbestos fibres may be released into the air by cutting, scraping, drilling, breaking or any mechanical action that causes dust. See a doctor if you have ever worked with asbestos as your main job and now have symptoms such as severe breathlessness, persistent coughing, coughing of blood. The risk of cancer is much greater if you smoke.

Refer to UCG SWMS before performing any Asbestos related tasks.

5.3 HEALTH SURVEILLANCE:

At risk personnel, including subcontractors, may require health surveillance which will be conducted if determined appropriate by legislation and the Group HSEQ Manager for a particular work environment or individual.

Health monitoring may include:

- ✓ Hearing tests
- ✓ Lung function testing
- ✓ Drug and alcohol testing
- ✓ Particular chemical exposure testing Silica/Asbestos
- ✓ Vibration awareness

How often these occur is dependent upon the exposure encountered and standards/legislative requirements and medical advice.

Records for all monitoring are to be maintained at the work location or where the personal file exists. It shall be confidential and made available for audit or for viewing in the case of a health affect becoming apparent.

Subcontractors are required to supply relevant records to Universal Communications Group to keep a copy on record.

It is the responsibility of all operational management to ensure that the work environment provided for employees is such that it minimises any adverse health impact.

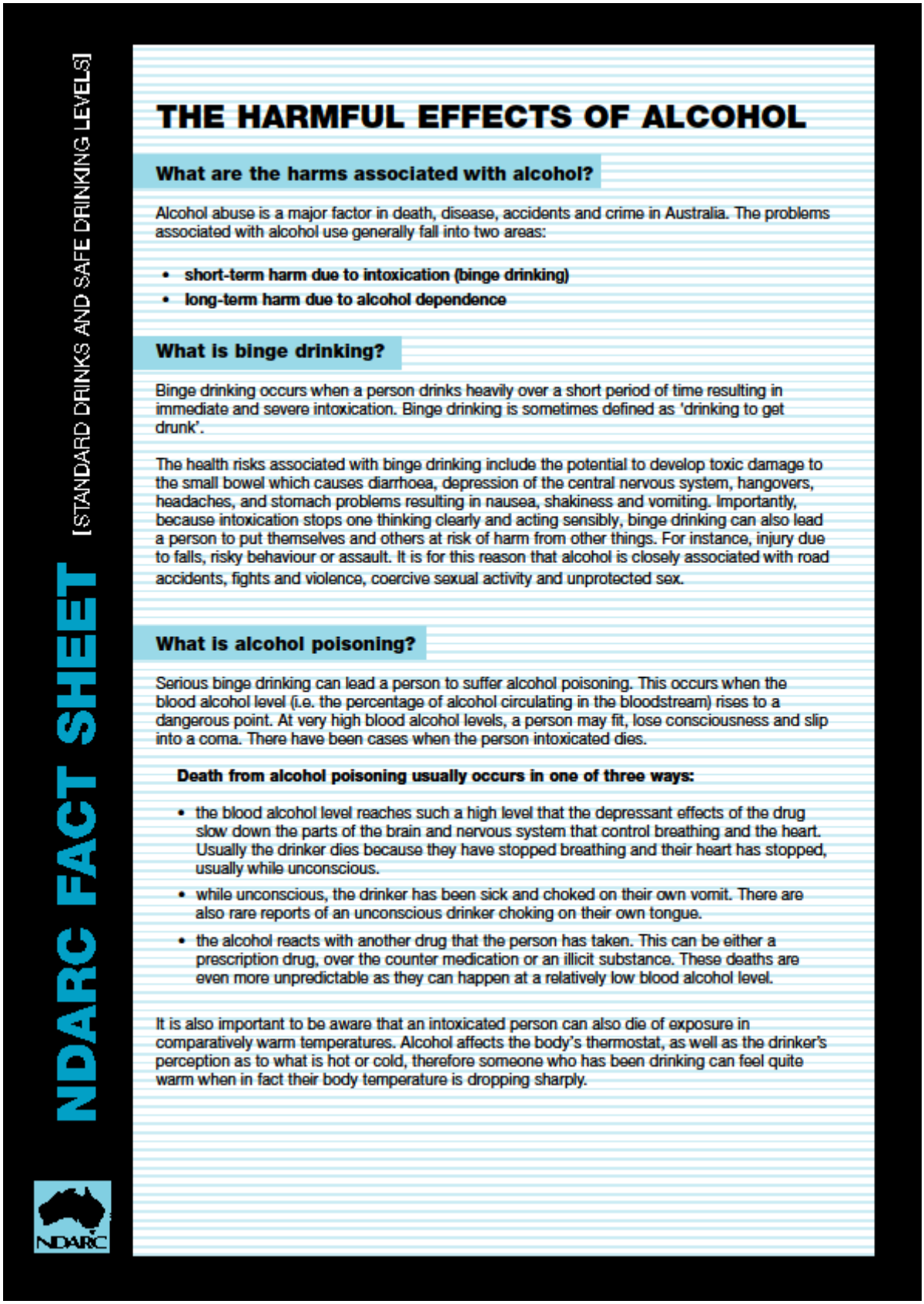
Where there is a requirement to conduct Health monitoring then workers will be advised in writing of that requirement.

A pre start risk assessment UCG-SM-F001 will be conducted at all sites and the presence or suspected presence of any hazardous chemicals identified and controlled.

To ensure the work environment is within safe parameters, environmental monitoring shall be conducted to encourage timely corrective actions. This monitoring relates to environmental factors such as noise, lighting, ventilation and radiation.

It is the responsibility of the Supervisor to monitor the work environment but all employees have a responsibility for identifying hazards and risks as they occur.

6. APPENDICES



NDARC FACT SHEET [STANDARD DRINKS AND SAFE DRINKING LEVELS]

THE HARMFUL EFFECTS OF ALCOHOL

What are the harms associated with alcohol?

Alcohol abuse is a major factor in death, disease, accidents and crime in Australia. The problems associated with alcohol use generally fall into two areas:

- **short-term harm due to intoxication (binge drinking)**
- **long-term harm due to alcohol dependence**

What is binge drinking?

Binge drinking occurs when a person drinks heavily over a short period of time resulting in immediate and severe intoxication. Binge drinking is sometimes defined as 'drinking to get drunk'.

The health risks associated with binge drinking include the potential to develop toxic damage to the small bowel which causes diarrhoea, depression of the central nervous system, hangovers, headaches, and stomach problems resulting in nausea, shakiness and vomiting. Importantly, because intoxication stops one thinking clearly and acting sensibly, binge drinking can also lead a person to put themselves and others at risk of harm from other things. For instance, injury due to falls, risky behaviour or assault. It is for this reason that alcohol is closely associated with road accidents, fights and violence, coercive sexual activity and unprotected sex.

What is alcohol poisoning?

Serious binge drinking can lead a person to suffer alcohol poisoning. This occurs when the blood alcohol level (i.e. the percentage of alcohol circulating in the bloodstream) rises to a dangerous point. At very high blood alcohol levels, a person may fit, lose consciousness and slip into a coma. There have been cases when the person intoxicated dies.

Death from alcohol poisoning usually occurs in one of three ways:

- the blood alcohol level reaches such a high level that the depressant effects of the drug slow down the parts of the brain and nervous system that control breathing and the heart. Usually the drinker dies because they have stopped breathing and their heart has stopped, usually while unconscious.
- while unconscious, the drinker has been sick and choked on their own vomit. There are also rare reports of an unconscious drinker choking on their own tongue.
- the alcohol reacts with another drug that the person has taken. This can be either a prescription drug, over the counter medication or an illicit substance. These deaths are even more unpredictable as they can happen at a relatively low blood alcohol level.

It is also important to be aware that an intoxicated person can also die of exposure in comparatively warm temperatures. Alcohol affects the body's thermostat, as well as the drinker's perception as to what is hot or cold, therefore someone who has been drinking can feel quite warm when in fact their body temperature is dropping sharply.

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[CANNABIS]

NDARC FACT SHEET

CANNABIS

What is cannabis?

Cannabis is derived from the cannabis plant (cannabis sativa). It grows wild in many of the tropical and temperate areas of the world. It can be grown in almost any climate, and is increasingly cultivated by means of indoor hydroponic technology.

The main active ingredient in cannabis is called delta-9 tetrahydo-cannabinol, commonly known as THC. This is the part of the plant that gives the 'high'.

Cannabis is used recreationally in three main forms, marijuana, hashish and hash oil. Marijuana is made from dried flowers and leaves of the cannabis plant. It is the least potent of all the cannabis products and usually contains between 1-5% THC, although some stronger products have been noted. It is usually smoked but can be mixed with food and eaten.

Hashish is made from the resin (a secreted gum) of the cannabis plant. It is dried and pressed into small blocks and smoked. It can also be added to food and eaten.

Hash oil, the most potent cannabis product, is a thick oil obtained from hashish. It is also smoked. Hash oil is not readily available in Australia.

Cannabis is usually smoked in hand-rolled cigarettes (known as joints or reefers) or in special pipes (bongs). These pipes or bongs can be bought or made by the user. Young people who make bongs might use orange juice containers, soft drink cans or even toilet rolls.

How many people use cannabis?

Cannabis is the most widely used illicit drug in Australia. According to the 2004 National Drug Household Survey, 34% of the Australian population reported using cannabis at some time, with 11% having used it in the last 12 months.

- **26% of 14-19 year olds reported ever using cannabis**
- **55% of 20-29 year olds reported ever using the drug**

The average age at first use was 18.7 years.

The 2002 Secondary School Survey also indicated that young people attending high school across Australia also had high rates of cannabis use with 28% of 12-17 year old males and 23% of females ever reporting use.

- **46% of 17 year old males reported ever using cannabis**
- **38% of 17 year old females reported ever using cannabis**
- **11% of 12 year old males reported ever using cannabis**
- **7% of 12 year old females reported ever using cannabis**

Other names for cannabis

Cannabis is also known as marijuana, grass, pot, dope, Mary Jane, hooch, weed, hash, joints, brew, reefers, cones, smoke, mull, buddha, ganga, hydro, yarndi, heads and green.

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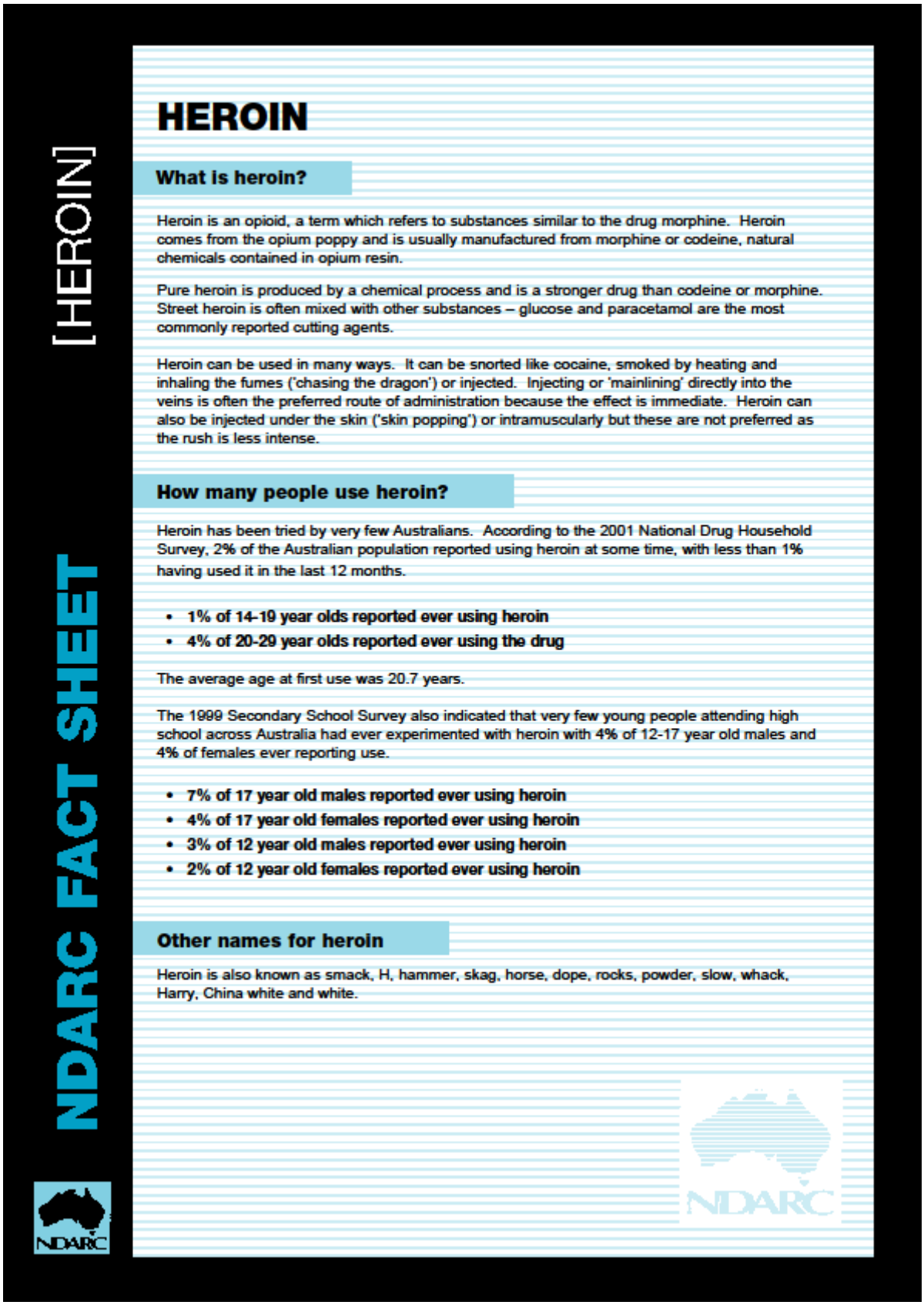

[HEROIN]

NDARC FACT SHEET

HEROIN

What is heroin?

Heroin is an opioid, a term which refers to substances similar to the drug morphine. Heroin comes from the opium poppy and is usually manufactured from morphine or codeine, natural chemicals contained in opium resin.

Pure heroin is produced by a chemical process and is a stronger drug than codeine or morphine. Street heroin is often mixed with other substances – glucose and paracetamol are the most commonly reported cutting agents.

Heroin can be used in many ways. It can be snorted like cocaine, smoked by heating and inhaling the fumes ('chasing the dragon') or injected. Injecting or 'mainlining' directly into the veins is often the preferred route of administration because the effect is immediate. Heroin can also be injected under the skin ('skin popping') or intramuscularly but these are not preferred as the rush is less intense.

How many people use heroin?

Heroin has been tried by very few Australians. According to the 2001 National Drug Household Survey, 2% of the Australian population reported using heroin at some time, with less than 1% having used it in the last 12 months.

- **1% of 14-19 year olds reported ever using heroin**
- **4% of 20-29 year olds reported ever using the drug**

The average age at first use was 20.7 years.

The 1999 Secondary School Survey also indicated that very few young people attending high school across Australia had ever experimented with heroin with 4% of 12-17 year old males and 4% of females ever reporting use.

- **7% of 17 year old males reported ever using heroin**
- **4% of 17 year old females reported ever using heroin**
- **3% of 12 year old males reported ever using heroin**
- **2% of 12 year old females reported ever using heroin**

Other names for heroin

Heroin is also known as smack, H, hammer, skag, horse, dope, rocks, powder, slow, whack, Harry, China white and white.

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The Difference is Research

Ecstasy

What is ecstasy?

'Ecstasy' is the street term commonly used for tablets containing MDMA, or 3, 4-methylenedioxymethamphetamine. It possesses both stimulant and hallucinogenic properties.

Tablets are the most common form and may come in a variety of colours and sizes. Tablets may be branded with a design or logo; in recent times, brands such as Mitsubishi and Calvin Klein have been found stamped on ecstasy tablets. Despite this identification, there is no reliable method of determining the quality of the drug, since pills with the same stamp can vary widely in the content of MDMA and other substances.

Tablets sold as ecstasy can contain a wide variety of substances that are not MDMA. These can include methamphetamine or ketamine, as well as other substances which are part of the same phenethylamine family, such as 3,4-methylenedioxyamphetamine (MDA), para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA). They may also contain legal substances such as caffeine.

How many people use ecstasy?

Australian general population

According to the 2010 National Drug Strategy Household Survey, ecstasy is the second most commonly used illicit drug in Australia with 3% of people aged 14 years or older using ecstasy in the previous 12 months.

However, for the first time since 1995 there has been a decline in the recent use of ecstasy. 10% of the Australian population aged 14 or older has reported using ecstasy at some point in their lives.

- Those aged 20-29 years had the highest proportion reporting use in the past 12 months (9.9%) compared to other age groups. One in four in this age group reported ever having used ecstasy.
- Males aged 20-29 years had the highest proportion reporting use in the past 12 months (11.4%) compared to every other group.
- The recent use (past 12 months) of ecstasy among female teenagers aged 14-19 years fell to 2.5% in 2010 from 6.0% in 2007. Females now report less recent use of ecstasy than their male counterparts – reversing the situation from 2007 when more females than males in that age group reported recent use of ecstasy. Overall the use of ecstasy in the 14-19 year age group fell from 5% in 2007 to 2.8% in 2010.

Australian secondary school students

According to the 2008 Australian Secondary Students Alcohol and Drug Survey, 4.1% of secondary school students reported having used ecstasy some time in their life and 3.5% have used ecstasy in the past year.

The proportion of students ever using ecstasy increased with age, from 0.9% of 12 year olds to 9.0% of 17 year olds.

Of the 3.5% who reported using ecstasy in the past year, 42% of males and 56% of females had used it only once or twice.

Short term effects

The short term effects of ecstasy include:

- euphoria and a feeling of well-being
- increased feelings of intimacy with others
- confidence and a lack of inhibition
- nausea, sweating, increased blood pressure and pulse rate
- jaw clenching and teeth grinding.

Long term effects

Little is known about the long term effects of ecstasy. Some long-term users have been seen to experience depression and some memory and cognitive impairment.

According to the 2010 National Household Survey, recent users of ecstasy were more likely to have reported having a mental illness than those not using the drug (16.2% and 11.9% respectively) and were also more likely to report high levels of psychological distress.

ECSTASY NDARC FACT SHEET

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The Difference in Research

Codeine

What is codeine?

Codeine is an ingredient contained in a number of prescription and over the counter pain medicines.

Codeine is considered a 'weak' opioid pain medication, and is in the same family of medicines as opioid pain medications and drugs such as morphine, oxycodone and heroin. In the body codeine is converted into morphine, which is thought to be responsible for almost all of the pain relieving effects of codeine.

How well does codeine work for pain?

Most codeine products sold without a prescription have limited evidence of effectiveness for pain.

Cochrane reviews have underscored the lack of data to support low dose codeine (<10mg) and limited data to support medium dose (10-20mg) codeine for analgesic efficiency, with combined ibuprofen (400mg) and codeine (25.6 to 60mg) incurring good analgesic efficiency[1].

A review of studies examining of opioids for osteoarthritis of the knee or hip reported that modest benefits of codeine were outweighed by adverse consequences[2].

What is the evidence for concern?

In the case of treatment seeking, a case series conducted in NSW by the National Drug and Alcohol Research Centre found that majority of drug and alcohol treatment cases involving codeine reported use of over-the-counter codeine products[3].

A follow up study of more comprehensive national data found that treatment admissions do not currently differentiate between prescribed and over the counter codeine, though the study found clear increases in codeine related treatment presentations[4]. Cases of serious harm have been associated with codeine products in Australia[5].

Seeking treatment for codeine dependence

- **The number of Australians receiving treatment for dependence on codeine trebled** in the nine years from 2002 new research from the National Drug and Alcohol Research Centre at UNSW has shown[4].
- **One in five people in treatment for opioid dependence were being treated for dependence on pharmaceutical opioids** – most commonly morphine, codeine, oxycodone and fentanyl. Although heroin is still the principal drug of concern for people in treatment for opioid dependence, prescription opioids are far more common than in 2002 when the vast majority of people (93 per cent) were being treated for heroin dependence.
- **Women made up the majority of people in treatment for codeine dependence** in 2002, although the number of men in treatment for codeine dependence is increasing over time.

Dr Suzanne Nielsen, a senior researcher at the National Drug and Alcohol Research Centre at UNSW said that compared with people in treatment for heroin dependence the people with codeine dependence are older, more likely to be employed, more likely to be female and more likely to have a history to chronic pain.'

"This can result in barriers to treatment access. In particular some may be reluctant to come forward because of the stigma associated with traditional treatment for heroin dependence," Dr Nielsen said.

In a study of people entering treatment for codeine dependence in NSW, most people reported that they started using codeine to treat their pain, prior to developing a dependence[3].

CODEINE NDARC FACT SHEET

[ICE/CRYSTAL]

NDARC FACT SHEET

ICE/CRYSTAL

What is ice/crystal?

In recent years in Australia, some strong forms of methamphetamine (see the Amphetamine Fact Sheet to find out more about methamphetamine) have started to become more available and more widely used. One of these forms is known on the street as 'ice'. Ice is a high purity crystalline form of methamphetamine, which is also called 'shabu', 'crystal' or 'crystal meth'. Ice has only recently become popular in Australia, although its use has been common in some parts of Asia and the USA for a long time.

Where does ice/crystal come from?

Most of the ice we get here has actually been manufactured in China but is sometimes transported to Australia via other Asian countries such as the Philippines or Indonesia. We have seen much more ice being imported into Australia in recent years. In the 2000/01 financial year, the Australian Customs Service seized more that 80 Kilograms of ice at the Australian border. Since then, several large seizures of ice have been made at the border, including 233 kg in 2003, and a further 125 kg in 2004. When there is more good quality ice being imported, it puts pressure on the people who manufacture methamphetamine in Australia to produce a higher quality product, so the purity of methamphetamine powder ('speed') made here has been increasing over the last few years.

What does it look like?

Ice is consistently described as large, translucent (colourless) to white crystals or a coarse crystalline powder. Ice is usually sold in 'points' (0.1 gram) because it is so strong that only a tiny bit is used at a time.

How do people use it?

In parts of the world where ice has had a long history of use (e.g., Japan, the Philippines, Hawaii), it has traditionally been smoked in a glass pipe that is similar to the kinds of pipes that crack cocaine is smoked in. Some people who use ice in Australia smoke it through this kind of pipe, whereas others mix it with cannabis and smoke it through a bong ('snow cones'), or heat it on aluminium foil ('chase') and inhale the vapours. But many people who use ice in Australia inject it. Ice easily dissolves in water in the same way that any other methamphetamine form does (i.e., speed or base). Ice can also be swallowed or snorted, but these ways of taking ice are less common.

Why isn't ice/crystal made here?

Although, in theory, anyone who makes methamphetamine in Australia could produce ice, most of the really pure crystalline ice is thought to be imported. This is simply because ice is more difficult to make, and most local manufacturers aren't familiar with how to make it. What is made here is usually a powder (usually called 'speed'), or a damp or oily powder that is often called 'base' (see Amphetamine Fact Sheet).

Base is a sticky, gluggy, waxy or oily form of damp powder, paste or crystal that often has a yellow or brownish hue. It is oily because the first step in the methamphetamine manufacturing process produces methamphetamine base, which is an oil. An oil would not be popular in Australian illicit drug markets, because it cannot be easily injected or snorted. Therefore, manufacturers convert methamphetamine base (oil) into methamphetamine hydrochloride (salt or crystal). To successfully complete this process requires considerable chemistry expertise, and consequently, sometimes the final product still contains some of the methamphetamine oil and other reagents used in the chemical reaction, which gives the final product an oily or damp texture.

Even though ice looks different from 'speed' and 'base', they all contain methamphetamine, and they all have pretty similar effects. Any differences in the effects of ice are a result of its high purity. When you are taking ice, you are taking a really large hit of methamphetamine in one go, and this can alter the way the drug makes you feel, and the type of side-effects that you get.

EMPLOYEES AND CONTRACTOR ACKNOWLEDGEMENT

This handbook is issued to you personally.

The information contained within is proprietary to Universal Communications Group Ltd. The contents of this Handbook are not to be discussed with or transmitted to any competing company employees or contractors.

This book remains the property of Universal Communications Group at all times.

I agree to maintain the confidentiality of the information contained within this handbook and return it when I am no longer engaged by Universal Communications Group.

I have read and understand the contents and requirements set out in this handbook.

Employee/Contractor Full Name: _____

Employee/Contractor Signature: _____

Inductor Full Name: _____

Inductor Signature: _____

Date: ___/___/___