

To: Safe Work Australia
Via email [REDACTED]

Consultation on the draft model Code of Practice: Managing the risks of biological hazards at work

Member feedback

We are pleased to provide feedback from a limited number of individual physicians on the draft model *Code of Practice: Managing the risks of biological hazards at work*. Due to the limited number of respondents, this should not be read as a Royal Australasian College of Physicians (RACP) submission and does not necessarily represent RACP views. These comments are not for publication.

Summary

Respondents did not support publication of this draft of the Code of Practice without consideration of the following:

- Currently the Code is directed at people who may not have the knowledge base or skillset regarding hazardous biological agents to make informed decisions. Biological hazards are complex and attempting to address with limited knowledge or expertise could prove harmful to workers.
- The Code should outline medical expert input, such as Occupational and Environmental physicians, Infectious Disease physicians, Respiratory physicians and so on. Biological hazards can be detrimental (as seen during the COVID-19 pandemic), and proper risk assessment, management and evaluation within the workplace should be underpinned by the involvement of recognised skilled healthcare professionals to mitigate such risks.

Comments on selected sections

Section 2: Work health and safety duties

Our physicians suggested Person Conducting a Business or Undertakings (PCBUs) would find the inclusion of a model useful whereby they could categorise a biological hazard by type, to support commencing risk assessment.

Biological hazards are complex and often require specific knowledge about organisms, modes of transmission, the effects, treatment and effective preventative actions.

Typically, risk groups are described in terms of their ability to cause human disease by infection, allergy and/or toxicity, potential to cause epidemics or pandemics, endemicity and availability of curative or prophylactic treatment. For example, that of the World Health Organization¹:

- Risk group 1: a microorganism known not to or unlikely to cause human disease.
- Risk group 2: a pathogen that may cause human disease but unlikely to pose serious hazard to laboratory workers, the community and the environment. Specific treatment or vaccines may be available to manage or prevent infection with these pathogens.
- Risk group 3: a pathogen that may cause serious human disease but does not typically spread from human to human. Treatment and vaccines may be available to manage or prevent infection with these pathogens.

¹ See WHO 2020 [Laboratory biosafety manual, 4th edition](#)

- Risk group 4: a pathogen that may cause serious human disease and may be readily transmissible from human to human. Specific treatment and preventative measures are typically not available for the diseases caused by these pathogens.

It was suggested these risk groups be included as an appendix.

Section 3: The risk management process

Due to the importance and complexity of the identification of risk, management and evaluation, our physicians suggested the Code include reference for PCBUs to the benefits of having a biological hazard risk-assessed by a trained healthcare professional, such as an Occupational and Environmental Medicine physician.

Section 4: Identifying biological hazards

Our physicians stated that the complexity of the biological agent within the workplace could be given more consideration, recognising that complexity would best be understood and interpreted by a healthcare professional with knowledge of infectious diseases.

Omitting the potential value of engaging relevant healthcare professionals to conduct the identification and assessment of biological hazards, means use of the Code may not result in an optimal level of risk management practice in PCBUs, potentially placing workers at risk.

Section 5: Assessing the risks

Our physicians suggested that a written risk assessment should be required when a risk is significant, such as those that might sit within World Health Organization categories 2, 3 and 4 (listed in comments above for section 2).

Section 6: Controlling the risks

Our physicians emphasised the value of engaging trained healthcare professionals who understand the complex nature of biological hazard transmission and the effectiveness of control measures. It is suggested that including this advice would be good risk management and should be included in the Code.

Section 7: Implementing control measures

Our physicians suggested the value of trained healthcare professionals be included.

Section 8: Reviewing control measures

Our physicians suggested the value of trained healthcare professionals be included.

Useful resources for additional information

- NSW Mid North Coast LHD: Management of Occupational Exposure to Blood Borne Viruses
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) 2025 [Australian National Guidelines](#) for Post-Exposure Prophylaxis (PEP) after Non-Occupational and Occupational Exposure to HIV
- NSW Government Policy Directive Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases
- NSW Government Guideline Blood and Body Substances Occupational Exposure Prevention