AFOEM Annual Training Meeting 2026
Worksite Visit Program

AUSTRALIA POST

Melbourne Parcels Centre, Sunshine West
Pre-Visit Scenario | Registrar Copy

Site	Australia Post – Melbourne Parcels Centre, Sunshine West VIC 3020
Operations	24-hour rotating shift facility; processes up to 23,000 parcels per hour
Section focus	Parcel sorting operations; rotating shift roster; occupational health review
Required PPE	Enclosed shoes; photo ID

Background

Australia Post operates its Melbourne Parcels Centre at Sunshine West, one of Australia's largest 24-hour postal processing facilities. Following a major upgrade, the centre processes up to 23,000 parcels per hour using automated conveyor systems, barcode scanners, and manual handling. Operations run continuously across three rotating shifts aligned with the Australia Post Enterprise Agreement 2021: early (05:30–13:30), afternoon (13:30–21:30), and night (21:30–05:30). Night shift classification under the EBA applies to any shift falling within the 18:00–06:30 bandwidth.

The workforce of approximately 800 includes parcel sorters, machine operators, shift supervisors, forklift operators, and delivery vehicle drivers. Approximately 40% of operational staff work permanent or rotating night shifts. The site has an in-house occupational health nurse and contracts an occupational physician for quarterly medical reviews and fitness-for-work assessments.

Clinical Scenario

THE PATIENT	
Name	Jennifer Nguyen
Age / Sex	44 years / Female
Occupation	Parcel Sorter – Rotating Shift Operations
Duration in role	17 years (permanent nights for 12 years; rotating shifts for the past 5 years)
Referred by	Australia Post Occupational Health Nurse
Current medications	Levothyroxine 75 mcg daily (hypothyroidism, diagnosed 6 years ago)

Jennifer is a 44-year-old parcel sorter who has worked at the Melbourne Parcels Centre for 17 years. She was on permanent night shift for her first 12 years; over the past 5 years she has been on a weekly rotating roster cycling through night, early, and afternoon shifts.

She presents to the quarterly occupational health review reporting persistent fatigue, difficulty sleeping regardless of shift, low mood, and a sense that she 'never feels properly rested.' She has gained approximately 10 kg over the past four years and reports increasing difficulty managing her weight despite no change in diet. Her partner reports loud snoring and occasional witnessed pauses in breathing during sleep.

She has a history of hypothyroidism, diagnosed six years ago, currently treated with levothyroxine 75 mcg daily. On examination today her thyroid function is noted to be not well controlled (see results). She has no other diagnosed medical conditions. She drinks alcohol socially and has never smoked. Her mother had breast cancer at age 52.

A sample week from Jennifer's sleep diary is shown below, alongside results from the quarterly health check.

Investigations

Results are provided without interpretation.

Sleep diary – sample week:

Day	Shift	Hours (EBA)	Sleep reported	Notes
Mon	Night	22:00–06:00	5 h (daytime)	Difficulty initiating sleep; light exposure
Tue	Night	22:00–06:00	4 h (daytime)	Woke repeatedly; noise from household
Wed	Off	–	7.5 h (overnight)	Slept at normal hours
Thu	Early	05:30–13:30	5.5 h	Alarm at 04:00
Fri	Early	05:30–13:30	5 h	Fatigue noted during shift
Sat	Off	–	9 h (overnight)	Recovery sleep
Sun	Off	–	7.5 h (overnight)	–

Quarterly health check:

Investigation	Result	Reference Range
HbA1c	49 mmol/mol	<48 mmol/mol
Fasting glucose	5.9 mmol/L	3.9–6.0 mmol/L
Total cholesterol	5.8 mmol/L	<5.5 mmol/L
Triglycerides	2.4 mmol/L	<1.7 mmol/L
HDL cholesterol	1.1 mmol/L	>1.2 mmol/L (female)
TSH	8.4 mIU/L	0.4–4.0 mIU/L
Free T4	12 pmol/L	10–20 pmol/L
BMI	29.4 kg/m²	18.5–24.9 kg/m²
Blood pressure	138/86 mmHg	

Epworth Sleepiness Scale

For each of the following situations, indicate the chance that you would doze off or fall asleep (0 = would never doze, 1 = slight chance, 2 = moderate chance, 3 = high chance).

Situation	would never doze	slight chance	moderate chance	high chance
Sitting and reading			X	
Watching television			X	
Sitting, inactive, in a public place		X		
Passenger in a car for an hour without a break			X	
Lying down to rest in the afternoon				X
Sitting and talking to someone	X			
Sitting quietly after lunch (no alcohol)		X		
In a car, stopped for a few minutes in traffic			X	
TOTAL (calculate)				

Score >10 = excessive daytime sleepiness. (Ref: Johns MW, 1991)

STOP-BANG Questionnaire

Answer YES or NO for each item. Jennifer's responses are shown.

	Question	Jennifer
S	Snoring: Do you snore loudly?	YES
T	Tired: Do you often feel tired, fatigued, or sleepy during the day?	YES
O	Observed: Has anyone observed you stop breathing during your sleep?	YES
P	Pressure: Do you have or are you being treated for high blood pressure?	YES
B	BMI >35?	NO
A	Age >50 years?	NO
N	Neck circumference >40 cm?	NO
G	Gender = Male?	NO
	TOTAL (count YES answers) (calculate)	

0–2 = low risk; 3–4 = intermediate risk; ≥5 = high risk for OSA.

Discussion Questions

Q1 You are about to walk through a 24-hour parcel sorting facility running continuous rotating shifts. What are the occupational health hazards associated with this type of workplace, who is at risk, and by what mechanisms does shift work cause harm?

Notes:

Q2 Interpret Jennifer's investigation results in the context of her occupational and medical history. What conditions or risks are you concerned about? How does her hypothyroidism interact with the clinical picture?

Notes:

Q3 Jennifer's partner reports witnessed apnoeas. How would you investigate this further, and what are the fitness-for-work implications if obstructive sleep apnoea is confirmed – particularly given that some of her colleagues drive delivery vehicles?

Notes:

Q4 Night shift work is classified by IARC as a Group 2A carcinogen, with a particular association with breast cancer in women. Jennifer's mother had breast cancer at 52. How do you counsel Jennifer about this risk, and does it change your management?

Notes:

Q5 What roster and workplace design changes would reduce the health risks of rotating shift work? What specific recommendations would you make to Australia Post management following today's visit?

Notes:

Q6 Jennifer asks whether her health problems are caused by her work and whether she can make a workers' compensation claim. How do you approach causation in shift work-related disease, and what is your role in this process?

Notes:

Prepare Before the Visit

- Circadian rhythm physiology – how night and rotating shifts disrupt the body clock; why rotating shifts cause greater disruption than permanent nights
- Health consequences of shift work – metabolic syndrome, cardiovascular disease, cancer risk (IARC 2A), mental health, gastrointestinal disease
- IARC classification of night shift work (Group 2A) – the evidence for breast cancer risk in female shift workers
- Hypothyroidism and shift work interaction – TSH interpretation, medication adherence, weight gain, fatigue overlap
- Obstructive sleep apnoea – investigation (polysomnography vs home study) and fitness-for-work implications for driving
- Interpreting the Epworth Sleepiness Scale and STOP-BANG score in an occupational health context
- Roster design principles – direction of rotation, speed of rotation, shift length, recovery time between shifts
- Causation in occupational disease and the Victorian workers' compensation framework