**Tue 21/06/2022 10:27 AM**

From: Harrison, Rosalind A [rosalind.harrison@health.tas.gov.au](mailto:rosalind.harrison@health.tas.gov.au)

RE: Particulate matter and health-based categories

To: [cleanair@cleanairtas.com](mailto:cleanair@cleanairtas.com)

Hi Clive

Thanks very much for your further correspondence.

With regards to the air quality categories, the Tasmanian Government and AirRater categories are now aligned – this was done in 2021.

The WHO guideline level of 5 ug/m3 of PM2.5 that you refer to, is an annual average and therefore cannot be directly compared to Tasmania’s hourly average categories. The WHO guideline was published in 2021 and is a recommendation, serving as a target to work towards (the previous guideline derived in 2005 was 10 ug/m3). The WHO air quality categories should not be interpreted as ‘less than 5 ug/m3 PM2.5 is ‘good’ and greater than 5 ug/m3 PM2.5 is ‘unhealthy’ for everyone’. The WHO air quality guidelines are not standards, nor are they legally binding criteria; they are provided as guidance.

Background PM2.5 levels in Tasmania are typically less than 5 ug/m3 when there is no smoke source. It is not possible to lower our ‘good’ air quality category to 0-5 ug/m3 PM2.5. The Tasmanian air quality categories have been in place for 8+ years, with evidence that the system works well to protect health. The Tasmanian air quality categories are already more conservative than those adopted nationally. The six categories enable the provision of detailed information for the public and account for episodes or seasonal impact which have the biggest overall health burden. It is not a legislative requirement of the Department of Health to provide air quality categories; they are provided as guidance to support the public in making choices and managing their health. Air quality is a challenging area with susceptibility to health effects varying between individuals. The six categories therefore provide advice at a population level, which individuals can then tailor to their own health needs.

With regards to the Department of Health’s webpage on ‘air quality’, located at: <https://www.health.tas.gov.au/health-topics/environmental-health/air-quality>

I appreciate you would like to make changes to the information we provide, however, the Department of Health has to follow strict quality control and evaluation criteria to release information. The information provided on our website is consistent with the evidence for harm.

Our factsheet on ‘Bushfire smoke and your health’ (<https://www.health.tas.gov.au/publications/bushfire-smoke-and-your-health>), provides information specifically for bushfire smoke, and therefore does not include other sources of smoke that you are rightly aware of.

Tasmania does have some of the cleanest air in the world, however, there are periods each year when wood smoke affects the quality of the air that we all breathe. As you are aware, outdoor air pollution is a major environmental health problem. However, in Australia, public health authorities have a role to play in balancing the risks of bushfires close to communities against transient drops in air quality during burn-offs. Bushfires are an intrinsic part of Australia’s landscape and there are still improvements to be made in the way we prepare and respond to bushfires.

Controlled burning is undertaken every autumn in Tasmania by private landowners, the agricultural and forestry industries and the Parks and Wildlife Service. It is important to maintain biodiversity, to promote regeneration and to reduce the risk posed by bushfires to people, houses, other property and the natural environment. During March to October each year, a State-wide fuel reduction burning program is also in operation to protect Tasmanians from the threat of bushfires. This program is carried out by Forestry Tasmania, the Tasmania Fire Service and the Parks and Wildlife Service.

I would like to assure you that Government agencies are working collaboratively on a number of initiatives aimed at reducing burn-off smoke in Tasmania. Smoke from planned forestry burning is addressed by a Memorandum of Understanding between the Forest Practices Authority and the Environment Protection Authority; and a Coordinated Smoke Management Strategy. The Department of Health was involved in the development of this Strategy, which has been in place since 2008 and continues to be refined for each successive burning season. Planned burns are undertaken in accordance with Smoke Management Guidelines. The Smoke Management Guidelines provide for improved planning of smoke dispersal, using data and models developed by the Bureau of Meteorology. When the Smoke Management Guidelines predict poor smoke dispersal, restrictions are imposed (by the Forest Practices Authority) as required, to ban or limit the number of burns. In this way, the Strategy should involve the coordination of planned burns to minimise the risk of high concentrations of smoke within individual air sheds.

The Department of Health is aware that wood heater use can contribute to smoky neighbourhoods and that any visible smoke from wood heaters is contributing to smoke pollution in the air. In Tasmania, wood heaters are the main contributor to poor air quality. The evidence of harm from smoke is well established, particularly for susceptible individuals, for whom exposure to smoke makes their symptoms worse. I would like to reassure you that there are currently a number of initiatives aimed at reducing wood heater smoke:

The Environment Protection Authority implements the Domestic Smoke Management Program, aiming to improve the health of the community through targeted education and community engagement (<https://epa.tas.gov.au/epa/air/wood-heater-smoke/domestic-smoke-management>).

The Environment Protection Authority has a range of information about how to improve wood heater usage (<https://epa.tas.gov.au/epa/air/wood-heater-smoke/domestic-smoke-management/improving-wood-heater-use>).

The Department of Health has no control over the use of wood heaters by members of the public. Nor does the Department regulate air quality or planned burning. However, the Department of Health has been involved for many years in advocacy, advice and partnerships (particularly with the Menzies Research Institute and AirRater), to further understand the health effects of smoke, and to develop interventions to reduce the short and long term health harms from smoke. AirRater brings together data from weather monitoring stations and the Environment Protection Authority’s air quality stations, to provide air quality alerts that enable people with asthma and other health conditions to better manage their own symptoms. I trust that you can understand the importance of planned burning and appreciate that it is not carried out unnecessarily, but more to reduce the threat to Tasmanians from bushfires.

Regards,

**Rosalind Harrison |** Senior Scientific Officer (Toxicology)

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Prevention is better than cure

*We acknowledge the traditional owners of the land on which we work and live, and respect their ongoing custodianship of the land.*

*We pay respect to Tasmanian Aboriginal people, and Elders past and present.*