

## HANSFORD Shane

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**From:** Isaac.dzakpata [s.49 - Personal Information]  
**Sent:** Thursday, 7 January 2016 9:33 AM  
**To:** HANSFORD Shane  
**Subject:** RE: RE[2]: RTI  
**Attachments:** Extracts Related to Rathus\_Abrahams Report 1984.pdf

Hi Shane,

Please find attached extract from QCB minutes of 1983 -1984 which directly relates to the Rathus Report. Sadly bits of the extract are truncated due to size of bound volume. I will get back to the archives and get that redone.

As I observed with you the other time, the references to other documents in the minutes are often verbal and sparse.

Thanks,

Best Regards,  
Isaac

**From:** HANSFORD Shane [mailto:Shane.Hansford@dnrm.qld.gov.au]  
**Sent:** Tuesday, 5 January 2016 9:56 AM  
**To:** Isaac.dzakpata [s.49 - Personal Information]  
**Subject:** RE: RE[2]: RTI

Thanks

**From:** Isaac.dzakpata [s.49 - Personal Information]  
**Sent:** Tuesday, 5 January 2016 9:55 AM  
**To:** HANSFORD Shane  
**Subject:** RE[2]: RTI

Hi Shane,

Yes it would be possible to compile those comments directly related to the Rathus report and send that through once I am back in the office.

Thanks,

Regards,  
Isaac

**From:** HANSFORD Shane [mailto:Shane.Hansford@dnrm.qld.gov.au]  
**Sent:** Tuesday, 5 January 2016 9:44 AM  
**To:** Isaac.dzakpata [s.49 - Personal Information]  
**Subject:** RE: RTI [40]

Thought that might be the case. That is why I asked only for comments directly related to the Rathus report. Is it possible just to put those together somehow? Maybe print relevant page and scan as a single low-res document? Doesn't have to happen today. Next time you are in the office will be OK.

**From:** Isaac.dzakpata [s.49 - Personal Information]  
**Sent:** Tuesday, 5 January 2016 9:39 AM  
**To:** HANSFORD Shane  
**Subject:** RE: RTI [40]

Files were to huge

**From:** Isaac.dzakpata [s.49 - Personal Information]  
**Sent:** Tuesday, 5 January 2016 9:27 AM  
**To:** 'HANSFORD Shane' <Shane.Hansford@dnrm.qld.gov.au>  
**Subject:** RE: RTI

Hi Shane,

Please find attached all the Coal Board Minutes, we have received so far from Ann and her Team. We are still expecting three more that would be sent to my DNRM email address.

Regards,  
Isaac

**From:** HANSFORD Shane [mailto:Shane.Hansford@dnrm.qld.gov.au]  
**Sent:** Tuesday, 5 January 2016 9:08 AM  
**To:** Isaac.dzakpata [s.49 - Personal Information]  
**Subject:** RTI

Hi Isaac,

We have a Right to Information request from the ABC for any documents we hold that relate to the 1984 Rathus & Abrahams report. Can you please send me any of the excerpts from the Coal Board Minutes as a result of our search request that might be relevant (i.e. just records that quote the report or relate to any follow up on it)?

Cheers

**Shane Hansford**  
Principal Project Officer | Mines Safety & Health  
Department of Natural Resources & Mines  
Level 16, 61 Mary St  
PO Box 15216, CITY EAST QLD 4002  
T 3199 8031 (76031)  
E [shane.hansford@dnrm.qld.gov.au](mailto:shane.hansford@dnrm.qld.gov.au)

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Extract 3, page 85

BUSINESS ARISING FROM MINUTES

Coal Miners' Health Scheme

The Secretary referred to the Board's decision at the meeting held on March 20, 1984, to rescind the Order relating to the Compulsory Chest X-ray and Emphysema Test for certain employees working in the Coal Mining Industry prior to January 1, 1983.

He presented a rescission notice which he recommended be executed.

After discussion it was

Resolved:

To execute the notice

Extract 4, page 108

GENERAL BUSINESS

Coal Miners' Health Scheme

The Secretary reported that the results and analyses carried out by Doctors Rathus and Abrahams on the Compulsory Chest X-ray Programme were completed. Their findings and recommendations have been summarised in a report which was recently received from the printers. Distribution of the report is presently taking place.

The Chairman advised that the Honourable the Minister for Mines and Energy had sent a copy of the report to the

THE QUEENSLAND COAL BOARD

MINUTES OF MEETINGS OF THE BOARD

VOLUME 34

JULY 1984 TO JUNE 1985

Extract 1, page 22

QUEENSLAND COAL ASSOCIATION

Coal Miners' Health Scheme

The Secretary reported that by letter dated August 23, 1984, the Executive Director, Queensland Coal Association, advised of the Association's comments on the Report prepared as a result of the Chest X-ray and Emphysema Check Survey of Colliery Employees in Queensland and the Pre-employment Medical Scheme.

After discussion it was

Resolved:

Approved that a meeting be held with the Australian Coal Association tentatively at 10.00 a.m. on October 3, 1984.

Attachment 1

Record of confirmed cases of coal workers pneumoconiosis as at 7/1/16		
Case identifier	Confirmation	History of diagnosis
150513-1	13/05/2015 By lung biopsy	CXR* in 2007 & 2009 reported as "clear". Positive CXR in 2015 & confirmation by lung biopsy led to re-exam of 2009 CXR, revealing pneumoconiosis was present.
151119-1	19/11/2015 By CXR (in USA)	Underwent pre-employment medical in July 2010 and CXR in Jan 2011 in US prior to working in Queensland. CXR reported as "normal" in USA. When worker returned to USA was diagnosed with pneumoconiosis (which he does not attribute to Queensland mining).
151218-1	18/12/2015 By CXR (in Aus and then USA)	Queensland radiologist reviewed CXR & noted an abnormality which then was referred to Dr Bob Cohen for review and subsequent confirmation of early stage pneumoconiosis.
150721-1	Confirmed by CT scan (date unknown)	CXR survey in 1983 was normal. Coal Board medical in 1995 identified health concerns but did not include a CXR. Recent CXR and CT scans show progressive massive fibrosis.
151214-1	Confirmed by work cover certificate dated 7/1/16 provided by SSE on 8/1/16	Normal CXR 2012. Xray 11/12/15 Abnormal. CWP confirmed by biopsy, date unknown.

\*Chest X-ray

Record of cases of coal workers pneumoconiosis still under investigation as at 7/1/16		
Case identifier	Status	History of diagnosis
150929-1	Advised 29/09/2015 Awaiting lung biopsy	CXR abnormal Sept 2014, CT scan suggestive of pneumoconiosis Oct 2014, biopsy advised but not done. Diagnosis on CXR via respiratory physician Dec 2015, but further testing advised by Dr Bob Cohen.
151204-1	Advised 4/12/2015 Awaiting further diagnosis	Routine pre-employment medical revealed abnormal CXR. CT scan revealed probable pneumoconiosis and other pathology but not yet confirmed.

Work history & potentially relevant information

Longwall electrician 2006-2008 and longwall electrical co-ordinator 2008-2015.
Underground electrician from 2006 but currently not employed in industry.

DEPARTMENT OF NATURAL RESOURCES AND MINES  
RESPONSE TO DIRECTOR-GENERAL'S OFFICE REQUEST

CTS 00007/16	Coal Workers Pneumoconiosis
DATE REQUESTED BY D-G OFFICE	4 January 2016
REQUESTED BY	Department of the Premier and Cabinet
RESPONDING OFFICER	Shane Hansford Principal Policy Officer (31998030)

**BACKGROUND:**

- Pneumoconiosis is a suite of diseases caused by the inhalation of a variety of organic or inorganic dusts or chemical irritants. Coal workers pneumoconiosis (CWP) is a chronic occupational disease caused by inhaling microscopic coal dust over many years, triggering inflammation of the alveoli and eventually resulting in irreversible lung damage. CWP ranges in severity, with the most severe form being progressive massive fibrosis. The response is to prevent exposure to respirable dust. If such action is not taken, debilitating and even fatal advanced CWP can develop.
- In December 1982, the former Queensland Coal Board authorised the development of a coal miners' health scheme. This scheme started on 1 January 1983 with a programme to survey, by chest X-ray and lung function test, all colliery employees in Queensland. That program resulted in the release of the *Report on the Queensland Coal Board Coal Miners' Health Scheme* (Dr E.M Rathus and Dr E.W. Abrahams 1984) which recommended the establishment of a permanent health scheme for coal miners. The Board subsequently introduced the Coal Industry Employees Health Scheme in May 1993, which over time has developed into the current scheme.
- The Coal Mine Workers' Health Scheme is conducted under the *Coal Mining Safety and Health Regulation 1999*, which requires an employer to ensure that a health assessment is carried out for each coal mine worker who is employed for a task other than a low risk task. Such assessments include chest X-rays and respiratory function testing and must be carried out pre-employment and then at least once every five years. The employer must appoint a nominated medical advisor (NMA) to carry out, supervise and report on health assessments.
- A DNRM review of dust monitoring undertaken by mines revealed that there had been a significant rise in dust levels in some underground mines since 2012. While this cannot be regarded as a "cause" of any of the recently reported cases of CWP, sensitivity to the issue of dust levels has been heightened by these cases. Those mines where regulated dust levels have been exceeded are being closely monitored by the Mines Inspectorate to ensure that appropriate measures are put in place to achieve compliance. DNRM's published mine safety compliance policy provides an escalating scale of enforcement action, and this policy is being implemented for each non-compliant mine.
- A review of the Coal Mine Workers' Health Scheme is being undertaken by the Monash University Centre for Occupational and Environmental Health.
- A number of coal mine workers at individual mines had withdrawn themselves from working underground under section 274 of the *Coal Mining Safety and Health Act 1999* (CMSHA) (where coal mine worker exposed to immediate personal danger) in December 2015. The Chief Inspector Coal Mines advised all relevant mines on 22 December 2015 that while the possibility of inadequate analysis of chest X-rays did not create an immediate personal danger, the primary issue was the workers' claiming a belief of immediate personal danger from dust exposure. Implementing a principal hazard management plan that controls dust exposure levels within regulated limits would demonstrate an acceptable level of risk from dust exposure and make claiming immediate personal danger difficult.
- Two of the Industry Safety and Health Representatives appointed by the Construction Forestry Mining Energy Union (CFMEU) have issued directives under CMSHA section 167 (Directive to suspend

<p><b>Author</b> Name: Shane Hansford Position: Principal Policy Officer Unit: Mine Safety and Health Tel No: 3199 8030 Date drafted: 7 January 2016</p>	<p><b>Branch Approval</b> Name: Noel Erichsen A/ Chief MSH Officer Branch: Mine Safety and Health Tel No: 3199 8015 Date Endorsed: 7 January 2016</p>	<p><b>Division Approval</b> Name: Bill Date Acting Deputy Director-General Branch: MER Tel No: 3199 7250 Date Endorsed: 7 January 2016</p>
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operations for unacceptable level of risk) in late December for the suspension of operations at all underground coal mines if dust levels were exceeded. The Chief Inspector Coal Mines advised all relevant mines by e-mail on 23 December 2015 that these directives were invalid.

**STATUS UPDATE:**

See attached DNRM weekly status update report.

Released by DNRM  
under the  
RTI Act 2009



**GELDARD Karmen**

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**From:** HARRISON Paul  
**Sent:** Monday, 14 December 2015 2:47 PM  
**To:** LYNCH Paul  
**Subject:** FW: Coal Board Reports  
**Attachments:** Coal Board reports 1981 to 2003.pdf

FYI

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**From:** HANSFORD Shane  
**Sent:** Friday, 4 December 2015 3:44 PM  
**To:** HARRISON Paul  
**Subject:** RE: Coal Board Reports

Harro,

PDF of references to coal board medical in the Board reports 1981 to 2003. Probable highlights are:

P5, i.e. the 32<sup>nd</sup> report of 1983 which discusses establishment of the scheme by Gazette on Dec 11 1982  
P14, i.e. the 42<sup>nd</sup> report which discusses the establishment of the 1993 scheme  
P18, i.e. p12 of the 44<sup>th</sup> report has a reference to the "1984 study by Rathus and Abrahms" which showed 75 cases of pneumoconiosis

I will drop a hard copy around.

Cheers

Shane

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**From:** HARRISON Paul  
**Sent:** Thursday, 3 December 2015 9:54 AM  
**To:** HANSFORD Shane  
**Subject:** FW: Coal Board Reports

Shane. Can we discuss please. Harro

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**From:** HARRISON Paul  
**Sent:** Monday, 30 November 2015 5:35 PM  
**To:** SMITH David (Mines)  
**Cc:** ALBURY Russell  
**Subject:** Coal Board Reports

David

Attached is a document containing links to old Coal Board Reports in QDex. Some of them mention the health scheme.

Paul

## ACTIVITIES OF THE BOARD (Continued)

### VISITORS

Throughout the year the Board received visitors from overseas countries and Australia. Enquiries covered sources and availability of steaming and coking coals, investment and equity information, coal handling facilities, industrial problems, etc. It is common practice for many visitors to contact the Board prior to having discussions with mining companies.

### CONFERENCES

Members of the Board have representation on many organisations and Committees e.g. the Board of the Australian Coal Industry Research Laboratories Ltd. (A.C.I.R.L.), Queensland Energy Advisory Council (Q.E.A.C.), Queensland Coal Mining Safety Research Advisory Committee (Q.C.M.S.R.A.C.) etc., and they attended several meetings during the year. Also the Board convened conferences involving mining companies and consumer industries.

### \* MINERS HEALTH SCHEME

During the year the Board reactivated a proposed Health Scheme for Queensland coal miners. Conferences and discussions were held with the Department of Health, the Workers Compensation Board, the Coal Owners' Association and the Combined Mining Unions. A further study was also made of the scheme operating in New South Wales.

The introduction of a Scheme for Queensland is most desirable and has support from all organisations concerned. Agreement was basically reached on how the Scheme would operate and financing of the programme was investigated.

It is envisaged that all new employees will be medically examined prior to being engaged for duty. All personnel presently employed will be subject to chest X-ray examinations, audiometry testing, etc.

The Board will continue its efforts to have the Scheme implemented as quickly as possible and it expects the Scheme could commence in early 1982.

### SURVEY OF EARNINGS

During the first quarter of 1981-82 the Board will conduct a survey of earnings of employees in the Queensland Coal Mining Industry. The survey will relate to employees covered by the five main awards in the industry.

### PRICE OF COAL

Setting and monitoring of prices of domestic coal is an important function of the Board. Its responsibility extends to all coal sold within the State.

In respect of coal exports, the companies concerned negotiate their own prices. However, the prices of overseas export coal are subject to the approval of the Hon. the Minister for Trade and Resources.

### General Comment

The pithead selling prices of coal supplied to local market have increased in all districts. In two districts price increases have been influenced by the terms of agreements signed for the supply of coal. General increases in pithead selling prices were granted to recoup the cost of the following:—

31st Report 1982

## THE COAL INDUSTRY 1982

The Board has pleasure in reporting that for the 1981-82 year a number of new records have been achieved in the Queensland Coal Industry. The resulting increases were most acceptable even though proportionately less than last year.

Saleable coal production has risen to 34.3 million tonnes, domestic usage rose to 7.5 million tonnes and overseas exports increased to 24.9 million tonnes. Employment numbers have climbed to 8 664.

Record productions were achieved in the Blackwater and Bowen districts. Increases also occurred in the West Moreton, Darling Downs and Moura districts. Production declined in the Maryborough, Callide and Mackay districts. The Mackay district which is the largest producing area in the State has shown since 1971 a continuous growth, excepting for the years 1977-78 and 1981-82. The record Blackwater figure was occasioned by the progressive development of the Gregory mine and the output of two new mines — German Creek and Yarrabee.

Coal consumption within the State increased by 380 000 tonnes. All industries excepting coke manufacture and metal processing have used more coal. Electricity generation — the major consumer group used 307 000 tonnes of the increase. The food processing group showed the largest gain on a percentage basis.

Manpower in the industry increased by 699 and at all districts excepting Klanga and Darling Downs additional personnel were employed. The Blackwater companies engaged 474 of these new recruits.

Due to increased employment the number of manshifts possible to be worked increased accordingly. The number of manshifts lost through industrial disputes declined by 2.79% from the 1980-81 figure despite 12 days loss of production during January-February 1982, owing to an industrial dispute over a log of claims.

\* During the year further discussions and conferences were held concerning the Coal Miners' Health Scheme. The Board is pleased to announce that finally was reached while this report was being prepared.

Despite some downturn in certain overseas markets for coking and steaming coals the development of new mines is proceeding reflecting a degree of optimism for the future. The Oaky Creek mine in the Central Area is scheduled to commence production of coking coal in February, 1983, and the exports are programmed to start four months later.

Development of Riverside — a coking coal project, Blair Athol and Newlands — both export steaming coal projects are progressing. Curragh, which is planned to supply steaming coal for use within the State and to export coking coal is also well advanced. Tarong and Boundary Hill are being developed as large supplying mines for new power stations.

All coal ports except Bowen handled record export quantities. Operations were satisfactory and generally vessels were not unduly delayed.

Stage I of the new coal terminal at Brisbane will be completed by the end of 1982 and also by that date Gladstone Harbour will be deepened permitting vessels of up to 140 000 d.w.t. to berth at the Clinton facility. The first stage of Dalrymple Bay (Hay Point 2) is scheduled to commence operations in July, 1983. Construction work is progressing at the Abbot Point terminal.

Conversion by industry to coal firing has continued, although the number of conversions was lower than during the past few years. This must be expected as most prospective companies have made the change.

## ACTIVITIES OF THE BOARD (Continued)

### SEVERANCE PAY FUND

Under powers conferred on it by the Coal Industry (Control) Act 1948-1978 the Board entered into agreements with some coal mining companies to administer a Fund to ensure severance pay entitlements to employees who may be retrenched from those companies which contribute to this Fund. The contributing colliery companies were granted an increase in price. Levies are remitted to the Board for lodgement in the Fund.

Following a review by the State Actuary the levy payable was reduced as from October 1, 1981.

No employees engaged by the contributing companies were retrenched during the year.

### COAL MINERS' HEALTH SCHEME

Further discussions and conferences were held relating to the Miners' Health Scheme. While this report was being assembled State Cabinet on August 30, 1982, approved for the Board to implement the Scheme.

Two Coal Board Orders will be issued relevant to the Scheme and will in due course be published in the Government Gazette. The Orders provide for pre-medical examination for new employees and for examination of persons presently employed in and about coal mines in Queensland. In addition, men who have recently retired should volunteer for the X-ray survey.

It is anticipated that the Scheme will be implemented in the beginning of 1983.

The Board extends thanks for the co-operation received from the Department of Health, the Workers' Compensation Board of Queensland, the Queensland Coal Owners' Association and the Combined Mining Unions.

### COAL MARKETING

The conversion away from oil fuel to the use of coal levelled off during this year. It is pleasing to note that most of the companies originally regarded as potential for the change have converted.

Some interesting installations which were made during the year warrant comment. A.J. Bush & Sons Pty. Ltd. of Brisbane installed an 18 megawatt boiler, the largest coal-fired packaged unit of its type in Australia.

Granville Tobacco Processors Pty. Ltd. of Bundamba, planned its new twin boiler installation to harmonize with the residential and semi-rural environment surrounding its premises.

Similarly, the twin boiler installation at the Mater Hospital, South Brisbane, was constructed to conform with the other hospital buildings.

All plants have been commissioned and are reported as functioning well and showing considerable savings as against oil fuel usage. The concept of design with due regard to appearance and the surroundings is most welcomed by the Board.

At Gladstone, a coal bunkering facility of 80 tonnes per hour capacity has been constructed to cater for the four 75 000 d.w.t. coal-fired bulk carriers which will convey bauxite from Weipa to the Queensland Alumina Refinery. The coal-fired vessel, the "Ryer Boyne" is expected to berth at the Gladstone wharf on October 18, 1982 and will commence bunkering immediately. This is a landmark, not only for Australia, but for the world, as this is the first new coal-fired vessel utilizing modern technology, to be commissioned. Another article giving details on the bunkering facilities, together with technical details concerning engine room operations appears elsewhere in this Report.

There are still some companies in the grain drying, ceramics and meat industries that show potential for coal usage. A change in technological approach could accelerate such conversion.

## THE COAL INDUSTRY 1983

The Board is pleased to report that during the 1982-83 year the Queensland coal industry achieved new records in many spheres of activities.

When the continuing depressed market for coking coal in some countries and the slow world growth rate for steaming coal are recognised, exports are considered most satisfactory.

Saleable production totalled 35.8 million tonnes — the highest figure for any financial year. Of the nine mining Districts within the State, seven show an increased output. The rise in the Callide District from the previous year was 53.14%.

Coal exports totalled 26.4 million tonnes of which 17.8 million were consigned to Japan. This is the largest quantity exported to Japan in any financial year.

Consumption of coal within the State was 8.6 million tonnes and represents another increase. The electricity industry, the major consumer, used one million additional tonnes.

The Board continued its marketing programme. As most industrial concerns capable of being converted to coal-fired equipment have made the change, only a few conversions occurred.

Employment has grown to 8 773 which is the highest level ever. Due to reduced production requirements, manpower at some mines decreased. However, an active redeployment programme facilitated transfer of personnel to other operations.

Partly due to new mine activity the total number of manshifts possible to be worked increased by 120 000. The percentage number of shifts lost for all reasons declined to 6.85% with industrial disputes accounting for a mere 1.16%. Overseas buyers of Queensland coal should be pleased with the present excellent performance by the mining workforce in this State.

A major achievement during the year was the implementation of the Coal Miners' Health Scheme. The health and welfare of persons working in the industry is of vital concern and this programme will do much to identify health needs.

It is heartening to report that no fatal accidents occurred at the mines.

Development of new projects continues. The Oak Creek mine came on stream and commenced exporting during the year. Riverside mine, which is at an advanced stage, has been scheduled for exports in late 1983. The Blair Athol and Newlands steaming coal projects have progressed and a major expansion programme at Collinsville is near completion.

Boundary Hill, near Callide, came into production and Meandu at Tarong, is scheduled for deliveries to the on-site power station in February, 1984. The steaming coal operation at Curragh is well advanced and coal will be tested at Gladstone Power Station in the final quarter of 1983.

The first stage of the export coal facility at Brisbane was completed. Loading at the new terminal commenced in February, 1983. Construction of two other terminals — Dalrymple Bay, near Hay Point and Abbot Point, north of Bowen — is continuing. The first stage of each facility is scheduled for operation in the near future. Queensland will shortly have five coal ports, some capable of handling the largest vessels. These ports, together with the back-up infrastructure, demonstrate the coal export potential of this State.

During the year a Federal election was held and there was a change in Government. The new Government brought down its budget while this report was being prepared.

The \$3.50 per tonne duty which applies to five Queensland exporting companies was not removed.

Representatives of the coal industry have again requested the abolition of this discriminatory tax. Considering that three of the export companies have experienced a reduction in the price of coking coal the Board repeats its belief that the Federal Government should remove the Queensland coal export duty.

## ACTIVITIES OF THE BOARD



### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy.

### LEGISLATION

There were no amendments to the Coal Industry (Control) Act during the year.

### COAL MINERS' HEALTH SCHEME

In the Government Gazette of December 11, 1982 the Board issued two Orders relevant to the Coal Miners' Health Scheme which commenced as from January 1, 1983.

One Order was for the compulsory medical examination of new entrants to the Coal Mining Industry and for the medical examination of employees of the Coal Industry under certain circumstances, made in accordance with the authority granted to The Queensland Coal Board by the Coal Industry (Control) Act 1948-1978.

The second Order was for a compulsory chest X-ray for all employees working on or about a coal mine prior to January 1, 1983. This Order also sought that former coal miners undergo a chest X-ray.

To implement the Scheme the Board arranged several conferences with company personnel, mining unions, and medical practitioners. Visits were made to the Northern and Central areas for discussions with officials who could not attend meetings in Brisbane.

Mining companies nominated doctors who would examine new entrants. The examining doctor advises the entrant, the company, and the Board if the person concerned is 'fit for duty', 'fit for restricted duty' or 'unfit'. Medical records are forwarded to the Board's office for confidential filing and storage.

In conjunction with the Department of Health the chest X-ray programme commenced in March, 1983. The Department's mobile unit first visited West Moreton mine sites and then was moved to Collinsville. The mobile unit is currently proceeding southwards through the Bowen Basin.

The Board has engaged, on a part-time basis, two eminent medical consultants to read the X-ray films. All personnel who are X-rayed, are advised on the results of the examination.

The operation of both aspects of the Health Scheme has progressed to a satisfactory state. Some minor problems were encountered in the earlier months and all of these were overcome.

The Board is pleased that this long awaited Health programme has commenced and extends its thanks to the miners, personnel officers in the industry, medical practitioners, and to the Department of Health for the excellent co-operation received.

### BOARD AND STAFF APPOINTMENTS

Mr. Michael P. Walker was appointed to the position of Engineer and commenced duty on June 27, 1983. Mr. Walker has spent 20 years in the coal industry in England and Australia.

While this report was in preparation Mr. Jack T. Woods, was reappointed as Chairman for a period of one year from October 30, 1983.

### STAFFING

At June 30, 1983 sixteen officers were employed by the Board.

## THE COAL INDUSTRY 1984

Several highlights were achieved in the Queensland coal mining industry during the 1983-84 year, and the Board is pleased to report a continuing growth of activity.

Saleable coal production reached 44 million tonnes — the largest quantity mined in any 12 month period. Seven of the ten mining districts show increased output. New mines, further development of some mines which began operations during the previous year and an improved overall State output per manshift all contributed. Large new mines which came on stream were Meandu, Riverside, Curragh, Newlands and Blair Athol.

The number of employees continued to rise and at the close of the year 9 674 persons were engaged although 19 men were retrenched in the southern division. The redeployment programme which commenced the previous year continued with good relations by all parties.

Manshifts possible rose to 2.59 million of which 2.41 million or 93.05% were worked. The number of shifts lost through industrial problems shows a small increase of 0.81% over last year. The continuing co-operation between management and unions in industrial matters is again evident.

The quantity of coal used by industry in the State increased by 14.1%. Total consumption exceeded 9.8 million tonnes of which 7.6 million tonnes were burned at the power stations.

A record 33.1 million tonnes of coal was exported to 24 countries. The export comprised 29.6 million tonnes of coking coal and 3.5 million tonnes of steaming coal. Japanese trade continued to increase and sales to that country were 19.87 million tonnes.

Operations commenced at two additional export coal terminals — Dalrymple Bay, near Hay Point and Abbot Point, north of Bowen. Both facilities have been designed for fast loading and large bulk carriers.

\* The Chest X-ray survey of mining personnel was completed and involved 7784 X-rays being taken. An additional 123 workers also participated. A report by the Board's Medical Consultants was published and distributed.

Although no major new mines are currently being developed, existing and expanding mines have a designed production capacity exceeding 60 million tonnes of saleable coal per year. Five coal ports are now operational and duplication of railway lines used for the coal export trade is continuing. These ports and the railway system can adequately handle that production capability.

## ACTIVITIES OF THE BOARD



### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy.

### LEGISLATION

There were no amendments to the Coal Industry (Control) Act during the year.

### BOARD APPOINTMENT

While this report was in preparation Mr. Jack T. Woods, was reappointed as Chairman for a period of one year from October 30, 1984.

### STAFFING

At June 30, 1984 sixteen officers were employed by the Board.

### FINANCIAL ASSISTANCE

#### (1) Colliery Loans

An amount of \$230 000 was loaned to a mining company to assist in the purchase of mining equipment and building construction.

#### (2) Welfare

Grants totalling \$13 689 were approved for a variety of welfare projects. Most of this expenditure was occasioned by the visit to Blackwater of some West Moreton miners and their wives.

Since inception of the welfare programme \$422 000 have been provided from the Welfare Fund.

#### (3) Severance Pay Fund

During the year a total of \$216 172 was paid from the Severance Pay Fund to 19 men who were retrenched from the industry.

#### (4) Health Scheme

Payments totalling \$67 000 were made from the Health Scheme Fund. Most of the expenditure related to the compulsory X-ray programme.

### COAL MARKETING

As reported last year there are few industries available which may be converted from oil fuel to coal usage. However the ongoing marketing programme was continued. A number of firms were contacted and a southern area abattoir previously using oil has converted to coal.

There are industries which presently use large quantities of gas. With the rising costs relating to exploration the price per therm of gas is increasing. Coal, therefore, provides an economic alternative and it is the Board's intention to acquaint users of gas of the cost effectiveness of coal.

### COAL QUALITY CONTROL

The Board continued to monitor and investigate the quality of coal to consumers. Visits were made to collieries, consumers' premises and stockpile areas to check on quality and investigate complaints.

The coal samplers made 460 visits to mines and consumers. A total of 493 samples were prepared for analyses by the Government Analyst.

### RESEARCH

The Board continued to participate in the following Committees:

- Queensland Coal Mines Safety Research Advisory Committee
- Mining Technology Committee
- Co-Ordinating Committee on Outburst Research

These Committees are primarily involved with mines safety and improvement of mining technology.

The Board also represented the State Government at meetings of the Queensland Coal Mining Industry Consultative Committee. As a representative of all active participants in the industry, the Board made a significant contribution to resolving potential industrial problems through discussion and co-operation which led to greater understanding by the parties concerned. This has been particularly evident where relocation of displaced mineworkers has been necessary.



## ACTIVITIES OF THE BOARD

### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy. There were no amendments to the Act during the year.

### BOARD APPOINTMENT

While this report was in preparation Mr. Jack T. Woods, was reappointed Chairman to December 10, 1985.

### STAFFING

At June 30, 1985, fifteen officers were employed by the Board.

### RETRENCHED EMPLOYEES — SEVERANCE PAYMENTS

The Acland mine near Dakey and the Southern Cross mines in the Bundamba area ceased operations during the year. 56 workers of the retrenched personnel were paid an amount of \$885,685 from the Severance Pay Fund.

### COAL MARKETING

As previously reported the number of industries available for change to coal as a fuel source is comparatively few. The promotion of coal has continued and additional consumers were gained during 1984-85.

A new boiler plant was installed at a large abattoir in the southern area, three lime works were converted to coal as well as a tea processing plant in the north.

Negotiations are continuing with tobacco and meat processing companies for possible change to coal as a fuel.

### COAL QUALITY CONTROL

Mines, consumers' premises, and stockpile areas were visited and inspections made to ensure coal quality standards of domestic coal supplies were maintained.

The coal samplers made 476 visits to mines and consumers. A total of 516 samples were prepared for analyses.

### \* COAL MINERS' HEALTH SCHEME

The Health Scheme is functioning satisfactorily and the small problems associated with pre-entry medical examinations have been overcome. A total of 1,003 medical examinations were conducted during 1984-85 for new employees to the coal industry.

Employees who had been advised of an abnormality as a result of the X-ray programme, which was completed last year, have been contacted again. The Queensland Coal Mines Research Safety Committee is to have further discussions with these employees.

### PARTICIPATION ON COMMITTEES

The Board continued to be represented on the Australian Coal Consultative Council Advisory Committee, the National Research Group and associated Working Parties. Through these activities the A.C.C.C. has contributed to the improved industrial climate in the industry.

The Council has the support of companies, unions, and the Queensland and New South Wales Governments and in general has fostered an improved level of understanding between the parties in the industry.

The Board also represents the State Government on the Queensland Coal Mining Industry Consultative Committee which assists in minimising potential industrial problems in the industry through discussion and co-operation between parties.

Other organisations — particularly involving research — include the Queensland Coal Mines Safety Research Advisory Committee, the Mining Technology Committee and the Co-ordinating Committee on Outburst Research.

## ACTIVITIES OF THE BOARD

### MINISTERIAL

The Board welcomes and extends congratulations to its new Minister the Honourable Brian Austin, M.L.A., who was appointed as Minister for Mines and Energy as from December 1, 1986.

### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy. There were no amendments to the Act during the year.

### BOARD APPOINTMENT

Mr. J.T. Woods retired on December 10, 1985. Mr. K.W. Wolff, Director-General, Department of Mines, was appointed Chairman for a period of one year from December 11, 1985.

### STAFF

At June 30, 1986, fifteen officers were employed by the Board.

### COMPUTER INSTALLATION

A computer system was installed during the year. However, owing to the relocation of the Board's offices the final units were not acquired until early this current financial year.

An additional officer has since been appointed for computer programming and other clerical duties.

The Board desires to thank the Director of the State Government Computer Centre for the assistance provided by his officers.

The computer installation will greatly facilitate processing of statistical data and other information.

### COAL MINERS' HEALTH SCHEME

The number of employees who underwent the pre-entry medical examinations totalled 940 - approximately 60 fewer than last year.

Throughout the State additional doctors are conducting the examinations on behalf of the mining companies.

### RETRENCHED EMPLOYEES

An amount of \$16,169 was paid to one employee who was retrenched from one of the companies associated with the Severance Pay Scheme.

### THE WELFARE FUND

During the year an amount of approximately \$26,000 was provided for loans and grants for a variety of projects for which the Board approved financial assistance.

### COAL MARKETING

The promotion of coal as a fuel source was continued. In the central area a major new market was established for a Meat Processing company.

### COAL QUALITY CONTROL

Coal samples were obtained from mines, consumers' premises and stockpile areas regularly throughout the year to ensure that domestic quality specifications were maintained.

Where problems occurred, incorrect coal size was found to be the predominant factor. Consequently more routine sizing tests are now being carried out by the Board.

A total of 546 samples were prepared by the coal samplers and delivered to the Government Laboratory and A.C.I.R.L. for chemical analysis.

### PRICE OF COAL

The establishment and maintenance of domestic coal prices is an important function of the Board which has a responsibility for all coal sold within the State.

The pithead selling prices of coal supplied to domestic consumers have risen. Increases were granted to recoup the cost of:-

- (i) A rise of 3.8% in the National Wage and increases in special rates and allowances applying from November 4, 1985.
- (ii) Increases payable by colliery proprietors to the Coal Miners' Pensions Fund and the Queensland Coal Board from July, 1985.

Escalation of costs other than wages and wages on costs resulted in price increases being granted during the financial year.

Shown below are weighted average pithead selling prices per tonne based on domestic sales during the month of June in the years 1985 and 1986.

DISTRICT	1985 \$	1986 \$
West Moreton	42.82	44.58
Maryborough	45.72	46.06
Callide	23.36	23.62
Blair Athol	20.32	20.34
Bowen	40.56	40.79

### PARTICIPATION ON COMMITTEES

The Board continued to represent the Queensland Government on the Australian Coal Consultative Council Advisory Committee and its subcommittees, the National Research Group and associated Working Parties.

The committees provide the necessary back-up support to the Council in seeking to provide better understanding between all parties to the industry including Governments, companies and unions.

A.C.C.C. has made a significant contribution in assisting a general improvement in overall industrial relations within the coal mining industry.

The Board also represents the State Government on the Queensland Coal Mining Industry Consultative Committee. Representation is similar to A.C.C.C. but at State level with the objective of minimising State industrial problems or potential problems. In this the committee has had particular success in arranging relocation of mine employees displaced

## \* COAL MINERS' HEALTH SCHEME

From 1st January, 1983, a Coal Miners' Health Scheme was commenced and is administered by the Board. In the Order issued by the Board, it is compulsory for all persons to be medically examined prior to entering the coal mining industry. During the year 512 persons underwent the specified medical examination.

## COLLIERY EMPLOYEES SEVERANCE PAY FUND

The Board also administers a Severance and Retrenchment Fund for employees in the Queensland coal mining industry. Contributions are received from those companies which participate in the Scheme. The present participating companies have mining operations in the West Moreton and Maryborough Districts. During the year 295 employees covered by Agreements were retrenched. Payments totalling \$1,031,774 were made from the Fund which included entitlements to a small number of employees retrenched in June, 1987. Further substantial payments were remitted to other eligible employees in the early part of the present financial year.

## WELFARE FUND

Since its inception the Board has operated a Welfare Fund which promotes the welfare of employees in the industry and communities of persons in coal mining areas. During the year \$30,518 were provided as grants and loans for a variety of projects.

## COAL MARKETING

For several years the Board has promoted coal as a fuel source. This programme was highly successful and several industries have converted to coal-fired appliances and some new industries installed coal-fired equipment. As coal is a reasonably priced fuel many companies have reported substantial savings being achieved.

## COAL QUALITY CONTROL

The Board employs two coal samplers who regularly visit mines, consumers' premises and stockpile areas to obtain coal samples. The samples are prepared for sizing tests and for analyses by the Government Laboratory. The Board's Engineer also monitors complaints by consumers regarding coal quality and sizing. During the year the samplers made 504 visits and collected 531 samples for testing and analyses.

## PRICE OF COAL

Although most of the coal used in the State is now purchased on a contract basis the Board still has a responsibility for all coal sold. It determines price variations for supply to several consumers located in various areas of the State. Price rises are usually occasioned by increases in wages and salaries of coal mining personnel, together with escalation of costs of coal production.

Pithead prices of coal won from underground resources are usually higher than that from open-cut mines. Prices vary in the different coal Districts of the State. At 30th June, 1987, the following averaged pithead prices per tonne applied:—

District	\$ per Tonne
West Moreton	47.77
Maryborough	48.87
Callide	25.99
Blair Athol	20.41
Bowen	43.63

The Board does not negotiate the prices of any coal for the export market.

## PARTICIPATION ON COMMITTEES

The Board is represented on several Groups and Committees associated with research, coal production, sales, safety matters, etc.

It represents the Queensland Government on the Australian Coal Consultative Council Advisory Committee and its subcommittees, the National Research Group and associated Working Parties.

Likewise it represents the Government on the Queensland Coal Mining Industry Consultative Committee. Representation is similar to A.C.C.C. but at State level with the objective minimising State industrial problems or potential problems.

The Board also has a place on the Board of the Australian Coal Industry Research Laboratories Ltd. and has ongoing membership of the Queensland Coal Association's Thick Seam Mining Technology Committee, which was originally formed in 1975.

The Board is also included in the Queensland Coal Mines Safety Research Advisory Committee.

The Board provided, as it has done in the past, financial support for mining research and safety programmes.

## OVERSEAS TRAVEL

Mr K. W. Wolff, as Director-General of the Mines Department, accompanied the Honourable the Minister on overseas visits. No other visits were made by Board Members or staff.

## PUBLICATIONS

1. **The 1986-87 Annual Review of the Queensland Coal Industry**  
The Review is a detailed statistical report on the industry. Copies of previous reviews are available.
2. **Queensland Coals—Typical Physical and Chemical Properties and Classification**  
This publication details the physical and chemical properties of 60 product coals throughout the State, as well as typical specifications of all coking and steaming coals presently exported.

## THE QUEENSLAND COAL BOARD

61 Mary Street,  
Brisbane.  
Queensland. 4000.

The Honourable Martin Tenni, M.L.A., Minister for Mines and Energy.

Sir,

The Chairman and Members of The Queensland Coal Board herewith submit the thirty-seventh Annual Review of the Coal Mining Industry for the financial year 1987-88.

### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the *Coal Industry (Control) Act 1948-1978*. The Board is administered through the portfolio of the Minister for Mines and Energy.

The powers and functions of the Board are to include the taking of such action as, in the opinion of the Board, is necessary or desirable:—

- (a) To ensure that coal is produced in the State in such quantities and with such regularity as will meet requirements throughout Queensland and in trade with other States and Territories of the Commonwealth and other countries;
- (b) To ensure that the coal resources of the State are conserved, developed, worked and used to the best advantage in the public interest;
- (c) To ensure that coal produced in the State is distributed and used in such manner, quantities, classes and grades and at such prices as are calculated best to serve the public interest and secure the economical use of coal and the maintenance of essential services and industrial activities;
- (d) To promote the welfare of workers engaged in the coal industry in the State, and
- (e) To encourage the highest degree of co-operation between management and workers so as to ensure maximum efficiency and production.

### THE BOARD

The present Board comprises Mr K. W. Wolff, Chairman (who is also Director-General, Queensland Department of Mines), Mr W. J. Platt, full-time Member and Mr M. L. Noume, part-time Member.

The Chairman and members are appointed by the Governor in Council.

The Chairman's salary is met by the Department of Mines. The other two members are salaried officers and no fees are paid to the Chairman and Members for attendance at meetings.

### BOARD MEETINGS

During the year 12 formal Board meetings were held. However discussions were held whenever necessary with Government Departments, colliery

representatives and officers of the Queensland Coal Association on matters concerning the coal mining industry.

### FINANCE

The Board's income is derived from contributions by coal mining companies, grants from Consolidated Revenue and interest earnings. The contribution from mining companies is based on manpower required for the production and sale of coal within Australia. No contribution is received from companies which are exclusively exporting coal overseas.

### FINANCIAL STATEMENTS

The Board's Financial Statements are prepared in accordance with the Financial Administration and Audit Act and in pursuance of the Minister's Directions. The Financial Statements are certified by the Auditor-General. The Statements have been placed before the Legislative Assembly.

### STAFF

The Board employs 14 full time officers who are classified as Crown employees. The Secretary, Mr J. I. Kavanagh was appointed by the Governor in Council. All Members and staff contribute to the State Service Superannuation Fund.

### OFFICE ACCOMMODATION

The Board's offices are located on the 7th floor, of the Queensland Minerals and Energy Centre, 61 Mary Street, Brisbane.

### \* COAL MINERS' HEALTH SCHEME

From 1st January, 1983, a Coal Miners' Health Scheme was commenced and is administered by the Board. In the Order issued by the Board, it is compulsory for all persons to be medically examined prior to entering the coal mining industry. During the year 303 persons underwent the specified medical examination.

### COLLIERY EMPLOYEES SEVERANCE PAY FUND

The Board also administers a Severance and Retrenchment Fund for employees in the Queensland coal mining industry. Contributions are received from those companies which participate in the Scheme. The present participating companies have mining operations in the West

## 1 ACTIVITIES OF THE BOARD

### CONSTITUTION

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- To ensure that coal is produced in the State in such quantities and with such regularity as will meet requirements throughout Queensland and in trade with other States and Territories of the Commonwealth and other countries;
- To ensure that the coal resources of the State are conserved, developed, worked and used to the best advantage in the public interest;
- To ensure that coal produced in the State is distributed and used in such manner, quantities, classes and grades and at such prices as are calculated best to serve the public interest and secure the economical use of coal and the maintenance of essential services and industrial activities;
- To promote the welfare of workers engaged in the coal industry in the State, and
- To encourage the highest degree of co-operation between management and workers so as to ensure maximum efficiency and production.

### THE BOARD

The present Board comprises Mr. K.W. Wolff, Chairman (who is also Director-General, Queensland Department of Mines), Mr. W.J. Platt and Mr. M.L. Noume, Members.

The Chairman and Members are appointed by the Governor in Council.

The Chairman's salary is met by the Department of Mines. Mr. W.J. Platt is a full-time salaried officer and Mr. M.L. Noume has been appointed on a part-time basis. No fees are paid to the Chairman and Members for their attendance at meetings.

### BOARD MEETINGS

During the year the Board held 11 formal meetings. However, discussions on all matters relative to the coal mining industry were continually held.

### FINANCE

The Board's income is derived from contributions by coal mining companies, grants from Consolidated Revenue and interest earnings. The contribution from mining companies is based on manpower required for the production and sale of coal within Australia. No contribution is received from companies which are exclusively exporting coal overseas.

### FINANCIAL STATEMENTS

The Board's Financial Statements are prepared in accordance with the Financial Administration and Audit Act and in pursuance of the Minister's Directions. The Financial Statements are certified by the Auditor-General.

### STAFF

The Board employs 14 full time officers who are classified as Crown employees. The Secretary, Mr. J.I. Kavanagh and the Fuel Technologist, Mr. P.A. Bennett were appointed by the Governor in Council. The full-time members and all staff contribute to the State Service Superannuation Fund.

### COAL MINERS' HEALTH SCHEME

By Order dated 8th December, 1982, the Board instituted the Coal Miners' Health Scheme.

Under the provisions of this scheme, it is compulsory for all persons to be medically examined prior to employment in the coal mining industry. During the year 877 persons underwent the required medical examination.

### COLLIERY EMPLOYEES' SEVERANCE PAY FUND

The Board also administers a Severance and Retrenchment Pay Fund for employees in the Queensland coal mining industry.

Contributions are received from those companies which participate in the Scheme.

## The Board at Work

### ACHIEVEMENTS 1990/91

The 1990/91 financial year saw the emergence of a restructured Queensland Coal Board, well positioned to serve the needs of Government and a range of industry interests.

The restructuring followed a review of the Board commissioned by the Queensland Minister for Resource Industries. This review took into account the Government's need to have access to clear policy options in order to maximise the economic and social benefits of the State's substantial coal resources. The Minister required the Board to be competent to discern the requirements of all sections of the Queensland coal industry and associated industries ... employees as well as employers, potential investors, forecasters and analysts.

In the light of the economic and social significance of the industry and the nature and intensity of competition in the international marketplace, the Government requires independent, timely, and well-considered advice which draws on the professional, technical and industry-related experience of Board members and employees.

As a result of these imperatives, the Queensland Coal Board was upgraded with the appointment of Mr Peter Ellis as Chairman, Mr Greg Watson as Member and the reappointment of Mr Bill Platt as Member. Collectively, the installation of this full-time team gave the Queensland Government access to high levels of practical experience and expertise in public administration, earth sciences and mining engineering, economics, coal mine management, mining industry labour relations, and land use planning.

An early task of the restructured Board was development of its five-year strategic plan and the mechanisms for its implementation. This plan has been completed with the co-operation of the Board's staff. The continuing task is the effective implementation of the plan. This implementation will be apparent through the delivery of perceptive policy advice and the consequent development of the coal industry and the welfare of its workers.

Medium to long-term goals aside, during the 1990/91 year, the Queensland Coal Board maintained its close involvement with Federal and interstate authorities within the coal sector. The Queensland Government, through the Queensland Coal Board, was also represented on the Board of the Australian Coal Industry Research Laboratories Limited (ACIRL) and on a number of sub-committees of various national and state research and energy management groups.

Meeting its obligation to ensure secure, adequate and competitively priced supplies of coal were available to meet the needs of domestic users, the Queensland Coal Board acted as arbitrator where disagreements arose between domestic suppliers and consumers, and discharged all its statutory duties relating to domestic price setting. Further, the Board continued to manage the Coal Miners' Health Scheme and during the year completed the lengthy task of computerisation of medical records.

In consultation with affected parties, the Board is now investigating a range of improvements to the Scheme. These improvements should be completed during the 1991/92 financial year. Overall, the Board was encouraged through the receipt of clear industry support for its endeavours in the area of improved employee health care.

Involvement in improving health, welfare, and workplace safety continued with an extensive Queensland Coal Board appraisal of proposed legislation into workplace alcohol and drug testing within the State's coal industry. This appraisal necessitated a comprehensive evaluation of legislation in Canada, the United States and Europe, a major review of current specialist literature on substance abuse and testing in the workplace, an examination of employee assistance programs and their effectiveness, and consultation with health and welfare service professionals.

The Board believes its appraisal and constructive proposals, presented to the Minister, on drug and alcohol testing will help create a safer workplace and will provide a framework for the management of substance abuse problems within the coal industry. Here the Board places on record its appreciation of the excellent co-operation provided by health professionals and groups associated with the management and treatment of drug and alcohol abuse.

It is with some regret that the Board was required to provide retrenchment payments totalling \$1 071 633, as a consequence of market forces affecting some mines and their contracts. The retrenchment payments were drawn on the Coal Industry Employees' Severance Pay Fund which is operated and managed by the Queensland Coal Board on behalf of contributing coal employers. Nevertheless, the Board was pleased to be in a position to quickly respond to a requirement for the fast track administration of funds for individual workers facing difficult and uncertain times.

In keeping with that part of its brief from Government to take a pro-active stance on issues affecting the longer-term well-being of the industry, the Queensland Coal Board, through Member Greg Watson, was elected to the Coal Project Team of the

Queensland Coal Organisation Underground Research Sub-committee, the United Nations Economic Commission for Europe Working Party on Coal (Expert Group on Coal Trade, Statistics and Transport), Australian Coal Industry Council, BHP Australia Coal Limited Special Research Program and Advisory Council, Joint Underground Mining Research Committee of Queensland and New South Wales, Australian Coal Industry Research Laboratories Limited, the Records Management Association of Australia and the Geoscience Information Society. Here, the Board notes the commendable personal involvement of a number of staff members with various professional associations and training activities.

During the year, the Executive Chairman participated in meetings of the Australian Coal Trade and Technology Committee. These meetings evaluated the potential opportunities for sales of Australian coals and technology and equipment and for a joint seminar, with regional interests, on Asia/Pacific coal trade and technology. The Australian Coal Trade and Technology Committee draws its expert members from individual companies, employer groups, State and Federal agencies, and research organisations.

As a Director of Australian Coal Industry Research Laboratories Limited the Executive Chairman has reported the company is now operating smoothly, is marketing its numerous services in Australia and overseas, and is moving towards reasonable profitability.

During the year under review, the Commonwealth Government and BHP signed a Memorandum of Understanding which facilitated the establishment of the BHP Australia Coal Limited Special Research Program and Advisory Council. Following this agreement, the Executive Chairman, as representative for the Honourable the Premier of Queensland, accepted an invitation to serve with the Advisory Council. This body convened its inaugural meeting during June, 1992. Board service with the Advisory Council is indicative of increasingly constructive relationships between the Board and industry. Indeed, on a day-to-day basis, Board staff involved in the collection and evaluation of information are encouraged by the levels of co-operation from site personnel.

A measure of the Board's constructive participation in coal sector activities during the year has been the preparation and delivery, by Board Members and staff, of a number of specialist presentations.

During June, 1992, the Executive Chairman, attending the Second Coal Technology Conference of the Australian Institute of Energy, delivered an extensive paper which offered a Queensland perspective on prospects for thermal coals. Some weeks earlier, the Board Fuel Technologist provided an extensive specialist presentation to the New

Energy and Industrial Technology Development Organisation prior to participating in the Japan/Australia Joint Technical Meeting on Coal in Tokyo. Also during his visit to Japan there was a number of discussions with coal users in Japan, particularly those involved in the steel industry, and with coal scientists. Earlier in the year under review the Board's Mining Engineer contributed to the Underground Coal Mining Exploration Techniques Workshop in Brisbane and attended, in Wollongong, an international gathering on Reliability, Production and Control in Coal Mines. By invitation, Board specialists were also involved in the Second Australian Flame Days Seminar, the Flame and Fuel Evaluation Workshop, and the German/Australian Coal Workshops. The Board was pleased, too, to participate in the Australian Coal Conference held in Queensland.

Given its continuing interest in and obligations on worker health and welfare, the Board was pleased to finalise an extensive internal report on employee assistance programmes in various sections of industry. Attention was paid to means used to identify and reduce impaired individual performance in the workplace. Concurrent with the Board's collection of information on factors affecting minesite health and safety, an Executive Member participated in the symposium "Shiftwork and Rosters and their Effect on Workers' Health". Internationally, there is considerable and continuing research on extended hours and shiftwork, and any attendant long-term effects.

A further Board contribution in the industrial welfare area has been the full revision of provisions relating to health screening and monitoring for coal mining employees. This has been a complex task involving co-ordination of inputs by employee and employer representatives, and health professionals. In general, the Board has been impressed by the quality of those inputs and believes an improved screening and industrial health monitoring programme will be implemented in the Queensland coal sector. The program will be in place during the 1992/93 year.

Board expertise in the industrial sphere was recognised and drawn on through the involvement of an Executive Member on the Coal Project Team of the Queensland Mining Industry Training Council. This body has played a key role in ensuring training has kept pace with the continuing and exhaustive restructuring of the coal industry. This restructuring has seen the development and introduction of new career paths and work models for coal mining employees. One consequence of the introduction has been a more productive, flexible and broadly skilled workforce.

This flexibility and openness to rational change is clearly evident in newer coal mining ventures in Queensland. For example, the development of the

## The Queensland Coal Board at Work

### CONTINUING PROGRESS

The Queensland Coal Board, during the 1992-93 year, continued to improve the delivery of services required by Government, mining employees and industry.

Significant users of Board expertise include State, Federal and overseas Governments and their various agencies, coal industry workers and their unions, coal companies and their industry organisations, domestic and international buyers of Queensland coals, commodity analysts, research groups, and the finance and investment sector. In addition to its mainstream user groups, Board services were also sought and utilised by schools and institutions of higher learning.

The period under review saw the second full year of successful operations by a restructured Board. This restructure included the appointment, in 1990 and 1991 of three full-time Executive Members, Mr Peter Ellis, Mr Greg Watson, and Mr Bill Platt.

The Board has a statutory obligation in relation to the health and welfare of coal mining workers and their communities. A key achievement in meeting this obligation was the successful introduction by the Board, on May 1, 1993, of the Queensland Coal Industry Employees' Health Scheme 1993. The introduction of the Scheme, which replaces health provisions in force since 1982, was the key outcome of the exhaustive collective efforts of a working party which comprised union and company representatives and health professionals. This working party, under the direction of the Board, undertook an extensive research and consultative programme during the two years following its formation in 1991.

Key provisions of the scheme, which has been well-received by a majority of miners, include comprehensive pre-employment and continuing health assessments of all on-site coal mine workers. One immediate benefit from the scheme has been the early detection of various ailments, some of them potentially life-threatening. Such early detection allows timely personal or medical intervention and can reduce the seriousness of some medical conditions. Further, the comprehensive collection and evaluation of health and life-style information over an extended period will facilitate the development of the most appropriate healthcare programmes for the coal mining environment. One immediate benefit is the improved ability of coal mine managements, in respect of their legal duty of care, to ascertain the fitness of workers to safely undertake specific tasks. The Board and health professionals also believe the scheme will reduce work time lost through accidents and illness.

\* Obviously, such reductions will enhance productivity and will decrease workers' compensation claims and premiums.

On an operational level, the Scheme will rely on the services of 17 Board approved physicians. These practitioners will assume responsibility for minesite health management programmes. Previously, more than 80 health professionals were directly involved in the processes of pre-employment fitness testing. The Board believes the streamlining and rationalisation of the testing process will deliver more consistency in, and accountability for, worker health assessments.

A significant feature of Board expertise lies in the areas of collection, evaluation and dissemination of technical, scientific, and operational information on this State's coal resources and on current and pending mining activities. This information is distributed, on a sale and subscription basis, within Queensland, throughout Australia and overseas. The material is presented in a number of Board publications. These are: Queensland Coal Board Monthly Statistics; the Quarterly Queensland Coal Report; Queensland Coal Board Annual Review; and Queensland Coal, a comprehensive guide to coal port and railway infrastructure within the State. During the year under review, the Board was pleased to substantially revise and reproduce the 9th Edition of Queensland Coals - Physical and Chemical Properties, Colliery and Company Information. This well regarded document continues to enjoy strong national and international sales. Of particular interest in this 9th Edition has been the inclusion of information on 20 previously undescribed coal deposits within the State. The majority of these deposits are located within a region previously covered by the Central Queensland Coal Area, RA55.

In addition to its obligations to produce information on the Queensland coal resource, the Board works closely with the Joint Coal Board. During 1992-93, as a result of this close co-operation and regular consultation, the two organisations compiled and distributed a monthly document, Australian Coal Exports, and an annual book, Australian Black Coal Statistics.

Demand for written technical and scientific material continued to grow during the year, with almost 1 000 national and international subscribers to Board publications. There was also a steady rise in requests for verbal briefings and presentations by the Board's specialist staff. In the course of the year these staff members met with overseas government, diplomatic, and trade representatives who were given detailed information on existing coal mining operations and coal qualities as well as material on



# Occupational Health

## Introduction

During 1994, a review of health and safety information system requirements was undertaken by the Department of Minerals and Energy and the Queensland Coal Board. After consultation with a wide variety of clients, it concluded that the existing information systems required upgrading, and promotion is required in relation to awareness of health and safety.

Currently, increased awareness of health and safety issues is being addressed through:

- ◆ the revision of the Coal Mining Act to incorporate system analysis and audit procedures;
- ◆ the implementation of the Queensland Coal Industry Employees' Health Scheme; and
- ◆ the QCO/DME Mine Safety Conference series.

Planned future activities include the development of an audit database to support the revised Act, a significant incident database, and improved cross linking of the various health and safety related databases.

In order to focus often competing elements of industry, unions and government, the objective of the health and safety program is encapsulated in the quotation - *"Healthy Workers, Healthy Workplace and Healthy Business"*.

## 1993-94 Mining Accident Statistics

Data provided by the Coal Mining Inspectorate of the Queensland Department of Minerals and Energy confirms the trend toward decreasing accident frequency, which was established in the four years to 30th June, 1993, continued during 1993-94. This trend is illustrated in the Accident

Frequency Rate table. The overall improvement in 1993-94 was 17% over the previous year.

## Changing health and Safety Culture

There is gradual change in the coal industry's culture with respect to health and safety issues. Whilst employees' organisations have always had health and safety in their charter, the rest of the industry is increasingly moving in this direction. Mine operators now actively support the enhanced Coal Industry Employees' Health Scheme and have appointed health professionals to supervise the assessment and promotion of health to their employees. The government is also supporting this changing culture through co-operative development of new safety-related coal mining legislation and the management of the Coal Industry Employees' Health Scheme by the Queensland Coal Board.

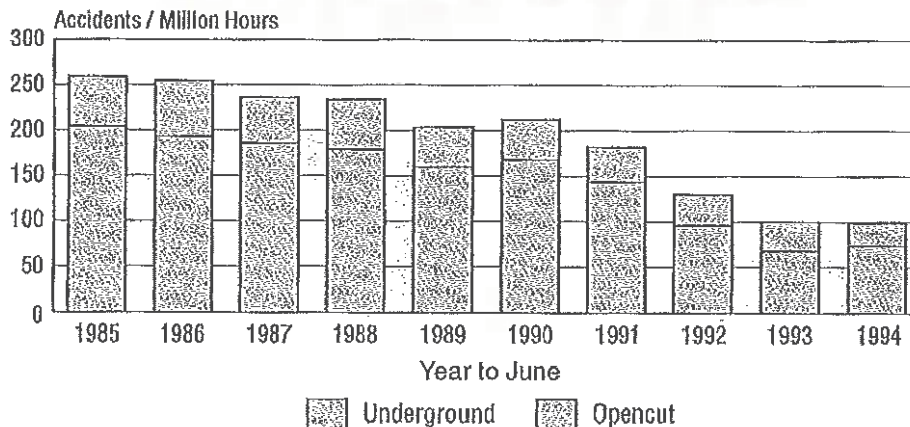
## Coal Industry Employees' Health Scheme

One of the key functions of the Queensland Coal Board is to manage a health monitoring program for the Queensland coal mining industry through the collection and analysis of information on behalf on the industry.

The mechanism for implementation of the health program is the 1993 Queensland Coal Industry Employees' Health Order issued pursuant to the Coal Industry Control Act 1948.

The formulation of the new Health Order commenced in 1991 in response to growth in employment and problems associated with the then 1982 Health Order. For example, the previous Order did not provide for regular on-going health assessments.

## ACCIDENT FREQUENCY RATE



"The objective of this Order (Scheme) is to provide for the health assessment of entrants to the Queensland coal mining industry and for the regular health assessment of all employees in the Queensland coal mining industry" (QCB Health Order, 1993).

In practical terms the scheme is designed to:

- ◆ ensure entrants to the coal mining industry are fit to undertake their specific duties without risk to themselves or others;
- ◆ ensure existing employees in the coal industry are fit to continue to perform their specific duties without risk to themselves or others in the workplace;
- ◆ provide a means of early identification of those conditions or behaviours which may inhibit employee ability to perform specific duties without risk to themselves or others;
- ◆ provide over the medium and long term, extensive and reliable health and lifestyle information; and
- ◆ provide a heightened employee and employer awareness of the individual and collective benefits of workplace health screening and monitoring. (QCB Instruction Manual, 1993)



### Role of Nominated Medical Advisers

The key operatives in the 1993 Health Order are a group of medical professionals defined within the Health Order as 'Nominated Medical Advisers' (NMAs). The role of the NMAs is to superintend the on-site medical aspects of the Scheme including pre-employment medicals, periodic medicals, rehabilitation, and health promotion programs.

Nominated Medical Advisers under the Health Scheme are required to be Queensland registered medical practitioners who have been nominated by mine management and approved by the QCB. Using the QCB as a conduit, the NMAs have established a network to establish practices and review issues relating to the placement of employees with health restrictions in the workplace.

### Service by the QCB

The administration of the Scheme provides privacy of the health records of individual employees as well as security of the documents in cases of relocation of doctors or employees. The QCB provides a service in terms of quality control in checking data entry and co-ordination with the Specialist Health Unit of the Queensland Department of Health in relation to random screening and screening abnormal chest X-rays for lung disorders.

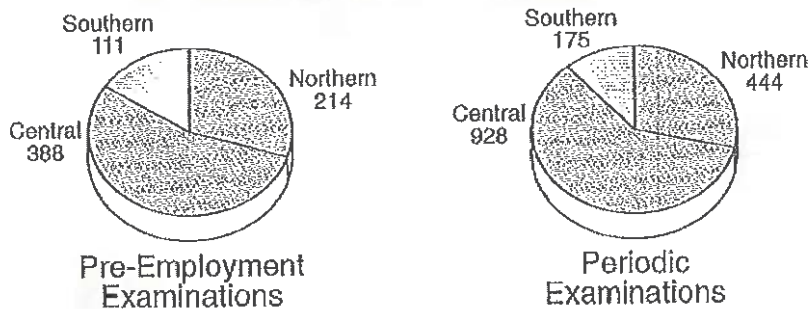
While the Scheme has only collected data for one year in a five year cycle, preliminary results are becoming available such as the Queensland coal industry age profile in terms of individuals' fitness for various duties.

### Future Directions

The Department of Minerals and Energy is currently assessing software enhancements to provide an expanded information service in relation to accident statistics. Databases capturing information on safety audits and significant incidents are being developed. These developments are intended to provide a better information base on which to manage coal mining health and safety risks.

As the QCB health database expands past the current 20 % capture, statistical information can be produced in relation to age profiles, hearing loss, chest disorders and numerous other parameters captured in the health screening process. In time, industry wide information will be available not only on work related parameters such as cardiovascular and musculo-skeletal characteristics, but also on lifestyle issues such as tobacco consumption and alcohol intake. While the QCB is not structured as a research organisation, there is a need for the data being collected to be shared for the purpose of promoting effective health and safety research in the mining industry.

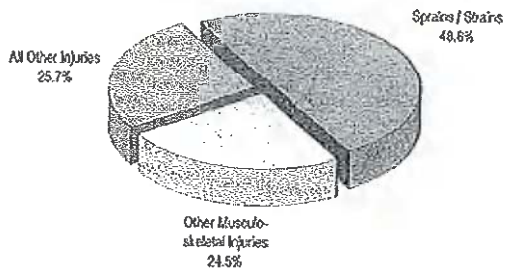
## HEALTH ASSESSMENTS Undertaken During 1993-94



**\* Health Statistics**

Progress continued on the processing of records collected under the Coal Industry Employees' Health Scheme. The Queensland Coal Board processed records of 3 591 coal industry employees at the rate of 320 per month. Follow-up assessments were undertaken on over 707 workers.

**NATURE OF INJURY OR DISEASE**



The aim of the scheme is to ensure industry workers are fit to work safely without risk to themselves or others and in this regard, restrictions to employment were applied as illustrated in the following table.

**PROGRESS OF HEALTH SCREENING**

	Number		Percentage	
	1993-94	1994-95	1993-94	1994-95
Fit without restrictions	2 463	3 511	92.0	89.8
Fit with restrictions	193	340	7.2	8.7
Unfit for employment	21	58	0.8	1.5
<b>Total</b>	<b>2 677</b>	<b>3 909</b>	<b>100.0</b>	<b>100.0</b>

Apart from indicating the fitness of people to work in the coal industry and providing feedback on personal health issues, the Scheme has provided a variety of demographic and epidemiological data. An example of this data is that the average age of the workforce at various mines varies from 37 years at the newer mines to 45 at some of the more established mines.

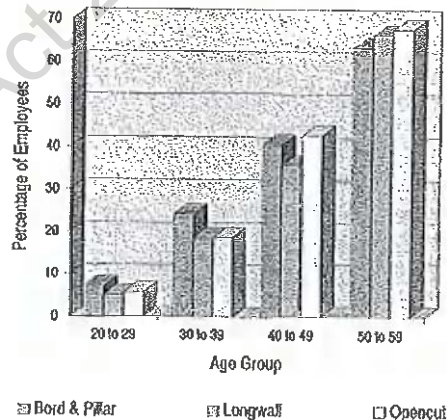
The most dramatic findings of the health scheme relate to hearing defects, most of which have been induced by exposure to excessively high levels of occupational noise. Of the workforce in the 50 to 60 age group, over 60% have significant hearing

loss (measured as 40 dB at a frequency of 4 000 Hz). A figure illustration is included in this section.

The results in relation to respiratory disease have been encouraging. The 1984 study by Rathus and Abrahams showed 75 cases of pneumoconiosis in the Queensland coal industry. The current x-ray screening program has identified 8 cases, none of which have a long history of exposure to coal dust. Most cases are considered to have been contracted in employment outside the coal industry. Only one case has a long work history in the coal industry and this employee worked on open-cut drills. This highlights the need for caution in relation to exposure to silica dust.

The other area for concern is the many facets associated with cardiovascular disease. Fifty per cent of workers can be classified as overweight while 22% are defined as being obese. High blood pressure is found unevenly across the industry with the incidence of high blood pressure as high as 18% of the workforce at one mine compared to the industry average of 9% which is comparable with the community (ABS - 1992).

**HEARING LOSS BY MINE TYPE**  
(for 40dB in worst ear)



**Development of Department of Minerals and Energy Safety Program**

The revision of the Coal Mining Act and Regulations have been delayed until after the findings of the warden's inquiry on the Moura disaster have been delivered.

To encourage a less hazardous work place environment, the inspectorate have introduced a Safety Audit Program that focuses on auditing the safety systems rather than the more traditional compliance inspections. The principles on which

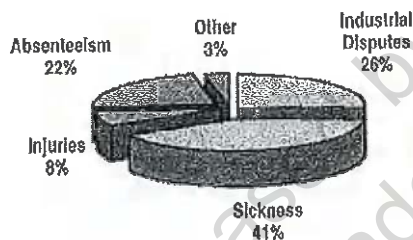
## Health and Safety

### Introduction

The major focus of health and safety activity in 1995-96 has been the implementation of recommendations of the Warden's Inquiry into the 1994 Moura mine explosion. While this work has been important to the industry, it has overshadowed progress on less dramatic but none-the-less important health and safety issues, such as incident reporting and health promotion.

The total percentage of shifts lost industry wide in 1995-96 was 6.08% or 190 947 shifts of a possible 3 141 456 shifts, a 2.4% increase on the previous year's 5.94%. Sickness accounted for 2.49% of total shifts lost, while absenteeism was 1.31% and lost shifts from work injuries were 0.51%.

Distribution of Lost Time



### Moura Inquiry

The Mining Warden's Inquiry was completed in December 1995. The Inquiry found that the cause of the disaster related to spontaneous combustion and subsequent fire in a worked out section of the mine. There were many issues that needed to be addressed on an industry wide basis.

Five tripartite task groups were established to investigate and handle issues such as mine safety management plans, protocols for withdrawal of persons and emergency procedures, training (including requirements for statutory positions), fighting fires and sealing mines.

The groups are expected to complete their investigations and report by December 1996.

### Work Injury Statistics

During 1995-96, the number of days lost due to injuries reported to the Coal Inspectorate fell 42% from 13 049 days in 1994-95 to 7 573 days in 1995-96. This figure, which is the lowest on record, is even a significant improvement on the

previous best year's figure of 9 608 recorded in 1993-94.

There were no fatal incidents reported in 1995-96 from either the underground or opencut coal workforce of 10 766.

Injuries to underground mine employees however, increased 7% during the year to 296, while the number of injuries to opencut mine employees decreased 18% to 260. Statistics from contractors working in the industry indicate that their employees' injuries decreased by 38% to 53 injuries. This is particularly noteworthy as there has been a marked increase in this category of employees in the coal mining industry. The overall result of all injuries reported in 1995-96 was a 12% decrease to 609. Further, the injury frequency rate which is a measure of injuries per million hours worked continued to improve across all sections of coal mining, with improvements of 7% to 63 in underground mines and 23% to 17 in opencut mines.

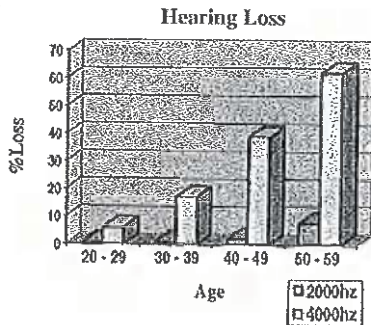
### Health Statistics

The Coal Industry Employees' Health Scheme has progressed to the stage where approximately 9 000 of the 10 500 on-site employees in the industry have undergone health assessments since the scheme commenced in May 1993. During 1995-96 the Queensland Coal Board processed 2 717 records for coal industry employees and entrants. Of these 326 were classified as fit subject to certain work restrictions, and 20 were classified as not fit for employment in the industry. All other persons were classified as fit for designated work duties, or fit for any work duties.

Apart from indicating the fitness of people to work in the coal industry and providing feedback on personal health issues, the scheme also provides useful data to examine demographic and epidemiological issues. For example, the average age of the workforce at various mines varies from 37 years at the newer mines to 45 at some of the more established mines.

Industry induced hearing defects are a characteristic of the coal industry. As this type of injury is cumulative and non-reversible, the hearing loss profile of older workers is a good indicator of the hearing loss potential of the younger age groups. In the 50 to 60 year age group of the workforce, over 60% have some hearing loss (measured as 40

dB at a frequency of 4000 Hz). Of this age group, 8% have severe hearing loss (measured as 40 dB at 2000 Hz), which is below the Health Scheme medical standard.



Another area of concern is cardiovascular disease. Of the persons monitored, 50% can be classified as overweight, while 12% are defined as being obese. The incidence of high blood pressure is unevenly spread across the industry with, for example, high blood pressure being present in 52% of the workforce at one mine site, compared to the industry average of 6%. The community average is 9% for the general population (Australian Bureau of Statistics 1992).

#### Health Promotion

A study group led by the Queensland University of Technology and including SIMTARS and the Queensland Coal Board received a grant from the Queensland Health Promotion Council to undertake

a pilot health promotion program at two central Queensland mine sites. The sites chosen were Gordonstone and Curragh which are representative of both underground and opencut operations. At each mine site, task groups were formed to ensure the success and continuation of specific targeted areas of health promotion. Following the completion of a needs analysis and preliminary assessment several education packages were designed and implemented. Target areas included the effects of shift work, skin cancer and dehydration on employees at Curragh, and noise, dust, nutrition and health monitoring for employees working at Gordonstone.

Health promotion programs have been initiated at a number of other mines including: those owned by the New Hope Group; CQCA's Blackwater, Goonyella and Peak Downs operations; and QCT's South Blackwater mines.

Evaluation methods in health promotion are currently the subject of a research project. Areas of research include group selection and participation, and the establishing of short and medium term performance indicators.

The current strong demand in the coal industry for occupational health professionals is a reflection of recent changes in culture in the industry towards a more systematic approach to improving health and safety at mine sites. Most Queensland universities and TAFE colleges are now training professionals in these fields.

### Development of DME Safety Program

The review of the *Coal Mining Act 1925 and Regulations* has been advanced since the handing down of the findings of the Wardens Inquiry of the Moura Disaster. Development of a draft Coal Mining Bill was also commenced. The latter will embody 'obligations' principles of the Queensland Workplace Health and Safety Act.

### Health Statistics

The Coal Industry Employees' Health Scheme has progressed to the stage where most of the 10,780 employees in the industry have undergone health assessments in the period since the scheme commenced in May 1993. The Queensland Coal Board processed 2 945 health assessments during the year, a decrease of 288 on the previous year. During 1996-97 some 329 persons were classified as fit subject to certain restrictions, while 35 were excluded from employment in the industry because of severe medical conditions.

Apart from indicating the fitness of people to work in the coal industry and providing feedback on personal health issues, the scheme has provided a variety of demographic and epidemiological data. Data shows that the average age of the workforce in the industry varies from 37 years at the newer mines to 45 at some of the more established mines.

### Health Promotion

Queensland Coal Board health statistics were used as a part of health needs assessments for health promotion projects at several mines. This data supplemented site questionnaires and assisted in the design of programs to suit the needs of the specific sites.

The School of Public Health at the Queensland University of Technology and SIMTARS were key project partners. Current research is progressing using the Queensland Coal Board's health data base to assess the effectiveness of these and other programs.

The demand for occupational health professionals in the coal industry is showing strong growth with health professionals graduating from new courses at several institutions. This growth is a measure of change in management culture towards valuing a more systematic approach to improving health and safety in coal mines.

Released under the RTI Act 2009

**Health Statistics**



The Coal Industry Employees' Health Scheme completed its first 5 year cycle in May 1998. The Scheme was originally established by the Queensland Coal Board under the *Coal Industry Control Act 1948*. Following the abolition of the Board at the end of 1997, the Health Scheme is now administered by the Health Surveillance Unit, Safety and Health Division of the Department of Mines and Energy under the *Coal Mining Act 1925*.

Over 15 000 employees in the coal industry have undergone health assessments since the scheme commenced in May 1993. During the period July 1997 to May 1998 some 1977 health assessment records were processed by the Department. A computer systems and software change overs since May delayed further entry of data until the the current financial year. Of the assessments entered into the database, 60% were first assessments and 31% second assessments with the remaining 9% being third, fourth or fifth assessments. Of the first assessments, 1099 or 90% were pre-employment assessments.

Some 29% of the health assessments undertaken were classified as fit for any position, while 52% were fit for the proposed position. A total of 319 persons were classified as being fit subject to restrictions and 27 were classified as unfit to work in the coal industry.

The Health Scheme also provides a valuable database that can be used to investigate the extent of potential health problems on a mine by mine basis (confidential to the Department) or on an area or mine type/ occupation type basis.

From the 15 000 records in the database, statistics such as the following have been identified:

Have current injuries	5 519
Have previous injuries	6 101
On medication	1 783
History of heart Disease (including angina & high blood pressure)	1 021
Current Smokers	4 493
Abnormal respiratory function	758
Have diabetes	243
Musculo-skeletal problems	6 681
Mild hearing loss	3 431
Severe hearing loss	606

**Outlook**

The trend to employ small groups of contractors for irregular or specialised tasks at mine sites is growing. Effectively incorporating these groups into the Health Scheme is a major challenge.

The Coal Mining Safety and Health Bill is expected to go to Parliament in late 1998. While the Coal Industry Employee's Health Scheme is expected to largely stay intact, the legislation will place increasing obligations on mine operators through the 'duty of care' principle. Although the legislation will be less prescriptive, mines may be required to demonstrate that they employ best practice management of health and safety risks.

### Significant Incidents

Three frictional ignitions of methane gas events occurred at coal mines. All were in the German Creek Seam and involved continuous miners cutting sandstone. No injuries occurred.

Three serious accidents occurred in coal mines that involved amputation of limbs or part of a limb. A young mineworker became a paraplegic after being caught by a fall of rib coal at an underground coal mine. All persons survived the accidents, but the potential for a more serious outcome was evident in all cases. Two accidents are subject to proposed Warden's Inquiries

Operations at several underground coal mines were adversely influenced by hot and humid conditions during the summer months. Possible solutions for the control of this potential health hazard are being studied.

### Health Surveillance

The Health Surveillance Unit was established in July 1998 for the purpose of continuing the Queensland Coal Industry Employees Health Scheme 1993 and supplying a variety of health and safety related advice to industry as well as to various branches of the Inspectorate. The Health Scheme was developed by the now abolished Queensland Coal Board and requires pre-employment and periodic five yearly health assessments for all coal industry workers. During 1998-99, the data collected from 1993 to 1998 was analysed and reported to industry representatives and industry medical advisers.

### Revision of the Health Scheme

Under the new 'Duty of Care' style legislation, employers are obligated to demonstrate that hazards causing injury or related health problems are identified and effectively managed.

Some form of prescribed health surveillance is necessary in ensuring these obligations are met in areas where persons are exposed to significant hazards in relation to both fitness for duties and hazardous exposures. As a part of the legislative process, the Health Scheme was reviewed. A survey of the coal industry indicated that most mines saw a future need for health professionals in assessment of fitness for duties and for undertaking risk assessments. The current health services were considered valuable in effective management of specific cases. Health assessments are necessarily conducted in such a way that confidential medical information remains secure.

The health database has been demonstrated to have the ability to benchmark key health parameters across sites. Such health indicators include respiratory function, hearing loss and high blood pressure. The database has been linked to the Department of Mine's Lost Time Injury Database to research factors associated with the more serious strain - sprain injuries.

In the last few years, the coal industry has undergone a marked industrial transformation towards the widespread use of contractors. The current scheme provides a mechanism for contractors to demonstrate to the management their employees' fitness for duties through portability provisions of the Health Scheme.

### Injury Prevention and Management

The lost time injury data shows a need to reduce sprain and strain injuries. Health professionals using such tools as job demand analysis and ergonomics provide a mechanism by which more effective management of such risks can be achieved.



**\* Health Surveillance**

The Health Surveillance Unit manages the Queensland Coal Industry Employees Health Scheme 1993 and supplies a variety of health and related safety advice to industry as well as to various branches of the Inspectorate. The Health Scheme requires pre-employment and periodic (five yearly) health assessments for all coal industry workers.

Under the new legislation, employers are obligated to demonstrate that hazards causing injury or related health problems are identified and effectively managed. Some form of prescribed health surveillance is necessary to ensure that these obligations are met in areas where persons are exposed to significant hazards in relation to both fitness for duties and hazardous exposures.

As a part of the legislative process, the Health Scheme was reviewed. A survey of the coal industry indicated that most mines saw a future need for health professionals in assessment of fitness for duties and for undertaking risk assessments. The current health services were considered valuable in effective management of specific cases. Health assessments are necessarily conducted in such a way that confidential medical information remains secure.

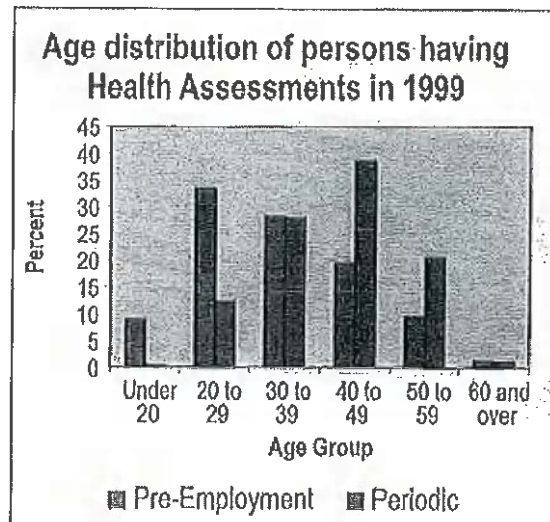
In the last few years, the coal industry has undergone a marked industrial transformation towards the widespread use of contractors. The current scheme provides a mechanism for contractors to demonstrate to the management at the various mining operations, that the contractors' employees are fit for duties through portability provisions of the Health Scheme.

**Analysis of Health Database**

The following analysis is based in calendar years. During 1999 3 242 health assessments were undertaken compared with 2 613 for the previous year. This was the first full year of the second five year health assessment cycle and represented an increase in assessments of 24% over the previous year.

Pre-employment assessments numbered 1 669 and represented 51.5% of all assessments. A total of 26 persons were classed as unfit to work in the coal industry, while 377 persons or 11.6% of the assessments had restrictions applied to their employment. The most common restriction was a requirement to wear corrective spectacles (185 persons) while limitations on colour discrimination numbered 47. Other common restrictions included heavy manual work (39) and working underground (38). A further 55 persons were assessed as having significant hearing loss.

The health assessment process also provides some demographic data. Most entrants are in the 20 to 39 years age group while most periodic health assessments were undertaken on the 30 to 49 years age groups. The data showed that 56 females had health assessments in 1999.





## Health and safety

### Overview

During financial year 2002-03, there was a continuation in the improvement in mine safety that has been achieved over recent years with lost time injuries decreasing by 19 per cent, and the lost time injury frequency rate (LTIFR) decreasing by 20 per cent compared with 2001-02. Safety performance (as measured by LTIFR) of Queensland's coal mines has continued to be significantly better than the performance measured at comparable mines in NSW and overseas.

There were no fatalities at coal mines during 2002-03. Over the five-year period from 1998-99 to 2002-03 for the Queensland coal industry, there were a total of four fatalities: two in underground mines and two in open-cut mines. This compares with 17 fatalities for the previous five-year period.

As recommended in the Mining Warden's report on the inquiry into the Moura No. 2 explosion in 1994, the Mines Inspectorate was reviewed in 2001-02. The review examined the professional skills and qualifications required by inspectorate officers, the appropriate location and skills distribution of officers, and the role of the Mines Inspectorate under legislation. Implementation of the recommendations from the review have been completed.

A major annual simulated mine emergency evacuation exercise was held at the North Goonyella underground coal mine in November 2002. The exercise tested the emergency response capabilities of the mine workforce, the Mines Inspectorate, Mines Rescue and industry, as well as focusing on changeover protocols, data collection and recording, communication channels, and the mines unaided response

system support from adjacent mines. A detailed report was prepared and widely distributed throughout the Queensland coal mining industry in December 2002.

The Queensland Government continued implementation of the Coal Mine Workers' Health Scheme, a health surveillance scheme for coal industry workers, which provides for pre-employment and periodic five-yearly health assessments of all workers, transportability of health assessments between sites, and the storage of health data on a centralised health database managed by the Health Surveillance Unit of the Department of Natural Resources and Mines. Under the 'duty of care' style legislation, site health surveillance is necessary to ensure that statutory obligations are met where persons are exposed to serious health hazards.

### Statistical summary<sup>1</sup>

#### Fatalities

No fatalities occurred in coal mines in Queensland during 2002-03.

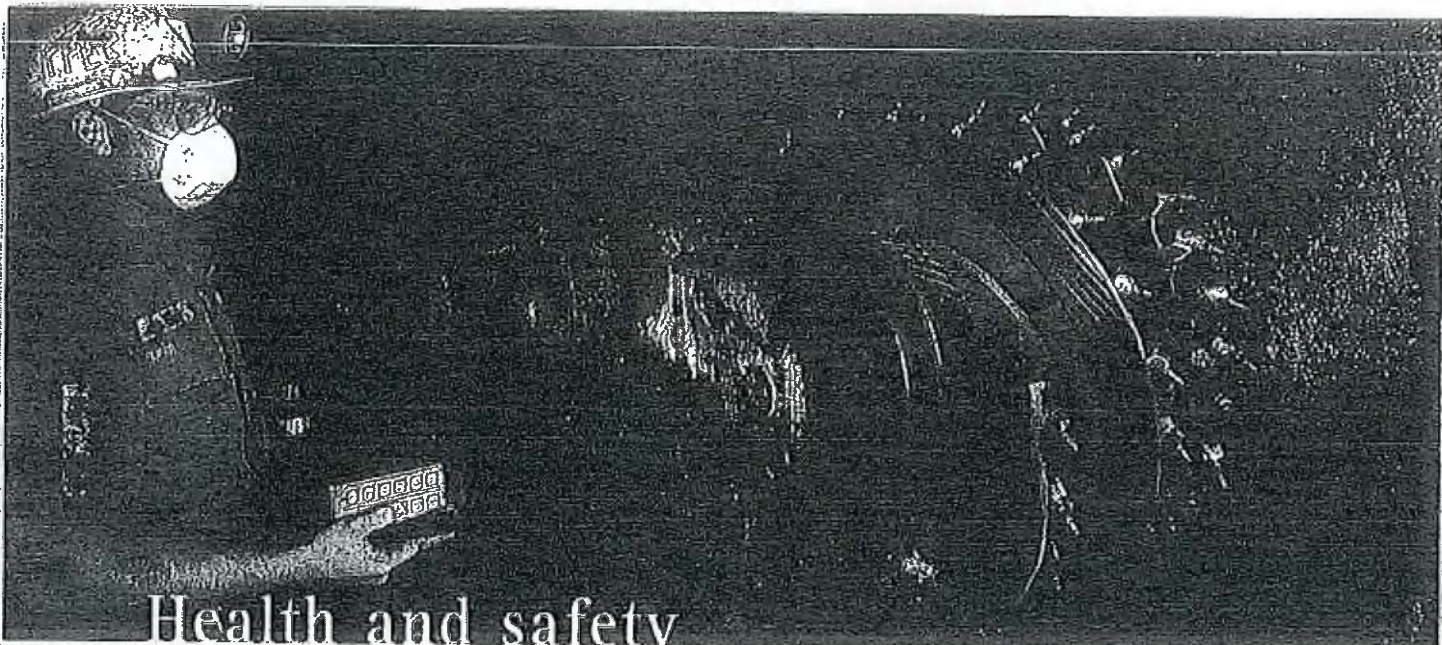
#### Permanent incapacity injuries

A permanent incapacity injury is any work-related injury or disease that leads to one or more of the following outcomes:

- the complete loss, or permanent loss of use of any member or part of the body
- any permanent impairment of any member or part of the body, regardless of any pre-existing disability of that member or part

*These data were extracted from Queensland mines and quarries safety performance and health report, 1 July 2002 to 30 June 2003. The full report may be accessed on the Department of Natural Resources and Mines web site <[www.nrm.qld.gov.au](http://www.nrm.qld.gov.au)>*

*Top: Inspection of dragline buckets, Moura Mine  
(Photograph courtesy of Anglo Coal Australia Pty Ltd)*



## Health and safety

### Overview

During the 2001-02 financial year, the improvement in mine safety that has been achieved over recent years continued. Despite an overall increase of almost 1600 employees in the coal industry, lost time injuries decreased by 10%, and the lost time injury frequency rate (LTIFR) decreased by 19% compared with that of 2000-01. Safety performance (as measured by LTIFR) of Queensland's coalmines has continued to be significantly better than that measured at comparable mines in New South Wales and overseas.

There was one fatality at a coalmine during 2001-02, the same as for the previous year. There have been four fatalities—two in underground mines and two in open cut mines—in the Queensland coal industry over the five years from 1997-98 to 2001-02. This compares with 17 fatalities for the previous five-year period.

As recommended in the mining warden's report on the inquiry into the Moura No. 2 explosion in 1994, the Mines Inspectorate was reviewed in 2001-02. The review examined the professional skills and qualifications required by inspectorate officers, the appropriate location and skills distribution of officers, and the role of the Mines Inspectorate under the *Coal Mining Safety and Health Act 1999* (Old). Implementation of the recommendations from the review will further improve the ability of the inspectorate to serve the coal mining industry and its employees.

A major annual mine safety exercise was held at the North Goonyella underground coalmine in November 2002. The exercise tested the emergency capabilities of the mine workforce, the Mines Inspectorate, Mines Rescue, and industry. It focused on changeover protocols, data collection and recording, communication channels and mutual response support. A detailed report was prepared and widely distributed throughout the Queensland coal mining industry in December 2002.

The government continued implementation of the Coal Mine Workers' Health Scheme, a health surveillance scheme for coal industry workers, which provides for pre-employment and periodic five-yearly health assessments of all workers; for transportability of health assessments between sites; and for health data to be stored on a centralised health database managed by the Health Surveillance Unit of the Department of Natural Resources and Mines. Under the 'duty of care' style of legislation, site health surveillance is necessary to ensure that statutory obligations are met where persons are exposed to serious health hazards.

*Top: Underground worker operating shearer, German Creek mine  
(Photograph courtesy Anglo Coal Australia Pty Ltd)*

51st Report 2001-2002

## Health and Safety

Following the introduction of the *Coal Mining Safety and Health Act 1999* (Qld), the Government has recently introduced the *Coal Mining Safety and Health Regulation 2001*, which provides for the continuation of the health surveillance of coal mine workers, which was established by the Queensland Coal Industry Employees' Health Scheme 1993. The 2001 Scheme provides for pre-employment and periodic five-yearly health assessments of all coal industry workers, which is similar to the 1993 scheme.

The 2001 scheme also provides for transportability of health assessments between sites, and for health data to be stored on a centralised health database managed by the Health Surveillance Unit of the Department of Natural Resources and Mines.

The legislation may be accessed on the Queensland Government Parliamentary Counsel web site at: <http://www.legislation.qld.gov.au/>.

### Revision of the health scheme

Under the new 'duty of care' style legislation, site health surveillance is necessary to ensure that statutory obligations are met where persons are exposed to serious health hazards. As part of the legislative process, the Coal Mine Workers' Health Scheme assists industry in meeting its statutory obligations.

## Overview

### Fatalities

One fatality occurred in an underground coal mine in Queensland during 2000-2001.

### Permanent incapacity injuries

A permanent incapacity injury is any work-related injury or disease which leads to one or more of the following outcomes:

1. The complete loss, or permanent loss of use of any member or part of the body.
2. Any permanent impairment of any member or part of the body, regardless of any pre-existing disability of that member or part.
3. Any permanent impairment of physical/mental functioning, regardless of any pre-existing impaired physical or mental functioning.
4. A permanent transfer to any job.
5. Termination of employment.

Permanent incapacity injuries recorded were:

- 0 for surface coal mines
- 2 for underground coal mines.

### Lost time injuries

A lost time injury is an occurrence resulting in a fatality, permanent disability or time lost from work of one shift or more. The shift on which the accident occurred is not counted as a shift lost. A fatal injury is treated as 220 shifts lost starting from the time injury occurred.

From a total workforce of approximately 8500 employees, 239 lost time injuries were reported by all coal mines during 2000-2001 (257 for 1999-2000).

- 103 lost time injuries were reported in surface coal mines (96 for 1999-2000)
- 136 lost time injuries were reported in underground coal mines (161 for 1999-2000).

## GELDARD Karmen

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**From:** STONE Mark  
**Sent:** Tuesday, 1 December 2015 2:51 PM  
**To:** DLO DNRM  
**Cc:** LYNCH Paul; COSGROVE Sue; HARRISON Paul  
**Subject:** FW: Pneumocoiosis questions Ministerial.v3\_ms  
**Attachments:** Pneumocoiosis questions Ministerial.v3\_ms.docx

Hi Linda,

Attached for your review and consideration to pass on to Minister's Office.

I am trying to find out who ran the QLD Coal Board in the 1980s ... Will update you when I learn that.

Rgds,  
Mark

**Mark Stone**  
A/Deputy Director-General  
Minerals & Energy Resources  
Department of Natural Resources & Mines  
Desk: 07 3199 8110 : Mobile: s.49 - Personal li  
Email: [Mark.Stone@dnrm.qld.gov.au](mailto:Mark.Stone@dnrm.qld.gov.au)

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**From:** STONE Mark  
**Sent:** Tuesday, 1 December 2015 2:27 PM  
**To:** LYNCH Paul  
**Cc:** HARRISON Paul; PURTILL James  
**Subject:** Pneumocoiosis questions Ministerial.v3\_ms

Hi Paul,

Please take a look at the attached response to Matt Peacock' enquiry from the ABC 7:30.

I've spoken David Smith to confirm and edit (simplify) some content.

Please let me know if you have any questions.

Cheers,  
Mark

<b>CTS No.</b>	
<b>DATE REQUESTED</b> <i>By DLO/Minister's Office</i>	
<b>ISSUE</b>	
<b>NAME OF CONSTITUENT OR MEMBER OF PUBLIC</b> <i>If applicable</i>	
<b>RESPONDING OFFICER</b> <i>Author</i>	Name, Title - Contact Number
<b>FINAL APPROVAL</b> <i>DG/DDG/ED</i>	Name, Title Contact Number

**INFORMATION/ADVICE:**

**Is coal miners' pneumoconiosis a notifiable disease?**

Pneumoconiosis is not currently listed as a notifiable disease.

There is currently no list of diseases that must be notified. However, section 198 of the Coal Mining Safety and Health Act requires the site senior executive of a mine to notify an inspector and site safety and health representative of serious accidents, incidents or diseases as soon as the SSE becomes aware of them.

(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)

**How many cases of black lung have been recorded in Queensland, when?**

While there have not been recorded cases of pneumoconiosis in Queensland for nearly three decades, the department has obtained a copy of Dr Rathus' 1983 report which identified 75 cases of pneumoconiosis.

No records of cases of black lung in Queensland are available to the department.

**A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?**

1. The department has obtained a copy of the report. A copy of the study is held by the department. It was conducted by two specialists. Dr Ellis Abrahams was the other, former Director of the Queensland Department of Health's Chest Clinic.
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of those cases where abnormality was identified. Of these 102 received a more complete follow-up."  
It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which the Queensland Coal Board is understood to have launched/commenced in May 1993 as the Coal Industry Employees' Health Scheme.

s.49 - Personal Infor

one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Personal health condition situation. His last Coal Industry -Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Personal condition in July 2015 as a result of reports from the CFMEU.
3. As the legislation addresses current coal industry workers, not retired workers, there is no avenue for the department to know the condition of those workers.

~~He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union? He says he met in St Andrew's Hospital a workmate from the Tivoli Mine and two other miners all with black lung, and he was made aware by Mines Department officers in a recent visit, of another worker with the disease who lived nearby him. Is that correct? What does the Mines Department know of cases other than the four recently identified by the union?~~

It is understood that the information that another miner had the disease was referring to the first case notified to the Department, not about another retired Ipswich miner.

The Department knows only about the three confirmed and one potential case of pneumoconiosis ~~recently four cases recently identified.~~ Only one of these, s.49 - Person was notified by the union.

**GELDARD Karmen**

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**From:** SMITH David (Mines)  
**Sent:** Tuesday, 1 December 2015 12:35 PM  
**To:** Anton.Gallacher@ministerial.qld.gov.au  
**Cc:** HARRISON Paul; PURTILL James; STONE Mark; COSGROVE Sue  
**Subject:** pneumoconiosis questions  
**Attachments:** Pneumocoiosis questions Ministerial.v2.docx

Mr Gallacher,  
I've responded to the issues you raised in the attached.  
Regards  
David

David Smith

Occupational Physician  
Health Surveillance Unit  
Safety and Health  
Dept of Natural Resources and Mines  
2 Robert Smith Street, Redbank , QLD, 4301  
P.O. Box 467, Goodna, QLD, 4300  
Ph: 38185426 Fax: 3810 6363  
Email: [David.Smith@dnrm.qld.gov.au](mailto:David.Smith@dnrm.qld.gov.au)

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<b>CTS No.</b>	
<b>DATE REQUESTED</b> <i>By DLO/Minister's Office</i>	
<b>ISSUE</b>	
<b>NAME OF CONSTITUENT OR MEMBER OF PUBLIC</b> <i>If applicable</i>	
<b>RESPONDING OFFICER</b> <i>Author</i>	Name, Title - Contact Number
<b>FINAL APPROVAL</b> <i>DG/DDG/ED</i>	Name, Title Contact Number

**Comment [AG1]:** Who approved this advice/response?

There is no approval from anyone listed at all?

**INFORMATION/ADVICE:**

**Is coal miners' pneumoconiosis a notifiable disease?**

There is currently no list of diseases that must be notified. However, section 198 of the Coal Mining Safety and Health Act requires the site senior executive of a mine to notify an inspector and site safety and health representative of serious accidents, incidents or diseases as soon as the SSE becomes aware of them.

(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)

**How many cases of black lung have been recorded in Queensland, when?**

No records of cases of black lung in Queensland are available to the department.

A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?

1. A copy of the study is held by the department. It was conducted by two specialists. Dr Ellis Abrahams was the other, former Director of the Queensland Department of Health's Chest Clinic.
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of those cases. Of these 102 received a more complete follow-up." It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which the Queensland Coal Board is understood to have launched in May 1993 as the Coal Industry Employees' Health Scheme.

**Comment [AG2]:**

<http://disease-control.health.qld.gov.au/>

This is a list of notifiable diseases, so is this answer incorrect? Whilst pneumoconiosis is not a notifiable disease, there is most definitely a list of diseases that must be notified.

**Comment [SD(3)]:**

That is the Queensland Health list, which are mostly infectious diseases, which has nothing to do with occupational diseases. The statement is correct in respect of the coal mining legislation.

**Comment [SD(4)]:**

The answer refers to past cases, not the current 4 which are the first known for at least two decades.

**Comment [AG5]:**

The report in the next question HAS confirmed cases of pneumoconiosis so how can there be no recorded cases of black lung in Queensland that are available to the department?

**Comment [AG6]:**

**Comment [SD(7)]:**

The only copy known was held by Dr David Smith as a personal copy from his colleague Dr Rathus.

s.49 - Personal In

one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Person situation . His last Coal Industry Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Person condition in July 2015 as a result of reports from the CFMEU.
3. As the legislation addresses current coal industry workers, not retired workers, there is no avenue for the department to know the condition of those workers.

He says he met in St Andrew's Hospital a workmate from the Tivoli Mine and two other miners all with black lung, and he was made aware by Mines Department officers in a recent visit, of another worker with the disease who lived nearby him. Is that correct? What does the Mines Department know of cases other than the four recently identified by the union?

It is understood that the information that another miner had the disease was referring to the first case notified to the Department, not about another retired Ipswich miner.

The Department knows only about the four cases recently identified. Only one of these, s.49 - Person was notified by the union.

**Comment [AG8]:** This is not the question that was asked yesterday.

s.49 - Person one of the recently deceased miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

**The question asked by the journalist was:**

He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union?

**Comment [SD(9):**  
The words "That's four additional cases " were inadvertently left out when it was retyped by Dr Smith in responding. The answer is the same. No cases except the four recently identified, are known.

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## GELDARD Karmen

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**From:** DLO DNRM  
**Sent:** Tuesday, 1 December 2015 3:43 PM  
**To:** STONE Mark  
**Cc:** MARSHALL Evan; LYNCH Paul; RESIDE Martin; BARR Dean; HARRISON Paul; COSGROVE Sue  
**Subject:** Pneumoconiosis  
**Attachments:** 151201 Pneumoconiosis questions.docx

Hi Mark

Anton has requested your approval of the last question in the attached.

Regards



Queensland  
Government

Linda Lloyd

Departmental Liaison Officer  
Department of Natural Resources and Mines

Level 17, 61 Mary Street Brisbane  
PO Box 15216, City East Queensland 4002  
Phone 07 3199 7641 (77641)  
Mob s.49 - Personal Inf  
Email [dl.o.dnrm@dnrm.qld.gov.au](mailto:dl.o.dnrm@dnrm.qld.gov.au) or [Linda.Lloyd@dnrm.qld.gov.au](mailto:Linda.Lloyd@dnrm.qld.gov.au)

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under the  
RTI Act 2009

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**From:** Anton Gallacher [<mailto:Anton.Gallacher@ministerial.qld.gov.au>]  
**Sent:** Tuesday, 1 December 2015 3:37 PM  
**To:** DLO DNRM  
**Subject:** Black lung final

Linda,

Please send to Mark see last question.

Then please send to Paul to issue the response.

See Matt's email below.

[Peacock.Matt@abc.net.au](mailto:Peacock.Matt@abc.net.au)

Rgds



Queensland  
Government

Anton Gallacher  
Media advisor  
e: [anton.gallacher@ministerial.qld.gov.au](mailto:anton.gallacher@ministerial.qld.gov.au)  
Office of the Hon. Dr Anthony Lynham MP

Minister for State Development and Minister for Natural Resources and Mines

T: 07 3719 7360 M s.49 - Personal In

QMEC Building, 61 Mary Street Brisbane QLD 4000

PO Box 15216 City East QLD 4002

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## INFORMATION/ADVICE:

### Is coal miners' pneumoconiosis a notifiable disease?

Pneumoconiosis is not a notifiable disease.

### How many cases of black lung have been recorded in Queensland, when?

While there have not been recorded cases of pneumoconiosis in Queensland for nearly three decades, the department has obtained a copy of Dr Rathus' 1983 report which identified 75 cases of pneumoconiosis.

**A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?**

1. The department has obtained a copy of the report.
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that "appropriate action was taken in cases where abnormality was identified.  
It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which the Queensland Coal Board commenced in May 1993 as the Coal Industry Employees' Health Scheme.

s.49 - Personal Information one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Personal health condition. His last Coal Industry Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Personal condition in July 2015 as a result of reports from the CFMEU.

**He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union?**

The Department knows only about the three confirmed and one potential case of pneumoconiosis recently identified.

**How long has DNRM been aware of the lack of B readers or qualified medical professionals to review X-rays?**

The College of Radiologists confirms that they train their radiologists to the relevant ILO Standard. It may be that some X-rays have not been referred correctly by the referring doctor.

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under the  
RTI Act 2009

**GELDARD Karmen**

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**From:** HANSFORD Shane  
**Sent:** Friday, 4 December 2015 3:44 PM  
**To:** HARRISON Paul  
**Subject:** RE: Coal Board Reports  
**Attachments:** Coal Board reports 1981 to 2003.pdf

Harro,

PDF of references to coal board medical in the Board reports 1981 to 2003. Probable highlights are:

P5, i.e. the 32<sup>nd</sup> report of 1983 which discusses establishment of the scheme by Gazette on Dec 11 1982  
P14, i.e. the 42<sup>nd</sup> report which discusses the establishment of the 1993 scheme  
P18, i.e. p12 of the 44<sup>th</sup> report has a reference to the "1984 study by Rathus and Abrahms" which showed 75 cases of pneumoconiosis

I will drop a hard copy around.

Cheers

Shane

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**From:** HARRISON Paul  
**Sent:** Thursday, 3 December 2015 9:54 AM  
**To:** HANSFORD Shane  
**Subject:** FW: Coal Board Reports

Shane. Can we discuss please. Harro

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**From:** HARRISON Paul  
**Sent:** Monday, 30 November 2015 5:35 PM  
**To:** SMITH David (Mines)  
**Cc:** ALBURY Russell  
**Subject:** Coal Board Reports

David

Attached is a document containing links to old Coal Board Reports in QDex. Some of them mention the health scheme.

Paul

## ACTIVITIES OF THE BOARD (Continued)

### VISITORS

Throughout the year the Board received visitors from overseas countries and Australia. Enquiries covered sources and availability of steaming and coking coals, investment and equity information, coal handling facilities, industrial problems, etc. It is common practice for many visitors to contact the Board prior to having discussions with mining companies.

### CONFERENCES

Members of the Board have representation on many organisations and Committees e.g. the Board of the Australian Coal Industry Research Laboratories Ltd. (A.C.I.R.L.), Queensland Energy Advisory Council (Q.E.A.C.), Queensland Coal Mining Safety Research Advisory Committee (Q.C.M.S.R.A.C.) etc., and they attended several meetings during the year. Also the Board convened conferences involving mining companies and consumer industries.

### \* MINERS HEALTH SCHEME

During the year the Board reactivated a proposed Health Scheme for Queensland coal miners. Conferences and discussions were held with the Department of Health, the Workers Compensation Board, the Coal Owners' Association and the Combined Mining Unions. A further study was also made of the scheme operating in New South Wales.

The introduction of a Scheme for Queensland is most desirable and has support from all organisations concerned. Agreement was basically reached on how the Scheme would operate and financing of the programme was investigated.

It is envisaged that all new employees will be medically examined prior to being engaged for duty. All personnel presently employed will be subject to chest X-ray examinations, audiometry testing, etc.

The Board will continue its efforts to have the Scheme implemented as quickly as possible and it expects the Scheme could commence in early 1982.

### SURVEY OF EARNINGS

During the first quarter of 1981-82 the Board will conduct a survey of earnings of employees in the Queensland Coal Mining Industry. The survey will relate to employees covered by the five main awards in the industry.

### PRICE OF COAL

Setting and monitoring of prices of domestic coal is an important function of the Board. Its responsibility extends to all coal sold within the State.

In respect of coal exports, the companies concerned negotiate their own prices. However, the prices of overseas export coal are subject to the approval of the Hon. the Minister for Trade and Resources.

### General Comment

The pithead selling prices of coal supplied to local market have increased in all districts. In two districts price increases have been influenced by the terms of agreements signed for the supply of coal. General increases in pithead selling prices were granted to recoup the cost of the following:—



31st Report 1982

## THE COAL INDUSTRY 1982

The Board has pleasure in reporting that for the 1981-82 year a number of new records have been achieved in the Queensland Coal Industry. The resulting increases were most acceptable even though proportionately less than last year.

Saleable coal production has risen to 34.3 million tonnes, domestic usage rose to 7.5 million tonnes and overseas exports increased to 24.9 million tonnes. Employment numbers have climbed to 8 664.

Record productions were achieved in the Blackwater and Bowen districts. Increases also occurred in the West Moreton, Darling Downs and Moura districts. Production declined in the Maryborough, Callide and Mackay districts. The Mackay district which is the largest producing area in the State has shown since 1971 a continuous growth, excepting for the years 1977-78 and 1981-82. The record Blackwater figure was occasioned by the progressive development of the Gregory mine and the output of two new mines — German Creek and Yarrabee.

Coal consumption within the State increased by 380 000 tonnes. All industries excepting coke manufacture and metal processing have used more coal. Electricity generation — the major consumer group used 307 000 tonnes of the increase. The food processing group showed the largest gain on a percentage basis.

Manpower in the industry increased by 699 and at all districts excepting Klanga and Darling Downs additional personnel were employed. The Blackwater companies engaged 474 of these new recruits.

Due to increased employment the number of manshifts possible to be worked increased accordingly. The number of manshifts lost through industrial disputes declined by 2.79% from the 1980-81 figure despite 12 days loss of production during January-February 1982, owing to an industrial dispute over a log of claims.

\* During the year further discussions and conferences were held concerning the Coal Miners' Health Scheme. The Board is pleased to announce that finally was reached while this report was being prepared.

Despite some downturn in certain overseas markets for coking and steaming coals the development of new mines is proceeding reflecting a degree of optimism for the future. The Oaky Creek mine in the Central Area is scheduled to commence production of coking coal in February, 1983, and the exports are programmed to start four months later.

Development of Riverside — a coking coal project, Blair Athol and Newlands — both export steaming coal projects are progressing. Curragh, which is planned to supply steaming coal for use within the State and to export coking coal is also well advanced. Tarong and Boundary Hill are being developed as large supplying mines for new power stations.

All coal ports except Bowen handled record export quantities. Operations were satisfactory and generally vessels were not unduly delayed.

Stage I of the new coal terminal at Brisbane will be completed by the end of 1982 and also by that date Gladstone Harbour will be deepened permitting vessels of up to 140 000 d.w.t. to berth at the Clinton facility. The first stage of Dalrymple Bay (Hay Point 2) is scheduled to commence operations in July, 1983. Construction work is progressing at the Abbot Point terminal.

Conversion by industry to coal firing has continued, although the number of conversions was lower than during the past few years. This must be expected as most prospective companies have made the change.

## ACTIVITIES OF THE BOARD (Continued)

### SEVERANCE PAY FUND

Under powers conferred on it by the Coal Industry (Control) Act 1948-1978 the Board entered into agreements with some coal mining companies to administer a Fund to ensure severance pay entitlements to employees who may be retrenched from those companies which contribute to this Fund. The contributing colliery companies were granted an increase in price. Levies are remitted to the Board for lodgement in the Fund.

Following a review by the State Actuary the levy payable was reduced as from October 1, 1981.

No employees engaged by the contributing companies were retrenched during the year.

### COAL MINERS' HEALTH SCHEME

Further discussions and conferences were held relating to the Miners' Health Scheme. While this report was being assembled State Cabinet on August 30, 1982, approved for the Board to implement the Scheme.

Two Coal Board Orders will be issued relevant to the Scheme and will in due course be published in the Government Gazette. The Orders provide for pre-medical examination for new employees and for examination of persons presently employed in and about coal mines in Queensland. In addition, men who have recently retired should volunteer for the X-ray survey.

It is anticipated that the Scheme will be implemented in the beginning of 1983.

The Board extends thanks for the co-operation received from the Department of Health, the Workers' Compensation Board of Queensland, the Queensland Coal Owners' Association and the Combined Mining Unions.

### COAL MARKETING

The conversion away from oil fuel to the use of coal levelled off during this year. It is pleasing to note that most of the companies originally regarded as potential for the change have converted.

Some interesting installations which were made during the year warrant comment. A.J. Bush & Sons Pty. Ltd. of Brisbane installed an 18 megawatt boiler, the largest coal-fired packaged unit of its type in Australia.

Granville Tobacco Processors Pty. Ltd. of Bundamba, planned its new twin boiler installation to harmonize with the residential and semi-rural environment surrounding its premises.

Similarly, the twin boiler installation at the Mater Hospital, South Brisbane, was constructed to conform with the other hospital buildings.

All plants have been commissioned and are reported as functioning well and showing considerable savings as against oil fuel usage. The concept of design with due regard to appearance and the surroundings is most welcomed by the Board.

At Gladstone, a coal bunkering facility of 80 tonnes per hour capacity has been constructed to cater for the four 75 000 d.w.t. coal-fired bulk carriers which will convey bauxite from Wepa to the Queensland Alumina Refinery. The coal-fired vessel, the "River Boyne" is expected to berth at the Gladstone wharf on October 18, 1982 and will commence bunkering immediately. This is a landmark, not only for Australia, but for the world, as this is the first new coal-fired vessel utilising modern technology, to be commissioned. Another article giving details on the bunkering facilities, together with technical details concerning engine room operations appears elsewhere in this Report.

There are still some companies in the grain drying, ceramics and meat industries that show potential for coal usage. A change in technological approach could accelerate such conversion.

## THE COAL INDUSTRY 1983

The Board is pleased to report that during the 1982-83 year the Queensland coal industry achieved new records in many spheres of activities.

When the continuing depressed market for coking coal in some countries and the slow world growth rate for steaming coal are recognised, exports are considered most satisfactory.

Saleable production totalled 35.8 million tonnes — the highest figure for any financial year. Of the nine mining Districts within the State, seven show an increased output. The rise in the Callide District from the previous year was 53.14%.

Coal exports totalled 26.4 million tonnes of which 17.8 million were consigned to Japan. This is the largest quantity exported to Japan in any financial year.

Consumption of coal within the State was 8.6 million tonnes and represents another increase. The electricity industry, the major consumer, used one million additional tonnes.

The Board continued its marketing programme. As most industrial concerns capable of being converted to coal-fired equipment have made the change, only a few conversions occurred.

Employment has grown to 8 773 which is the highest level ever. Due to reduced production requirements, manpower at some mines decreased. However, an active redeployment programme facilitated transfer of personnel to other operations.

Partly due to new mine activity the total number of manshifts possible to be worked increased by 120 000. The percentage number of shifts lost for all reasons declined to 6.85% with industrial disputes accounting for a mere 1.16%. Overseas buyers of Queensland coal should be pleased with the present excellent performance by the mining workforce in this State.

A major achievement during the year was the implementation of the Coal Miners' Health Scheme. The health and welfare of persons working in the industry is of vital concern and this programme will do much to identify health needs.

It is heartening to report that no fatal accidents occurred at the mines.

Development of new projects continues. The Oaky Creek mine came on stream and commenced exporting during the year. Riverside mine, which is at an advanced stage, has been scheduled for exports in late 1983. The Blair Athol and Newlands steaming coal projects have progressed and a major expansion programme at Collinsville is near completion.

Boundary Hill, near Callide, came into production and Meandu at Tarong, is scheduled for deliveries to the on-site power station in February, 1984. The steaming coal operation at Curragh is well advanced and coal will be tested at Gladstone Power Station in the final quarter of 1983.

The first stage of the export coal facility at Brisbane was completed. Loading at the new terminal commenced in February, 1983. Construction of two other terminals — Dalrymple Bay, near Hay Point and Abbot Point, north of Bowen — is continuing. The first stage of each facility is scheduled for operation in the near future. Queensland will shortly have five coal ports, some capable of handling the largest vessels. These ports, together with the back-up infrastructure, demonstrate the coal export potential of this State.

During the year a Federal election was held and there was a change in Government. The new Government brought down its budget while this report was being prepared.

The \$3.50 per tonne duty which applies to five Queensland exporting companies was not removed.

Representatives of the coal industry have again requested the abolition of this discriminatory tax. Considering that three of the export companies have experienced a reduction in the price of coking coal the Board repeats its belief that the Federal Government should remove the Queensland coal export duty.

## ACTIVITIES OF THE BOARD



### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy.

### LEGISLATION

There were no amendments to the Coal Industry (Control) Act during the year.

### COAL MINERS' HEALTH SCHEME

In the Government Gazette of December 11, 1982 the Board issued two Orders relevant to the Coal Miners' Health Scheme which commenced as from January 1, 1983.

One Order was for the compulsory medical examination of new entrants to the Coal Mining Industry and for the medical examination of employees of the Coal Industry under certain circumstances, made in accordance with the authority granted to The Queensland Coal Board by the Coal Industry (Control) Act 1948-1978.

The second Order was for a compulsory chest X-ray for all employees working on or about a coal mine prior to January 1, 1983. This Order also sought that former coal miners undergo a chest X-ray.

To implement the Scheme the Board arranged several conferences with company personnel, mining unions, and medical practitioners. Visits were made to the Northern and Central areas for discussions with officials who could not attend meetings in Brisbane.

Mining companies nominated doctors who would examine new entrants. The examining doctor advises the entrant, the company, and the Board if the person concerned is 'fit for duty', 'fit for restricted duty' or 'unfit'. Medical records are forwarded to the Board's office for confidential filing and storage.

In conjunction with the Department of Health the chest X-ray programme commenced in March, 1983. The Department's mobile unit first visited West Moreton mine sites and then was moved to Collinsville. The mobile unit is currently proceeding southwards through the Bowen Basin.

The Board has engaged, on a part-time basis, two eminent medical consultants to read the X-ray films. All personnel who are X-rayed, are advised on the results of the examination.

The operation of both aspects of the Health Scheme has progressed to a satisfactory state. Some minor problems were encountered in the earlier months and all of these were overcome.

The Board is pleased that this long awaited Health programme has commenced and extends its thanks to the miners, personnel officers in the industry, medical practitioners, and to the Department of Health for the excellent co-operation received.

### BOARD AND STAFF APPOINTMENTS

Mr. Michael P. Walker was appointed to the position of Engineer and commenced duty on June 27, 1983. Mr. Walker has spent 20 years in the coal industry in England and Australia.

While this report was in preparation Mr. Jack T. Woods, was reappointed as Chairman for a period of one year from October 30, 1983.

### STAFFING

At June 30, 1983 sixteen officers were employed by the Board.

## THE COAL INDUSTRY 1984

Several highlights were achieved in the Queensland coal mining industry during the 1983-84 year, and the Board is pleased to report a continuing growth of activity.

Saleable coal production reached 44 million tonnes — the largest quantity mined in any 12 month period. Seven of the ten mining districts show increased output. New mines, further development of some mines which began operations during the previous year and an improved overall State output per manshift all contributed. Large new mines which came on stream were Meandu, Riverside, Curragh, Newlands and Blair Athol.

The number of employees continued to rise and at the close of the year 9 674 persons were engaged although 19 men were retrenched in the southern division. The redeployment programme which commenced the previous year continued with good relations by all parties.

Manshifts possible rose to 2.59 million of which 2.41 million or 93.05% were worked. The number of shifts lost through industrial problems shows a small increase of 0.81% over last year. The continuing co-operation between management and unions in industrial matters is again evident.

The quantity of coal used by industry in the State increased by 14.1%. Total consumption exceeded 9.8 million tonnes of which 7.6 million tonnes were burned at the power stations.

A record 33.1 million tonnes of coal was exported to 24 countries. The export comprised 29.6 million tonnes of coking coal and 3.5 million tonnes of steaming coal. Japanese trade continued to increase and sales to that country were 19.87 million tonnes.

Operations commenced at two additional export coal terminals — Dalrymple Bay, near Hay Point and Abbot Point, north of Bowen. Both facilities have been designed for fast loading and large bulk carriers.

\* The Chest X-ray survey of mining personnel was completed and involved 7784 X-rays being taken. An additional 123 workers also participated. A report by the Board's Medical Consultants was published and distributed.

Although no major new mines are currently being developed, existing and expanding mines have a designed production capacity exceeding 60 million tonnes of saleable coal per year. Five coal ports are now operational and duplication of railway lines used for the coal export trade is continuing. These ports and the railway system can adequately handle that production capability.

## ACTIVITIES OF THE BOARD



### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy.

### LEGISLATION

There were no amendments to the Coal Industry (Control) Act during the year.

### BOARD APPOINTMENT

While this report was in preparation Mr. Jack T. Woods, was reappointed as Chairman for a period of one year from October 30, 1984.

### STAFFING

At June 30, 1984 sixteen officers were employed by the Board.

### FINANCIAL ASSISTANCE

#### (1) Colliery Loans

An amount of \$230 000 was loaned to a mining company to assist in the purchase of mining equipment and building construction.

#### (2) Welfare

Grants totalling \$13 689 were approved for a variety of welfare projects. Most of this expenditure was occasioned by the visit to Blackwater of some West Moreton miners and their wives.

Since inception of the welfare programme \$422 000 have been provided from the Welfare Fund.

#### (3) Severance Pay Fund

During the year a total of \$216 172 was paid from the Severance Pay Fund to 19 men who were retrenched from the industry.

#### (4) Health Scheme

Payments totalling \$67 000 were made from the Health Scheme Fund. Most of the expenditure related to the compulsory X-ray programme.

### COAL MARKETING

As reported last year there are few industries available which may be converted from oil fuel to coal usage. However the ongoing marketing programme was continued. A number of firms were contacted and a southern area abattoir previously using oil has converted to coal.

There are industries which presently use large quantities of gas. With the rising costs relating to exploration the price per therm of gas is increasing. Coal, therefore, provides an economic alternative and it is the Board's intention to acquaint users of gas of the cost effectiveness of coal.

### COAL QUALITY CONTROL

The Board continued to monitor and investigate the quality of coal to consumers. Visits were made to collieries, consumers' premises and stockpile areas to check on quality and investigate complaints.

The coal samplers made 460 visits to mines and consumers. A total of 493 samples were prepared for analyses by the Government Analyst.

### RESEARCH

The Board continued to participate in the following Committees:

- Queensland Coal Mines Safety Research Advisory Committee
- Mining Technology Committee
- Co-ordinating Committee on Outburst Research

These Committees are primarily involved with mines safety and improvement of mining technology.

The Board also represented the State Government at meetings of the Queensland Coal Mining Industry Consultative Committee. As a representative of all active participants in the industry, the Board made a significant contribution to resolving potential industrial problems through discussion and co-operation which led to greater understanding by the parties concerned. This has been particularly evident where relocation of displaced mineworkers has been necessary.

## ACTIVITIES OF THE BOARD

### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy. There were no amendments to the Act during the year.

### BOARD APPOINTMENT

While this report was in preparation Mr. Jack T. Woods, was reappointed Chairman to December 10, 1985.

### STAFFING

At June 30, 1985, fifteen officers were employed by the Board.

### RETRENCHED EMPLOYEES — SEVERANCE PAYMENTS

The Acland mine near Dakey and the Southern Cross mines in the Bundamba area ceased operations during the year. 56 workers of the retrenched personnel were paid an amount of \$885,885 from the Severance Pay Fund.

### COAL MARKETING

As previously reported the number of industries available for change to coal as a fuel source is comparatively few. The promotion of coal has continued and additional consumers were gained during 1984-85.

A new boiler plant was installed at a large abattoir in the southern area, three lime works were converted to coal as well as a tea processing plant in the north.

Negotiations are continuing with tobacco and meat processing companies for possible change to coal as a fuel.

### COAL QUALITY CONTROL

Mines, consumers' premises, and stockpile areas were visited and inspections made to ensure coal quality standards of domestic coal supplies were maintained.

The coal samplers made 476 visits to mines and consumers. A total of 516 samples were prepared for analyses.

### COAL MINERS' HEALTH SCHEME

The Health Scheme is functioning satisfactorily and the small problems associated with pre-entry medical examinations have been overcome. A total of 1,003 medical examinations were conducted during 1984-85 for new employees to the coal industry.

Employees who had been advised of an abnormality as a result of the X-ray programming, which was completed last year, have been contacted again. The Queensland Coal Mines Research Safety Committee is to have further discussions with these employees.

### PARTICIPATION ON COMMITTEES

The Board continued to be represented on the Australian Coal Consultative Council Advisory Committee, the National Research Group and associated Working Parties. Through these activities the A.C.C.C. has contributed to the improved industrial climate in the industry.

The Council has the support of companies, unions, and the Queensland and New South Wales Governments and in general has fostered an improved level of understanding between the parties in the industry.

The Board also represents the State Government on the Queensland Coal Mining Industry Consultative Committee which assists in minimising potential industrial problems in the industry through discussion and co-operation between parties.

Other organisations — particularly involving research — include the Queensland Coal Mines Safety Research Advisory Committee, the Mining Technology Committee and the Co-ordinating Committee on Outburst Research.

## ACTIVITIES OF THE BOARD

### MINISTERIAL

The Board welcomes and extends congratulations to its new Minister the Honourable Brian Austin, M.L.A., who was appointed as Minister for Mines and Energy as from December 1, 1986.

### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy. There were no amendments to the Act during the year.

### BOARD APPOINTMENT

Mr. J.T. Woods retired on December 10, 1985. Mr. K.W. Wolff, Director-General, Department of Mines, was appointed Chairman for a period of one year from December 11, 1985.

### STAFF

At June 30, 1986, fifteen officers were employed by the Board.

### COMPUTER INSTALLATION

A computer system was installed during the year. However, owing to the relocation of the Board's offices the final units were not acquired until early this current financial year.

An additional officer has since been appointed for computer programming and other clerical duties.

The Board desires to thank the Director of the State Government Computer Centre for the assistance provided by his officers.

The computer installation will greatly facilitate processing of statistical data and other information.

### COAL MINERS' HEALTH SCHEME

The number of employees who underwent the pre-entry medical examinations totalled 940 - approximately 60 fewer than last year.

Throughout the State additional doctors are conducting the examinations on behalf of the mining companies.

### RETRENCHED EMPLOYEES

An amount of \$16,169 was paid to one employee who was retrenched from one of the companies associated with the Severance Pay Scheme.

### THE WELFARE FUND

During the year an amount of approximately \$26,000 was provided for loans and grants for a variety of projects for which the Board approved financial assistance.

### COAL MARKETING

The promotion of coal as a fuel source was continued. In the central area a major new market was established for a Meat Processing company.

## COAL QUALITY CONTROL

Coal samples were obtained from mines, consumers' premises and stockpile areas regularly throughout the year to ensure that domestic quality specifications were maintained.

Where problems occurred, incorrect coal size was found to be the predominant factor. Consequently more routine sizing tests are now being carried out by the Board.

A total of 546 samples were prepared by the coal samplers and delivered to the Government Laboratory and A.C.I.R.L. for chemical analysis.

### PRICE OF COAL

The establishment and maintenance of domestic coal prices is an important function of the Board which has a responsibility for all coal sold within the State.

The pithead selling prices of coal supplied to domestic consumers have risen. Increases were granted to recoup the cost of:-

- (i) A rise of 3.8% in the National Wage and increases in special rates and allowances applying from November 4, 1985.
- (ii) Increases payable by colliery proprietors to the Coal Miners' Pensions Fund and the Queensland Coal Board from July, 1985.

Escalation of costs other than wages and wages on costs resulted in price increases being granted during the financial year.

Shown below are weighted average pithead selling prices per tonne based on domestic sales during the month of June in the years 1985 and 1986.

DISTRICT	1985	1986
	\$	\$
West Moreton	42.82	44.58
Maryborough	45.72	46.06
Callide	23.36	23.62
Blair Athol	20.32	20.34
Bowen	40.56	40.79

### PARTICIPATION ON COMMITTEES

The Board continued to represent the Queensland Government on the Australian Coal Consultative Council Advisory Committee and its subcommittees, the National Research Group and associated Working Parties.

The committees provide the necessary back-up support to the Council in seeking to provide better understanding between all parties to the industry including Governments, companies and unions.

A.C.C.C. has made a significant contribution in assisting a general improvement in overall industrial relations within the coal mining industry.

The Board also represents the State Government on the Queensland Coal Mining Industry Consultative Committee. Representation is similar to A.C.C.C. but at State level with the objective of minimising State industrial problems or potential problems. In this the committee has had particular success in arranging relocation of mine employees displaced



## \* COAL MINERS' HEALTH SCHEME

From 1st January, 1983, a Coal Miners' Health Scheme was commenced and is administered by the Board. In the Order issued by the Board, it is compulsory for all persons to be medically examined prior to entering the coal mining industry. During the year 512 persons underwent the specified medical examination.

## COLLIERY EMPLOYEES SEVERANCE PAY FUND

The Board also administers a Severance and Retrenchment Fund for employees in the Queensland coal mining industry. Contributions are received from those companies which participate in the Scheme. The present participating companies have mining operations in the West Moreton and Maryborough Districts. During the year 295 employees covered by Agreements were retrenched. Payments totalling \$1,031,774 were made from the Fund which included entitlements to a small number of employees retrenched in June, 1987. Further substantial payments were remitted to other eligible employees in the early part of the present financial year.

## WELFARE FUND

Since its inception the Board has operated a Welfare Fund which promotes the welfare of employees in the industry and communities of persons in coal mining areas. During the year \$30,518 were provided as grants and loans for a variety of projects.

## COAL MARKETING

For several years the Board has promoted coal as a fuel source. This programme was highly successful and several industries have converted to coal-fired appliances and some new industries installed coal-fired equipment. As coal is a reasonably priced fuel many companies have reported substantial savings being achieved.

## COAL QUALITY CONTROL

The Board employs two coal samplers who regularly visit mines, consumers' premises and stockpile areas to obtain coal samples. The samples are prepared for sizing tests and for analyses by the Government Laboratory. The Board's Engineer also monitors complaints by consumers regarding coal quality and sizing. During the year the samplers made 504 visits and collected 531 samples for testing and analyses.

## PRICE OF COAL

Although most of the coal used in the State is now purchased on a contract basis the Board still has a responsibility for all coal sold. It determines price variations for supply to several consumers located in various areas of the State. Price rises are usually occasioned by increases in wages and salaries of coal mining personnel, together with escalation of costs of coal production.

Pithead prices of coal won from underground resources are usually higher than that from open-cut mines. Prices vary in the different coal Districts of the State. At 30th June, 1987, the following averaged pithead prices per tonne applied:—

District	\$ per Tonne
West Moreton	47.77
Maryborough	48.87
Callide	25.99
Blair Athol	20.41
Bowen	43.63

The Board does not negotiate the prices of any coal for the export market.

## PARTICIPATION ON COMMITTEES

The Board is represented on several Groups and Committees associated with research, coal production, sales, safety matters, etc.

It represents the Queensland Government on the Australian Coal Consultative Council Advisory Committee and its subcommittees, the National Research Group and associated Working Parties.

Likewise it represents the Government on the Queensland Coal Mining Industry Consultative Committee. Representation is similar to A.C.C.C. but at State level with the objective minimising State industrial problems or potential problems.

The Board also has a place on the Board of the Australian Coal Industry Research Laboratories Ltd. and has ongoing membership of the Queensland Coal Association's Thick Seam Mining Technology Committee, which was originally formed in 1975.

The Board is also included in the Queensland Coal Mines Safety Research Advisory Committee.

The Board provided, as it has done in the past, financial support for mining research and safety programmes.

## OVERSEAS TRAVEL

Mr K. W. Wolff, as Director-General of the Mines Department, accompanied the Honourable the Minister on overseas visits. No other visits were made by Board Members or staff.

## PUBLICATIONS

1. **The 1986-87 Annual Review of the Queensland Coal Industry**  
The Review is a detailed statistical report on the industry. Copies of previous reviews are available.
2. **Queensland Coals—Typical Physical and Chemical Properties and Classification**  
This publication details the physical and chemical properties of 60 product coals throughout the State, as well as typical specifications of all coking and steaming coals presently exported.

**THE QUEENSLAND COAL BOARD**

61 Mary Street,  
Brisbane.  
Queensland. 4000.

The Honourable Martin Tenni, M.L.A., Minister for Mines and Energy.

Sir,

The Chairman and Members of The Queensland Coal Board herewith submit the thirty-seventh Annual Review of the Coal Mining Industry for the financial year 1987-88.

**CONSTITUTION**

The Queensland Coal Board is a body corporate constituted under the *Coal Industry (Control) Act 1948-1978*. The Board is administered through the portfolio of the Minister for Mines and Energy.

The powers and functions of the Board are to include the taking of such action as, in the opinion of the Board, is necessary or desirable:—

- (a) To ensure that coal is produced in the State in such quantities and with such regularity as will meet requirements throughout Queensland and in trade with other States and Territories of the Commonwealth and other countries;
- (b) To ensure that the coal resources of the State are conserved, developed, worked and used to the best advantage in the public interest;
- (c) To ensure that coal produced in the State is distributed and used in such manner, quantities, classes and grades and at such prices as are calculated best to serve the public interest and secure the economical use of coal and the maintenance of essential services and industrial activities;
- (d) To promote the welfare of workers engaged in the coal industry in the State, and
- (e) To encourage the highest degree of co-operation between management and workers so as to ensure maximum efficiency and production.

**THE BOARD**

The present Board comprises Mr K. W. Wolff, Chairman (who is also Director-General, Queensland Department of Mines), Mr W. J. Platt, full-time Member and Mr M. L. Noume, part-time Member.

The Chairman and members are appointed by the Governor in Council.

The Chairman's salary is met by the Department of Mines. The other two members are salaried officers and no fees are paid to the Chairman and Members for attendance at meetings.

**BOARD MEETINGS**

During the year 12 formal Board meetings were held. However discussions were held whenever necessary with Government Departments, colliery

representatives and officers of the Queensland Coal Association on matters concerning the coal mining industry.

**FINANCE**

The Board's income is derived from contributions by coal mining companies, grants from Consolidated Revenue and interest earnings. The contribution from mining companies is based on manpower required for the production and sale of coal within Australia. No contribution is received from companies which are exclusively exporting coal overseas.

**FINANCIAL STATEMENTS**

The Board's Financial Statements are prepared in accordance with the Financial Administration and Audit Act and in pursuance of the Minister's Directions. The Financial Statements are certified by the Auditor-General. The Statements have been placed before the Legislative Assembly.

**STAFF**

The Board employs 14 full time officers who are classified as Crown employees. The Secretary, Mr J. I. Kavanagh was appointed by the Governor in Council. All Members and staff contribute to the State Service Superannuation Fund.

**OFFICE ACCOMMODATION**

The Board's offices are located on the 7th floor, of the Queensland Minerals and Energy Centre, 61 Mary Street, Brisbane.

**\* COAL MINERS' HEALTH SCHEME**

From 1st January, 1983, a Coal Miners' Health Scheme was commenced and is administered by the Board. In the Order issued by the Board, it is compulsory for all persons to be medically examined prior to entering the coal mining industry. During the year 303 persons underwent the specified medical examination.

**COLLIERY EMPLOYEES SEVERANCE PAY FUND**

The Board also administers a Severance and Retrenchment Fund for employees in the Queensland coal mining industry. Contributions are received from those companies which participate in the Scheme. The present participating companies have mining operations in the West

## 1 ACTIVITIES OF THE BOARD

### CONSTITUTION

The Queensland Coal Board is a body corporate constituted under the Coal Industry (Control) Act 1948-1978. The Board is administered through the portfolio of the Minister for Mines and Energy.

The powers and functions of the Board are to include the taking of such action as, in the opinion of the Board, is necessary or desirable:-

- To ensure that coal is produced in the State in such quantities and with such regularity as will meet requirements throughout Queensland and in trade with other States and Territories of the Commonwealth and other countries;
- To ensure that the coal resources of the State are conserved, developed, worked and used to the best advantage in the public interest;
- To ensure that coal produced in the State is distributed and used in such manner, quantities, classes and grades and at such prices as are calculated best to serve the public interest and secure the economical use of coal and the maintenance of essential services and industrial activities;
- To promote the welfare of workers engaged in the coal industry in the State, and
- To encourage the highest degree of co-operation between management and workers so as to ensure maximum efficiency and production.

### THE BOARD

The present Board comprises Mr. K.W. Wolff, Chairman (who is also Director-General, Queensland Department of Mines), Mr. W.J. Platt and Mr. M.L. Noume, Members.

The Chairman and Members are appointed by the Governor in Council.

The Chairman's salary is met by the Department of Mines. Mr. W.J. Platt is a full-time salaried officer and Mr. M.L. Noume has been appointed on a part-time basis. No fees are paid to the Chairman and Members for their attendance at meetings.

### BOARD MEETINGS

During the year the Board held 11 formal meetings. However, discussions on all matters relative to the coal mining industry were continually held.

### FINANCE

The Board's income is derived from contributions by coal mining companies, grants from Consolidated Revenue and interest earnings. The contribution from mining companies is based on manpower required for the production and sale of coal within Australia. No contribution is received from companies which are exclusively exporting coal overseas.

### FINANCIAL STATEMENTS

The Board's Financial Statements are prepared in accordance with the Financial Administration and Audit Act and in pursuance of the Minister's Directions. The Financial Statements are certified by the Auditor-General.

### STAFF

The Board employs 14 full time officers who are classified as Crown employees. The Secretary, Mr. J.I. Kavanagh and the Fuel Technologist, Mr. P.A. Bennett were appointed by the Governor in Council. The full-time members and all staff contribute to the State Service Superannuation Fund.

### COAL MINERS' HEALTH SCHEME

By Order dated 8th December, 1982, the Board instituted the Coal Miners' Health Scheme.

Under the provisions of this scheme, it is compulsory for all persons to be medically examined prior to employment in the coal mining industry. During the year 877 persons underwent the required medical examination.

### COLLIERY EMPLOYEES' SEVERANCE PAY FUND

The Board also administers a Severance and Retrenchment Pay Fund for employees in the Queensland coal mining industry.

Contributions are received from those companies which participate in the Scheme.

## The Board at Work

### ACHIEVEMENTS 1990/91

The 1990/91 financial year saw the emergence of a restructured Queensland Coal Board, well positioned to serve the needs of Government and a range of industry interests.

The restructuring followed a review of the Board commissioned by the Queensland Minister for Resource Industries. This review took into account the Government's need to have access to clear policy options in order to maximise the economic and social benefits of the State's substantial coal resources. The Minister required the Board to be competent to discern the requirements of all sections of the Queensland coal industry and associated industries ... employees as well as employers, potential investors, forecasters and analysts.

In the light of the economic and social significance of the industry and the nature and intensity of competition in the international marketplace, the Government requires independent, timely, and well-considered advice which draws on the professional, technical and industry-related experience of Board members and employees.

As a result of these imperatives, the Queensland Coal Board was upgraded with the appointment of Mr Peter Illis as Chairman, Mr Greg Watson as Member and the reappointment of Mr Bill Platt as Member. Collectively, the installation of this full-time team gave the Queensland Government access to high levels of practical experience and expertise in public administration, earth sciences and mining engineering, economics, coal mine management, mining industry labour relations, and land use planning.

An early task of the restructured Board was development of its five-year strategic plan and the mechanisms for its implementation. This plan has been completed with the co-operation of the Board's staff. The continuing task is the effective implementation of the plan. This implementation will be apparent through the delivery of perceptive policy advice and the consequent development of the coal industry and the welfare of its workers.

Medium to long-term goals aside, during the 1990/91 year, the Queensland Coal Board maintained its close involvement with Federal and interstate authorities within the coal sector. The Queensland Government, through the Queensland Coal Board, was also represented on the Board of the Australian Coal Industry Research Laboratories Limited (ACIRL) and on a number of sub-committees of various national and state research and energy management groups.

Meeting its obligation to ensure secure, adequate and competitively priced supplies of coal were available to meet the needs of domestic users, the Queensland Coal Board acted as arbitrator where disagreements arose between domestic suppliers and consumers, and discharged all its statutory duties relating to domestic price setting. Further, the Board continued to manage the Coal Miners' Health Scheme and during the year completed the lengthy task of computerisation of medical records.

In consultation with affected parties, the Board is now investigating a range of improvements to the Scheme. These improvements should be completed during the 1991/92 financial year. Overall, the Board was encouraged through the receipt of clear industry support for its endeavours in the area of improved employee health care.

Involvement in improving health, welfare, and workplace safety continued with an extensive Queensland Coal Board appraisal of proposed legislation into workplace alcohol and drug testing within the State's coal industry. This appraisal necessitated a comprehensive evaluation of legislation in Canada, the United States and Europe, a major review of current specialist literature on substance abuse and testing in the workplace, an examination of employee assistance programs and their effectiveness, and consultation with health and welfare service professionals.

The Board believes its appraisal and constructive proposals, presented to the Minister, on drug and alcohol testing will help create a safer workplace and will provide a framework for the management of substance abuse problems within the coal industry. Here the Board places on record its appreciation of the excellent co-operation provided by health professionals and groups associated with the management and treatment of drug and alcohol abuse.

It is with some regret that the Board was required to provide retrenchment payments totalling \$1 071 633, as a consequence of market forces affecting some mines and their contracts. The retrenchment payments were drawn on the Coal Industry Employees' Severance Pay Fund which is operated and managed by the Queensland Coal Board on behalf of contributing coal employers. Nevertheless, the Board was pleased to be in a position to quickly respond to a requirement for the fast track administration of funds for individual workers facing difficult and uncertain times.

In keeping with that part of its brief from Government to take a pro-active stance on issues affecting the longer-term well-being of the industry, the Queensland Coal Board, through Member Greg Watson, was elected to the Coal Project Team of the

Queensland Coal Organisation Underground Research Sub-committee, the United Nations Economic Commission for Europe Working Party on Coal (Expert Group on Coal Trade, Statistics and Transport), Australian Coal Industry Council, BHP Australia Coal Limited Special Research Program and Advisory Council, Joint Underground Mining Research Committee of Queensland and New South Wales, Australian Coal Industry Research Laboratories Limited, the Records Management Association of Australia and the Geoscience Information Society. Here, the Board notes the commendable personal involvement of a number of staff members with various professional associations and training activities.

During the year, the Executive Chairman participated in meetings of the Australian Coal Trade and Technology Committee. These meetings evaluated the potential opportunities for sales of Australian coals and technology and equipment and for a joint seminar, with regional interests, on Asia/Pacific coal trade and technology. The Australian Coal Trade and Technology Committee draws its expert members from individual companies, employer groups, State and Federal agencies, and research organisations.

As a Director of Australian Coal Industry Research Laboratories Limited the Executive Chairman has reported the company is now operating smoothly, is marketing its numerous services in Australia and overseas, and is moving towards reasonable profitability.

During the year under review, the Commonwealth Government and BHP signed a Memorandum of Understanding which facilitated the establishment of the BHP Australia Coal Limited Special Research Program and Advisory Council. Following this agreement, the Executive Chairman, as representative for the Honourable the Premier of Queensland, accepted an invitation to serve with the Advisory Council. This body convened its inaugural meeting during June, 1992. Board service with the Advisory Council is indicative of increasingly constructive relationships between the Board and industry. Indeed, on a day-to-day basis, Board staff involved in the collection and evaluation of information are encouraged by the levels of co-operation from site personnel.

A measure of the Board's constructive participation in coal sector activities during the year has been the preparation and delivery, by Board Members and staff, of a number of specialist presentations.

During June, 1992, the Executive Chairman, attending the Second Coal Technology Conference of the Australian Institute of Energy, delivered an extensive paper which offered a Queensland perspective on prospects for thermal coals. Some weeks earlier, the Board Fuel Technologist provided an extensive specialist presentation to the New

Energy and Industrial Technology Development Organisation prior to participating in the Japan/Australia Joint Technical Meeting on Coal in Tokyo. Also during his visit to Japan there was a number of discussions with coal users in Japan, particularly those involved in the steel industry, and with coal scientists. Earlier in the year under review the Board's Mining Engineer contributed to the Underground Coal Mining Exploration Techniques Workshop in Brisbane and attended, in Wollongong, an international gathering on Reliability, Production and Control in Coal Mines. By invitation, Board specialists were also involved in the Second Australian Flame Days Seminar, the Flame and Fuel Evaluation Workshop, and the German/Australian Coal Workshops. The Board was pleased, too, to participate in the Australian Coal Conference held in Queensland.

Given its continuing interest in and obligations on worker health and welfare, the Board was pleased to finalise an extensive internal report on employee assistance programmes in various sections of industry. Attention was paid to means used to identify and reduce impaired individual performance in the workplace. Concurrent with the Board's collection of information on factors affecting minesite health and safety, an Executive Member participated in the symposium "Shiftwork and Rosters and their Effect on Workers' Health". Internationally, there is considerable and continuing research on extended hours and shiftwork, and any attendant long-term effects.

A further Board contribution in the industrial welfare area has been the full revision of provisions relating to health screening and monitoring for coal mining employees. This has been a complex task involving co-ordination of inputs by employee and employer representatives, and health professionals. In general, the Board has been impressed by the quality of those inputs and believes an improved screening and industrial health monitoring programme will be implemented in the Queensland coal sector. The program will be in place during the 1992/93 year.

Board expertise in the industrial sphere was recognised and drawn on through the involvement of an Executive Member on the Coal Project Team of the Queensland Mining Industry Training Council. This body has played a key role in ensuring training has kept pace with the continuing and exhaustive restructuring of the coal industry. This restructuring has seen the development and introduction of new career paths and work models for coal mining employees. One consequence of the introduction has been a more productive, flexible and broadly skilled workforce.

This flexibility and openness to rational change is clearly evident in newer coal mining ventures in Queensland. For example, the development of the

# The Queensland Coal Board at Work

## CONTINUING PROGRESS

The Queensland Coal Board, during the 1992-93 year, continued to improve the delivery of services required by Government, mining employees and industry.

Significant users of Board expertise include State, Federal and overseas Governments and their various agencies, coal industry workers and their unions, coal companies and their industry organisations, domestic and international buyers of Queensland coals, commodity analysts, research groups, and the finance and investment sector. In addition to its mainstream user groups, Board services were also sought and utilised by schools and institutions of higher learning.

The period under review saw the second full year of successful operations by a restructured Board. This restructure included the appointment, in 1990 and 1991 of three full-time Executive Members, Mr Peter Ellis, Mr Greg Watson, and Mr Bill Platt.

The Board has a statutory obligation in relation to the health and welfare of coal mining workers and their communities. A key achievement in meeting this obligation was the successful introduction by the Board, on May 1, 1993, of the Queensland Coal Industry Employees' Health Scheme 1993. The introduction of the Scheme, which replaces health provisions in force since 1982, was the key outcome of the exhaustive collective efforts of a working party which comprised union and company representatives and health professionals. This working party, under the direction of the Board, undertook an extensive research and consultative programme during the two years following its formation in 1991.

Key provisions of the scheme, which has been well-received by a majority of miners, include comprehensive pre-employment and continuing health assessments of all on-site coal mine workers. One immediate benefit from the scheme has been the early detection of various ailments, some of them potentially life-threatening. Such early detection allows timely personal or medical intervention and can reduce the seriousness of some medical conditions. Further, the comprehensive collection and evaluation of health and life-style information over an extended period will facilitate the development of the most appropriate healthcare programmes for the coal mining environment. One immediate benefit is the improved ability of coal mine managements, in respect of their legal duty of care, to ascertain the fitness of workers to safely undertake specific tasks. The Board and health professionals also believe the scheme will reduce work time lost through accidents and illness.

Obviously, such reductions will enhance productivity and will decrease workers' compensation claims and premiums.

On an operational level, the Scheme will rely on the services of 17 Board approved physicians. These practitioners will assume responsibility for minesite health management programmes. Previously, more than 80 health professionals were directly involved in the processes of pre-employment fitness testing. The Board believes the streamlining and rationalisation of the testing process will deliver more consistency in, and accountability for, worker health assessments.

A significant feature of Board expertise lies in the areas of collection, evaluation and dissemination of technical, scientific, and operational information on this State's coal resources and on current and pending mining activities. This information is distributed, on a sale and subscription basis, within Queensland, throughout Australia and overseas. The material is presented in a number of Board publications. These are: Queensland Coal Board Monthly Statistics; the Quarterly Queensland Coal Report; Queensland Coal Board Annual Review; and Queensland Coal, a comprehensive guide to coal port and railway infrastructure within the State. During the year under review, the Board was pleased to substantially revise and reproduce the 9th Edition of Queensland Coals - Physical and Chemical Properties, Colliery and Company Information. This well regarded document continues to enjoy strong national and international sales. Of particular interest in this 9th Edition has been the inclusion of information on 20 previously undescribed coal deposits within the State. The majority of these deposits are located within a region previously covered by the Central Queensland Coal Area, RA55.

In addition to its obligations to produce information on the Queensland coal resource, the Board works closely with the Joint Coal Board. During 1992-93, as a result of this close co-operation and regular consultation, the two organisations compiled and distributed a monthly document, Australian Coal Exports, and an annual book, Australian Black Coal Statistics.

Demand for written technical and scientific material continued to grow during the year, with almost 1 000 national and international subscribers to Board publications. There was also a steady rise in requests for verbal briefings and presentations by the Board's specialist staff. In the course of the year these staff members met with overseas government, diplomatic, and trade representatives who were given detailed information on existing coal mining operations and coal qualities as well as material on

# Occupational Health

## Introduction

During 1994, a review of health and safety information system requirements was undertaken by the Department of Minerals and Energy and the Queensland Coal Board. After consultation with a wide variety of clients, it concluded that the existing information systems required upgrading, and promotion is required in relation to awareness of health and safety.

Currently, increased awareness of health and safety issues is being addressed through:

- ◆ the revision of the Coal Mining Act to incorporate system analysis and audit procedures;
- ◆ the implementation of the Queensland Coal Industry Employees' Health Scheme; and
- ◆ the QCO/DME Mine Safety Conference series.

Planned future activities include the development of an audit database to support the revised Act, a significant incident database, and improved cross linking of the various health and safety related databases.

In order to focus often competing elements of industry, unions and government, the objective of the health and safety program is encapsulated in the quotation - *"Healthy Workers, Healthy Workplace and Healthy Business"*.

## 1993-94 Mining Accident Statistics

Data provided by the Coal Mining Inspectorate of the Queensland Department of Minerals and Energy confirms the trend toward decreasing accident frequency, which was established in the four years to 30th June, 1993, continued during 1993-94. This trend is illustrated in the Accident

Frequency Rate table. The overall improvement in 1993-94 was 17% over the previous year.

## Changing health and Safety Culture

There is gradual change in the coal industry's culture with respect to health and safety issues. Whilst employees' organisations have always had health and safety in their charter, the rest of the industry is increasingly moving in this direction. Mine operators now actively support the enhanced Coal Industry Employees' Health Scheme and have appointed health professionals to supervise the assessment and promotion of health to their employees. The government is also supporting this changing culture through co-operative development of new safety-related coal mining legislation and the management of the Coal Industry Employees' Health Scheme by the Queensland Coal Board.

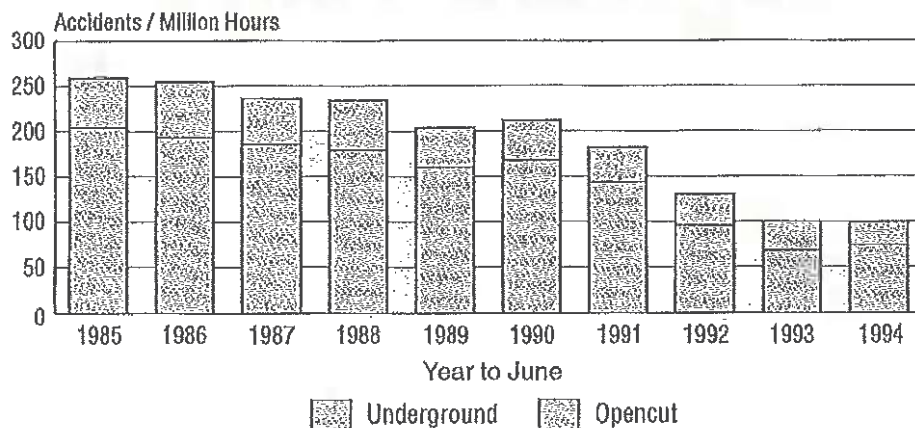
## Coal Industry Employees' Health Scheme

One of the key functions of the Queensland Coal Board is to manage a health monitoring program for the Queensland coal mining industry through the collection and analysis of information on behalf on the industry.

The mechanism for implementation of the health program is the 1993 Queensland Coal Industry Employees' Health Order issued pursuant to the Coal Industry Control Act 1948.

The formulation of the new Health Order commenced in 1991 in response to growth in employment and problems associated with the then 1982 Health Order. For example, the previous Order did not provide for regular on-going health assessments.

## ACCIDENT FREQUENCY RATE



"The objective of this Order (Scheme) is to provide for the health assessment of entrants to the Queensland coal mining industry and for the regular health assessment of all employees in the Queensland coal mining industry" (QCB Health Order, 1993).

In practical terms the scheme is designed to:

- ◆ ensure entrants to the coal mining industry are fit to undertake their specific duties without risk to themselves or others;
- ◆ ensure existing employees in the coal industry are fit to continue to perform their specific duties without risk to themselves or others in the workplace;
- ◆ provide a means of early identification of those conditions or behaviours which may inhibit employee ability to perform specific duties without risk to themselves or others;
- ◆ provide over the medium and long term, extensive and reliable health and lifestyle information; and
- ◆ provide a heightened employee and employer awareness of the individual and collective benefits of workplace health screening and monitoring. (QCB Instruction Manual, 1993)



### Role of Nominated Medical Advisers

The key operatives in the 1993 Health Order are a group of medical professionals defined within the Health Order as 'Nominated Medical Advisers' (NMAs). The role of the NMAs is to superintend the on-site medical aspects of the Scheme including pre-employment medicals, periodic medicals, rehabilitation, and health promotion programs.

Nominated Medical Advisers under the Health Scheme are required to be Queensland registered medical practitioners who have been nominated by mine management and approved by the QCB. Using the QCB as a conduit, the NMAs have established a network to establish practices and review issues relating to the placement of employees with health restrictions in the workplace.

### Service by the QCB

The administration of the Scheme provides privacy of the health records of individual employees as well as security of the documents in cases of relocation of doctors or employees. The QCB provides a service in terms of quality control in checking data entry and co-ordination with the Specialist Health Unit of the Queensland Department of Health in relation to random screening and screening abnormal chest X-rays for lung disorders.

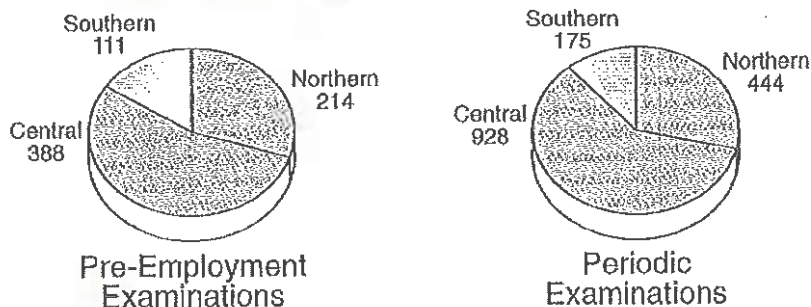
While the Scheme has only collected data for one year in a five year cycle, preliminary results are becoming available such as the Queensland coal industry age profile in terms of individuals' fitness for various duties.

### Future Directions

The Department of Minerals and Energy is currently assessing software enhancements to provide an expanded information service in relation to accident statistics. Databases capturing information on safety audits and significant incidents are being developed. These developments are intended to provide a better information base on which to manage coal mining health and safety risks.

As the QCB health database expands past the current 20 % capture, statistical information can be produced in relation to age profiles, hearing loss, chest disorders and numerous other parameters captured in the health screening process. In time, industry wide information will be available not only on work related parameters such as cardiovascular and musculo-skeletal characteristics, but also on lifestyle issues such as tobacco consumption and alcohol intake. While the QCB is not structured as a research organisation, there is a need for the data being collected to be shared for the purpose of promoting effective health and safety research in the mining industry.

## HEALTH ASSESSMENTS Undertaken During 1993-94



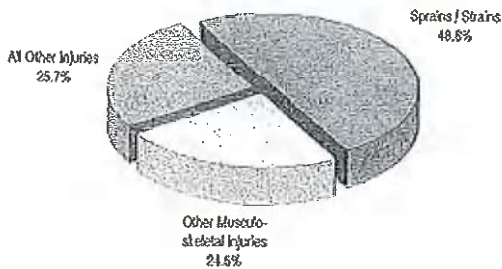




**Health Statistics**

Progress continued on the processing of records collected under the Coal Industry Employees' Health Scheme. The Queensland Coal Board processed records of 3 591 coal industry employees at the rate of 320 per month. Follow-up assessments were undertaken on over 707 workers.

**NATURE OF INJURY OR DISEASE**



The aim of the scheme is to ensure industry workers are fit to work safely without risk to themselves or others and in this regard, restrictions to employment were applied as illustrated in the following table.

**PROGRESS OF HEALTH SCREENING**

	Number		Percentage	
	1993-94	1994-95	1993-94	1994-95
Fit without restrictions	2 463	3 511	92.0	89.8
Fit with restrictions	193	340	7.2	8.7
Unfit for employment	21	58	0.8	1.5
<b>Total</b>	<b>2 677</b>	<b>3 909</b>	<b>100.0</b>	<b>100.0</b>

Apart from indicating the fitness of people to work in the coal industry and providing feedback on personal health issues, the Scheme has provided a variety of demographic and epidemiological data. An example of this data is that the average age of the workforce at various mines varies from 37 years at the newer mines to 45 at some of the more established mines.

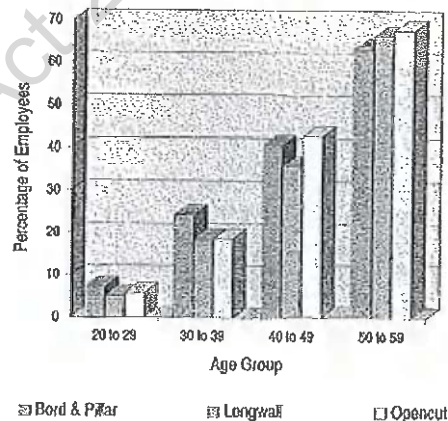
The most dramatic findings of the health scheme relate to hearing defects, most of which have been induced by exposure to excessively high levels of occupational noise. Of the workforce in the 50 to 60 age group, over 60% have significant hearing

loss (measured as 40 dB at a frequency of 4 000 Hz). A figure illustration is included in this section.

The results in relation to respiratory disease have been encouraging. The 1984 study by Rathus and Abrahams showed 75 cases of pneumoconiosis in the Queensland coal industry. The current x-ray screening program has identified 8 cases, none of which have a long history of exposure to coal dust. Most cases are considered to have been contracted in employment outside the coal industry. Only one case has a long work history in the coal industry and this employee worked on opencut drills. This highlights the need for caution in relation to exposure to silica dust.

The other area for concern is the many facets associated with cardiovascular disease. Fifty per cent of workers can be classified as overweight while 22% are defined as being obese. High blood pressure is found unevenly across the industry with the incidence of high blood pressure as high as 18% of the workforce at one mine compared to the industry average of 9% which is comparable with the community (ABS - 1992).

**HEARING LOSS BY MINE TYPE**  
(for 40dB in worst ear)



**Development of Department of Minerals and Energy Safety Program**

The revision of the Coal Mining Act and Regulations have been delayed until after the findings of the warden's inquiry on the Moura disaster have been delivered.

To encourage a less hazardous work place environment, the inspectorate have introduced a Safety Audit Program that focuses on auditing the safety systems rather than the more traditional compliance inspections. The principles on which



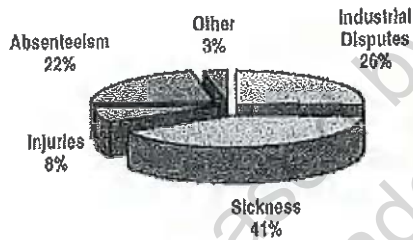
# Health and Safety

## Introduction

The major focus of health and safety activity in 1995-96 has been the implementation of recommendations of the Warden's Inquiry into the 1994 Moura mine explosion. While this work has been important to the industry, it has overshadowed progress on less dramatic but none-the-less important health and safety issues, such as incident reporting and health promotion.

The total percentage of shifts lost industry wide in 1995-96 was 6.08% or 190 947 shifts of a possible 3 141 456 shifts, a 2.4% increase on the previous year's 5.94%. Sickness accounted for 2.49% of total shifts lost, while absenteeism was 1.31% and lost shifts from work injuries were 0.51%.

Distribution of Lost Time



## Moura Inquiry

The Mining Warden's Inquiry was completed in December 1995. The Inquiry found that the cause of the disaster related to spontaneous combustion and subsequent fire in a worked out section of the mine. There were many issues that needed to be addressed on an industry wide basis.

Five tripartite task groups were established to investigate and handle issues such as mine safety management plans, protocols for withdrawal of persons and emergency procedures, training (including requirements for statutory positions), fighting fires and sealing mines.

The groups are expected to complete their investigations and report by December 1996.

## Work Injury Statistics

During 1995-96, the number of days lost due to injuries reported to the Coal Inspectorate fell 42% from 13 049 days in 1994-95 to 7 573 days in 1995-96. This figure, which is the lowest on record, is even a significant improvement on the

previous best year's figure of 9 608 recorded in 1993-94.

There were no fatal incidents reported in 1995-96 from either the underground or opencut coal workforce of 10 766.

Injuries to underground mine employees however, increased 7% during the year to 296, while the number of injuries to opencut mine employees decreased 18% to 260. Statistics from contractors working in the industry indicate that their employees' injuries decreased by 38% to 53 injuries. This is particularly noteworthy as there has been a marked increase in this category of employees in the coal mining industry. The overall result of all injuries reported in 1995-96 was a 12% decrease to 609. Further, the injury frequency rate which is a measure of injuries per million hours worked continued to improve across all sections of coal mining, with improvements of 7% to 63 in underground mines and 23% to 17 in opencut mines.

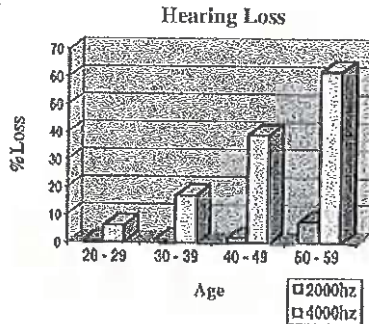
## Health Statistics

The Coal Industry Employees' Health Scheme has progressed to the stage where approximately 9 000 of the 10 500 on-site employees in the industry have undergone health assessments since the scheme commenced in May 1993. During 1995-96 the Queensland Coal Board processed 2 717 records for coal industry employees and entrants. Of these 326 were classified as fit subject to certain work restrictions, and 20 were classified as not fit for employment in the industry. All other persons were classified as fit for designated work duties, or fit for any work duties.

Apart from indicating the fitness of people to work in the coal industry and providing feedback on personal health issues, the scheme also provides useful data to examine demographic and epidemiological issues. For example, the average age of the workforce at various mines varies from 37 years at the newer mines to 45 at some of the more established mines.

Industry induced hearing defects are a characteristic of the coal industry. As this type of injury is cumulative and non-reversible, the hearing loss profile of older workers is a good indicator of the hearing loss potential of the younger age groups. In the 50 to 60 year age group of the workforce, over 60% have some hearing loss (measured as 40

dB at a frequency of 4000 Hz). Of this age group, 8% have severe hearing loss (measured as 40 dB at 2000 Hz), which is below the Health Scheme medical standard.



Another area of concern is cardiovascular disease. Of the persons monitored, 50% can be classified as overweight, while 12% are defined as being obese. The incidence of high blood pressure is unevenly spread across the industry with, for example, high blood pressure being present in 52% of the workforce at one mine site, compared to the industry average of 6%. The community average is 9% for the general population (Australian Bureau of Statistics 1992).

#### Health Promotion

A study group led by the Queensland University of Technology and including SIMTARS and the Queensland Coal Board received a grant from the Queensland Health Promotion Council to undertake

a pilot health promotion program at two central Queensland mine sites. The sites chosen were Gordonstone and Curragh which are representative of both underground and opencut operations. At each mine site, task groups were formed to ensure the success and continuation of specific targeted areas of health promotion. Following the completion of a needs analysis and preliminary assessment several education packages were designed and implemented. Target areas included the effects of shift work, skin cancer and dehydration on employees at Curragh, and noise, dust, nutrition and health monitoring for employees working at Gordonstone.

Health promotion programs have been initiated at a number of other mines including: those owned by the New Hope Group; CQCA's Blackwater, Goonyella and Peak Downs operations; and QCT's South Blackwater mines.

Evaluation methods in health promotion are currently the subject of a research project. Areas of research include group selection and participation, and the establishing of short and medium term performance indicators.

The current strong demand in the coal industry for occupational health professionals is a reflection of recent changes in culture in the industry towards a more systematic approach to improving health and safety at mine sites. Most Queensland universities and TAFE colleges are now training professionals in these fields.

### Development of DME Safety Program

The review of the *Coal Mining Act 1925 and Regulations* has been advanced since the handing down of the findings of the Wardens Inquiry of the Moura Disaster. Development of a draft Coal Mining Bill was also commenced. The latter will embody 'obligations' principles of the Queensland Workplace Health and Safety Act.

### Health Statistics

The Coal Industry Employees' Health Scheme has progressed to the stage where most of the 10,780 employees in the industry have undergone health assessments in the period since the scheme commenced in May 1993. The Queensland Coal Board processed 2 945 health assessments during the year, a decrease of 288 on the previous year. During 1996-97 some 329 persons were classified as fit subject to certain restrictions, while 35 were excluded from employment in the industry because of severe medical conditions.

Apart from indicating the fitness of people to work in the coal industry and providing feedback on personal health issues, the scheme has provided a variety of demographic and epidemiological data. Data shows that the average age of the workforce in the industry varies from 37 years at the newer mines to 45 at some of the more established mines.

### Health Promotion

Queensland Coal Board health statistics were used as a part of health needs assessments for health promotion projects at several mines. This data supplemented site questionnaires and assisted in the design of programs to suit the needs of the specific sites.

The School of Public Health at the Queensland University of Technology and SIMTARS were key project partners. Current research is progressing using the Queensland Coal Board's health data base to assess the effectiveness of these and other programs.

The demand for occupational health professionals in the coal industry is showing strong growth with health professionals graduating from new courses at several institutions. This growth is a measure of change in management culture towards valuing a more systematic approach to improving health and safety in coal mines.

Released by [redacted] under the RTI Act 2009

**Health Statistics**

The Coal Industry Employees' Health Scheme completed its first 5 year cycle in May 1998. The Scheme was originally established by the Queensland Coal Board under the *Coal Industry Control Act 1948*. Following the abolition of the Board at the end of 1997, the Health Scheme is now administered by the Health Surveillance Unit, Safety and Health Division of the Department of Mines and Energy under the *Coal Mining Act 1925*.

Over 15 000 employees in the coal industry have undergone health assessments since the scheme commenced in May 1993. During the period July 1997 to May 1998 some 1977 health assessment records were processed by the Department. A computer systems and software change overs since May delayed further entry of data until the the current financial year. Of the assessments entered into the database, 60% were first assessments and 31% second assessments with the remaining 9% being third, fourth or fifth assessments. Of the first assessments, 1099 or 90% were pre-employment assessments.

Some 29% of the health assessments undertaken were classified as fit for any position, while 52% were fit for the proposed position. A total of 319 persons were classified as being fit subject to restrictions and 27 were classified as unfit to work in the coal industry.

The Health Scheme also provides a valuable database that can be used to investigate the extent of potential health problems on a mine by mine basis (confidential to the Department) or on an area or mine type/ occupation type basis.

From the 15 000 records in the database, statistics such as the following have been identified:

Have current injuries	5 519
Have previous injuries	6 101
On medication	1 783
History of heart Disease (including angina & high blood pressure)	1 021
Current Smokers	4 493
Abnormal respiratory function	758
Have diabetes	243
Musculo-skeletal problems	6 681
Mild hearing loss	3 431
Severe hearing loss	606

**Outlook**

The trend to employ small groups of contractors for irregular or specialised tasks at mine sites is growing. Effectively incorporating these groups into the Health Scheme is a major challenge.

The Coal Mining Safety and Health Bill is expected to go to Parliament in late 1998. While the Coal Industry Employee's Health Scheme is expected to largely stay intact, the legislation will place increasing obligations on mine operators through the 'duty of care' principle. Although the legislation will be less prescriptive, mines may be required to demonstrate that they employ best practice management of health and safety risks.

### Significant Incidents

Three frictional ignitions of methane gas events occurred at coal mines. All were in the German Creek Seam and involved continuous miners cutting sandstone. No injuries occurred.

Three serious accidents occurred in coal mines that involved amputation of limbs or part of a limb. A young mineworker became a paraplegic after being caught by a fall of rib coal at an underground coal mine. All persons survived the accidents, but the potential for a more serious outcome was evident in all cases. Two accidents are subject to proposed Warden's Inquiries

Operations at several underground coal mines were adversely influenced by hot and humid conditions during the summer months. Possible solutions for the control of this potential health hazard are being studied.

### Health Surveillance

The Health Surveillance Unit was established in July 1998 for the purpose of continuing the Queensland Coal Industry Employees Health Scheme 1993 and supplying a variety of health and safety related advice to industry as well as to various branches of the Inspectorate. The Health Scheme was developed by the now abolished Queensland Coal Board and requires pre-employment and periodic five yearly health assessments for all coal industry workers. During 1998-99, the data collected from 1993 to 1998 was analysed and reported to industry representatives and industry medical advisers.

### Revision of the Health Scheme

Under the new 'Duty of Care' style legislation, employers are obligated to demonstrate that hazards causing injury or related health problems are identified and effectively managed.

Some form of prescribed health surveillance is necessary in ensuring these obligations are met in areas where persons are exposed to significant hazards in relation to both fitness for duties and hazardous exposures. As a part of the legislative process, the Health Scheme was reviewed. A survey of the coal industry indicated that most mines saw a future need for health professionals in assessment of fitness for duties and for undertaking risk assessments. The current health services were considered valuable in effective management of specific cases. Health assessments are necessarily conducted in such a way that confidential medical information remains secure.

The health database has been demonstrated to have the ability to benchmark key health parameters across sites. Such health indicators include respiratory function, hearing loss and high blood pressure. The database has been linked to the Department of Mine's Lost Time Injury Database to research factors associated with the more serious strain - sprain injuries.

In the last few years, the coal industry has undergone a marked industrial transformation towards the widespread use of contractors. The current scheme provides a mechanism for contractors to demonstrate to the management their employees' fitness for duties through portability provisions of the Health Scheme.

### Injury Prevention and Management

The lost time injury data shows a need to reduce sprain and strain injuries. Health professionals using such tools as job demand analysis and ergonomics provide a mechanism by which more effective management of such risks can be achieved.

**\* Health Surveillance**

The Health Surveillance Unit manages the Queensland Coal Industry Employees Health Scheme 1993 and supplies a variety of health and related safety advice to industry as well as to various branches of the Inspectorate. The Health Scheme requires pre-employment and periodic (five yearly) health assessments for all coal industry workers.

Under the new legislation, employers are obligated to demonstrate that hazards causing injury or related health problems are identified and effectively managed. Some form of prescribed health surveillance is necessary to ensure that these obligations are met in areas where persons are exposed to significant hazards in relation to both fitness for duties and hazardous exposures.

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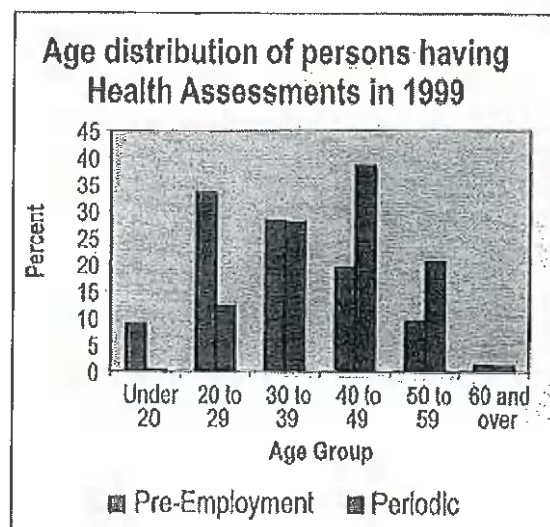
In the last few years, the coal industry has undergone a marked industrial transformation towards the widespread use of contractors. The current scheme provides a mechanism for contractors to demonstrate to the management at the various mining operations, that the contractors' employees are fit for duties through portability provisions of the Health Scheme.

**Analysis of Health Database**

The following analysis is based in calendar years. During 1999 3 242 health assessments were undertaken compared with 2 613 for the previous year. This was the first full year of the second five year health assessment cycle and represented an increase in assessments of 24% over the previous year.

Pre-employment assessments numbered 1 669 and represented 51.5% of all assessments. A total of 26 persons were classed as unfit to work in the coal industry, while 377 persons or 11.6% of the assessments had restrictions applied to their employment. The most common restriction was a requirement to wear corrective spectacles (185 persons) while limitations on colour discrimination numbered 47. Other common restrictions included heavy manual work (39) and working underground (38). A further 55 persons were assessed as having significant hearing loss.

The health assessment process also provides some demographic data. Most entrants are in the 20 to 39 years age group while most periodic health assessments were undertaken on the 30 to 49 years age groups. The data showed that 56 females had health assessments in 1999.





## Health and safety

### Overview

During financial year 2002–03, there was a continuation in the improvement in mine safety that has been achieved over recent years with lost time injuries decreasing by 19 per cent, and the lost time injury frequency rate (LTIFR) decreasing by 20 per cent compared with 2001–02. Safety performance (as measured by LTIFR) of Queensland's coal mines has continued to be significantly better than the performance measured at comparable mines in NSW and overseas.

There were no fatalities at coal mines during 2002–03. Over the five-year period from 1998–99 to 2002–03 for the Queensland coal industry, there were a total of four fatalities: two in underground mines and two in open-cut mines. This compares with 17 fatalities for the previous five-year period.

As recommended in the Mining Warden's report on the inquiry into the Moura No. 2 explosion in 1994, the Mines Inspectorate was reviewed in 2001–02. The review examined the professional skills and qualifications required by inspectorate officers, the appropriate location and skills distribution of officers, and the role of the Mines Inspectorate under legislation. Implementation of the recommendations from the review have been completed.

A major annual simulated mine emergency evacuation exercise was held at the North Goonyella underground coal mine in November 2002. The exercise tested the emergency response capabilities of the mine workforce, the Mines Inspectorate, Mines Rescue and industry, as well as focusing on changeover protocols, data collection and recording, communication channels, and the mines unaided response

system support from adjacent mines. A detailed report was prepared and widely distributed throughout the Queensland coal mining industry in December 2002.

The Queensland Government continued implementation of the Coal Mine Workers' Health Scheme, a health surveillance scheme for coal industry workers, which provides for pre-employment and periodic five-yearly health assessments of all workers, transportability of health assessments between sites, and the storage of health data on a centralised health database managed by the Health Surveillance Unit of the Department of Natural Resources and Mines. Under the 'duty of care' style legislation, site health surveillance is necessary to ensure that statutory obligations are met where persons are exposed to serious health hazards.

### Statistical summary<sup>1</sup>

#### Fatalities

No fatalities occurred in coal mines in Queensland during 2002–03.

#### Permanent incapacity injuries

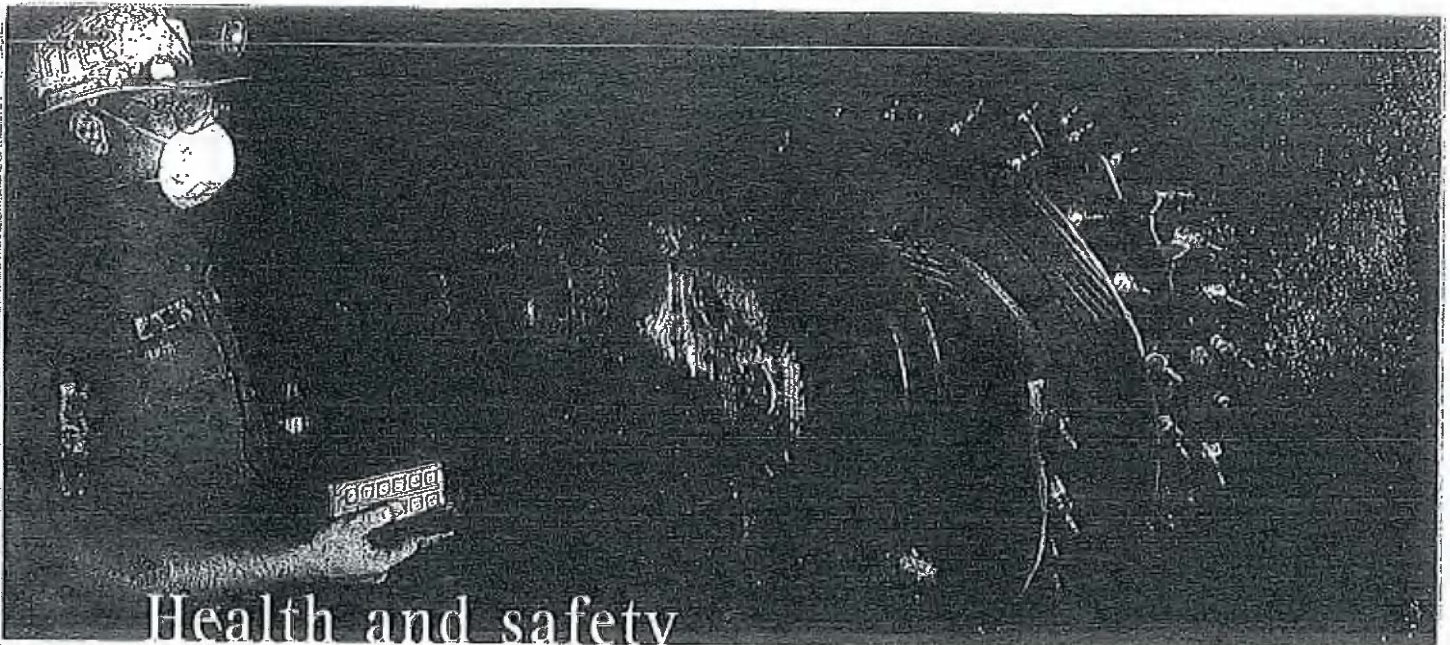
A permanent incapacity injury is any work-related injury or disease that leads to one or more of the following outcomes:

- the complete loss, or permanent loss of use of any member or part of the body
- any permanent impairment of any member or part of the body, regardless of any pre-existing disability of that member or part

*These data were extracted from Queensland mines and quarries safety performance and health report, 1 July 2002 to 30 June 2003. The full report may be accessed on the Department of Natural Resources and Mines web site <[www.nrm.qld.gov.au](http://www.nrm.qld.gov.au)>*

*Top: Inspection of dragline buckets, Moura Mine  
(Photograph courtesy of Anglo Coal Australia Pty Ltd)*





## Health and safety

### Overview

During the 2001-02 financial year, the improvement in mine safety that has been achieved over recent years continued. Despite an overall increase of almost 1600 employees in the coal industry, lost time injuries decreased by 10%, and the lost time injury frequency rate (LTIFR) decreased by 19% compared with that of 2000-01. Safety performance (as measured by LTIFR) of Queensland's coalmines has continued to be significantly better than that measured at comparable mines in New South Wales and overseas.

There was one fatality at a coalmine during 2001-02, the same as for the previous year. There have been four fatalities—two in underground mines and two in open cut mines—in the Queensland coal industry over the five years from 1997-98 to 2001-02. This compares with 17 fatalities for the previous five-year period.

As recommended in the mining warden's report on the inquiry into the Moura No. 2 explosion in 1994, the Mines Inspectorate was reviewed in 2001-02. The review examined the professional skills and qualifications required by inspectorate officers, the appropriate location and skills distribution of officers, and the role of the Mines Inspectorate under the *Coal Mining Safety and Health Act 1999 (Qld)*. Implementation of the recommendations from the review will further improve the ability of the inspectorate to serve the coal mining industry and its employees.

A major annual mine safety exercise was held at the North Goonyella underground coalmine in November 2002. The exercise tested the emergency capabilities of the mine workforce, the Mines Inspectorate, Mines Rescue, and industry. It focused on changeover protocols, data collection and recording, communication channels and mutual response support. A detailed report was prepared and widely distributed throughout the Queensland coal mining industry in December 2002.

The government continued implementation of the Coal Mine Workers' Health Scheme, a health surveillance scheme for coal industry workers, which provides for pre-employment and periodic five-yearly health assessments of all workers; for transportability of health assessments between sites; and for health data to be stored on a centralised health database managed by the Health Surveillance Unit of the Department of Natural Resources and Mines. Under the 'duty of care' style of legislation, site health surveillance is necessary to ensure that statutory obligations are met where persons are exposed to serious health hazards.

*Top: Underground worker operating shearer, German Creek mine  
(Photograph courtesy Anglo Coal Australia Pty Ltd)*

51st Report 2001-2002

## Health and Safety

Following the introduction of the *Coal Mining Safety and Health Act 1999* (Qld), the Government has recently introduced the Coal Mining Safety and Health Regulation 2001, which provides for the continuation of the health surveillance of coal mine workers, which was established by the Queensland Coal Industry Employees' Health Scheme 1993. The 2001 Scheme provides for pre-employment and periodic five-yearly health assessments of all coal industry workers, which is similar to the 1993 scheme.

The 2001 scheme also provides for transportability of health assessments between sites, and for health data to be stored on a centralised health database managed by the Health Surveillance Unit of the Department of Natural Resources and Mines.

The legislation may be accessed on the Queensland Government Parliamentary Counsel web site at: <http://www.legislation.qld.gov.au/>.

### Revision of the health scheme

Under the new 'duty of care' style legislation, site health surveillance is necessary to ensure that statutory obligations are met where persons are exposed to serious health hazards. As part of the legislative process, the Coal Mine Workers' Health Scheme assists industry in meeting its statutory obligations.

## Overview

### Fatalities

One fatality occurred in an underground coal mine in Queensland during 2000-2001.

### Permanent incapacity injuries

A permanent incapacity injury is any work-related injury or disease which leads to one or more of the following outcomes:

1. The complete loss, or permanent loss of use of any member or part of the body.
2. Any permanent impairment of any member or part of the body, regardless of any pre-existing disability of that member or part.
3. Any permanent impairment of physical/mental functioning, regardless of any pre-existing impaired physical or mental functioning.
4. A permanent transfer to any job.
5. Termination of employment.

Permanent incapacity injuries recorded were:

- 0 for surface coal mines
- 2 for underground coal mines.

### Lost time injuries

A lost time injury is an occurrence resulting in a fatality, permanent disability or time lost from work of one shift or more. The shift on which the accident occurred is not counted as a shift lost. A fatal injury is treated as 220 shifts lost starting from the time injury occurred.

From a total workforce of approximately 8500 employees, 239 lost time injuries were reported by all coal mines during 2000-2001 (257 for 1999-2000).

- 103 lost time injuries were reported in surface coal mines (96 for 1999-2000)
- 136 lost time injuries were reported in underground coal mines (161 for 1999-2000).

**From:**

COSGROVE Sue

**Sent:**

Tuesday, 1 December 2015 9:52 AM



**Subject:**  
**Attachments:**  
Queensland  
Government

DLO DNRM; HARRISON Paul

BARR Dean; MARSHALL Evan; ELLIOTT Julian; LYNCH Paul

RE: More on pneumoconiosis

Pneumocoiosis questions Ministerial.docx; Report.pdf

Good Morning

As per the request below, please find attached answers provided by Dr David Smith – also attached is a copy of the report from Drs Rathus and Abrahams.

Paul Harrison is on a flight to Canberra at present so has not had an opportunity to review these.

Regards

*Sue*

**Sue Cosgrove**

Executive Officer | Mine Safety & Health

Minerals & Energy Resources

Department of Natural Resources and Mines

P 07 3199 8005 (ext. 76005)

E [sue.cosgrove@dnrm.qld.gov.au](mailto:sue.cosgrove@dnrm.qld.gov.au)

Level 16, 61 Mary St, Brisbane City East QLD 4002

PO Box 15216, City East QLD 4002

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under the  
RTI Act 2009

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**From:** DLO DNRM

**Sent:** Monday, 30 November 2015 3:44 PM

**To:** HARRISON Paul

**Cc:** BARR Dean; COSGROVE Sue; MARSHALL Evan; ELLIOTT Julian; LYNCH Paul

**Subject:** FW: More on pneumoconiosis

Good afternoon Paul

Would you kindly provide me a response to forward to the Minister's Office, on the attached template, to the following email received from Matt Peacock, Senior Journalist- ABC.

Please advise if this should also be forwarded to Dept of Health.

Response due to the Minister's Office by 10.00am tomorrow.

Regards



Queensland  
Government **Linda Lloyd**  
**Departmental Liaison Officer**  
**Department of Natural Resources and Mines**

Level 17, 61 Mary Street Brisbane  
PO Box 15216, City East Queensland 4002  
Phone **07 3199 7641 (77641)**  
Mob **s.49 - Personal In**  
Email [dlo.dnrm@dnrm.qld.gov.au](mailto:dlo.dnrm@dnrm.qld.gov.au) or [Linda.lloyd@dnrm.qld.gov.au](mailto:Linda.lloyd@dnrm.qld.gov.au)

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**From:** Anton Gallacher [<mailto:Anton.Gallacher@ministerial.qld.gov.au>]  
**Sent:** Monday, 30 November 2015 3:33 PM  
**To:** DLO DNRM  
**Subject:** More on pneumoconiosis

Hi Linda,

Can you pls forward this on.

Is coal miners pneumoconiosis (black lung) a notifiable disease?

If so, who must be notified?

How many cases of black lung have been recorded in Queensland, when?

A 1983 study of Queensland coal miner X-rays by the former Director of Occupational health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers?

Were they followed up, notified, compensated or counselled in any way? What actions were taken as a result of that study?

s.49 - Personal Info

one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union?

Regards  
Matt



Matt Peacock  
Senior Journalist

P +61 83334746 E [peacock.matt@abc.net.au](mailto:peacock.matt@abc.net.au)

Rgds



**Queensland  
Government**

Anton Gallacher

Media advisor

e: [anton.gallacher@ministerial.qld.gov.au](mailto:anton.gallacher@ministerial.qld.gov.au)

**Office of the Hon. Dr Anthony Lynham MP**

Minister for State Development and Minister for Natural Resources and Mines

T: 07 3719 7360 M s.49 - Personal Infc

QMEC Building, 61 Mary Street Brisbane QLD 4000

PO Box 15216 City East QLD 4002

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<b>CTS No.</b>	
<b>DATE REQUESTED</b> <i>By DLO/Minister's Office</i>	
<b>ISSUE</b>	
<b>NAME OF CONSTITUENT OR MEMBER OF PUBLIC</b> <i>If applicable</i>	
<b>RESPONDING OFFICER</b> <i>Author</i>	Name, Title - Contact Number
<b>FINAL APPROVAL</b> <i>DG/DDG/ED</i>	Name, Title Contact Number

**INFORMATION/ADVICE:**

**Is coal miners' pneumoconiosis a notifiable disease?**

There is currently no list of diseases that must be notified. However, section 198 of the Coal Mining Safety and Health Act requires the site senior executive of a mine to notify an inspector and site safety and health representative of serious accidents, incidents or diseases as soon as the SSE becomes aware of them.

(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)

**How many cases of black lung have been recorded in Queensland, when?**

No records of cases of black lung in Queensland are available to the department.

**A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?**

1. A copy of the study is held by the department. It was conducted by two specialists. Dr Ellis Abrahams was the other, former Director of the Queensland Department of Health's Chest Clinic.
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of those cases. Of these 102 received a more complete follow-up." It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which the Queensland Coal Board is understood to have launched in May 1993 as the Coal Industry Employees' Health Scheme.

s.49 - Personal Infor

**one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?**

1. The Department was not aware of s.49 - Personal situation . His last Coal Industry Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Personal condition in July 2015 as a result of reports from the CFMEU.
3. As the legislation addresses current coal industry workers, not retired workers, there is no avenue for the department to know the condition of those workers.

**He says he met in St Andrew's Hospital a workmate from the Tivoli Mine and two other miners all with black lung, and he was made aware by Mines Department officers in a recent visit, of another worker with the disease who lived nearby him. Is that correct? What does the Mines Department know of cases other than the four recently identified by the union?**

It is understood that the information that another miner had the disease was referring to the first case notified to the Department, not about another retired Ipswich miner.

The Department knows only about the four cases recently identified. Only one of these s.49 - Personal was notified by the union.

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under the  
RTI Act 2009

**REPORT**  
**ON**  
**THE QUEENSLAND COAL BOARD**  
**COAL MINERS' HEALTH SCHEME**

\* \* \*

**Chest X-Ray and Emphysema Check Survey  
of Colliery Employees in Queensland**

**by**

**Dr. E.M. RATHUS,**  
M.B., Ch.B.,  
(U.C.T.) F.A.C.O.M.

**Dr. E.W. ABRAHAMS,**  
M.B., B.S. (Melb),  
M.D. (Melb), M.R.C.P. (Lond),  
F.R.A.C.P., F.R.C.P. (Lond).

**Medical Consultants to The Queensland Coal Board**

**MAY, 1984**

**THE QUEENSLAND COAL BOARD**  
**G.P.O. BOX 384**  
**BRISBANE. 4001. Q.**





## FOREWORD

The Queensland Coal Board decided to take responsibility for development of a Coal Miners' Health Scheme and two Orders made by the Board on 8th December, 1982, and subsequently published in the Queensland Government Gazette formally established that Scheme.

One of these Orders set up a programme to Survey by Chest X-ray and lung function test all colliery employees in the State, and the second Order required new entrants to meet a pre-entry medical standard.

It is the first of these Orders with which this Report is concerned and a copy of that Order and its rescission are included.

The objectives of the Survey were primarily to identify the incidence and severity of lung disorders which may be related to coal mining and to seek recommendations for future direction.

In setting up the Survey the views and co-operation of the Queensland Coal Association, the Combined Mining Unions, and individual colliery managements were sought and it is pleasing to record that the degree of co-operation was outstanding.

Some 7 784 employees together with 123 retired employees were examined. The bulk of these were looked after by a mobile clinic, supplied and manned by the Queensland Department of Health, which visited 33 mine sites and 6 towns. The Medical Consultants to the Board identified 499 cases of abnormality and appropriate action was taken in each of these cases. Of these, 102 received a more complete follow-up. Pneumoconiosis and suspect pneumoconiosis cases totalled 75.

The setting up of the clinic at each site, together with the rostering and processing of employees, required a high order of organisation. This was made possible through the co-operation afforded by mine management and employees with the Board's officers and the staff of the mobile clinic.

The Queensland Coal Board is most grateful to the Department of Health for its logistic support and the Workers' Compensation Board of Queensland for its financial contribution towards the cost of the Survey.

The advice and efforts of its Medical Consultants, Dr. E.M. Rathus and Dr. E.W. Abrahams, have contributed significantly to its success.

In due course the Board will seek comment on this Report and its recommendations.

THE QUEENSLAND COAL BOARD

The Chairman,  
The Queensland Coal Board,  
G.P.O. Box 384,  
BRISBANE. Q. 4001.

Dear Sir,

We have the honour to present to you our report on the findings of the Chest X-ray Survey of coal miners carried out under the Coal Miners' Health Scheme, published in the Queensland Government Gazette dated December 11, 1982, Vol. CCLXXI, No. 81, pages 1676-1677, under the authority of the Order vested in The Queensland Coal Board under the Coal Industry (Control) Act 1948-1978.

The Orders make provisions "for the compulsory medical examination of new entrants to the Coal Mining Industry and for the medical examination of employees of the Coal Industry under certain circumstances" and came into force from the first day of January, 1983.

This made it possible to Order a Chest X-ray Survey of miners and others presently employed in the Coal Industry.

In conjunction with the X-ray examination a check for Emphysema was carried out and a medical questionnaire was completed to provide basic data for supportive analysis and comment.

The Order relating to the X-ray Survey was rescinded by The Queensland Coal Board by notice in the Government Gazette dated April 21, 1984.

The Survey formally commenced on March 1, 1983 on the Ipswich coal fields where the first X-rays were taken, and continued until April, 1984, when all mines had participated as required.

The Survey was carried out by employees of the Department of Health under the auspices of the Director of Tuberculosis. We owe our thanks to this officer and the Chief Radiographer and the staff of the X-ray mobile unit for the continued excellence of the organisation of the Survey over this protracted period, and for co-ordination of visits amongst the scattered smaller mines.

We wish to record our appreciation of the technical advice and assistance given at all times by the Division of Health and Medical Physics.

We are also grateful to the staff of The Queensland Coal Board at all levels for their courteous and friendly help at all times in a programme which required constant adherence to detail and exact presentation of information.

#### ORGANISATION

The programme was organised by preliminary discussions between your Board, the Director of Tuberculosis, the Chief Radiographer and ourselves. Our intention was to notify every miner or other employee with an individual report on the X-ray, either normal or abnormal, and advised action as a consequence. Forms were designed for ease of recording and to facilitate communication of results to all concerned.

A facsimile of each of these forms is below.

1. Satisfactory Report (No significant abnormality noted)

"Dear Sir,

Your recent Chest X-ray is considered to be quite satisfactory. Your co-operation in this Survey of the health of Queensland coal miners is very much appreciated.

Yours faithfully,

MEDICAL ADVISER "

2. Abnormality Noted.

"Dear Sir,

An abnormality has been noted in your recent Chest X-ray and an interview will be arranged for you with the doctor whom you nominate, or whom you have already indicated on the questionnaire form.

You should not be concerned about this information as I will see that a full report is sent by the Department of Health to your doctor so that he can discuss the matter in detail with you.

2. Abnormality Noted (Contd)

Should you wish to be seen at the local hospital, the Medical Superintendent will receive a similar full report, and a suitable consultation will be arranged for you.

Your co-operation in this Survey of the health of Queensland coal miners is very much appreciated.

Please Note:- All future advice or action in this matter will be handled by:-

The Assistant Director (Chest Diseases),  
Division of Environmental and Occupational Health,  
Department of Health,  
63-79 George Street,  
BRISBANE. Q. 4000.

Yours faithfully,

MEDICAL ADVISER

Form 2 above was circulated to the person concerned and the Director of Tuberculosis and a copy retained for the file. All abnormal X-ray films were sent to the Director of Tuberculosis for retention and usual action in the constant programme in this regard within the community, together with our comments on the accompanying copy of the questionnaire. This ensured efficient follow-up of important or suspect pathology.

A separate letter was sent to the person's nominated Doctor and this is reproduced below.

"Dear Doctor,

RE: COMPULSORY CHEST X-RAY - COAL MINERS' HEALTH SCHEME

Your patient has asked for any comments on his X-ray to be notified to you.

Enclosed please find copy of the questionnaire form and X-ray report.

A copy of this report and the Chest X-ray have been sent to:-

The Assistant Director (Chest-Diseases),  
Division of Environmental and Occupational Health,  
Department of Health,  
63-79 George Street,  
BRISBANE. Q. 4000.

All further correspondence on this matter should be referred to the Assistant Director (Chest Diseases), who will be communicating with your patient in any event on this basis of the report received.

Yours faithfully,

MEDICAL ADVISER "

Our report on the X-ray was included in the questionnaire form together with any clinical or advisory statements we cared to make, so that the Doctor received the totality of information available at the time.

The Questionnaire form consisted of a single folded sheet, and pages 1, 2, 3 and 4 are reproduced below to provide necessary information.

PAGE I

THE QUEENSLAND COAL BOARD

G.P.O. Box 384,  
BRISBANE. Q. 4001.

X-RAY SURVEY QUESTIONNAIRE

Date.....

1. SURNAME..... Number.....  
(Block Letters) (Office use only)

GIVEN NAMES.....

2. ADDRESS.....

3. AGE..... DATE OF BIRTH .../.../19.

4. AGE AT ENTRY INTO COAL INDUSTRY.....

5. PRESENT CLASSIFICATION AND DURATION.....

QUESTIONNAIRE FORM - PAGE I (Contd)

- 6. PAST CLASSIFICATION(S) AND DURATION.....
- 7. OTHER DUSTY OCCUPATIONS - Mining .....
- Quarrying .....
- Foundryman.....
- Other .....
- 8. HAVE YOU BEEN A MINER IN THE UNITED KINGDOM? YES/NO
- 9. IF YES, HOW LONG? .....
- 10. HAVE YOU BEEN A MINER IN OTHER OVERSEAS COUNTRIES? YES/NO
- 11. IF YES, HOW LONG? .....
- 12. DO YOU FEEL GENERALLY FIT? .....
- 13. DO YOU SMOKE? YES/NO

PAGE 2

- 14. IF YES, HOW MUCH? (a) YEARS .....
- (b) How many cigarettes .....
- pipes .....
- cigars .....
- 15. IF RETIRED, WHEN DID YOU RETIRE? .....19..
- (To be answered only by those receiving compensation for "dust disease".)
- 16. WHEN WAS YOUR COMPENSATION GRANTED? .....19..
- 17. WHAT IS YOUR PRESENT STATE OF HEALTH?
- GOOD.....
- FAIR.....
- POOR.....

- N.B. (a) You will be advised of the result of your X-ray in due course.
- (b) The answers to these questions are confidential
- (c) Please enter the name and address of your own Doctor.

Doctor's Name: .....

Address: .....

.....



QUESTIONNAIRE FORM -- PAGE 3

SPIROMETRY:

Age.....M/F      HT .....cms      (.....feet .....ins)  
 WT ..... kg      (.....stone .....lbs)  
 Predicted (L)                      Observed (L)

Forced Exp. Vol. 1 sec FEV <sub>1</sub> (L)		
Forced Vital Capacity FVC (L)		
Vital Capacity VC (L)		
FEV <sub>1</sub> /VC            %		

RESULT OF CHEST X-RAY

Normal .....   
 Further Action .....   
 .....  
 .....

PAGE 4

FACTS ABOUT THIS X-RAY SURVEY

The Queensland Coal Board is undertaking an industry Survey of both coal miners who are at present employed in and about coal mines in Queensland and those who have recently retired.

This Survey will essentially consist of a Chest X-ray and a test of lung function. The latter test is a simple "blowing" test and will be undertaken at the same time as the Chest X-ray. The intention is to obtain information on the present and past exposure of miners and associated workers to coal dust in the course of their work. The data will be used in future planning for health and safety in coal miners in Queensland.

In addition there will be an opportunity for retired miners to take advantage of the Survey and it is hoped that as many as possible will volunteer as this will give much valuable and necessary background information. All those

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QUESTIONNAIRE FORM -- PAGE 4 (Contd)

persons taking part in this Survey are asked to complete the questionnaire which will be handed to them prior to the X-ray. The questions asked are brief and direct, and require very little time and effort. Your co-operation in obtaining this data will be greatly appreciated.

As you will note on this questionnaire, all participants will be individually notified of their results, and a report sent to the Doctor of their choice where this is indicated.

The Survey is being carried out by the Department of Health under the auspices of the Director of Environmental and Occupational Health.

-----  
Germane to this segment is the fact that we became aware of several shortcomings in the presentation of the questionnaire, and these are now discussed so that these omissions may be corrected in the event of such an exercise being undertaken in the future.

Title Page - Question 6

This should be more clearly expressed. Miners especially did not realise that it was necessary to clearly indicate all classifications and their duration, even when interrupted for periods of years.

For instance, a man may state he had entered the coal industry (Question 4) age 36, whereas in fact, he may have entered at age 15 to 26, and had another occupation intervening.

Title Page - Question 7.

Few men indicated complete detail, and particularly so in relation to time spent. The intention may have been implied but it must be spelt out.

Title Page - Question 13

Those who had given up smoking, often did not indicate their previous habit, which may have been significant.

Second Page - Question 17

Again, it may have been expected that miners and others would record significant illnesses, operations etc. but the omission remains.

SUGGESTIONS FOR FUTURE QUESTIONNAIRES

Question 4 to read:-

- 4. Age at first entry into coal industry.

Question 6 to read:-

- 6. Past employment in coal mines and duration, whether continuous or interrupted (years).

Question 7 to read:-

- |    |  |                                 |
|----|--|---------------------------------|
| 7. | <u>Type</u>  | <u>Duration</u><br><u>Years</u> |
|    | Other Dusty Occupations - Metalliferous Mining                     |                                 |
|    | - Quarrying, Brickworks  |                                 |
|    | - Foundryman   |                                 |
|    | - Other Employment<br>(e.g. chemical industry<br>stonemason, etc.) |                                 |

Question 13 to read:-

- 13. Do you smoke?                      Yes/No
- If you have given up the habit, indicate your pattern  
      in 14 below.

Question 18 - to be inserted

- 18. Record any serious illnesses, accidents or operations.

DISCUSSION

A total of 7 907 X-rays were viewed. Of these we reported 7 408 as normal or satisfactory, and 499 as abnormal or requiring action or comment.

TABLE I

<u>Total</u>	<u>Normal</u>	<u>Abnormal (action)</u>	<u>Other Pathology</u> <u>Abnormal</u> <u>(comment only)</u>
7 907	7 408	465	34

The thirty-four cases reported as "Other Pathology - Abnormal (comment only)" refer to X-rays where there was evident known pathology, of which the individual would be aware. These were mainly persons who had normal lung fields but presented wire suture shadows indicating coronary by-pass operations

TABLE I (Contd)

on the heart, or other cardiac operations, and other persons with normal lung fields but who had skeletal or other anomalies of which they would be aware. Individual letters of explanation were sent to such persons.

TABLE II

SUMMARY: NORMAL LUNG FIELDS

OTHER PATHOLOGY

	<u>NO.</u>	<u>REMARKS</u>
Heart Operation	24	2 cases probably congenital lesions
Other Pathology - Skeletal and other deformities	10	e.g. Multiple rib fractures, severe scoliosis, shoulder girdle injury
<u>Total</u>	<u>34</u>	

TABLE III

<u>PATHOLOGY</u>	<u>NO.</u>	<u>REMARKS</u>
Pneumoconiosis	75	Siderosis (1)
Tuberculosis	2	1 Proven - 1 Suspect
Emphysema	47	
Asbestos-related	4	Diaphragmatic calcification etc. No asbestosis found
Bullae	10	
Cyst	1	
Sarcoid	3	
Coin lesion	18	
Heart outline	76	Enlargement and/or aortic changes
Aorta	96	Kinking, dilatation, etc.
Foreign body	6	Metallic of significant size
Linear atelectasis and linear opacities	15	
Intercurrent infection	9	
Pleural thickening/changes	20	
Calcified pleural plaque	1	
Mucoid impaction	1	

TABLE III (Contd)

<u>PATHOLOGY</u>	<u>NO.</u>	<u>REMARKS</u>
Calcified primary complex	7	Calcified tuberculosis primary complex
Diaphragmatic hernia	1	
Post-operative changes	7	Rib resection etc.
Congenital anomaly	4	
Vascular ring	1	
Nipple shadow	1	
Bone island	2	
Mediastinum enlarged	8	
Technical faults	15	
Pericardial calcification	1	
Bronchiectasis	2	
Hilar prominence	2	
Hilar calcification	1	
Unidentified (minor) or for investigation	14	
Pulmonary infarct	1	Changes suggest antecedent history
Obesity	2	
Post-infection changes	7	Evidence of healing, past infection
Chicken pox/histoplasmosis	1	Requires history to classify
Under medical care (old T.B. therapy)	1	Thoracoplasty/calcified pleura
Carcinoma	2	Suspect lesions
Carcinoma	2	Known carcinoma of the lung under present active care and treatment
Inactive - tuberculosis	1	Apical scarring
Silico - tuberculosis	1	Inactive - under surveillance
Mass in lung or mediastinum	5	
Rib anomaly	3	
Skeletal anomaly	2	
Old injury (fractures etc)	8	
	<u>486</u>	

Several of the X-ray appearances appear under two (2) headings, so that there is a small discrepancy in the total abnormal X-rays reported and those listed in Table III. For example, cases of emphysema with significant associated bullous changes would appear under both headings, as would cases of emphysema with the additional presence of aortic dilatation, where a note would have been made against each presentation.

Old injuries with pleural thickening or other associated pathology would also have some influence on cross reference. This recording was held to an absolute minimum and only used where each condition was an apparent positive entity, so that the final analysis is not affected to any significant degree.

It will be appreciated that all diagnoses reflect only those reported during the Survey, so that exact pathology can only be reported where adequate follow-up has ensued.

To this end all Doctors, Hospital Superintendents and the Chest Clinic were circularised at the conclusion of the Survey and correlation of our reading of the X-ray and final diagnosis and disposal of the individual concerned will be discussed within the body of the report where appropriate information has been obtained.

APPRAISAL OF CONDITIONS OTHER THAN PNEUMOCONIOSIS:

Emphysema

Forty-seven (47) cases of emphysema were diagnosed on the X-ray appearances. The ages ranged from 25 years to 79 years.

TABLE IV - EMPHYSEMA

<u>Age</u>	<u>No.</u>	<u>Smokers</u>		<u>Severe</u>	<u>Bulla</u>
		<u>Yes</u>	<u>No</u>		
25 - 39	7	6	1	-	4
40 - 49	16	16	-	2	4
50 - 59	19	13	6	-	1
60 - 79	5	3	2	1	1
TOTAL	47	38	9	3	10

It will be noted that virtually all cases of emphysema are smokers. Of the 25 - 39 year age group, two cases presented with giant bullae, possibly congenital. In the 50 - 59 year age group, one case of unilateral bullous change was noted.

Tuberculosis:

One (1) case was clearly active, and was immediately contacted, diagnosis confirmed, and admitted to hospital for treatment. The only other case presenting X-ray appearances suggesting possible tuberculosis infection occurred in a young man. This case turned out in fact to be a right upper lobe pneumonia which resolved completely.

Mucoid Impaction:

This case turned out to be an asthmatic who had a bronchoscopy following our report.

The Unidentified Group:

This group comprised X-ray appearances of apparent minor significance, but which in the nature of things should be reported and followed in the customary manner.

Chicken Pox:

One (1) case had the typical appearance of post-chicken-pox calcification and a history would help in classifying this case. The alternative diagnoses are less likely, but pneumoconiosis cannot be excluded.

Intercurrent Infection:

Intercurrent infections were routinely reported, and the occasional case notified immediately to the Doctor named by the patient where relatively urgent therapy appeared indicated.

Sarcoid:

Three (3) cases had changes suggesting previous sarcoid. These were referred for history, follow-up, and comparison with previous films if available.

Coin Lesions:

A total of eighteen (18) coin lesions were reported, and adequate follow-up is expected.

Heart and Aorta:

Enlarged hearts and dilated and uncoiled aortic shadows were reported to the Doctors named as a general service in the event of useful therapy being suggested. Several cases indeed suggested early heart failure, but of course clinical assessment was mandatory.

Suspect Lesions: (Malignancy)

Lung masses, hilar enlargement and lesions suggesting possible malignant change were reported immediately for diagnostic purposes. Two (2) cases of carcinoma of the lung had already been diagnosed and were under treatment, and two (2) suspect lesions were reported for follow-up.

Silicosis:

Two (2) cases of silicosis were reported, one of which had been complicated by tuberculosis. This patient had been successfully treated but remains with significant scarring and opacities in both lungs.

It is interesting to note that both of these men had spent many years on tunnelling operations on the Snowy Mountains Scheme.

Miscellaneous:

One case presented with nodules which were unlike those seen in classical pneumoconiosis as they were isolated and scattered sparsely and irregularly. Inactivated parasites or other cause is postulated, and routine supervision and a detailed history as follow-up, as dust exposure was quite negligible. A similar case of unilateral nodules was notified for observation.

A young man of 20 years was noted to have an abnormality, suggesting a possible aneurysm of the aorta. As a direct result of the Survey he was investigated and a post-traumatic (motor-bike accident) aneurysm of the thoracic aorta was repaired.

Other conditions listed are mainly routine findings of no urgency, but requiring clinical assessment.

Some thirty-five (35) replies were received on case referrals, several of which provided information mentioned above.

Most of the reports detailed further clinical appraisal of the individual and confirmation of conditions such as obstructive airways disease and chronic bronchitis.

Where the Chest X-ray was in the doubtful category of early nodular changes suggestive of pneumoconiosis, a further check in one or two years' time has been proposed.

Pneumoconiosis:

A total of seventy-five (75) cases of pneumoconiosis were reported. A number of these fell into the category of suspicion leaving the diagnosis as an indication for a detailed history of exposure and certainly as a recommendation for future routine supervision at reasonable intervals.

There will always be some disagreement at this level, but suspicious shadows can only indicate some divergence from the normal. Within any dust hazard industry of which coal and metalliferous mining are predominant, such cases should at least arouse suspicion of exposure. Any degree of reassurance can only be based on subsequent supervision.

Recognition of the early shadows of pneumoconiosis is quite difficult and is easily confused with, and indeed complicated by, associated conditions such as emphysema, chronic bronchitis and asthma, any of which may be present in particular patients.

The classification used was the ILO 1980 International Classification of Radiographs of the Pneumoconioses, published by the International Labour Office, Geneva, as Occupational Safety and Health Series No. 22. (Rev)

TABLE V - PNEUMOCONIOSIS

<u>Classification</u>	<u>No.</u>	<u>Years Mining (Range)</u>	<u>Years (Mean)</u>	<u>Remarks</u>
0/1	5	5 - 17	12	Doubtful category
1/1 p/p	30	9 - 49	22.7	Suspect category
1/1 q/q	8	6½ - 42	25.6	
2/1 q/q	3	13 - 36	25.6	
2/2 p/p	3	32 - 50	40	
2/2 q/q	7	25 - 35	29.1	
2/2 qr/qr	1	9	9	
3/3 q/q	3	13 - 34	22.3	

The above table relates to those cases where the only exposure reported is coal mining.

The following segment relates to those cases where United Kingdom/other exposure is reported.



TABLE V - PNEUMOCONIOSIS (Contd)

<u>Classification</u>	<u>No.</u>	<u>Years Mining (Range)</u>	<u>Years (Mean)</u>	<u>Remarks</u>
1/1 p/p	2	12 - 32	22	U.K. 25 years (1) Other 10 years (1)
1/1 p/q	1	39	39	U.K. 20 years
1/1 q/q	2	20	20	Gold, Quarry, Coal
2/1 q/q	1	13	13	Coal/Tin
2/2 q/q	2	15 - 31	23	U.K. 12 years (1) Copper 15 years (1)
3/3 q/q	1	20	20	U.K. 16 years
3A/3A r/r	1	30	30	14 Coal, 16 Metal
3 B ax qr/qr	1	20	20	Also 15 years (foundry)
<u>MISCELLANEOUS</u>				
2 t	1	14 years (brickworks)		Linear opacities
1/1 p/p	1	14 years (welding)		? Siderosis
2/2 qr/qr	1	9		Unlikely Pneumoconiosis
2/2 q/q	1	21		? Pneumoconiosis ? Chicken-pox etc.
<u>TOTAL</u>	<u>75</u>			

It is interesting to record that fifty-four (54) abnormal X-rays were reported out of one hundred and twenty-three (123) of the retired miners group, but that only three (3) of these were specifically pneumoconiosis.

These were 2/2 p/p (2 cases) - 44 years av. exposure, and 2/2 q/q/ (1 case) 35 years exposure.

COMMENT

It is manifest that any large-scale Survey will produce fortuitous benefits for individual cases, but the basic reason has been to ascertain the prevalence of pneumoconiosis of whatever category in the population surveyed.

Some incongruities became apparent during the course of the Survey. The number of retired miners reporting was small and a larger cross-section of this group would have better reflected incidence of recordable pneumoconiosis.



COMMENT (Contd)

From the point of view of the coal mining industry the incidence of pneumoconiosis reflects the excellence of regulations relating to dust control, and adherence to the regulations by miners in all circumstances where dust may be produced at a potentially hazardous level.

The Chest X-ray status of the mining population remains the only logical and acceptable yardstick of the long-term effectiveness of the controls demanded by the Department of Mines (Coal Mines Branch) and implemented by the industry and its workforce. Anomalies of interpretation, such as X-ray appearances in excess of stated exposure, have to be followed individually.

Explanations may be forthcoming in a detailed history, e.g. hard-rock exposure for 5 years may very well explain a minimal change in a miner newly recruited to coal (See 0/1) and a complicated case may resolve itself by reference to a history of foundry experience, metalliferous mining, tunnelling, or silica-hazard industry.

There are in addition medical conditions which may make it more difficult to interpret the Chest X-ray, particularly in the case of coal miners with a significant history of dust exposure. Sarcoidosis, rheumatoid arthritis with lung manifestations, chicken-pox pneumonia with residual calcification and various intra-pulmonary parasites may all mimic pneumoconiosis, or complicate the picture of an underlying nodularity or fibrosis due to dust exposure.

There is a need to establish early evidence of pneumoconiosis for a number of reasons which are obvious in the light of the history of the condition which has been so well documented and by the present trend of international and indeed Australian practice in this field.

It is important to realise that men with well defined pneumoconiosis do not necessarily evidence any disability. The discovery of the changes permits counselling - the avoidance of smoking in particular - which may delay the onset of symptoms and/or disability. Minor degrees of pneumoconiosis do not necessarily imply ill-health or premature death.

ADVANTAGES OF A PROGRESSIVE SCHEME FOR CHEST X-RAY WITHIN THE  
COAL INDUSTRY

1. Correlation of time, occupation, dust exposure, type of coal, mine location, hard-rock factors and others readily listed, with ultimate statistical statements.
2. A positive yardstick for assessment of the effectiveness of dust and ventilation control measures.
3. Constant knowledge of the exact or probable situation in relation to these matters at any time.
4. The ability to present the miner with a factual statement of his medical status for his own reassurance and necessary information.
5. A knowledge by the miners and associated work-force about mines, and their relative unions, by the coal industry itself, and the Department of Mines that these facts were available at both an overall and individual level.
6. No statement is offered on the influence of open-cut mining of coal on the prospective incidence of coal workers' pneumoconiosis. There is certainly the opportunity to investigate this aspect in conjunction with the proposed scheme outlined in this report.

RECOMMENDATIONS

The following recommendations are based on the fact that as from the first day of January, 1983, the Coal Miners' Health Scheme came into force.

The Order establishes compulsory medical examination of new entrants, and for the medical examination of employees of the Coal Industry under certain circumstances.

This system is now effectively in operation so that a medical record and Chest X-ray is available on all new entrants.

The results of the present Survey of men and women within the coal industry is available as discussed in this report.

RECOMMENDATIONS (Contd)

New entrants, whether at apprentice level or miners with any number of years of experience, may now be examined as required.

This set of circumstances limits the number of persons for whom we would suggest periodic Chest X-rays.

FUTURE PROGRAMMES FOR CHEST X-RAYS

1. Chest X-rays should be performed periodically at intervals of not less than five (5) years for the express purpose of detecting early evidence of pneumoconiosis.
2. Miners and other persons employed about mines who have been shown to have Chest X-rays demonstrating the features of overt pneumoconiosis or a pattern suggesting early changes due to the effects of coal dust/mineral dust exposure should be reviewed at more frequent intervals, preferably annual.

It will be seen that at present there are 75 persons who fall into the category described in paragraph (2) above as a direct result of the present Survey.

The ideal course is for this group of employees (that is pneumoconiosis proven or suspect) to be seen by a practitioner experienced in interpretation of Chest X-rays relating to occupation and pneumoconiosis in particular.

Certainly a means should be available for notification of those persons with pneumoconiosis as above described.

In the case of other abnormalities discovered, these would be handled in the usual way, and the individuals concerned would be advised by private practitioners, hospital clinics attended, or by the Chest Clinic, Department of Health.

3. All miners and others with significant exposure to coal dust, should be required to have a Chest X-ray performed on retirement from the industry, and the result reported to the person concerned, and filed for future reference by The Queensland Coal Board.

FUTURE PROGRAMMES FOR CHEST X-RAYS (Contd)

4. It is our firm belief that The Queensland Coal Board should consider establishing a Medical Service to co-ordinate programmes of this kind for the future.

The present Survey has provided a great deal of data on individuals, all of which is available in a haphazard fashion. There is no central authority for the storage of X-rays, or for recall of medical reports, or for notification of progress X-rays for persons where it is indicated.

In 1970 the total workforce in the coal mining industry was 2 264. (Data supplied by The Queensland Coal Board to Dr. E.M. Rathus at that time)

The present Survey has encompassed about 8 000 persons employed in the industry, and it is our view that an industry with a population of this order, with a defined occupational health hazard, requires the supervision of a Chief Medical Officer and auxiliary staff. This officer should be located either in Brisbane or Ipswich. Sub-centres could be established as needed in the future.

This officer would be responsible for the following duties:-

1. Co-ordination of the compulsory medical examination of new entrants to the coal mining industry, and liaison with medical practitioners in the various centres.
2. Organisation of periodic Chest X-ray Surveys of the workforce at appropriate intervals in the terms of the medical programme.
3. Arrange for periodic follow-up of retired miners by Chest X-ray and medical examination on a routine basis or at request.
4. Identify persons requiring further checks or for annual supervision on suspect X-ray findings.
5. Maintain a central register for the co-ordination of the programme and recording of data as required. It is most desirable that the medical examination of new entrants be centralised. This can only be done by making it a responsibility of the medical service of The Queensland Coal Board, as in New South Wales and the United Kingdom.

FUTURE PROGRAMMES FOR CHEST X-RAYS (Contd)

6. Be responsible for the investigation of occupational health problems in and about coal mines in co-operation with company activities and other Departmental agencies.
7. Medical examination of ex mine employees on request or for those ex employees identified as requiring further supervision.
8. Initiate research into occupational health problems of miners.

In 1970 Dr. E.M. Rathus prepared a report for The Queensland Coal Board in which he discussed "Proposals for a Medical Service for the Coal Mining Industry in Queensland".

Much of the detail discussed then would apply today, but it may be apposite to quote from that report in support of the present proposal to consider establishing a medical service in the coal mining industry.

"The periodic examinations are the biological yardstick of the effectiveness of dust control, and it is a sine qua non of the medical schemes envisaged that a coterie of dust-counting officers of appreciable technical expertise be appointed to maintain consecutive records of dust conditions in mines through Queensland, and to be available for special problems when needed.

This is the pattern set in the United Kingdom and by the Joint Coal Board, and it is essential to the whole scheme that the disciplines of medicine, the efforts of the dust suppression engineers, and the meticulous data of the dust sampling and ventilation officers be interwoven in a complementary manner.

We are fortunate in that acceptable standards have been proposed at an international level, and though absolute uniformity in outlook has not been attained, certainly a range of standards exists within which we may apply our ingenuities with some measure of success.

It is apparent then that a medical scheme of merit in this type of occupational hazard has no logical function without the back-up of the simultaneous collation of the relevant physical data and the prospective expectation that medical, dust, chemical and environmental factors will be available for statistical analysis."

FUTURE PROGRAMMES FOR CHEST X-RAYS (Contd)

In 1970 Dr. E.M. Rathus considered the possibility of utilising these medical services to the further benefit of the mining industry, and these observations are reproduced below:-

"In fact, once the medical services were established their application, utility and benefits to industry and the men employed, could quite conceivably be extended to embrace men exposed to pure silica in mines in addition to coal mines. The concept of X-ray Surveys of men in these industries is as well established as for coal miners".

As a total concept such a medical service would reflect Queensland's resource potential and its obligation to its workforce at the highest pinnacle of Australian and international standards.


We wish to acknowledge our thanks to the staff of the mining companies, and to the total workforce of the mines for their co-operation and interest. The co-operation of medical practitioners is also gratefully acknowledged.

s.49 - Signature



E.M. RATHUS

s.49 - Signature



E.W. ABRAHAMS

Appendix: Original Order  
Rescission of April 21, 1984.



\* ORDER  
COAL MINERS' HEALTH SCHEME

The Queensland Coal Board,  
Brisbane, 8th December, 1982.

THE Queensland Coal Board acting in pursuance of authority vested in it under the Coal Industry (Control) Act 1948-1978, hereby makes the following Order, the provisions of which are to come into force on and from the first day of January, 1983.

P.J. CRANITCH, Secretary.

An order for the compulsory medical examination of certain employees in the Coal Mining Industry, made in accordance with the authority granted to The Queensland Coal Board by the Coal Industry (Control) Act 1948-1978.

The Queensland Coal Board pursuant to the authority granted to it by the Coal Industry (Control) Act 1948-1978, hereby orders as follows:-

All employees in the coal mining industry who are or who have been engaged in mining or associated operations shall have a chest X-ray - the X-ray being carried out by employees of the Department of Health under the auspices of the Director of Tuberculosis.

In conjunction with the X-ray examination there shall be a check for Emphysema.

Advice will be given to each colliery manager some six (6) weeks in advance of the programmed time of arrival of the X-ray mobile unit.

The colliery manager shall give adequate forward advice to all employees eligible for X-ray of the time table arrangements and shall be responsible for rostering of employees to allow all those eligible to be surveyed, and the colliery proprietor shall be responsible for all the costs of and any resultant or associated costs of those operations.

Employees will be contacted by the Department of Health if any follow up examination or further medical examination is necessary.

Should the Department of Health advise accordingly, The Queensland Coal Board will order a follow up X-ray and Emphysema check within five (5) years for the workforce or for such section or for such members of the workforce as necessary.

The manager of a colliery will issue to the eligible employees an X-ray identification voucher in a form approved by the Department of Health. The voucher will entitle the holder to a free X-ray and must clearly state the name, address, age and history of employment - particularly in the mining industry. Some questions on medical history also must be answered.

The Queensland Coal Board from its special fund is to meet the wage costs and travelling allowances of staff, running costs of the mobile unit, the costs of X-ray film, envelope packaging and storage, and a portion as agreed with the Department of Health of the cost of the X-ray mobile unit.

The Official Seal of The Queensland Coal Board was hereto affixed on the nineteenth day of October, 1982, by Patrick John Cranitch, Secretary to the Board, the officer designated to affix such seal, in the presence of Jack Tunstall Woods, Mervyn Lewis Noume and William James Platt.

J.T. WOODS, Chairman  
M.L. NOUME, Member  
W.J. PLATT, Member

P.J. CRANITCH, J.P., Secretary.

\*Published in Queensland Government Gazette, dated 11 December, 1982, Vol. CCLXXI, No. 81, pages 1676-1677.

**GELDARD Karmen**

---

**From:** HARRISON Paul  
**Sent:** Tuesday, 1 December 2015 3:23 PM  
**To:** STONE Mark  
**Subject:** Fwd: Pneumocoiosis questions Ministerial.v3\_ms  
**Attachments:** Pneumocoiosis questions Ministerial.v3\_ms.docx; ATT00001.htm

Mark

All good

Regards

Paul Harrison  
Chief Mine Safety and Health Officer  
Dept of Natural Resources and Mines  
Mobile: s.49 - Personal Information

Sent from my iPad

Begin forwarded message:

**From:** STONE Mark <[Mark.Stone@dnrm.qld.gov.au](mailto:Mark.Stone@dnrm.qld.gov.au)>  
**Date:** 1 December 2015 3:27:03 pm AEDT  
**To:** LYNCH Paul <[Paul.Lynch@dnrm.qld.gov.au](mailto:Paul.Lynch@dnrm.qld.gov.au)>  
**Cc:** HARRISON Paul <[Paul.Harrison@dnrm.qld.gov.au](mailto:Paul.Harrison@dnrm.qld.gov.au)>, PURTILL James <[James.Purtill@dnrm.qld.gov.au](mailto:James.Purtill@dnrm.qld.gov.au)>  
**Subject:** Pneumocoiosis questions Ministerial.v3\_ms

Hi Paul,

Please take a look at the attached response to Matt Peacock' enquiry from the ABC 7:30.

I've spoken David Smith to confirm and edit (simplify) some content.

Please let me know if you have any questions.

Cheers,  
Mark

<b>CTS No.</b>	
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<b>ISSUE</b>	
<b>NAME OF CONSTITUENT OR MEMBER OF PUBLIC</b> <i>If applicable</i>	
<b>RESPONDING OFFICER</b> <i>Author</i>	Name, Title - Contact Number
<b>FINAL APPROVAL</b> <i>DG/DDG/ED</i>	Name, Title Contact Number

**INFORMATION/ADVICE:**

**Is coal miners' pneumoconiosis a notifiable disease?**

Pneumoconiosis is not currently listed as a notifiable disease.

~~There is currently no list of diseases that must be notified. However, section 198 of the Coal Mining Safety and Health Act requires the site senior executive of a mine to notify an inspector and site safety and health representative of serious accidents, incidents or diseases as soon as the SSE becomes aware of them.~~

~~(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)~~

**How many cases of black lung have been recorded in Queensland, when?**

While there have not been recorded cases of pneumoconiosis in Queensland for nearly three decades, the department has obtained a copy of Dr Rathus' 1983 report which identified 75 cases of pneumoconiosis.

~~No records of cases of black lung in Queensland are available to the department.~~

**A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?**

1. ~~The department has obtained a copy of the report. A copy of the study is held by the department. It was conducted by two specialists. Dr Ellis Abrahams was the other, former Director of the Queensland Department of Health's Chest Clinic.~~
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of those cases where abnormality was identified. Of these 102 received a more complete follow-up."  
It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which ~~the Queensland Coal Board is understood to have launched~~ commenced in May 1993 as the Coal Industry Employees' Health Scheme.

s.49 - Personal Info

one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Personal health condition situation. His last Coal Industry -Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Personal condition in July 2015 as a result of reports from the CFMEU.
3. As the legislation addresses current coal industry workers, not retired workers, there is no avenue for the department to know the condition of those workers.

~~He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union? He says he met in St Andrew's Hospital a workmate from the Tivoli Mine and two other miners all with black lung, and he was made aware by Mines Department officers in a recent visit, of another worker with the disease who lived nearby him. Is that correct? What does the Mines Department know of cases other than the four recently identified by the union?~~

It is understood that the information that another miner had the disease was referring to the first case notified to the Department, not about another retired Ipswich miner.

The Department knows only about the three confirmed and one potential case of pneumoconiosis recently four cases recently identified. Only one of these s.49 - Personal was notified by the union.

## GELDARD Karmen

---

**From:** PURTILL James  
**Sent:** Tuesday, 1 December 2015 12:57 PM  
**To:** HARRISON Paul  
**Subject:** Fwd: pneumoconiosis questions  
**Attachments:** Pneumocoiosis questions Ministerial.v2.docx; ATT00001.htm

Please ask your guys to refer to the disease by its proper name only thanks

### James Purtill

#### Director-General

Department of Natural Resources and Mines

P: 07 3199 8218

E: [James.Purtill@dnrm.qld.gov.au](mailto:James.Purtill@dnrm.qld.gov.au)

Sent from my iPhone

Begin forwarded message:

**From:** "SMITH David (Mines)" <[David.Smith@dnrm.qld.gov.au](mailto:David.Smith@dnrm.qld.gov.au)>  
**Date:** 1 December 2015 12:34:39 pm AEST  
**To:** "[Anton.Gallacher@ministerial.qld.gov.au](mailto:Anton.Gallacher@ministerial.qld.gov.au)" <[Anton.Gallacher@ministerial.qld.gov.au](mailto:Anton.Gallacher@ministerial.qld.gov.au)>  
**Cc:** HARRISON Paul <[Paul.Harrison@dnrm.qld.gov.au](mailto:Paul.Harrison@dnrm.qld.gov.au)>, PURTILL James <[James.Purtill@dnrm.qld.gov.au](mailto:James.Purtill@dnrm.qld.gov.au)>, STONE Mark <[Mark.Stone@dnrm.qld.gov.au](mailto:Mark.Stone@dnrm.qld.gov.au)>, COSGROVE Sue <[Sue.Cosgrove@dnrm.qld.gov.au](mailto:Sue.Cosgrove@dnrm.qld.gov.au)>  
**Subject:** pneumoconiosis questions

Mr Gallacher,  
I've responded to the issues you raised in the attached.  
Regards  
David

David Smith

Occupational Physician  
Health Surveillance Unit  
Safety and Health  
Dept of Natural Resources and Mines  
2 Robert Smith Street, Redbank , QLD, 4301  
P.O. Box 467, Goodna, QLD, 4300  
Ph: 38185426 Fax: 3810 6363  
Email: [David.Smith@dnrm.qld.gov.au](mailto:David.Smith@dnrm.qld.gov.au)



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<b>RESPONDING OFFICER</b> <i>Author</i>	Name, Title - Contact Number
<b>FINAL APPROVAL</b> <i>DG/DDG/ED</i>	Name, Title Contact Number

**Comment [AG1]:** Who approved this advice/response?

There is no approval from anyone listed at all?

**INFORMATION/ADVICE:**

**Is coal miners' pneumoconiosis a notifiable disease?**

There is currently no list of diseases that must be notified. However, section 198 of the Coal Mining Safety and Health Act requires the site senior executive of a mine to notify an inspector and site safety and health representative of serious accidents, incidents or diseases as soon as the SSE becomes aware of them.

(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)

**How many cases of black lung have been recorded in Queensland, when?**

No records of cases of black lung in Queensland are available to the department.

A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?

1. A copy of the study is held by the department. It was conducted by two specialists. Dr Ellis Abrahams was the other, former Director of the Queensland Department of Health's Chest Clinic.
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of those cases. Of these 102 received a more complete follow-up." It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which the Queensland Coal Board is understood to have launched in May 1993 as the Coal Industry Employees' Health Scheme.

**Comment [AG2]:**

<http://disease-control.health.qld.gov.au/>

This is a list of notifiable diseases, so is this answer incorrect? Whilst pneumoconiosis is not a notifiable disease, there is most definitely a list of diseases that must be notified.

**Comment [SD(3)]:**

That is the Queensland Health list, which are mostly infectious diseases, which has nothing to do with occupational diseases. The statement is correct in respect of the coal mining legislation.

**Comment [SD(4)]:**

The answer refers to past cases, not the current 4 which are the first known for at least two decades.

**Comment [AG5]:**

The report in the next question HAS confirmed cases of pneumoconiosis so how can there be no recorded cases of black lung in Queensland that are available to the department?

**Comment [AG6]:**

**Comment [SD(7)]:**

The only copy known was held by Dr David Smith as a personal copy from his colleague Dr Rathus.

s.49 - Personal one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Person situation . His last Coal Industry Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Person condition in July 2015 as a result of reports from the CFMEU.
3. As the legislation addresses current coal industry workers, not retired workers, there is no avenue for the department to know the condition of those workers.

He says he met in St Andrew's Hospital a workmate from the Tivoli Mine and two other miners all with black lung, and he was made aware by Mines Department officers in a recent visit, of another worker with the disease who lived nearby him. Is that correct? What does the Mines Department know of cases other than the four recently identified by the union?

It is understood that the information that another miner had the disease was referring to the first case notified to the Department, not about another retired Ipswich miner.

The Department knows only about the four cases recently identified. Only one of these, s.49 - Person was notified by the union.

**Comment [AG8]:** This is not the question that was asked yesterday.

s.49 - Person one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

**The question asked by the journalist was:**

He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union?

**Comment [SD(9):**  
The words "That's four additional cases" were inadvertently left out when it was retyped by Dr Smith in responding. The answer is the same. No cases except the four recently identified, are known.

Released by DIVIRM  
under the  
RTI Act 2009

## GELDARD Karmen

---

**From:** Anton Gallacher <Anton.Gallacher@ministerial.qld.gov.au>  
**Sent:** Tuesday, 1 December 2015 11:59 AM  
**To:** HARRISON Paul; SMITH David (Mines)  
**Cc:** STONE Mark; PURTILL James  
**Subject:** More answers on pneumoconiosis  
**Attachments:** 151201Pneumocoiosis questions Ministerial.docx

All,

Can we please see my questions in the comments section of this doc.

Are these all of the facts?

I think there is some inconsistency.

Rgds



**Queensland  
Government**

Anton Gallacher  
Media advisor  
e: [anton.gallacher@ministerial.qld.gov.au](mailto:anton.gallacher@ministerial.qld.gov.au)  
**Office of the Hon. Dr Anthony Lynham MP**  
Minister for State Development and Minister for Natural Resources and Mines  
T: 07 3719 7360 M s.49 - Personal In  
QMEC Building, 61 Mary Street Brisbane QLD 4000

PO Box 15216 City East QLD 4002

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<b>FINAL APPROVAL</b> <i>DG/DDG/ED</i>	Name, Title Contact Number

**Comment [AG1]:** Who approved this advice/response?

There is no approval from anyone listed at all?

**INFORMATION/ADVICE:**

Is coal miners' pneumoconiosis a notifiable disease?

There is currently no list of diseases that must be notified. However, section 198 of the Coal Mining Safety and Health Act requires the site senior executive of a mine to notify an inspector and site safety and health representative of serious accidents, incidents or diseases as soon as the SSE becomes aware of them.

(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)

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<http://disease-control.health.qld.gov.au/>

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How many cases of black lung have been recorded in Queensland, when?

No records of cases of black lung in Queensland are available to the department.

A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?

**Comment [AG3]:**

The report in the next question HAS confirmed cases of pneumoconiosis so how can there be no recorded cases of black lung in Queensland that are available to the department?

1. A copy of the study is held by the department. It was conducted by two specialists. Dr Ellis Abrahams was the other, former Director of the Queensland Department of Health's Chest Clinic.
2. The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
3. The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of those cases. Of these 102 received a more complete follow-up." It is not known whether they were compensated in any way.
4. As a result of that study, recommendations were made for a permanent health scheme for coal miners, which the Queensland Coal Board is understood to have launched in May 1993 as the Coal Industry Employees' Health Scheme.

**Comment [AG4]:**

s.49 - Personal Information: one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Person situation . His last Coal Industry Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
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The Department knows only about the four cases recently identified. Only one of these s.49 - Person was notified by the union.

**Comment [AG5]:** This is not the question that was asked yesterday.

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under the  
RTI Act 2009

**GELDARD Karmen**

---

**From:** STONE Mark  
**Sent:** Tuesday, 1 December 2015 2:27 PM  
**To:** LYNCH Paul  
**Cc:** HARRISON Paul; PURTILL James  
**Subject:** Pneumocociosis questions Ministerial.v3\_ms  
**Attachments:** Pneumocociosis questions Ministerial.v3\_ms.docx

Hi Paul,

Please take a look at the attached response to Matt Peacock' enquiry from the ABC 7:30.

I've spoken David Smith to confirm and edit (simplify) some content.

Please let me know if you have any questions.

Cheers,  
Mark

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**INFORMATION/ADVICE:**

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~~(Section 198(6) of the Act allows for diseases listed by the Regulation to be reported, but there is currently no list of diseases under the Regulation.)~~

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~~No records of cases of black lung in Queensland are available to the department.~~

**A 1983 study of Queensland coal miner X-rays by the former Director of Occupational Health, Dr Mannie Rathus, identified 75 cases of black lung and 499 abnormal X-rays. Where is that study? Was it ever made public? What happened to those workers? Were they followed up, notified, compensated or counselled in any way? What action was taken as a result of that study?**

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- The study was conducted under direction of the Queensland Coal Board. It is not known how widely the report was disseminated.
- ~~The report states that of the 499 cases of abnormality identified, "appropriate action was taken in each of these cases where abnormality was identified. Of these 102 received a more complete follow-up."~~  
It is not known whether they were compensated in any way.
- As a result of that study, recommendations were made for a permanent health scheme for coal miners, which ~~the Queensland Coal Board is understood to have launched~~ commenced in May 1993 as the Coal Industry Employees' Health Scheme.

s.49 - Personal Info

one of the recently identified miners with black lung from Ipswich, left employment in 1997. Was the Department aware then that he had been diagnosed with black lung? When did it become aware? Should it have been aware sooner?

1. The Department was not aware of s.49 - Personal health condition situation. His last Coal Industry -Employees' Health Scheme medical assessment in 1995 by a private practitioner, did not include a chest X-ray.
2. The Department became aware of s.49 - Personal condition in July 2015 as a result of reports from the CFMEU.
3. As the legislation addresses current coal industry workers, not retired workers, there is no avenue for the department to know the condition of those workers.

~~He says he met in St Andrews Hospital a workmate from the Tivoli mine and two other miners all with black lung, and he was made aware by Mines dept officers in a recent visit that another worker with the disease who lived nearby him. That's four additional cases. Is that correct? What does the Mines Dept know of cases other than the four recently identified by the union? He says he met in St Andrew's Hospital a workmate from the Tivoli Mine and two other miners all with black lung, and he was made aware by Mines Department officers in a recent visit, of another worker with the disease who lived nearby him. Is that correct? What does the Mines Department know of cases other than the four recently identified by the union?~~

It is understood that the information that another miner had the disease was referring to the first case notified to the Department, not about another retired Ipswich miner.

The Department knows only about the three confirmed and one potential case of pneumoconiosis recently four cases recently identified. Only one of these, s.49 - Person was notified by the union.