GELDARD Karmen

From: SMITH Annette (DNRM)
Sent: Friday, 8 January 2016 5:39 PM
To: Chris McKenna (Chris.McKenna@premiers.qld.gov.au)
Cc: BARR Dean; COSGROVE Sue; HANSFORD Shane; ELLIOTT Julian
Subject: DPC Request for dotpoints - Pneumoconiosis
Attachments: CTS 00007 - Dot points - DPC - Pneumoconiosis.docx; Pneumoconiosis Sit Rep 1_8 Jan 2016.docx; Coal Mining Industry concerns regarding pneumoconiosis - DNRM Input Required

Afternoon Chris

As per your request, attached is the approved dot points regarding pneumoconiosis. The department has also prepared a situation report (No. 1 is attached) which will be sent out weekly.

CMT please add to MECs record and finalise.

Kind regards

Annette

Annette Smith
Manager Executive Services
Department of Natural Resources and Mines
P: 07 3199 8220 | M s.49 - Personal **E:** annette.smith@dnrm.qld.gov.au
Level 17 | 61 Mary Street | Brisbane QLD 4000
PO Box 15216 | City East | QLD 4002
Queensland Government

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

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Name: Shane Hansford Position: Principal Policy Officer Unit: Mine Safety and Health Tel No: 3199 8030 Date drafted: 7 January 2016	Name: Noel Erichsen A/ Chief MSH Officer Branch: Mine Safety and Health Tel No: 3199 8015 Date Endorsed: 7 January 2016	Name: Bill Date Acting Deputy Director-General Branch: MER Tel No: 3199 7250 Date Endorsed: 7 January 2016

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.

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From: SMITH Annette (DNRM)
Sent: Friday, 8 January 2016 5:31 PM
To: COSGROVE Sue; HANSFORD Shane
Cc: Corro NRM Minister and DG; BARR Dean
Subject: FINAL VERSION - CTS 00007 - Dot points - DPC - Pneumoconiosis
Attachments: CTS 00007 - Dot points - DPC - Pneumoconiosis.docx

Sue/Shane

Final version of DPC dot points attached for your record. Some of the additional information was removed and a separate para added at the end re sit rep being provided weekly.

CMT please add to MECs record.

Many thanks

Annette

Annette Smith
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Department of Natural Resources and Mines
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NAME OF MEMBER OF PUBLIC (IF APPLICABLE)	Department of the Premier and Cabinet
RESPONDING OFFICER	Shane Hansford Principal Policy Officer 31998030

INFORMATION/ADVICE:

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- 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 adviser (NMA) to carry out, supervise and report on health assessments.
- During 2015 there were a number of possible cases of CWP reported. De-identified details for cases are attached. As at 5 January 2015, there were four confirmed cases of CWP identified in workers currently or previously employed in the Queensland coal mining industry. Three of the confirmed cases have had significant overseas coal mining exposure, and the fourth is a retired miner from the Ipswich field. Three cases are yet to have their status confirmed, while two suspected cases have been confirmed as NOT being CWP (not shown).
- Of significance is the fact that one of the confirmed cases underwent a chest X-ray under the scheme in 2007 and 2009 and was declared clear of the disease; however subsequent re-examination of the 2009 scan has revealed the disease was present then. This has raised specific concerns about the reliability of the scheme in the detection of CWP.
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- A review of the Coal Mine Workers' Health Scheme is being undertaken by the Monash University Centre for Occupational and Environmental Health to determine if the current medical assessment regime is an effective method for the early detection of pneumoconiosis in coal mine workers and what changes may be required to achieve accurate detection of the disease. The review will look at existing medical assessment methodologies to ensure that early diagnosis for respirable lung diseases such as pneumoconiosis occurs at the screening level.
- 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). 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. The Chief Inspector advised that while it is impossible to determine whether a worker's belief is actual, if the risk from dust exposure at a mine is at an acceptable level it would be difficult for a coal mine worker to claim a belief they were in immediate personal danger. The Chief Inspector further advised that 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.
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change dates to be consistent

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- 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). The Chief Inspector Coal Mines advised all relevant mines on 22/12/15 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. The Chief Inspector advised that while it is impossible to determine whether a worker's belief is actual, if the risk from dust exposure at a mine is at an acceptable level it would be difficult for a coal mine worker to claim a belief they were in immediate personal danger. The Chief Inspector further advised that 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.
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Attachment 1

Record of confirmed cases of coal workers pneumoconiosis as at 7/1/16			
Case identifier	**Confirmation**	**History of diagnosis**	**Work and history**
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.	British longwall miner with 12 years underground experience. Queensland miner since 2007.
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).	Previous mining experience in USA from 2009 to 2010. Other mining history not known.
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.	14 years in u/g UK mines, 9 years in Queensland.
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.	Varied work history in dusty industries. Potter 1956-60. U/G miner Ipswich 60-64 and 76-87 and Blackwater 89-97. Last medical was in 1995 under the Coal Board Scheme.

*Chest X-ray

Record of cases of coal workers pneumoconiosis still under investigation as at 7/1/16			
Case identifier	**Status**	**History of diagnosis**	**Work history & potentially relevant information**
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.	Longwall electrician 2006-2008 and longwall electrical co-ordinator 2008-2015.
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.	Underground electrician from 2006 but currently not employed in industry.
151214-1	Advised 14/12/2015 Waiting to see Respiratory Physician	Normal CXR 2012. Most recent scan apparently abnormal – awaiting confirmation of diagnosis by Respiratory Physician.	30 year history underground mining and apparently a heavy smoker.