

# COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE

## QUESTION TAKEN ON NOTICE No.1

### Verification from Queensland Health of follow up

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asked on Friday 4 November 2016 at Ipswich

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#### QUESTION:

**CHAIR:** *In relation into that, because we have been concerned about the health department and the interaction there, did you ask the health department or is there any documentation that you have from Health back then that actually verifies that Health did in fact follow up with the miners? Please provide the committee with the above documentation. p.53*

#### ANSWER:

The Department of Natural Resources and Mines does not hold any documentation authored by the Health department which confirms that Health followed up with miners mentioned in the Rathus and Abrahams report.

The department's records consist of Queensland Coal Board documents, which have been provided to the committee, which state that the Health department followed up with workers.

The department has followed up with the Health department to inquire whether it holds any records relating to the miners mentioned in the Rathus and Abrahams report. The Health department confirms it is currently undertaking an exercise to determine what records it holds in that regard.

Given the age of these records we understand that this exercise may take some time.

# COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE

## QUESTION TAKEN ON NOTICE No. 2

### ILO Classification

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asked on Friday 4 November 2016 at Ipswich

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#### QUESTION:

**MR SPRINGBORG:** *I refer the answer to the question that we have received in relation to issuing a report on what has been done to date in relation to the Monash and Senate recommendations and the paragraph that states, furthermore, complementary amendments to the Coalmining Safety and Health Regulation 2001, which will commence on 1 January 2017, will require X-ray examinations to be performed in accordance with the ILO guideline. The ILO guidelines has been an issue. They have not been performed in accordance with the ILO guidelines. Matters that would have been identified as coal workers' pneumoconiosis going back several years ago have not come up now because it has not been required to be applied. You may not have this information, but is that ILO guideline the same as what it was in 1984, or the requirements, or the definition about how you diagnose CWP? Has there been any change with regard to the hierarchy around it? Is it identical? p.55*

#### ANSWER:

No, the current ILO guideline is not the same as it was in 1984.

Following a major review of earlier editions (those of 1950, 1958, 1968, 1971 and 1980) of the *Guidelines for the Use of the ILO International Classification of Radiographs of Pneumoconioses*, the International Labour Organization released a revised and improved edition in 2000. The latest 2011 edition was updated to incorporate the use of digital technology.

The 2000 edition followed a comprehensive review of experience in the use of the 1980 edition. Initiated in 1989, the review resulted in a more concise description of the scheme and further clarified some ambiguities. The edition was accompanied by revised standard radiographs including reproduced hard copies using digitised versions of the previous edition as well as new radiographs.

The current 2011 edition was updated to make the classification applicable to images of the chest taken using digital radiographic technology. Earlier editions of the guidelines referred to comparisons of radiographs obtained using film-screen technology. The 2011 edition now provides guidance on how to classify digital images while maintaining consistency with the 2000 classification and accompanying standard images. The ILO also released standard soft copy digital images corresponding to the 2000 standard radiographs that readers can view on medical-grade flat-panel monitors.

The current version of the ILO guideline contains more detail on how the changes were developed.

It is also understood the US National Institute for Occupational Safety and Health (NIOSH) is in the process of developing new digitally acquired standard images to replace the 2011 digitised versions. An international workshop is anticipated in 2017.

## **COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE**

### **QUESTION TAKEN ON NOTICE No.3**

#### **Appointments to the role of Commissioner for Mine Safety and Health**

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**asked on Friday 4 November 2016 at Ipswich**

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#### **QUESTION:**

**MR MCMILLAN:** ...Could you provide the committee with a list of all previous persons appointed to the role of Commissioner for Mine Safety and Health along with what other appointments those people had during the period of their employment as commissioner? p.57

#### **ANSWER:**

##### 31 July 2009 until 25 January 2013

The first Commissioner for Mine Safety and Health, Stewart Bell, held that position from 31 July 2009 until 25 January 2013.

At the time of his commencement in the Commissioner role, Mr Bell also held the position of Executive Director, Mine Safety and Health. Mr Bell held that position until 29 March 2011, when he was appointed Deputy Director-General, Mine Safety and Health, a position he also held concurrently with the Commissioner role.

##### 26 January 2013 until 21 April 2013

From 26 January 2013 until 21 April 2013, Mr Paul Harrison acted in the role of Commissioner for Mine Safety and Health. During that period Mr Harrison also occupied the position of Deputy Director-General, Mine Safety and Health.

##### 22 April 2013 until 31 March 2014

For period 22 April 2013 until 31 March 2014, Mr Stewart Bell resumed the role of Commissioner. During this period Mr Bell held no other role within the department.

During that period (4 October 2013 until 8 November 2013) Mr Harrison, who was then Deputy Director, Mine Safety and Health, relieved in the Commissioner role while Mr Bell was on leave.

##### 1 April 2014 until 20 March 2016

From 1 April 2014 until 20 March 2016, Mr Harrison acted in the Commissioner role. At the same time, Mr Harrison held the role of Deputy Director-General, Mine Safety and Health (until 27 October 2015). From 28 October 2015 until 20 March 2016 Mr Harrison held role of Chief Mine Safety and Health Officer.

##### 21 March 2016 until 16 June 2016

From 21 March 2016 until 16 June 2016, Mr Mark Stone acted in the Commissioner role. While he was acting Commissioner, Mr Stone also acted as Chief Mine Safety and Health Officer.

##### 17 June 2016

Mrs Kate Du Preez commenced as Commissioner for Mine Safety and Health on 17 June 2016. She has held no other position within the department.

# COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE

## QUESTION TAKEN ON NOTICE No. 4

### Mines Inspectorate Compliance Policy

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asked on Friday 4 November 2016 at Ipswich

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#### QUESTION:

**MR MCMILLAN:** *We have been provided with a copy of the Mines Inspectorate compliance policy dated November 2009. The approvals page at the back of the copy that we have been provided with is not signed, but it appears that it is the first version of that document, dated 5 November 2009. Has that policy been updated since then? If so, could you provide subsequent versions, please? That policy includes a flow chart at 4.9, which is a guide for determining appropriate administrative action. Please provide the subsequent versions.* p.57

#### ANSWER:

There are no prior versions to the version of the compliance policy currently accessible on the department's website at

[https://www.dnrm.qld.gov.au/data/assets/pdf\\_file/0017/240434/compliance-policy.pdf](https://www.dnrm.qld.gov.au/data/assets/pdf_file/0017/240434/compliance-policy.pdf)

There is no signed version of this document. However, the document available at the link is the endorsed version, which the department applies.

The policy is followed and tested at every compliance review committee meeting. The frequency of these meetings is driven by operational requirements however they generally occur on a monthly basis.

The compliance policy is currently under review across all mine safety and health inspectorates.

The inspectorate also has a compliance process which is tailored to dust (attachment 1).

The current version of the department's Mining compliance policy implementation guide is accessible at

[https://www.dnrm.qld.gov.au/data/assets/pdf\\_file/0018/240435/mining-compliance-policy-implementation-guide.pdf](https://www.dnrm.qld.gov.au/data/assets/pdf_file/0018/240435/mining-compliance-policy-implementation-guide.pdf)

Attachment 1

<u>Respirable Dust: Inspectorate enforcement and compliance process</u>	
<b>* IF Inspectorate is not satisfied with progress after compliance meetings , the mine will be directed to the next step</b>	
<p><b>Exposure Assessment:</b> Directives will generally be issued based on a review of exposure data over a period of 2 to 3 monitoring cycles. However this period may be reduced given the magnitude of / or the number of individual exceedances. Where there are less than six (6) results available for analysis and greater than 50% of these results have exceeded the limit, the inspector will review the mines investigations, review the frequency of monitoring and consider appropriate action .</p> <p>If a single exceedance is observed, ask the mine for the exceedance investigation process and to be provided with info from the observed exceedance. A single exceedance is not sufficient info to issue a directive but may prompt a request for more data (eg. last 6 months). A minimum of 6 samples is required to conduct statistical analysis.</p> <p>Once a directive has been issued based on exposures it will take at least 3 months of demonstrated sustained compliance (where by the 95% UCL for the SEG is below the OEL) to close the directive.</p>	
<p><b>Step 1 :- Exposure exceedances ( Through Representative Data Review)</b></p> <p><b>Step 1:</b> <b>Detailed data review:</b> If the MVUE (average) for a SEG exceeds the adjusted prescribed limit – Issue a directive to Review SHMS and provided an action plan (s168). The time frame should be relatively short 2 – 3 weeks. This directive should stipulate mandatory RPE as interim control until exposure reduced. (AS1715 to be referenced)</p> <p><b>Review Action Plan:</b> This should include a mixture of both short term interim controls, admin controls and long term engineering solutions.</p> <p><b>The actions should be assigned and should include time frames (realistic).</b></p>	<p><b>INDICATIVE TIME FOR COMPLIANCE</b></p> <p><b>2 WEEKS</b></p>
<p><b>Step 2:Implement action plan and Demonstrating control</b></p> <p><b>Step 2:</b> Issue a directive to conduct representative monitoring to demonstrate effectiveness of controls (s165 or S166).</p> <ul style="list-style-type: none"><li>• Close out date to coincide with action plan implementation date.</li><li>• Must be realistic</li><li>• Close out will be dependant on personal exposures and will not consider RPE.</li><li>• Provide District Inspector with monitoring results and corresponding tonnage for shifts as soon as they are reported.</li><li>• Provide updates of key action plan milestones as implemented.</li></ul>	<p><b>6 MONTHS</b></p>
<b>If compliance has not been achieved by directive due date.?</b>	
<p><b>Step 3:- Level3*</b></p> <p><b>Step 3: Level 3 compliance meeting with SSE / UMM (perhaps LW super) at district office in line with DNRM compliance policy.</b></p> <ul style="list-style-type: none"><li>• SSE to present data and reasons why compliance has not been achieve.</li><li>• SSE to present how compliance will be achieved and apply for extension of directive.</li><li>• Date to be considered by district/regional.</li><li>• On granting of extension conditions to be placed on mine.</li></ul> <ul style="list-style-type: none"><li>• Conditions may include increased monitoring frequency and monthly updates to the District inspector and his reps in the district office.</li><li>• This will include review of exposure data and progress of key milestones.</li></ul>	<p><b>3 MONTHS</b></p>
<b>If compliance is not achieved by extension date.</b>	
<p><b>Step 4:- Level 4 *</b></p> <p><b>Step 4:</b> Level 4 Compliance meeting to be conducted with SSE and Operators representative with CICM, Regional Manager, District Inspector and Commissioner of MSH.</p> <ul style="list-style-type: none"><li>• To be conducted in Head Office</li><li>• To include an overview of mines exposure results and statistics by IOM (Hygiene).</li><li>• SSE to provided commitment to CICM of compliance and negotiate a date.</li><li>• Options available to Inspectorate to be outlined if compliance is not achieved.</li></ul>	<p><b>2 MONTHS</b></p>
<b>If compliance achieved after Level 4 -agreed date</b>	
<p><b>Step 5:- Actions taken by Inspectorate *</b></p> <div><p><b>Option 1:</b> Reduce shearer speed</p><p><b>Option 2:</b> Reduce exposure time and hours cutting (calculated)</p><p><b>Option 3:</b> Not starting another panel until conducting an engineering study and actions are implemented.</p><p>– Option 2 applies until compliance is demonstrated.</p></div>	

**COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE**

**QUESTIONS TAKEN ON NOTICE No. 5**

**Compliance**

**Pages 57**

**asked on Friday 4 November 2016 at Ipswich**

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**QUESTIONS:**

5. **MR MCMILLAN:** *...First of all, would you accept as a general provision that a mine that had no respirable dust monitoring in place is a particularly grave breach of its safety obligations? p.57*

**ANSWER:**

The gravity of any alleged breach will depend upon its specific circumstances and will be assessed in accordance with the inspectorate's compliance policy.

The department is not aware of any instances where a mine's safety and health management system has not provided for dust monitoring.

If the mines inspectorate became aware that a mine's safety and health management system did not make provision for dust monitoring, this would be greatly concerning and would be treated very seriously.

**COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE**

**QUESTIONS TAKEN ON NOTICE No. 6**

**Compliance**

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**asked on Friday 4 November 2016 at Ipswich**

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**QUESTIONS:**

6. **MR SPRINGBORG:** *My interest has been enlivened in listening to the discussion. This question follows on a little bit from what I asked the Commissioner for Mine Safety and Health the other day around people saying that there can be difficulties prosecuting because of the length of time. I understand that. Can you indicate to us the greatest length of time that you have actually got on record of dealing with an operator who has consistently flouted directions and notifications with regard to compliance?*

**ANSWER:**

In the department's experience, mines do not consistently flout directions and notifications with regard to compliance.

The period of time for which a mine is under directive does not necessarily reflect the period of time that it has been non-compliant. Directives may be continued beyond the time the mine achieves compliance in order that the mine can demonstrate to a satisfactory standard that compliance can be sustained.

# COAL WORKERS' PNEUOCONIOSIS SELECT COMMITTEE

## QUESTIONS TAKEN ON NOTICE No. 7

### Operator compliance

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asked on Friday 4 November 2016 at Ipswich

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#### QUESTIONS:

7. **MR MCMILLAN:** *Director-General, I will pose this question to you and then if you cannot answer it then someone else can. Noting what you have already said about your view that prosecution is the option of last resort in the hierarchy of administrative interventions, in circumstances where the department has identified noncompliance, has issued a directive, which is level 2 of your hierarchy of controls, and 12 months later that mine operator continues to be noncompliant, as reported by the senate, what is there left but to commence prosecution proceedings?*

#### ANSWER:

In the matter referenced at paragraph 3.19 of the senate report, of a mine being under directive for 12 months, it is not the case that the mine was non-compliant for those 12 months.

The mine in that case did in fact comply with the first directive issued, however the inspectorate kept the mine under directive for a period of 12 months to ensure that compliance was sustained as the mine moved through successive stages of production.

In those circumstances, it was not considered that there existed a sound basis for prosecution.