bhpbilliton

Submission

Select Committee Inquiry into Coal Workers' Pneumoconiosis

18 November 2016

Submission

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Table of abbreviations

BMA	BHP Billiton Mitsubishi Alliance
BMC	BHP Billiton Mitsui Coal
CMSH Act	*Coal Mining Safety and Health Act 1999* (Qld)
CMSH Regulation	*Coal Mining Safety and Health Regulation 2001* (Qld)
CWP	coal workers' pneumoconiosis
DNRM	Queensland Department of Natural Resources and Mines
HPCT	Hay Point Coal Terminal (owned by BMA)
ISHR	industry safety and health representative
NATA	National Association of Testing Authorities
NMA	nominated medical advisor
OEL	occupational exposure limit
QRC	Queensland Resources Council
SEG	similar exposure group
Senate Committee Review	The Senate Select Committee on Health, Fifth Interim Report (Black Lung), 28 April 2016
SHMS	safety and health management system
Sim Review	*Review of Respiratory Component of the Coal Mine Workers' Health Scheme for the Queensland Department of Natural Resources and Mines, 12 July 2016* by Professor Malcolm Sim (Monash University)
SSHR	site safety and health representative

Submission

Executive Summary

BHP Billiton welcomes the opportunity to make this written submission to the Coal Workers' Pneumoconiosis Select Committee, in addition to our appearances before the Committee. This submission addresses:

- ***What we do to prevent*** occupational illnesses caused by exposure to coal dust;
- ***How we have supported our workforce*** since we learnt of the recent diagnosed cases of CWP, and BHP Billiton's contribution to the broader response to CWP; and
- ***Suggested areas for reform*** to better support people affected by CWP and to avoid future cases of CWP.

Ensuring the health and safety of all our people is a core value of BHP Billiton. Like everyone involved with the Queensland coal industry, BHP Billiton was deeply concerned to learn of the recent diagnosed cases of CWP.

This is a serious issue and requires a collective response. We are committed to working with the Committee and with industry, the health sector, government and other key stakeholders to protect all industry participants' health and wellbeing now and for the future; and to ensuring that those who are affected by CWP receive the support they need.

BHP Billiton's systems and controls for managing coal dust exposure risks

BHP Billiton has well-developed safety systems which are designed to identify and manage health and safety risks. These are subject to periodic audit, regular review and continuous improvement. We see the four elements necessary for the effective prevention and management of CWP to be:

1. ***Setting an appropriate occupational exposure limit (OEL)*** – in 2012 BHP Billiton set an internal OEL for coal dust which is stricter than current Australian regulatory OELs, and it is periodically reviewed against the latest science.

2. ***Effective dust management controls*** – BHP Billiton uses a wide range of controls to limit and manage generation of, and exposure of workers to, coal mine dust; again these are regularly reviewed and best practice is being shared amongst industry.

3. ***Effective dust exposure monitoring*** – this checks whether the controls are working effectively and enable prompt action if they are not. BHP Billiton has implemented risk-based monitoring programmes which are conducted by accredited third party professionals.

4. ***An effective health surveillance scheme*** – this is necessary to protect any particularly sensitive individuals through early detection. Notification of cases is an important indicator that our OEL, dust management controls and monitoring systems may need to be reviewed. The effectiveness of the current health surveillance scheme was the focus of the Sim Review, which BHP Billiton assisted, and we fully support all of its recommendations.

The above four measures are described further in Section 2, which also includes a discussion of our dust monitoring results.

We would welcome the opportunity to demonstrate and explain our controls to the Committee first-hand at one of our mines.

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BHP Billiton's actions in response to the diagnoses of CWP

In addition to our ongoing focus on our systems and controls, BHP Billiton's response to the recent diagnosis of CWP cases in Queensland has included:

1. ***Support for current employees and contractor personnel*** – this includes:
   - offering x-rays reviewed by Australian and US specialists to all employees;
   - access to free health and counselling services for all workers at our mines;
   - information sharing at our mines; and
   - supporting employees diagnosed with CWP, including assistance with medical and travel expenses, and retraining and redeployment into new roles where appropriate and the employee has expressed a desire to continue working.

2. ***Support for retired employees*** – including making available a free medical advisory service, and further assistance on a case-by-case basis.

3. ***Engagement with government and other key stakeholders*** on a range of initiatives responding to CWP, including:
   - providing assistance to the Sim Review;
   - providing technical assistance to DNRM in the development of new Recognised Standards for coal dust management and monitoring;
   - committing to implement an interim protocol for the review of x-rays in an open letter to Minister Lynham;
   - participating in an industry-wide workshop to share best-practices on dust controls; and
   - facilitating collaboration between key medical specialist Colleges to develop best practice guidance for the health surveillance, diagnosis and medical management of workers with CWP.

This is discussed in further detail in Sections 3 and 4.

Priority areas for review and reform

BHP Billiton believes that there are three areas for potential regulatory reform which the Committee should consider:

1. ***Improvements to the current workers compensation regime*** to ensure the current scheme is appropriately responding to CWP. We note the QRC has at our request engaged with Minister Grace and the Workers Compensation Regulator, to establish a taskforce to advance this.

2. ***Review of the current regulatory OEL for coal dust*** in light of the latest science.

3. ***Providing for notification of mine operators of diagnoses of occupational diseases such as CWP*** to enable operators to assist affected workers and identify whether improvements are required to existing controls.

These matters are discussed further in Section 5, along with some other suggestions for possible reform, for the Committee's consideration.

We look forward to continuing to work with the Committee, government and other stakeholders to address this important issue.

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1. Background

1.1 Our Operations

BHP Billiton is a leading diversified resources company with a global footprint. Our workforce currently comprises more than 65,000 employees and contractors, working in numerous countries around the world. We are among the world's top producers of major commodities including iron ore, metallurgical and energy coal, conventional and unconventional oil and gas, and copper.

1.2 Our Queensland Coal Business

BHP Billiton has owned and operated coalmines in Queensland for nearly 40 years, with some of our operations close to 50 years old, like Blackwater Mine, developed in 1967.

Our operations in Queensland include nine operating mines – seven owned by the BHP Billiton Mitsubishi Alliance (**BMA**) (with our 50% joint venture partner, Mitsubishi Development Pty Ltd) and two owned by BHP Billiton Mitsui Coal (**BMC**) (with a 20% joint venture partner, Mitsui & Co. (Australia) Ltd).

One of our BMA mines, Broadmeadow, is underground; and until late 2015, BMA also operated the Crinum underground mine. That mine, and two open cut mines owned by BMA (Gregory and Norwich Park), are now in care and maintenance. BMA also owns the Hay Point Coal Terminal (**HPCT**).

A map of our operations in Queensland is attached as **Appendix One**.

We are the largest private sector employer in Central Queensland. Our operations currently employ over 10,500 Queenslanders across our coalmines, rail infrastructure, and the Hay Point export facility; and account for around a third of Queensland's metallurgical coal exports and coal royalties generated in this State.

Around 92% of our operational workforce lives in Central Queensland with approximately 800 people residing in Cairns and South East Queensland. A further 850 people are employed in our Brisbane corporate office.

1.2 Our Coal Business outside Queensland

BHP Billiton owns and operates the Mt Arthur open cut coal mine in New South Wales, located in the Upper Hunter region.

BHP Billiton previously owned two coal mines in the State of New Mexico in the United States of America, the Navajo open-cut mine and the San Juan underground mine. The Navajo Mine was sold to the Navajo Transitional Energy Company on 30 December 2013. New Mexico Coal, a BHP Billiton subsidiary, will continue to manage and operate the mine until 31 December 2016 under a Mine Management Agreement with the new owners. The sale of the San Juan Mine to Westmoreland Coal Company was completed on 31 January 2016 and BHP Billiton has no ongoing involvement with it.

BHP Billiton also has a one-third interest in Cerrejón, which owns and operates an open-cut coal mine in the La Guajira province of Colombia.

1.3 Our approach to the health and safety of our workforce

Putting health and safety first is a core value at BHP Billiton, embodied in our Charter, and Code of Business Conduct (Code). Our Code emphasises the importance of health and safety to maintaining a great place to work.

BHP Billiton sets clear requirements for its operations to manage and protect the health and wellbeing of our workforce now and into the future. These requirements, which apply to both employees and

contractors, are contained in the BHP Billiton company-wide policy document *Health - Our Requirements*.[1]

As part of this commitment, BHP Billiton sets public health and safety targets including for the reduction of exposures to hazardous substances. Progress against these targets is the subject of routine internal reporting processes, is reported publicly and disclosed in our annual Sustainability Report.[2]

2. How we manage risks of exposure to coal dust

BHP Billiton has had active programs to identify and manage the risk of dust exposure at our sites for many years. Our approach has four elements (discussed further below):

1. setting a target OEL;
2. identification and implementation of controls to keep dust exposure levels below our target OEL;
3. an exposure monitoring system that tells us the exposure profile for our workers, and if the controls are working - enabling prompt corrective action to be taken if required; and
4. effective medical surveillance.

These programs have continuously improved over time as our knowledge and understanding of the hazards and associated risk have improved, and through advances in technology, personal protective equipment and monitoring capability.

2.1 BHP Billiton's health and safety management systems

At the mine-level, BHP Billiton's preventative controls (including in relation to dust exposure) are part of the safety and health management system framework (**SHMS**). The SHMS is an auditable, documented, risk-based system that includes management structures, planning activities, and practices and procedures.[3]

The SHMS operates in accordance with applicable legislation (including the *Coal Mining Safety and Health Act 1999* (**CMSH Act**) and *Coal Mining Safety and Health Regulation 2001* (**CMSH Regulation**). The content of the SHMS is also developed in accordance with applicable Australian Standards, Recognised Standards developed by DNRM and internal BHP Billiton standards (such as the internal OEL for dust described above).

The system and our compliance with it is subject to external oversight and review by:

- site safety and health representatives (**SSHRs**) who are elected from the mine site workforce and have safety-related powers under the CMSH Act;
- Industry Safety and Health Representatives (**ISHRs**) – union-appointed safety representatives with statutory powers under the CMSH Act; and

[1] Health – Our Requirements is available on our website: https://inside.bhpbilliton.net/irj/go/km/docs/pccshrcontent/Documents/Corporate/Group%20Level%20Documents/GLDs/Health.pdf

[2] Addressing Potential Health Impacts Associated with Our Operations is from p.54 in our 2016 Sustainability Report: http://www.bhpbilliton.com/~/media/bhp/documents/investors/annual-reports/2016/bhpbillitonsustainabilityreport2016.pdf?utm_source=Website&utm_medium=Organic&utm_term=SustainabilityReport&utm_campaign=AR2016

[3] See CMSH Act s62.

- regular site inspections and review by the Mines Inspectorate.

2.2 Occupational Exposure Limits

BHP Billiton has established internal OELs that apply to everybody at our operations. These OELs are informed by the latest science. We monitor the science, and the approach of regulators and our peer companies to OELs, to ensure our OELs remain current.

Current BHP Billiton internal OELs for mine dust as a time-weighted-average (twa) are as follows:

- respirable coal mine dust – 2.0 mg/m^3
- respirable crystalline silica – 0.1 mg/m^3 (reducing to 0.05mg/m^3 from 2021)
- respirable particulates not otherwise specified (PNOS) – 3.0mg/m^3

BHP Billiton periodically reviews and acts on available scientific literature for all its significant hazards and risks and has been a leader in advocating stricter health and safety regulation when the evidence suggests this is necessary or desirable for the protection of our workforce. BHP Billiton has recently commenced a review of its internal OEL for coal dust, taking into account the most up to date scientific evidence.

2.3 Dust exposure management controls

BHP Billiton has a range of controls in place to manage the generation of coal dust and the risk to our workforce being exposed to a dusty environment. As would be expected with a continuous improvement culture, these have changed and improved significantly over the past 40 or so years.

We adopt a "hierarchy of controls", firstly, seeking to eliminate exposure (eg by removing people from dusty environments, where possible), then engineering controls (filters, sprays, ventilation, etc.) to reduce the risk, before turning to lower-order administrative (behavioural) controls and use of personal protective equipment.

While our focus remains on the higher-order (elimination and engineering) controls, the use of respirators/personal protective equipment is mandatory in circumstances where it is not currently possible to achieve our internal OEL through higher order controls (eg due to a spike in dust levels on a temporary basis, or for limited groups working in particular areas).

Dust controls – above ground

In our open-cut mines and at HPCT, our dust management controls include:

- enclosed air-conditioned (filtered) and positive pressure cabins on mobile equipment such as trucks, shovels and dozers;
- watering of haul roads and coal stockpiles;
- wet drilling methods (for exploration and explosive drilling);
- hosing down of equipment prior to maintenance activity; and
- making respiratory protective equipment available to personnel if they may be conducting dusty tasks or have concerns about dust exposure, even where exposure data shows their exposure is below our OEL.

Dust controls – underground

In the underground mining environment, the risk of dust exposure is greater, so more extensive controls are implemented.

We continuously look for new ways to improve our management of underground dust levels. To that end, we have been working closely with our Dust Committee, established in 2013, which includes a cross-section of workers (employees, contractors and management) and SSHRs, to identify and implement opportunities for improvement, and to monitor progress. This "bottom up" approach has assisted the development of new techniques and has supported widespread acceptance of changes.

The current controls used to manage dust exposure underground include:

- remote equipment operation, so equipment in dusty areas can be operated from an area with low dust;
- ventilation (pumping of clean air through the mine);
- enclosure of dust sources (eg dust curtains around certain equipment);
- water sprays (with use of dust control additives) on dust sources and on roadways;
- salting of roadways (the salt absorbs moisture helping to reduce dust);
- positioning of workers away from areas which may have higher dust, including having regard to the direction of flow of clean ventilated air;
- job rotation – to limit the amount of time workers spend in dusty areas;
- making respiratory protective equipment available to personnel whenever they may be conducting dusty tasks or have concerns about dust exposure; and
- mandatory use of respiratory protective equipment whenever dust levels are assessed to exceed our internal OEL of 2.0mg/m^3.

Given the other hazards that exist in an underground coal mine (in particular, ignition/explosion risk from gas, roof fall and floor instability and water inrush) a risk assessment for each control for dust exposure – particularly engineering controls – must take into account the interaction between the control and other hazards to ensure it does not inadvertently increase other risks to health and safety.

2.4 Dust exposure monitoring

BHP Billiton has a risk-based dust monitoring programme in place at all our mines, determined using comprehensive baseline exposure data which has been collected over many years.

All of our internal monitoring programmes:

- apply to everybody at our operations – employees and contractors;
- are designed and supervised by a certified occupational hygienist, who also supervises implementation at each site;
- meet or exceed the requirements of the proposed Recognised Standards being developed by DNRM;
- meet or exceed the requirements for monitoring specified by NSW's Order 42 as administered by Coal Services in that State; and
- are consistent with accepted occupational hygiene practice and applicable Australian Standards as specified in the Regulation.

BHP Billiton has also recently been assisting DNRM with the development of new industry-wide Recognised Standards for mine dust monitoring and reporting.

To ensure objectivity, the majority of dust monitoring at our mines in Queensland is performed by a third-party service provider which is accredited by the National Association of Testing Authorities (**NATA**), and subject to audits by NATA to maintain its accreditation.

Monitoring program design and execution

The workforce at our operations is divided into groups according to the type of work they do, called Similar Exposure Groups (**SEGs**).

When a SEG is monitored, randomly selected workers from that group wear a monitor on their shirt collar for the duration of their shift. At the end of the shift, the monitors are collected and sent to a laboratory for analysis.

In addition to personal exposure monitoring, some static (fixed position) exposure monitoring is also undertaken from time to time.

How frequently each SEG is subject to dust monitoring depends on their level of exposure to respirable dust. For example, the SEG with the highest exposure at Broadmeadow are the longwall operators and they are subject to the most frequent dust exposure monitoring.

From time to time, changes to processes and conditions trigger a review of exposure baselines and may require additional monitoring.

Real time exposure monitoring

Real time exposure monitoring equipment, currently used in the United States coal mining industry, cannot currently be used in Queensland as the core of an exposure monitoring programme. This is because this equipment has not been certified to the specific standards, or approved for use in Queensland, as required by the current CMSH Regulations.

Notwithstanding this, Broadmeadow mine is nevertheless trialling four real-time dust monitors with our longwall face operators. This supplements the formal monitoring required under the CMSH Regulation. These monitors will assist us to better understand where exposure sources are in real time, and identify additional controls as part of our continuous improvement approach.

Communication of exposure monitoring data

We communicate our dust monitoring results to our workforce by providing results to individuals who were sampled, and more broadly on site-based notice-boards and in health and safety briefings. Dust monitoring results are also available for review by SSHRs, visiting ISHRs and the Mines Inspectorate.

Exposure monitoring results are also provided to the NMAs for each operation to help inform the medical assessments they perform on workers from those sites as part of the Coal Mine Workers' Health Scheme.

At Broadmeadow, data from our monitoring program is reviewed by the Dust Committee that meets weekly. The Committee uses the data in order to review the effectiveness of dust controls and to identify opportunities for ongoing improvement.

2.5 Dust monitoring results and dealing with instances where an OEL is exceeded

Average respirable dust exposures across all BHP Billiton's Queensland operations have generally been below 1.5mg/m^3 since 2009, with the exception of the Broadmeadow mine longwall area.

Exceedences of our OEL are uncommon at our open cut mines. For example, there was an instance where a single sample marginally exceeded the regulatory limit for one operator at BMC's South Walker Creek mine in November 2015. This was an outlier result for a group that had historically recorded low dust exposure results. A broken fan for the positive pressure system in the truck used by the worker was identified as the reason for the anomalous result. This was promptly rectified and no issues have been recorded for this SEG since.

Average respirable dust exposures at the Broadmeadow longwall, as presented in the DNRM Safety and Health Commissioner's 2015/2016 Report, have generally been below 2.0mg/m^3 since 2007, with the exception of two periods.

This was in 2013 and again at present, when the dust levels at the longwall also exceeded the regulatory limit. The use of respiratory protective equipment has remained mandatory at the longwall during this time, to ensure workers are not exposed to increased risk. Other parts of the Broadmeadow mine have generally remained below the regulatory OEL, even during these periods.

In each of these two periods, the elevated dust levels at the longwall resulted from changed mining conditions. The elevated dust levels were identified through our weekly dust exposure sampling, and plans were developed to reduce the dust levels to below our internal OEL.

In response to the 2013 exceedences, Broadmeadow management worked with its Dust Committee and the Mines Inspectorate, and reduced dust levels to below the regulatory OEL. The collaborative involvement of our workforce through the Dust Committee was central to resolution of the issue.

More recently, the Mines Inspectorate was notified of the exceedences, and was provided with details of our action plans to reduce the dust levels. In response, the Mines Inspectorate issued a directive under the CMSH Act, requiring Broadmeadow's management to take steps to bring dust levels at the longwall under the regulatory OEL, and to report back to the Mines Inspectorate.

Broadmeadow management, the Dust Committee and workforce are currently focussed on implementing our plans to again return dust levels to below our internal OEL as safely and quickly as possible.

A cooperative and constructive engagement with the Mines Inspectorate is key to the success of identifying and implementing improvements, while protecting our people and enabling mines to continue to operate. A purely punitive approach focussed on prosecution would not achieve any of these goals.

2.6 Health surveillance – coal mine workers health assessments

Under the current Coal Mine Workers Health Scheme (contained in the CMSH Regulation), health assessments must be carried out prior to employment as a coalmine worker, and then periodically, but at least every five years.

For at risk workers, this will include chest x-rays which (under our current interim arrangements) are being reviewed by at least one (usually two) Australian plus one US respiratory specialist.

Nominated medical advisers – selection, independence, information

Coal mine workers' health assessments are coordinated through nominated medical advisers (**NMAs**), doctors who are required to be nominated by the employer under the current CMSH Regulations.

BHP Billiton has nominated eight NMAs in Queensland.

Although the NMAs are nominated by the employer, they owe their professional duties to their patients (in this case, the workers referred to them through the Coal Mine Workers Health Scheme). This means that the NMA only gives the employer limited information under the health assessment scheme and does not provide details of any diagnosis. (This is discussed further below in section 5.3.)

The NMAs nominated by BHP Billiton have knowledge and understanding of the Coal Mine Workers Health Scheme, our sites and operating conditions. They receive regular updates on site conditions, including dust monitoring results, from us. This position is aligned with the recommendations of the Sim Review, and we support the Sim Review's recommendations on NMAs.

Contractor health assessments

The Coal Mine Workers' Health Scheme requires all contractor personnel to undergo periodic health assessments. Compliance with this and other health and safety requirements is reinforced through our contract terms.

Our mines in Queensland use an electronic automated gate entry system that requires swipe card access by all employees and contractors. The electronic system is linked to all workers' current health assessment, and the gate system will not permit entry if their health assessment is out of date.

Possible areas for improvement and reform

BHP Billiton fully supports a review of existing health surveillance frequencies and processes, recognising that presently an effective end-to-end process for the screening, diagnosis and management of workers with CWP does not exist. In response to this, BHP Billiton has initiated contact with the Australasian Faculty of Occupational Medicine, the Thoracic Society and the College of Radiologists seeking their support to work collaboratively on the development of such a process. This group met for the first time on 4 November 2016.

BHP Billiton considers it appropriate that this group of experts define the elements of a best practice medical surveillance scheme for all past and present coal mine workers.

3. Supporting our people

3.1 Current employees, contractors and labour hire personnel

Since the recent cases of CWP were diagnosed in late 2015, BHP Billiton has taken a number of steps to ensure our people are supported including:

- health screening, with "two-reader" review of x-rays[4], has been made available to all employees at BHP Billiton's cost; and we have also informed contractors and labour hire providers that we expect them do the same for their employees;
- information about the disease, our controls, and available support (including health screening) has been provided through regular meetings, briefings and other communications to employees, contractors and labour hire personnel;
- free counselling services through BHP Billiton's 24 hour Employee Assistance Program for employees, contractors and labour hire personnel;
- support has been extended to employees diagnosed with CWP, and again, we have informed contractors and labour hire companies that we expect them to do the same for their employees in the event one were diagnosed with CWP.

Support for our employees diagnosed with CWP

BHP Billiton is very concerned by the three confirmed diagnoses of CWP in our workforce.

[4] Including by an Australian RANZCR accredited radiologist and through DNRM a US-based "B-reader"

Two of the affected employees have worked underground and one is a long-term open cut miner.

The diagnoses are of great concern to the employees; their loved ones; work colleagues and to our company.

Fortunately, in all three cases, we are advised, the disease has been detected early. This means that, by minimising further respirable dust exposure, the health impacts can be minimised.

At this stage, each of these three employees has expressed a desire to keep working. Guided by advice from independent medical experts, we are focussed on working with these employees to enable that to happen – including through retraining and redeployment to lower-dust environments as appropriate.

As you would expect we are covering all relevant travel and medical costs and providing access to the affected workers and their families to our 24-hour Employee Assistance Program medical and counselling service.

3.2 Retired employees

BHP Billiton has established a process for its retired employees to receive free medical guidance from an Occupational and Environmental Physician who has over 20 years' experience in the field and is skilled in the diagnosis and management of occupational illness and injury. An initial evaluation will be provided and ongoing support will be managed on a case by case basis.

However, we acknowledge this approach is not a comprehensive solution for all retired coal mine workers, as it is dependent on individual company responses.

BHP Billiton is strongly of the view that all retired workers (irrespective of their previous employer) should be able to have access to free medical screening, without being left out of pocket. To that end, we have recommended changes to the workers compensation scheme, which would address this, and would be funded by industry through workers compensation premiums and claims.

4. BHP Billiton's contribution to the broader response to CWP

The focus of BHP Billiton's response to the recent diagnosed cases of CWP in Queensland has been to ensure our people are supported; and to ensure dust exposure is being adequately managed and monitored through our internal systems, processes and controls, as described above.

BHP Billiton has also contributed constructively to the broader response to CWP, including through engaging with government, industry and the medical profession. Chronologically, some of the key actions we have taken in this regard include:

1. In May 2016, BHP Billiton hosted Professor Malcolm Sim, Associate Professor Deborah Glass and a representative of DNRM at an open cut coal mine, during the investigative phase of the Sim Review.

2. Since May 2016, BHP Billiton has provided technical assistance to the tripartite industry/government/union working group tasked with the development of a new draft Recognised Standards for the monitoring, interpretation and reporting of coal dust exposure data. This draft Recognised Standard adopts a risk based approach, based on accepted occupational hygiene practice.

3. In July 2016, along with other industry representatives BHP Billiton signed an open letter to Minister Lynham committing to implement an interim protocol for the conduct and review of chest x-rays, following the release of the Sim Review. A copy of this letter is attached as **Appendix Two**.

4. We submitted an Op-Ed article by BMA Asset President Rag Udd, which was published in the *Mackay Daily Mercury on* 16 July 2016 that responded to the Sim Review findings and called for a collective response by industry, medical experts and government. A copy is attached as **Appendix Three.**

5. Through the QRC, BHP Billiton has provided feedback and inputs to DNRM on various aspects of the recent amendments to the CMSH Regulations as they were developed.

6. In October 2016, BHP Billiton attended an industry-wide dust control workshop held in Moranbah, at which we shared our technical knowledge with other mining companies.

7. BHP Billiton has facilitated collaboration between key medical specialist colleges on how to best address the issue of CWP, including the development of end-to-end best practice guidance for the health surveillance, diagnosis and medical management of workers with CWP.

8. In November 2016, as the Committee is aware, BHP Billiton provided evidence to this Inquiry, and we have offered to facilitate site visits by the Committee to our mines in Queensland, including BMA's underground mine at Broadmeadow.

5. Priority areas for reform

BHP Billiton sees three priority areas for regulatory reform in connection with CWP, described below. We have also provided some comments on a number of other suggestions made to the Committee in the course of the Inquiry.

5.1 Reform to Workers Compensation arrangements in Queensland

It is our opinion that the statutory Workers Compensation scheme, as a 'no fault' insurance scheme, paid for by employers (through premiums), provides the best avenue to compensate workers who have sustained a workplace illness or injury, including CWP. For many years, the Workers Compensation Scheme has been recognised as an effective mechanism for compensating injured and affected workers.

This is particularly relevant for any workers who may have had a number of employers, as they will all be covered by statutory workers compensation - including where the former employing entity no longer operates.

However, we believe the current scheme could be reviewed to ensure it properly responds to dust diseases such as CWP. Potential areas for reform may include:

- fully covering the costs of screening and other medical checks for retired workers;
- providing compensation for workers who have early CWP with no physical impairment and who cannot return to work in an environment that would expose them to unacceptable dust levels; and
- streamlining the claims process for workers with CWP to reduce delays – eg if a valid claim is made with the wrong insurer it is paid out to the worker quickly, and then recovered or apportioned between insurers.

To that end, BHP Billiton is pleased that the QRC has, at BHP Billiton's urging, written to Minister Grace and the Workers' Compensation Regulator to request the establishment of a multi-party taskforce to review the workers compensation scheme and recommend amendments, as a matter of priority.

5.2 Support for review of Queensland regulatory OEL

BHP Billiton supports a review of the Queensland regulatory OEL for coal dust, which is currently 3.0mg/m^3. We would also support the concept of a national review of the OEL, to ensure a consistent approach across all coal mining jurisdictions.

BHP Billiton believes that any change to the regulatory OEL should:

- be based on sound scientific evidence, having regard to Australian conditions;
- include a consideration of additional safety risks that may be created in implementation of any change to the OEL;
- provide for an appropriate transition period to enable the safe implementation of engineering and other measures required to achieve the lower OEL; and
- provide for the appropriate use of respiratory protective equipment in the interim, in order to ensure protection of individuals from exposure to dust.

If such a review were undertaken, BHP Billiton be pleased to participate.

5.3 Notification of diagnoses of occupational diseases

There are currently no requirements for employers to be notified of a diagnosis of CWP or other occupational diseases, unless the employee informs us, or consents to the NMA doing so.

The only information that employers currently receive from an NMA through the prescribed health assessment form is whether the worker is fit for work or not, and if they are subject to any restrictions. The NMA is unable to disclose details of any diagnosis, without the employee's consent. This is a critical gap in the system. It means we are not able to:

- offer timely assistance to our affected employees; or
- identify whether there are further measures required to prevent or mitigate dust exposures that may have caused or contributed to the employee's condition.

If the position were to be changed to address this issue, the provision of such sensitive information to employers would need to be accompanied by appropriate privacy restrictions.

We support measures that would make CWP a notifiable disease, to address any concern that diagnoses are not being properly reported to relevant Government departments.

However, we are concerned that the notification requirement recently introduced into the CMSH Regulation will not be effective to achieve this - it makes the employer and operator responsible for notifying the DNRM, without addressing the issue that the employer and operator are not informed of the diagnosis in the first place.

5.4 Other suggestions for reform

In addition to the three priority areas for reform noted above, BHP Billiton would support the following suggestions for reform:

1. *Centralised dust exposure records database*

Given that mine-workers can be transient and frequently move between mine sites, BHP Billiton would support the establishment of a centralised dust exposure results database so that individual workers and their medical advisers can readily access and track their exposure history.

2. *Development of guidance on health screening and management of CWP*

BHP Billiton supports a review of existing health surveillance frequencies and processes, recognising that presently an effective end-to-end process for the screening, diagnosis and management of workers with CWP does not exist. To that end we have facilitated a meeting of key medical specialist Colleges to consider this issue.

3. *Accredit real-time dust monitoring devices for use in Queensland mines*

The Government should consider expediting approval of real-time dust monitoring devices for use as a supplementary tool in monitoring and reporting of dust exposures for workers.

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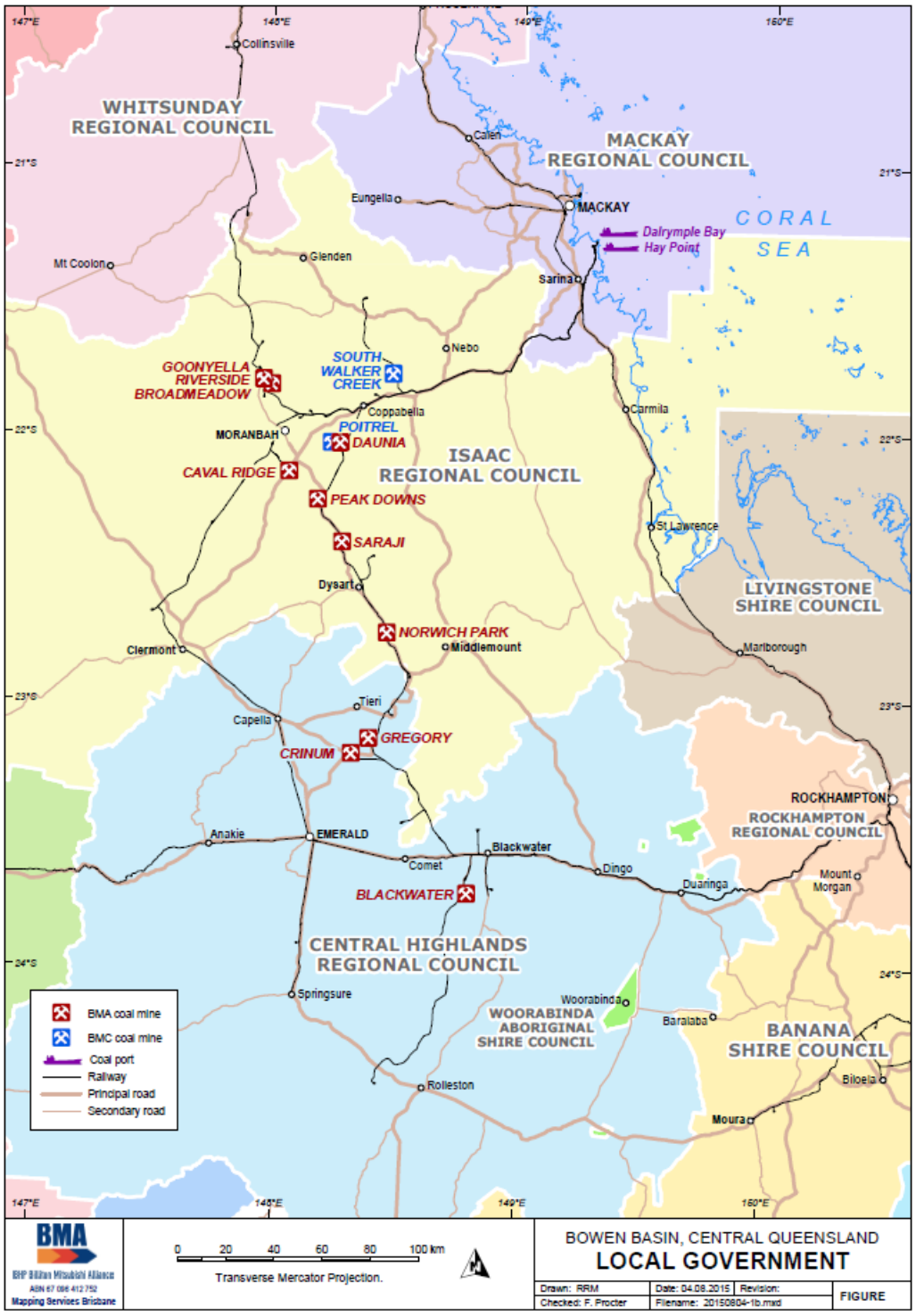
Appendix One: Map of BHP Billiton operations in Queensland



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Appendix Two: Industry letter to Minister Lynham signed by Rag Udd

12 July 2016

Hon Dr Anthony Lynham MP
Minister for State Development and
Minister for Natural Resources and Mines
PO Box 15216
CITY EAST QLD 4002

Dear Minister Lynham

As representatives of Queensland's eight underground coal mining businesses, we share your concerns about the re-emergence of coal workers' pneumoconiosis.

We reaffirm our commitment to providing our employees with a safe workplace and transitioning to an improved Coal Mine Workers' Health Scheme informed by the outcomes of the Monash Review.

We will continue to work with you, the Queensland Government, and medical experts to inform our workplace protocols.

In order to provide ongoing reassurance to our current workforce, we commit to the following interim protocol for the conduct and review of chest x-rays (CXR) whilst longer-term health assessment processes are established and legislated.

We will:

1. Offer any of our underground coal mine workers who has a concern about their respiratory health:
    - A review of their existing CXR, read to the International Labour Organisation (ILO) classification, by a radiologist nominated on the Royal Australian and New Zealand College of Radiologists (RANZCR) endorsed list, or by a "B" reader physician certified by the USA National Institute for Occupational Safety and Health (NIOSH), where they have a digital CXR that is less than two years old.
    - A new digital CXR read to the ILO classification by a radiologist nominated on the RANZCR-endorsed list, or by a "B" reader physician certified by NIOSH, where they have a CXR that is more than two years old, and/or on an analogue film.
2. All new chest x-rays taken as part of new coal mine worker medicals are to be digital x-rays, read to the ILO classification, by a radiologist nominated on the RANZCR-endorsed list, or by a "B" reader physician certified by NIOSH.

Submission

3. Adopt a two reader chest x-ray screening protocol, once an appropriate model is established.

Yours sincerely

David Diamond
Anglo American

Rag Udd
BHP Billiton

Peter Trout
Caledon Resources

Ian Cribb
Glencore

Steve Kovac
Idemitsu

Charles Meintjes
Peabody Energy

Ivan Vella
Rio Tinto Coal Australia

Rob Bishop
Vale

Appendix Three: Rag Udd Op-ed, Mackay Daily Mercury, 16 July 2016

Time for all to work together

Rag Udd
BHP Billiton Mitsubishi Alliance (BMA) Asset President
Queensland Resources Council Board Vice President

Rag Udd: Now is the time to work together to protect our employees and restore faith in the system

ANY underground coal miner will tell you that safety is front of mind each and every day. It's certainly not your usual job, hundreds of metres under the ground in what can be a challenging environment.

It's not a job that's for everyone, and it's why a special bond exists that's based on trust, openness and communication. Working safely means you rely on the person next to you and they rely on you. That's why everyone in the industry has been shocked and saddened by the recent cases of pneumoconiosis that have emerged.

BMA operates one underground mine – Broadmeadow – in central Queensland with approximately 450 employees, and recently placed Crinum Mine into care and maintenance. As the largest resources sector employer in the state, around 10,000 Queenslanders work for BMA and a core value of our company is that every worker goes home safe each day. The fact that a health check system, which we thought was protecting our people from the respiratory hazards of working underground, hasn't been working effectively, is unacceptable. It is deeply concerning that the Sim Review found multiple failings in the regulated framework for coal mine workers' respiratory health. This has critically damaged faith in the entire system, and that special bond of trust.

A key long-running focus for BMA has been to ensure our workers are not exposed to harmful levels of coal dust in the first place. We apply a coal dust exposure limit that is in fact much stricter than required under current Queensland legislation, and we will continue to look for ways to reduce the level of dust exposure to our employees.

In addition, we are committed to fixing this by working with the Government, the medical profession, and above all our employees and their representatives to implement the recommendations contained in the report released this week.

This week our leaders at Broadmeadow met with their crews to talk about the findings of the Sim Review and to encourage them to take up our offer of additional reviews of their existing chest x-rays, or new x-rays if required. Similar conversations have been happening across our other sites as well.

Now is the time to work together to protect our employees and restore faith in the system – we all have our part to play: industry, medical experts and our government regulators.