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Submission - Coal Workers' Pneumoconiosis (CWP) Select Committee

Inquiry Extension

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Parliament House
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Dear Madam

Introduction

This submission is made in response to the extension of the CWP inquiry as outlined in the Committee's Interim Report of March 2017.

In this submission, I consider the extent to which non-coal mine employees were included in the Queensland Coal Employees' Health Scheme. From the introduction of the Scheme in 1993 until 2002, the scheme did not exclude non-coal workers.

Other issues to be considered include health surveillance in the metalliferous sector and other occupational dust-risk operations, the framework of management of occupational exposure risk and possible legislative frameworks.

2 Inclusion of non-coal workers in the Queensland Coal Employees' Health Scheme

As the coordinator of the Queensland Coal Employees' Health Scheme under the Queensland Coal Board as extended under the Health Surveillance Unit under the Department of Mines and Energy, I can attest that the program was not restricted to coal workers. The program included some workers from Dalrymple Bay Coal Terminal and few non-coal mine employees.

Should these workers or health investigators seek records of the worker's previous health assessments, the data should be able to be retrieved from the Health Surveillance data-base archives. My Master's Thesis which analysed the Health Scheme did not include analysis of the non-coal mining workers.

3 Health Surveillance in the Metalliferous, Quarry, Tunnelling and Civil Works Sectors

In the metalliferous mining sector, Mt Isa Mines has a long standing health surveillance program, but if any analysis is undertaken, it is not advertised for corporate reasons. The Western Australian

mining sector has a comprehensive health surveillance program, but it appears that there is a reluctance to analyse and publish the data.

Health surveillance and exposure monitoring in the quarry, tunnelling and civil works sectors is even more challenging, but initial coal industry health assessments, for workers coming from these sectors indicated some adverse respiratory impacts.

4 Strategies for evidence-based risk management strategies for occupational exposures

A step-change in thinking is required to effectively manage chronic disease risks associated with occupational exposures including dust. Modern health and safety management systems are generally based around risk management where a monitoring program provides data to signal an intervention when evidence of increases in risk is indicated. Unfortunately, in the area of occupational exposure, there is a high, but ineffective reliance in the outdated prescriptive based regulation.

Dust related respiratory disease in workers needs to be considered as a dose-response phenomenon. The effects may be either progressive or delayed. This is a key factor in developing trigger points in establishing a safety management system using personal cumulative occupational exposure. My view is that a priority should be to back analyse both the health and exposure data to identify whether there were trigger points that provided an early warning.

A parallel process of looking at a range of other long-term adverse health impacts also needs to be addressed. Issues include a range of cancers, hearing loss, vibration related back injury and mental health. Processes to acquire long-term adverse health outcomes are fundamental to progressing such issues.

5 Legislative Framework

The issue of legislation is particularly challenging. Because worker risk from occupational exposure spans many jurisdictions and industries, it is difficult to find a home for it under the current government frameworks. Having said this, health and safety legislation in all jurisdictions broadly follow the model health and safety legislation. The Queensland Coal Mining Safety and Health Regulation 2001 (now 2016), section 49 established an obligation by the employer to have a health and safety management system to monitor risk from hazardous exposures.

'49 Monitoring for workers' exposure to hazards

(1) A coal mine's safety and health management system must provide for periodic monitoring of the level of risk from hazards at the mine that are likely to create an unacceptable level of risk.'

The whole respiratory disease saga is clear evidence that the industry has failed to attempt to comply with this regulation and that the regulator has failed to comprehend this omission.

Because of the high level of mobility between employers, industries and states, there is a logic behind legislating for a central entity or at least an exchange of data between equivalent state bodies. The current system of site-based medical advisers cannot be effectively replaced by a central authority, but there is a need for processes to ensure consistency of medical supervision such as the regional based system managed by Coal Services Ltd in New South Wales.

A study by Bofinger and Ham (2001) on a National Mining Health Database – Feasibility Study – Research Report for the Joint Coal Board Health and Safety Trust by SIMTARS, found that over 90% of mine workers would be covered by combining the Queensland, New South Wales and Western Australian mining health databases.

There is potential for data sharing between organisations to extract a more comprehensive data set. As long as confidentiality protocols are agreed, the register of miners, can be matched by name and date of birth to extract health and health outcome data on miners from databases held by other authorities.

6 Funding

Funding of a health surveillance program is less complicated as it is clearly an employer obligation. While privacy of confidential health information needs to be unquestioned, there is also an obligation for a health professional to inform the employer on any work or capacity limitations which might compromise the worker's safety and the employers liability.

Yours Faithfully

Bruce Ham

References

Bofinger C. and Ham B.W., (2001) National Mining Health Database – Feasibility Study – Research Report for the Joint Coal Board Health and Safety Trust, Simtars.