

G. Findings from previous reports

Monash review

In 2015, the Queensland Government commissioned an independent review by Monash University's Centre for Occupational and Environmental Health, in collaboration with the University of Illinois at Chicago (the Monash review). It assessed whether the medical screening program for coal mine workers was effective to detect lung disease.

Monash review findings

The Monash review found the respiratory component of the Coal Mine Workers' Health Scheme focused on fitness to work rather than detecting and managing early mine dust lung disease. They also found that health information was not effectively being used to monitor trends in mine dust lung disease (referred to as 'group health surveillance'). The Monash review identified deficiencies in several areas:

- training and registration of doctors
- the role of examining medical officers
- how it is decided who is at risk from dust exposure, and therefore requires a chest x-ray
- reading and reporting of chest x-rays
- the conduct of spirometry tests
- processing of health assessment forms by DNRME.

It also found other limitations of the scheme including:

- a lack of clear clinical pathway to investigate, diagnose, and manage coal mine workers and former coal miners who may present with symptoms of respiratory abnormalities consistent with mine dust lung disease
- a lack of clear process to advise mines to review dust exposure levels if respiratory abnormalities are identified
- no established process to report a diagnosis of mine dust lung disease to DNRME
- doctors were not able to identify potential changes in someone's respiratory health because previous health records were not readily available.

Monash review recommendations

Monash University made 18 recommendations in its 2016 report. The report recommended government introduce a range of reforms to improve chest x-rays, lung function testing, training and accreditation of medical practitioners, and surveillance and digital records management.

Government response

The government supported all the recommendations. DNRME is the agency responsible for implementing all 18 recommendations.

Since 2018, DNRME has reported that all recommendations have been fully implemented.



Coal Workers' Pneumoconiosis Select Committee

After the Monash review was published in 2016, the Queensland Parliament established the Coal Workers' Pneumoconiosis (CWP) Select Committee (CWP Select Committee). The committee initially focused on coal workers' pneumoconiosis in the Queensland coal mine industry.

In March 2017, the committee extended its terms of reference to examine adverse health impacts for workers beyond direct coal mining activities. This included end-to-end production of coal, such as rail transport.

The CWP Select Committee also looked at arrangements for regulating and monitoring exposure to silica dust. Silica dust is a hazardous component of coal mine dust (respirable crystalline silica) that can lead to workers developing another form of lung disease, called silicosis. The committee's findings applied to all workers in mining and quarry industries, tunnelling operations, and construction and manufacturing sectors.

Report No. 2—Findings

The committee concluded that the coal mining industry required a more effective system of oversight and compliance, including greater levels of transparency and accountability.

Dust management and controls

The committee found that:

- coal mine operators did not have clear or consistent guidance from inspectors about actions required to demonstrate dust monitoring compliance, and that the industry developed a culture of complacency and disregard for the serious risk posed by respirable dust exposure
- before legislative changes were introduced in January 2017, there was an absence of any regulated oversight of respirable dust monitoring or mandatory reporting of dust exceedances
- the primary focus of the regulator, DNRME, was on mine safety, rather than miners' health and reducing the risk of exposure to respirable dust. The report stated that while there are a range of compliance options available, no person or entity had been prosecuted in Queensland for failing to meet a safety and health obligation related to respirable dust.

Health arrangements for coal workers

Like the Monash review, the committee identified several limitations about how DNRME was administering the Coal Mine Workers' Health Scheme, including:

- those tasked with monitoring the health of Queensland coal workers were not actively looking for the disease, and in many cases were insufficiently informed and ill-equipped to enable its diagnosis
- the role of the Health Surveillance Unit at DNRME had been purely administrative, with no meaningful data analysis or clinical review of the health assessment records it received. This was contrary to the policy objectives of the health scheme to monitor and ensure the health of the coal mine workers.

The Monash review and the committee both commented on the large backlog of health assessments that DNRME were processing at the time of their respective reports. The committee supported the Monash review and adopted all but one of the recommendations.



Workers' compensation

The *Workers' Compensation and Rehabilitation Act 2003* (Qld) and associated regulation establishes Queensland's system of workers' compensation. The committee found workers who have made a claim or received some form of compensation were not able to reopen their claim if their CWP disease progressed or their symptoms deteriorated.

The committee adopted recommendations from a workers' compensation stakeholder reference group that addressed:

- access to health assessments for former or retired coal workers
- if a workers' mine dust lung disease progresses, the ability to apply to reopen their workers' compensation claim to access further benefits
- enhanced rehabilitation and return to work programs
- alignment of the Workers' Compensation Scheme with proposed new arrangements for the Coal Workers' Health Scheme.

Report No. 2—Recommendations

The committee tabled its second report in May 2017. It made 68 recommendations, including to:

- establish an independent regulator (17 recommendations)
- implement an alternative funding model for the regulator (three recommendations)
- improve respirable dust monitoring and management (13 recommendations)
- improve the enforcement and oversight of coal dust management (six recommendations)
- establish the compulsory reporting of mine dust lung disease (two recommendations)
- improve health arrangements for coal mine workers (23 recommendations)
- improve workers' compensation and rehabilitation (one recommendation)
- address the committee's observations (three recommendations).

Report No. 2—Government response

In September 2017, the government announced that it supported or supported in principle all 68 recommendations. But it noted that additional consultation would be needed for more complex recommendations, such as establishing an independent regulator.

The government nominated five agencies to lead the implementation of 66 of the 68 recommendations. Of these, DNRME has responsibility for implementing 57. Two recommendations addressed to the Queensland Parliament are out of scope for this audit.

DNRME's current status tracker reports that, as at July 2019, 67 of the 68 recommendations are 'actioned/implemented'. Its website states that it is working with key stakeholders to address the 68 recommendations.

Report No. 4—Findings

The committee expanded its terms of reference in 2017 to examine risks to workers in other industries impacted by occupational dust hazards. These included coal ports, coal-fired power stations, metalliferous mining and quarrying, tunnelling, and construction and manufacturing industries.



The committee suggested that industries needed to consistently and effectively manage respirable dust hazards to safeguard the health of their workers, including to:

- develop more precise and detailed statutory guidance about reducing dust hazards
- increase engagement between compliance officers and industry support improved practices.

Health scheme for other industries

When considering workers that fall outside of the Coal Mine Workers' Health Scheme, the committee found there is no equivalent health scheme or oversight mechanism for broader occupational groups.

The committee noted that DNRME, the Office of Industrial Relations, Queensland Health, and peak medical bodies should continue to work together to build clinical expertise in occupational medicine. This recognised that symptoms of occupational dust lung disease can manifest after workers have retired or otherwise left the industry, and they may be seeking treatment within the public health system. The committee considered that a mechanism for systematic reporting of occupational respiratory disease should be explored.

Addressing community air quality concerns

The committee received evidence during its inquiry about the impact of inhalable dust on surrounding communities. It noted that these issues were outside its terms of reference, but commented that government should consider:

- commissioning research into the impacts of environmental exposure on occupational dust exposure. This included revising exposure thresholds to support more informed risk assessment and management, and tailoring exposure limits and controls
- reviewing the position of environmental air quality monitoring stations
- increasing its engagement with communities affected by industrial dust, including detected levels of community exposure and associated risks to health.

Report No. 4—Recommendations

The committee made five recommendations and tabled its report in the Queensland Parliament in September 2017. The report recommended that government:

- establish codes of practice for stevedoring and coal-fired power stations
- improve reporting of dust monitoring by all mines and quarries
- review buffer zones of large point-source dust emissions
- review the impact of environmental dust exposure on occupational dust exposure thresholds
- review the impact of community dust exposure.

Report No. 4—Government response

The government responded that it supported recommendations 1 to 4 and supported in principle recommendation 5. The Office of Industrial Relations is the agency responsible for implementing the five recommendations. The other entities responsible for implementing recommendations include the:

- Department of State Development, Manufacturing, Infrastructure and Planning
- Department of Environment and Science
- Department of Natural Resources, Mines and Energy.

