

A. Full responses from entities

As mandated in Section 64 of the *Auditor-General Act 2009*, the Queensland Audit Office gave a copy of this report with a request for comments to the Department of Natural Resources, Mines and Energy; Queensland Health; the Office of Industrial Relations; the Department of State Development, Manufacturing, Infrastructure and Planning; the Department of Environment and Science; and the Public Service Commission.

The heads of these agencies are responsible for the accuracy, fairness and balance of their comments.

This appendix contains their detailed responses to our audit.



Comments received from Director-General, Department of Natural Resources, Mines and Energy

Your Ref 9183P
Our Ref CTS 29380/19

25 NOV 2019

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
PO Box 15396
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qao@qao.qld.gov.au

Dear Mr Worrall,

Thank you for your letter of 5 November 2019 concerning the performance audit on addressing mine dust lung disease.

I would like to acknowledge and thank the Queensland Audit Office (QAO) for its work in undertaking the performance audit. The Department of Natural Resources, Mines and Energy (DNRME) has invested considerable effort in assisting the QAO through its audit process over the past 12 months.

The Queensland Government has progressed significant reforms over the past three years to implement recommendations from the Monash University review of the respiratory component of the Coal Mine Workers' Health Scheme (CMWHS) (the Monash Review) and actions identified in the government response to the Coal Workers' Pneumoconiosis select committee (CWP select committee) reports no. 2 and 4.

Through these reforms DNRME has seen an increase in early stage disease detected and successful return to work with ongoing dust exposure managed. The changes made to the CMWHS have made this possible including mandatory chest X-ray and spirometry performed to appropriate standards by medical practitioners now with additional training and accreditation.

DNRME maintains that it has fully implemented all recommendations from the Monash Review:

- Recommendation 5: DNRME has updated the health assessment form to provide a comprehensive respiratory medical history and respiratory system questionnaire. The US National Institute for Occupational Safety and Health (NIOSH) respiratory questionnaire was adopted based on advice from the Coal Mine Dust Lung Disease Collaborative Group (CMDLD Collaborative Group) of medical specialists, consisting of Professor Malcolm Sim and Dr Robert Cohen, amongst other respiratory experts. Additional changes to the health assessment form have been requested by the QAO regarding questions relating to past respiratory conditions. DNRME is progressing these additional minor changes to the health assessment form.
- Recommendation 8: DNRME has implemented a formalised training program that includes visits to mine sites and registers doctors to ensure they maintain a suitable standard of competence and have the necessary experience to undertake respiratory health assessments under the CMWHS.

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Department of
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- Recommendation 11: Chest X-rays are performed by appropriately trained staff to a suitable standard or quality. DNRME has established an accreditation system, which includes mandatory training and certification. Chest X-rays are taken and read according to the current International Labour Office (ILO) classification. Doctors must complete the NIOSH B-reader competency examination to be registered and retain B-reader proficiency to remain registered. DNRME delivered the first digital NIOSH B-reader course in Australia, which now has 32 qualified B-readers.
- Recommendation 13: Since 2018, DNRME has been transitioning to an electronic system of data entry and storage, whereby doctors undertaking respiratory assessments enter medical and occupational data and can access previously collected information for comparative assessment, and to facilitate auditing. DNRME has an online portal for doctors to submit health assessment forms electronically. Currently, 88 per cent of health assessments are submitted electronically.
- Recommendation 14: Health assessments for all coal mine workers, including contractors, subcontractors and labour hire employees, who meet revised criteria for being at risk from dust exposure are included in the DNRME database for the purposes of ongoing medical surveillance.
- Recommendation 15: DNRME conducts ongoing individual and group surveillance of health data collected under the scheme, to detect early CMDLD and analyse trends to disseminate to workers, employers and unions.

As at 31 October 2019, 57 971 mine worker X-rays have been dual read, with 22 cases of disease detected. Certain mine dust lung diseases do not exhibit a radiographic change in the lung and a further six cases of disease have been detected via the spirometry component of the health assessment. Fortunately, the majority of coal workers' pneumoconiosis cases detected were in the early stage of disease. Free respiratory checks are also now available to retired and former workers to ensure their continued health surveillance.

DNRME is transitioning to an electronic system for health surveillance which will provide a significantly improved health surveillance capability allowing identification of trends and support research and provide an interface between employers, workers, medical practitioners and DNRME. With the inherent complexity of this system, it is important that care is given to ensure the system delivers these intended outcomes. At no point during this transition have workers' respirable health been at risk.

In its response to the CWP select committee report no. 2, the government supported or supported in principle all 68 recommendations contained in the report. In doing so, the government stated it accepted the intent of the recommendations and acknowledged that additional analysis and consultation was required to better understand the most appropriate implementation pathway. The additional work required was outlined in eight action areas, which the government has completed. The government is progressing toward full implementation of its decisions arising from those actions.

In responding to the recommendations, the government's focus has been on addressing risk and potential harm to workers. Through its analysis of the recommendations and extensive engagement with stakeholders, including unions, medical professionals and technical experts, it was clear that the action best addressing the risk at the core of some recommendations often required more than rigid compliance with the recommendation.

For example, the independently led Project Management Office (PMO) found that many elements of the regulatory model recommended by the CWP select committee were rejected by stakeholders due to their administrative complexity with little or no improvement to worker health protection. In these cases, the government decided to take an alternative, more protective approach. DNRME has taken great care to explain this to the QAO during its audit.



Significant improvements have been made in coal dust management. Since 2017 all coal mines are required to report any exceedance of measured personal respirable coal dust or silica dust. These exceedances must be investigated and the worker's task must be resampled. These are handled as complaint investigations and do not appear as inspections.

Inspectors conduct structured inspections of coal mines. These address many safety and health hazards and are conducted in accordance with a structured inspection guideline. These are typically allocated for a certain part of the mine. If an Inspector identifies issues or matters of concern regarding dust they will be documented within the mine record. Since 2017 there has been a significant reduction in the average dust exposures and singles exceedances reported across all mines, reflecting improved practices in industry and greater regulatory oversight.

DNRME has prepared regular, comprehensive reporting to the Minister for Natural Resources, Mines and Energy on the reforms to the CMWHS and the status of actions against the Monash Review and CWP select committee recommendations.

With all of this work there is still, and will always be, further effort required to ensure the reforms made are embedded and sustained to deliver their intended outcomes. DNRME is progressing the establishment of mobile health units, establishing an expert medical advisory panel and is awaiting parliamentary consideration of the Resources Safety and Health Queensland Bill 2019 to establish the resources safety and health regulator as an independent statutory body. DNRME is also continuing to improve the CMWHS and progress to full implementation the CWP select committee recommendations.

DNRME has reviewed the proposed report and considers it is important to clarify a number of matters which are detailed in the document attached.

Should you have any further enquiries, please contact Mr Mark Stone, Executive Director, Resources Safety and Health, Department of Natural Resources, Mines and Energy on telephone

Yours sincerely,



James Purtil
Director-General

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Attachment 1

Clarification of matters contained in proposed report

The Department of Natural Resources, Mines and Energy (DNRME) considers it is important to clarify the following matters contained in the report:

Report reference	DNRME clarification
"DNRME publicly report cases of mine dust lung disease. From 2015 to 2019, it reported 116 workers as at 31 October 2019 have been diagnosed with the disease..." - page 9.	DNRME's public report of confirmed cases of mine dust lung disease as at 31 October 2019 was 124 workers since 1984. 114 cases have been reported to DNRME since 2015.
"The Select Committee recommended reducing the occupational exposure limit for coal dust and DNRME has published this as an interim measure" - page 12.	DNRME advised QAO that the government has changed the law to reduce exposure limit as an interim measure, while awaiting SWA's recommendations. These reduced limits apply and are being enforced and generally industry is managing exposure to far higher standard than the reduced limit.
"While there is evidence of DNRME consulting with a range of stakeholders, including medical professionals, over the last three years, there has been no designated medical expert or any expert group that has had formal responsibility for overseeing the scheme..." – page 13.	A group of medical experts, including Professor Malcolm Sim, with support from Queensland Health and Dr Cohen, voluntarily formed the Coal Mine Dust Lung Disease (CMDLD) Collaborative Group. The CMDLD Collaborative Group has provided expert advice and developed a diagnostic clinical pathway to ensure consistency in the referral and diagnosis of CMDLD. DNRME is transitioning to a long-term solution by establishing an expert medical advisory panel. The panel will provide medical advice on priority focus areas and identify emergent health issues associated with all mining and quarrying in Queensland.
"DNRME engaged Lungscreen Australia in March 2019 to conduct the second read of the chest X-ray instead of sending them to the United States. This considerably reduced the length of time for second reads to weeks not months. Since October 2019, Lungscreen Australia has further improved turn-around times to less than one week" - page 13 & 31.	Lungscreen Australia's average turnaround times have been less than one week since June 2019. For the month of October 2019 the average turnaround time for urgent reads was 1.99 business days (from receiving the chest X-ray image to providing the final report).
"The government has separately reported that it has actioned all the Select Committee recommendations" - page 16.	The government's response to the select committee's report no. 2, committed to a number of actions, noting that further work including consultation would be required to determine the best pathway to implementation. The government has stated that it has delivered the actions it committed to in the response. The government has also communicated progress on work to complete implementation, such as the introduction of a bill to establish the resources safety and health regulator as an independent statutory body.
"... There is no clear, accurate reporting on the status of work" – page 18.	DNRME has prepared regular, comprehensive reporting to the Minister for Natural Resources, Mines and Energy on the reforms to the Coal Mine Workers' Health Scheme and the status of actions against the Monash Review and CWP select committee recommendations.

Report reference	DNRME clarification
<p>“Coal dust occupational exposure limit” – page 20.</p>	<p>The Minister for Natural Resources, Mines and Energy has long stated his support for adopting the scientific evidence-based recommendation of the Safe Work Australia review into exposure limits. The Minister also wrote to the then Commonwealth Minister for Small and Family Business, the Workplace and Deregulation and requesting Safe Work Australia expedite the review for respirable coal dust and respirable crystalline silica. On 1 November 2018, the Queensland Government amended the Coal Mining Safety and Health Regulation 2017 to lower the limit from 3mg/m³ for respirable dust to 2.5mg/m³.</p>
<p>Enforcing and overseeing coal dust management – page 23 and 24.</p>	<p>Inspectors conduct structured inspections of coal mines. These address many safety and health hazards and are conducted in accordance with a Structured Inspection Guideline (SIG). These are typically allocated for a certain part of the mine. For example development, longwall or outbye. Within these SIGs there are specific sections on dust. If an Inspector identifies issues or matters of concern regarding dust they will be documented within the body of the mine record.</p> <p>Since 2017 there has been a significant reduction in the average dust exposures and singles exceedances reported across all mines. Prior to 2017 there many occasions in dust or dust control was identified and addressed in inspections and mine records. Often this resulted in compliance actions (directives and SCPS).</p> <p>Since 2017 all coal mines are required to report any exceedance of measured personal respirable coal dust or silica dust. These exceedances must be investigated and the task must be resampled. If this results in a second exceedance the mine is issued with a directive and this matter handled outside the inspection regime and involves the inspectors reviewing the investigation, installed dust controls and increased monitoring requirements.</p> <p>Since 2017 there have been a number of complaints received by the inspectorate regarding dust control and dust monitoring. These are handled as complaint investigations and do not appear as inspections.</p> <p>The dust monitoring audits conducted to determine compliance with recognised standard 14 were specifically targeted for open cut coal mines. Open cut coal mines had historically undertaken the same level of monitoring as underground coal mines and this audit program was developed to ensure that open cut coal mines understood the risk and were implementing robust risk based monitoring programs.</p> <p>In preparation for the audits all monitoring undertaken by the mine was reviewed including the samples collected per similar exposure group. In addition all single exceedances reported by the mine were reviewed and investigated.</p>



Report reference	DNRME clarification
	<p>During most of these audits time was taken to visit parts of the mine to speak with coal mine workers and conduct visual inspection of the working environment. Typically this would be targeted to high exposure risk areas such as drill rigs, blast patterns and coal processing laboratories.</p>
<p>"On 29 November 2017, the advisory committee voted unanimously to amend the standard to allow the use of real-time monitors...the outcomes of the advisory committee's decision were provided to the minister to be endorsed. DNRME issued a revised version of the standard in November 2018 but it was not amended to reflect the advisory committee's decision. At the time of report, DNRME did not have confirmed advice from the minister to implement the advisory committee's decision" – page 23.</p>	<p>DNRME publishes standards, known as "recognised standards", which are developed by tripartite committees and made by the Minister. Recognised standards outline ways for mine operators to effectively manage risks at coal mines.</p> <p>The Minister for Natural Resources, Mines and Energy has noted the advice of the advisory committee.</p> <p>The implementation of recommendation 27 is pending IECEx certification required to use real-time personal dust monitors, such as the Thermo Scientific PDM3700, in underground coal mines).</p>
<p>"The advisory committee did not support dust abatement plans. Instead, it proposed that DNRME develop a new standard for dust management in open-cut mines to supplement existing legislation and standards. At the time of the audit, the standard had not been published" – page 25.</p>	<p>The Minister for Natural Resources, Mines and Energy has approved the publication of 'Recognised Standard 20 – Dust control in surface mines'. It is anticipated that the recognised standard will be notified by gazette notice on 29 November 2019.</p>
<p>"The areas of improvement from the health assessment forms were provided to DNRME to investigate. DNRME reviewed the sample and identified five individuals where the clinical pathway was not followed" - page 30.</p>	<p>DNRME had previously identified these same five individuals as part of its existing review of clinical pathway compliance and had already commenced follow-up with the relevant doctor.</p>
<p>"Since April 2019, spirometry laboratories/medical clinics are required to meet the Thoracic Society of Australia and New Zealand standards to be accredited to conduct tests specifically for coal mine workers. They must also complete mandatory requirements to train medical practitioners to interpret results.</p> <p>DNRME has engaged a third party, Queensland Innovation Performance, to accredit approved spirometry training providers and ensure they meet the Thoracic Society standards" - page 32.</p>	<p>The Thoracic Society of Australia and New Zealand (TSANZ) standards for the delivery of spirometry for coal mine workers were released in late 2017.</p> <p>The requirement for spirometry providers to follow the TSANZ standards was included as an obligation in the approved health assessment form from 27 April 2018 (Version 3).</p> <p>The accreditation program for spirometry commenced in January 2019. From 1 March 2019, any new providers seeking approval to undertake spirometry under the Coal Mine Workers' Health Scheme must have first completed accreditation with Quality Innovation Performance. The TSANZ standards include obligations for staff performing spirometry to have completed accredited courses.</p> <p>DNRME engaged a third party, Quality Innovation Performance, to accredit both practices that conduct spirometry under the Coal Mine Workers' Health Scheme and providers of spirometry training against the respective TSANZ standards.</p>



Report reference	DNRME clarification
<p>"The Thoracic Society conducts clinical audits, on behalf of DNRME, on the spirometry results to assess compliance with spirometry reporting and interpretation." - page 32.</p>	<p>The TSANZ reviews spirometry tests conducted by spirometry providers against the TSANZ standards for the delivery of spirometry. This is achieved through reviewing spirometry reports and relevant sections of the health assessment form to assess the quality of the tests, that the results have been correctly interpreted, and that the documentation meets the reporting requirements for spirometry.</p>
<p>"DNRME still needs to... - include guidance about determining which workers do not need a chest X-ray (those engaged in a low risk task – refer to Monash recommendation 6) (8.2.6)..." - Appendix D, Figure 2, page 6.</p>	<p>As reflected in QAO's assessment of DNRME's implementation of Monash review recommendation 6, which states no further action is required—revision of the doctor training program to include guidance is not necessary because all coal mine workers that are referred to a doctor by their employer for a health assessment under the Coal Mine Workers' Health Scheme must have a chest X-ray prior to starting in the coal industry and then at least once every 5 years.</p>
<p>"Recommendation 5: The form should include a comprehensive respiratory medical history and respiratory symptom questionnaire – QAO assessment: Partially implemented" – Appendix D, page 3 and Appendix E, page 2.</p>	<p>DNRME has updated the health assessment form to provide a comprehensive respiratory medical history and respiratory system questionnaire. The US National Institute for Occupational Safety and Health (NIOSH) respiratory questionnaire was adopted based on advice from the Coal Mine Dust Lung Disease Collaborative Group (CMDLD Collaborative Group) of medical specialists, consisting of Professor Malcolm Sim and Dr Robert Cohen, amongst other respiratory experts. Additional changes to the health assessment form have been requested by the QAO regarding questions relating to past respiratory conditions. DNRME are progressing these additional minor changes to the health assessment form.</p>
<p>"Recommendation 8: Doctors should undergo a formal training program, including visits to mine sites, prior to being approved by DNRME, to ensure they reach a suitable standard of competence and have the necessary experience to undertake respiratory health assessments under the scheme – QAO assessment: Partially implemented" - Appendix D, page 5 and Appendix E, page 2.</p>	<p>DNRME has implemented a formalised training program that includes visits to mine sites, and registers doctors to ensure they maintain a suitable standard of competence and have the necessary experience to undertake respiratory health assessments under the CMWHS.</p>
<p>"Recommendation 11: Chest X-rays should be performed by appropriately trained staff to a suitable standard or quality and performed and interpreted according to the current ILO classification by radiologists and other medical specialists classifying CXRs for the scheme – QAO assessment: Partially implemented" – Appendix D, page 7 and Appendix E, page 2.</p>	<p>Chest X-rays are performed by appropriately trained staff to a suitable standard or quality. DNRME has established an accreditation system, which includes mandatory training and certification. Chest X-rays are taken and read according to the current International Labour Office (ILO) classification. Doctors must complete the NIOSH B-reader competency examination to be registered and retain B-reader proficiency to remain registered. DNRME delivered the first digital NIOSH B-reader course in Australia, which now has 32 qualified B-readers.</p>

Report reference	DNRME clarification
<p>"Recommendation 13: DNRME should transition to an electronic system of data entry and storage, whereby doctors undertaking these respiratory assessments enter the data for their assessment and can access previously collected data for the mine worker ad to facilitate auditing – QAO assessment: Partially implemented" – Appendix D, page 10 and Appendix E, page 3.</p>	<p>Since 2018, DNRME has been transitioning to an electronic system of data entry and storage, whereby doctors undertaking respiratory assessments enter medical and occupational data and can access previously collected information for comparative assessment, and to facilitate auditing. DNRME has an online portal for doctors to submit health assessment forms electronically. Currently, 88 per cent of health assessments are submitted electronically.</p>
<p>"Recommendation 14: All coal mine workers, including contractors, subcontractors and labour hire employees, who meet revised criteria for being "at risk from dust exposure" should be registered in the DNRME database on entry into the industry for the purposes of ongoing medical surveillance – QAO assessment: Partially implemented" - Appendix D, page 10 and Appendix E, page 3.</p>	<p>Health assessments for all coal mine workers, including contractors, subcontractors and labour hire employees, who meet revised criteria for being at risk from dust exposure are included in the DNRME database for the purposes of ongoing medical surveillance.</p>
<p>"Recommendation 15: DNRME should conduct ongoing individual and group surveillance of health data collected under the scheme, to detect early CMDLD and analyse trends to disseminate to employers, unions and coal mine workers – QAO assessment: Partially implemented" - Appendix D, page 10 and Appendix E, page 3.</p>	<p>DNRME conducts ongoing individual and group surveillance of health data collected under the scheme, to detect early CMDLD and analyse trends to disseminate to workers, employers and unions.</p>



Comments received from Commission Chief Executive, Public Service Commission



Public Service Commission

Please quote: TF/19/11997

21 November 2019

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
PO Box 15396
CITY EAST QLD 4002

Dear Mr Worrall

Performance audit on addressing mine dust lung disease

Thank you for your letter dated 5 November 2019 regarding the Queensland Audit Office's performance audit on addressing mine dust lung disease and providing an opportunity to comment on the proposed report to parliament.

The audit proposes a finding that the Public Service Commission has effectively implemented relevant recommendations from the Coal Workers' Pneumoconiosis Select Committee. I also note that the Public Service Commission's comments on the preliminary draft of the report have been adopted and incorporated into the report. Therefore, I have no further comments on the proposed report to parliament.

Should you have any further queries or require further information, please contact Mr Joe Meagher, Principle Policy Officer, Policy, Conduct and Performance, via email or on [redacted] or Mr David Reed, A/g Executive Director and Corporate Counsel via email [redacted]

Yours sincerely

A handwritten signature in black ink, appearing to read "Robert Setter".

Robert Setter
Commission Chief Executive

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Comments received from Director-General, Department of Environment and Science



Department of
Environment and Science

Our Ref: CTS 30332/19
Your Ref: 9183P

Mr Brendan Worrell
Auditor-General
Queensland Audit Office
PO Box 15396
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Dear Mr Worrell

Thank you for your letter of 5 November 2019 regarding the performance audit on addressing mine dust lung disease.

I would also like to thank you for sending me a copy of the proposed report to Parliament for information and comment. I am pleased to inform you that I have no further comment on the proposed report.

I am also pleased to note that the Department of Environment and Science (the department) has fully implemented Recommendation 5 b) and c) of the Coal Workers' Pneumoconiosis Select Committee Report No. 4.

Should your officers require any further information, they may contact Dr Faiz Khan – Chief Scientist, Air and Chemical Policy, Environmental Policy and Programs of the department on telephone or by email at

Yours sincerely

A handwritten signature in black ink, appearing to read "J Merrick", written over a horizontal line.

Jamie Merrick
Director-General

26/11/19

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Comments received from Director-General, Queensland Health



Enquiries to: Ms Sophie Dwyer
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File Ref: C-ECTF-19/12918

Queensland Health

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Dear Mr Worrall

Thank you for your letter dated 5 November 2019 regarding a performance audit on addressing mine dust lung disease, and the opportunity to provide further comment on the proposed report to parliament.

As the Queensland Audit Office has incorporated previous feedback by Queensland Health on earlier drafts of the report, and also noting that Queensland Health has fully implemented relevant recommendations to address mine dust lung disease, Queensland Health have no further comments.

Queensland Health appreciate the level of consultation undertaken by the Queensland Audit Office to date and look forward to the final report being presented in the Queensland Parliament in December 2019.

If you require any further information in relation to this matter, please contact Ms Sophie Dwyer, Executive Director, Health Protection Branch, Prevention Division, Department of Health, on telephone [redacted] or via email at [redacted]

Further information and updates about the Queensland Health Notifiable Dust Lung Disease Register can also be found at <https://www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/about-the-register>.

Yours sincerely

A handwritten signature in black ink, appearing to read "John Wakefield".

Dr John Wakefield PSM
Director-General
26 / 11 / 2019

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Comments received from Director-General, Department of Education



Office of the
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26 NOV 2019

Mr Brendan Worrall
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Dear Mr Worrall *Brendan*

Thank you for your letter dated 5 November 2019 providing an opportunity to comment on the Queensland Audit Office's (QAO) proposed report to parliament on addressing mine dust lung disease.

I note the report assessed how effectively public sector entities have implemented recommendations from the following independent reviews aimed at reducing the risk and occurrence of mine dust lung disease:

- Monash Centre for Occupational and Environment Health, Review of Respiratory Component of the Coal Mine Workers' Health Scheme;
- Coal Workers' Pneumoconiosis (CW) Select Committee reports:
 - Report No 2, *Inquiry into the re-identification of Coal Workers' Pneumoconiosis in Queensland*, May 2017; and
 - Report No 4, *Inquiry into occupational respirable dust issues*, September 2017.

The Department of Education, through the Office of Industrial Relations (OIR), has responsibility for six of the 89 recommendations considered by the QAO, with four recommendations contained in Report No 2 (recommendations 38, 62, 65 and 66) and two recommendations arising out of Report No 4 (recommendations 1 and 2).

The department notes the QAO's assessment of the implementation of these recommendations.

Recommendations 38, 65 and 66 of Report No 2:

The Queensland Government's response to Report No 2 provided in-principle support for the intention of expanding the Coal Mine Workers' Health Scheme, health assessments and occupational exposure limits to non-coal mine workers. However, the Government also acknowledged this approach creates administrative complexities that required further assessment of regulatory and portfolio responsibilities across industry and relevant agencies. The response further noted these recommendations would be better informed following the release of the Select Committee's response to their extended terms of reference.

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Based on evidence provided as part of the extended terms of reference, it was evident the risk profile of these other coal workers is different to underground and aboveground coal mine workers. In particular, I note that Report No 4 states:

- Coal rail workers (page 43) – ‘The committee did not receive a lot of evidence of poor practices in coal rail handling. Collectively, many of the concerns that were raised in evidence related to past practices. The introduction in recent years of various practices aimed at reducing workers’ exposure to respirable dust and monitoring their health appears to have gone a long way towards alleviating concerns regarding the exposure of coal rail workers. The committee’s further investigations have confirmed its initial view expressed in its *Black lung, white lies* report (and noted at the start of this chapter) that the systems put in place in recent years, including monitoring, engineering controls and coal dust suppression, do provide an effective means for reducing workers’ exposure’.
- Coal port workers (page 54) – ‘As with coal rail issues, many, though certainly not all, of the concerns raised with the committee related to incidents, or alleged incidents, that went back some years’. Subsequently the Select Committee recommended the adoption of the national code of practice for managing risks in stevedoring and this code was approved in March 2018.
- Coal fired power station workers – The Select Committee remained concerned about the inconsistent practices within the coal-fired power station industry and recommended a code of practice be developed. The code of practice, *Managing respirable dust hazards in coal-fired power stations Code of Practice 2018* was approved in December 2018 and delivered consistent approaches for health assessments (same health monitoring tests as for coal mine workers) and occupational exposure limits (via specifying air monitoring requirements and reporting of results). OIR has also verified the majority of personal air sampling results from coal-fired power stations are well below the existing occupational exposure limit for respirable coal dust.

This is supported by no reported workers’ compensation claims for CWP for coal port, rail or power station workers.

Recommendation 62 of Report No 2

In 2017, amendments were made to the *Workers’ Compensation and Rehabilitation Act 2003* to introduce a medical examination process for retired and former coal workers who stopped working in the industry prior to 1 January 2017. This was a measure designed to enable former and retired coal mine workers, who had not at that stage been properly screened throughout their working life or on retirement, with a means of having their respiratory health assessed for the purpose of lodging a workers’ compensation claim. These amendments aligned with the recommendations made by a Stakeholder Reference Group in March 2017 that were adopted by the Select Committee in its report.

The department notes the QAO’s assessment that there is no further action required by OIR in relation to recommendations 62(a) and 62(b). The department also notes the QAO’s finding that the Government still needs to address the requirement for a medical examination process for former or retired coal workers (other than coal mine workers) who stopped working in the industry after 1 January 2017.

In response to recommendation 62(c), OIR established a stakeholder working group in 2018 to overcome barriers to returning workers with mine dust lung diseases back to work in a supported and safe manner. The stakeholder group agreed to engage an expert medical panel, led by international expert, Professor Robert Cohen from the University of Illinois and including Dr David Cleveland, Dr Matthew Brandt and Dr Robert Edwards, to develop a risk matrix for returning workers to work. This medical panel has consulted with the stakeholder working group on its findings and is expected to finalise its advice by the end of 2019. This will provide important guidance to employers in facilitating safe and meaningful return to work outcomes for workers.

The department also notes the QAO's finding in relation to recommendation 62(d). OIR will work with the Department of National Resources, Mines and Energy (DNRME), to address any implications that arise following the establishment of the new independent resources safety and health regulator, including reviewing the existing memorandum of understanding between OIR and DNRME.

Recommendations 1 and 2 of Report No 4

OIR has introduced specific codes of practice under the *Work Health and Safety Act 2011* for coal-fired power station and stevedoring workers. These codes are helping to ensure that risks from coal dust to workers – no matter where they work – are managed appropriately and provide consistent safety protections for any worker in Queensland working with coal.

In response to recommendation 5(a) of Report No 4, OIR is developing a strategy to address key occupational health risks, including examining international approaches to ensure longitudinal data on current and emerging risks are utilised as part of a health surveillance framework. Work to date includes establishing an internal working group tasked with examining other jurisdictions' approaches involving health surveillance frameworks to collect and analyse data and inform future action. Proposed short term outcomes include updating and improving processes to monitor and review emerging risks, drawing on a range of available information sources, and proposing appropriate regulatory activities for prioritisation in OIR's overall regulatory strategy.

It is also proposed that OIR will formally engage with the Department of Environment and Science to ensure clear understanding in relation to responsibility for delivery of recommendation 5(a).

Other initiatives

Since the Select Committee released its reports, the department has also committed extensive resources to provide support to workers diagnosed with mine dust lung diseases. This includes:

- working closely with DNRME to develop targeted information resources for workers;
- engaging with the Mine Dust Victims Group to provide information and assistance to current and former coal mine workers concerned about mine dust lung diseases or diagnosed with a mine dust lung disease;
- holding forums in Moranbah, Rockhampton and Mackay in May 2019 to disseminate information about supports and resources to affected workers and their families that are available through the workers' compensation scheme; and
- distributing information about navigating the workers' compensation scheme through medical colleges such as the Australian College of Rural and Remote Medicine.

The department is continuing to engage with stakeholders to disseminate information to ensure affected workers and their families are supported.

It is noted that the approach implemented to ensure the safety of workers exposed to occupational dust and to support workers through the workers' compensation scheme has provided a strong basis for the recent response to the outbreak of disease related to exposure to respirable crystalline silica in Queensland's stone benchtop fabrication industry. The recently approved *Managing respirable crystalline silica dust exposure in the stone benchtop industry Code of Practice 2019*, also sets enforceable minimum standards for stone benchtop fabrication businesses. This code aims to directly address the high rates of non-compliance within the stone benchtop industry and the significant increase in workers' compensation claims for silicosis in the industry. This is achieved by specifying minimum dust control measures, consistent health monitoring tests as for coal mine workers and occupational exposure limits in addition to specifying air monitoring requirements and reporting of results.



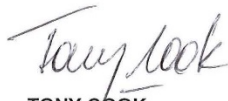
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In addition, an industry-specific code better supports an industry largely made up of small employers who have limited knowledge and resources available to manage the risks associated with fabricating artificial stone, and the complex nature of the injury caused by this exposure.

If you require further information or assistance, please contact Ms Janene Hillhouse, Executive Director, Workers' Compensation Policy and Services, OIR, on

Again, thank you for the opportunity to comment on the proposed report.

Yours sincerely



TONY COOK
Director-General

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