

Coal Workers' Pneumoconiosis Select Committee



- Mrs Jo-Ann Miller MP, Member for Bundamba (Chair)
- Hon Lawrence Springborg MP, Member for Southern Downs (Deputy Chair)
- Mr Jason Costigan MP, Member for Whitsunday
- Mr Craig Crawford MP, Member for Barron River
- Mr Shane Knuth MP, Member for Dalrymple
- Mr Joe Kelly MP, Member for Greenslopes (till 14 June 2017)
- Mrs Julieanne Gilbert MP, Member for Mackay (from 14 June 2017)

- Mr Jim Pearce, Member for Mirani
- Mr Lachlan Millar, Member for Gregory

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Initial terms of reference

- Arrangements of government and industry to eliminate and prevent CWP
- Whether these arrangements were adequate
- The roles of government, mine operators, health professionals, and unions in these arrangements
- The Monash Review and Senate Committee inquiry reports
- Methodologies, processes and practices for coal mine dust measurement and mitigation, including practices in jurisdictions with similar coal mining industries

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What did we look at?

- Dust mitigation and management
- Health arrangements for coal workers
- The regulatory environment

'The first priority and concern of all in the coal mining industry must be the health and safety of its most precious resource – the miner.'

Section 2(a), *Federal Coal Mine Safety and Health Act of 1969*

U.S. Public Law 91-173 (USA)

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The Inquiry

- 27 public hearings (14 October 2016 to 22 March 2017)
 - 13 public hearings in mining communities including Ipswich, Mackay, Rockhampton, Collinsville, Moranbah, Dysart, Middlemount, Tieri, Blackwater, and Emerald
- 15 private hearings
- 1 departmental briefing
- 190 witnesses
- 47 submissions
- 40+ summonses issued, 10,000+ documents received

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Key findings and recommendations

- 34 key findings
- 68 recommendations
- Regulatory/Enforcement/Inspection arrangements
- Coal dust management
- Health arrangements for coal workers
- Workers' compensation
- Retired and former miners

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Key findings and recommendations

- Since May 2015, **22** current and former coal mine workers in Queensland have been diagnosed with CWP or 'black lung' disease – an **entirely preventable disease** that is caused exclusively by excessive and prolonged exposure to respirable coal mine dust.
- **Three** confirmed cases of CWP involve coal miners who worked **exclusively in open-cut coal mines**, proving that CWP does not occur solely in underground coal mine workers.

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Key findings

- CWP **did not 're-emerge'** in 2015 but was merely re-identified, after responsible Queensland authorities having failed to look for it or properly identify it for more than 30 years.
- There has been a **catastrophic failure**, at **almost every level**, of the regulatory system intended to protect the health and safety of coal workers in Queensland. Significant reform of the regulatory framework for coal mining in Queensland is urgently needed.

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Regulatory environment

- Queensland's coal mining industry needs a more effective system of oversight and compliance, including greater levels of transparency and accountability surrounding the roles and responsibility of all industry players.
- There should be a truly independent **Mine Safety and Health Authority** with responsibility for ensuring the safety and health of mining and resource industry workers in Queensland.

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Mine Safety and Health Authority

- Statutory Authority – independent of the Department of Natural Resources and Mines
- Located in Mackay
- Governed by Board of Directors, including unions, coal operators, metalliferous mine operators, transport and handling, independents
- Independent Commissioner for Mine Safety and Health
- New improved Coal Workers' Health Scheme
- Incorporating Mines Inspectorate, health research, safety research, mines rescue, training and education, testing and certification
- Funded by dedicated proportion of coal & mineral royalties

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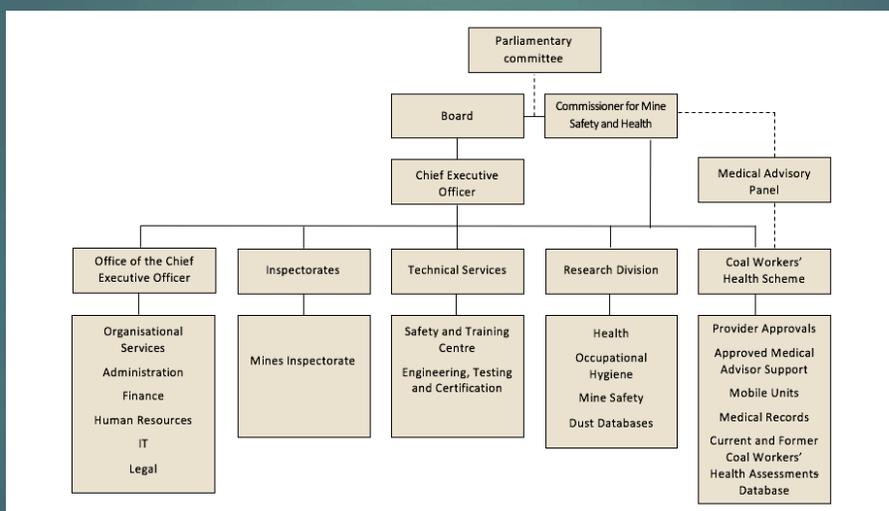


Mine Safety and Health Authority

- Reports to Parliamentary Committee
- Expert Medical Advisory Panel
- Full-time expert Medical Director
- Dr Robert Cohen to consult

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Mine Safety and Health Authority Proposed Organisational Chart



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Current health scheme – Key findings



- Totally failed to meet the policy objectives of the health scheme – to monitor and ensure the health of coal mine workers
- HSU failed to undertake any actual health surveillance
- Chronic and significant under-resourcing
- Health records ‘stored in a janitor’s cupboard’ and in shipping containers
- Failure to implement recommendations of 2002 *Review* was a significant lost opportunity

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New Coal Workers' Health Scheme

- All underground miners – every three years (including chest x-ray)
- All other coal workers – at least every six years
- 'Coal workers' include transport and handling, ports, maritime
- Approved providers of chest x-ray, spirometry, health assessments
- NMAs replaced with Approved Medical Advisors; special AMA-Respiratory
- All chest x-rays classified to ILO by multiple NIOSH accredited B-Readers

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New Coal Workers' Health Scheme

- Health Assessments Database
- Free health assessments for retired and former coal workers
- Health Scheme Mobile Units



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Dust mitigation and management – Key findings

- There is ample scientific evidence that the current Occupational Exposure Limit for respirable coal mine dust in Queensland is exposing coal mine workers to excessive risk of developing CWP, CMDLD and other respiratory disease.
- In open-cut environments, dust risks appear to have been especially neglected because of a false assumption that only underground workers could contract CWP.
- A pro-active system of regulatory approval for dust mitigation and abatement plans is needed.
- Real-time personal dust monitoring devices are an essential tool in the ongoing effort to mitigate the production and dissemination of respirable dust in coal mines.

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Human Hair
89 microns
(0.089 mm)



Inhalable Dust
< 100 microns
(0.1 mm)



Respirable Dust
< 5 microns
(0.005 mm)

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Dust mitigation and management – Key findings

- No person or entity has ever been prosecuted in Queensland for failing to meet a health and safety obligation in relation to respirable dust.
- The use of compliance powers by the mines inspectorate to enforce respirable dust exposure standards has been inconsistent and undermined by imprecise and ineffective language in directives. Non-compliance with directives has not been met with any real regulatory response by the mines inspectorate or Commissioner for Mine Safety and Health.

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Dust mitigation and management – Recommendations

- Immediately reduce Occupational Exposure Limit for respirable coal mine dust from 3.0 mg/m³ to 1.5 mg/m³ – in line with USA, world's best practice jurisdiction
- Reduce silica OEL from 0.1 mg/m³ to 0.05 mg/m³
- All coal mines must submit a Dust Abatement Plan to MSHA for approval before commencing or continuing operations
- Standing Dust Committee
- Dust monitoring results database
- Dust mitigation techniques and technologies database
- Review of world's best practice dust mitigation

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Dust mitigation and management – Recommendations

- Real-time personal dust monitoring (PDM3700)
- All providers of dust sampling must be approved by MSHA
- Dust sampling providers independent from operators
- Result direct to worker, MHSA, operator, union
- Sampling compulsory for all “coal workers”
- Mines inspectorate to increase dust sampling inspections, including accompanied inspections
- Increase unannounced inspections to at least 50%
- Remove requirement for “reasonable notice” for union inspections
- Integrity arrangements for mines inspectors

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Workers' compensation – Key findings



- Significant failings of the scheme affecting coal mine workers diagnosed with or concerned about CWP
- No mechanism for workers with CWP to access lump sum payment if no permanent impairment
- No capacity to reopen claim if impairment progresses
- Current scheme should be improved rather than separate CWP compensation fund

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Workers' compensation – Recommendations



- Transitional one-off medical assessment at no cost for retired or former coal workers (six months' exposure to coal dust in Qld)
- Provision to reopen claim if disease progresses
- Lump sum compensation payment, even if no permanent impairment
- Enhanced rehabilitation (including pulmonary) and retraining

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New Coal Workers' Health Scheme

- CWP and Coal Mine Dust Lung Disease to be 'Notifiable' diseases under the *Public Health Act 2005*.
- Qld Chief Health Officer to report to Parliamentary Committee annually on CWP and CMDLD
- Permanent Parliamentary Committee on Public Administration

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Acknowledgements



Coal workers and their families



CWP sufferers and their families



Dr Robert Cohen, and team at the University of Illinois
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 Mine operators
 Committee staff

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