

Prevention > Detection > Support



"The past is where you learned the lesson.

The future is where you apply the lesson.

Don't give up in the middle!"

Dale Carnegie



The Journey Aug-17 Government supports or Jul-16 Mar-19 supports in principle 68 Monash report Lungscreen dual reading May-17 recommendations released Parliamentary Select May-15 Former worker assessments Register of medical Committee report First case X- ray dual-reading providers goes live confirmed program commences Jul -18 Mandatory register of medical providers Oct-16 5 yearly screening First aboveground for open cut workers case confirmed 2018 2019 2015 2016 2017 **May-18** Dec-15 Jan-17 **Sep-16** Lungscreen X-ray Monash review **Dec-17** Recognised standard 14 Parliamentary reading pilot ordered Jul -18 X-ray B-reader training gazetted – Monitoring Select Committee commences Monash for Aus radiologists respirable dust in coal commences recommendations mines



delivered

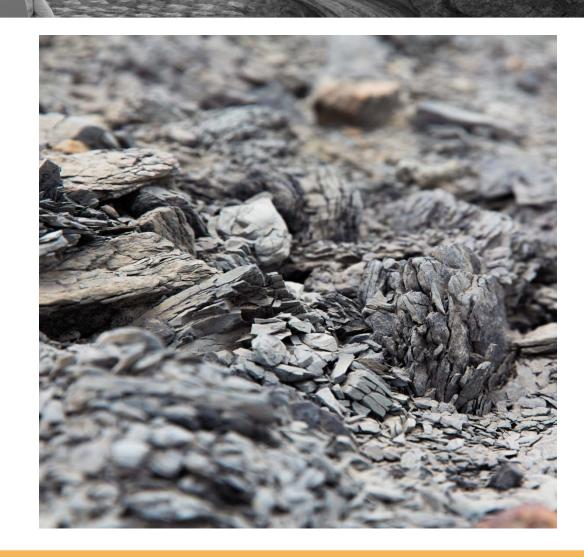
2012



Early detection

- 52 year old coal mine worker
- Commenced open cut 2008
- Non-smoker

 2nd Health Assessment under the Scheme





3.9 Respiratory system

Litres	Observed		Predicted		Observed/Predicted %	
Forced exp. Vol. 1 sec- FEV ₁	(b)	45.77	(e)	3.28	(h)	113
Forced vital capacity - FVC	(c)	505	(f)	4.73	(i)	107
FEV ₁ /FVC%	(d)	85	(g)	78		

3.10	Spirometry (abnormal includes FEV1/FVC<70%)	Abnormal	Normal	
3.11	Auscultation of chest	Abnor ma l	Normal	3
3.12	(a) Was chest x-ray undertaken (as advised by employer)	Yes	No	9

Examination Details

Date of Examination by EMO

22/08/2012

Position (e.g. job title (generic))

PLANT OPERATOR

Is the assessment for underground work?

Yes



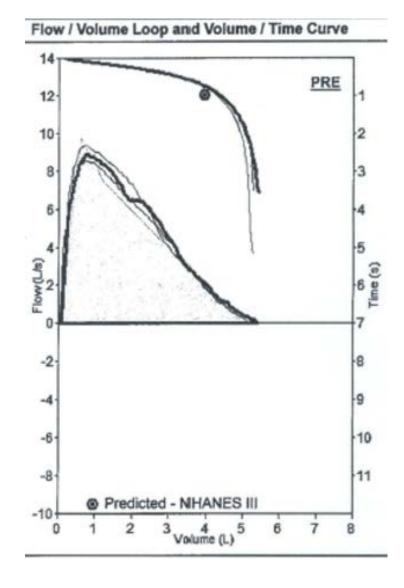
As at the date of this examination, the coal mine worker:

Is fit to undertake any position

Is fit to undertake the proposed / current position

Is suitable for and has no condition which precludes participation in mines rescue - See Mines Rescue Medical Guidelines

For Queensland Mines Rescue Service personnel / applicants only.



13 May 2015







Review of Respiratory Component of the Coal Mine Workers' Health Scheme for the Queensland Department of Natural Resources and Mines

Final Report

Monash Centre for Occupational and Environmental Health School of Public Health & Preventive Medicine Faculty of Medicine, Nursing and Health Sciences Monash University

In collaboration with

School of Public Health University of Illinois at Chicago

12th July 2016



Black lung

white lies

Inquiry into the re-identification of Coal Workers' Pneumoconiosis in Queensland

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)

Report No. 2, 55th Parliament
Coal Workers' Pneumoconiosis Select Committee
May 2017

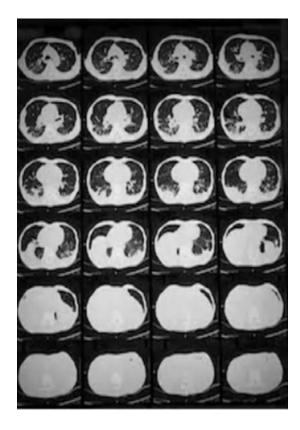


2017

Changes to the scheme







Lung checks for former workers







Geoff

DNRME Queensland

Level 16, 61 Mary Street City East, Qld 4002

Radiograph Interpretation Form

Note: Please record your interpretation of a single radiograph by placing an "n" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY Overexposed (dark) 1	Improper position Underinflation Pour contrast Monte	excess edge enhancement
(Fron Grade 2, runds all bores that apply) 2A. ANY	Poor processing Other (please sp MALITIES? YI	ES Complete Sections NO Proceed to Section 3A
A SHALL OPACITIES A SHAPENSIZE PROMARY SECONDARY R 1 1 1 1 1 MIDDLE T U T U SLOWER A SHAPENSIZE PROMARY R LOWER LOWER LOWER	C PROPUSION C C PROPUSION C	LAS OPACITIES 12E A B C Proceed to Section 3A
3.5 NY CLASSIFIABLE PLEURAL ABNORMALIT	TIES? YES	S Company NO NO Proceed to Section 4A
3B. PLEURAL PLACE Chest vall for profile Face on ORL ORL Displagurs ORL Oder ske(s) ORL ORL ORL Oder ske(s) ORL ORL	Expert (sheet well), combined for in profile and face on: Up to 18 of Internal chees well = 1 14 to 12 of Internal chees well = 2 > 14 of effective chees well = 2 > 14 of effective chees well = 2 1 0 R 0 L 1 2 3 1 2 3	Fraith (in profile only) (Sum minimum with required) 3 to 5 mm = 0 5 to 10 mm = 0 OR C L B C L
3C. COSTOPHRENIC ANGLE OBLITERATION	R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING much aile, co estoot, and in Size Cleat wall In profite ORL Face on ORL OR	this up to 1.4 of lateral chest was	
4A. ANY OTHER ABNORMALITIES?	YE	S Complete Sections NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY) as at as, and as an as a consequence of the consequence	Date Ph	tf med pa pb pi px ra rp tb section 4C/4D) systician or Worker notified? (mm-dd-yvyy)





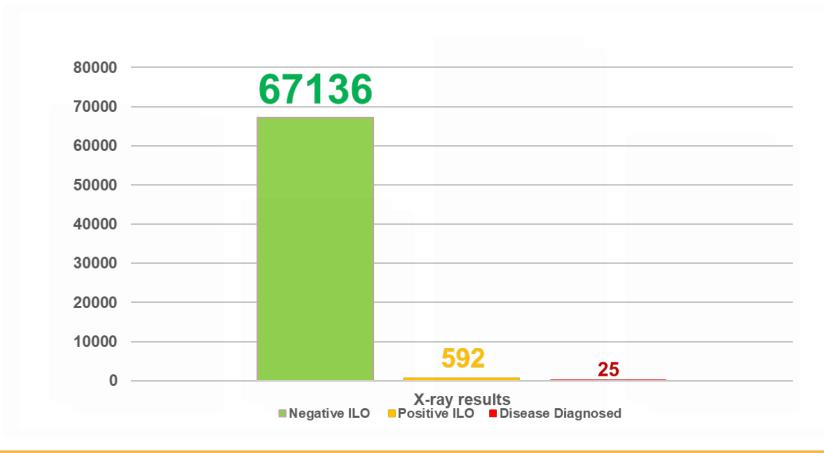
Early detection

- Dust restrictions
- Personal and static monitoring
- Miner + Doctors + Employer working together
- Regular health reviews under the Scheme



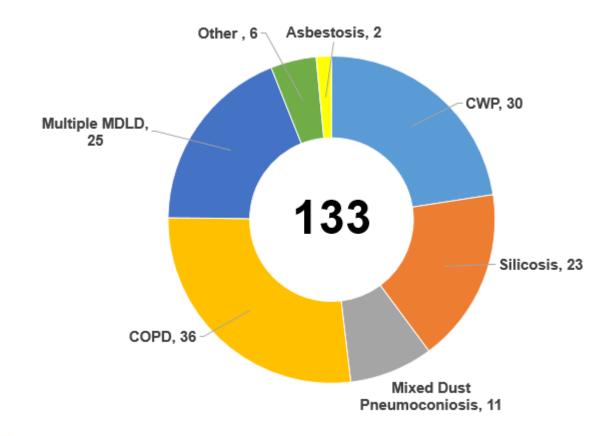


Chest X-ray screening results





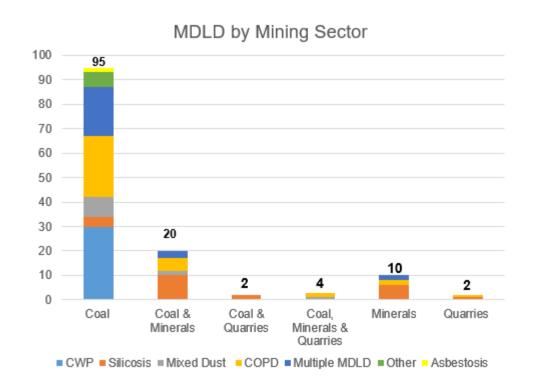
Disease reporting



Disease reporting

- 79% > 50 years old
- 46% underground
- 34% surface

• 32% interstate/international



Working to the future







What actually causes dust disease?





QLD Coal Mining Legislation provides for:

- Identify Dust hazards
- Control Dust levels
- Monitor Dust exposures
- Investigate and address high exposures
- Monitor to ensure effective control
- Health surveillance

PLAN



CHECK



REVIEW



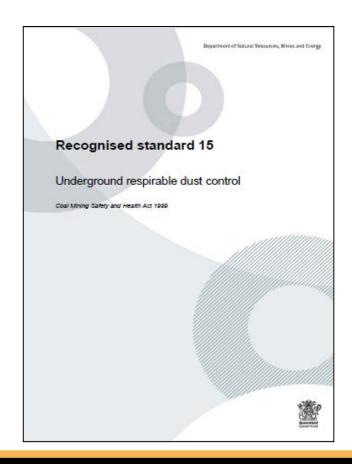


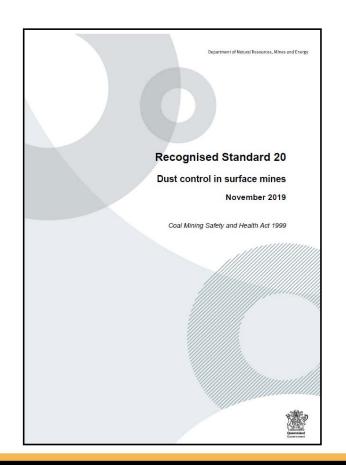
Key reforms

- Dust control recognised standards
- Risk based monitoring programs
- Dust data reporting requirements
- Mandatory & quality health surveillance



Focus on controls







RS 15 - Dust control in underground mines

Poly Curtain Spray





Enviromist System



Foam System



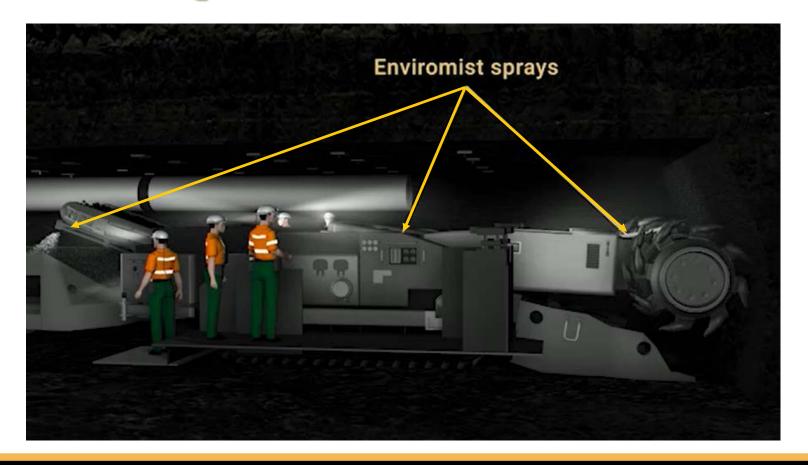




Poly curtain Spray



Enviromist system

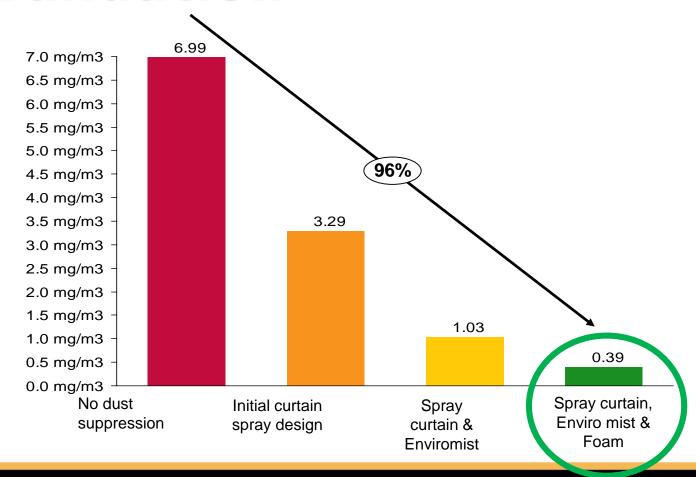




Foam System



Control validation



RS 20 - Dust control on surface coal mines





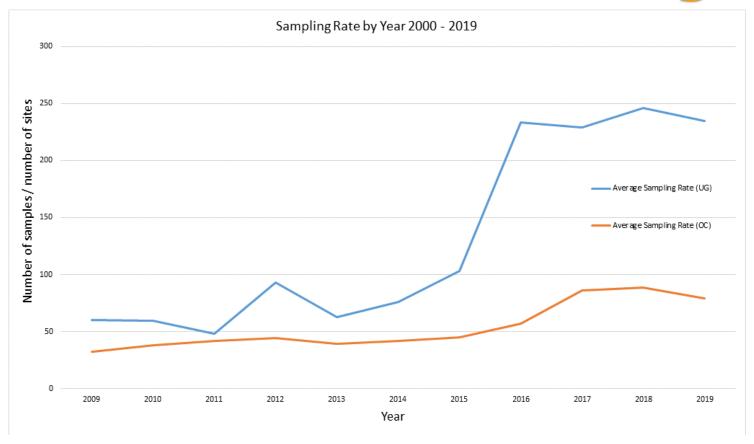


Field Maintenance: Portable LEV (pLEV)

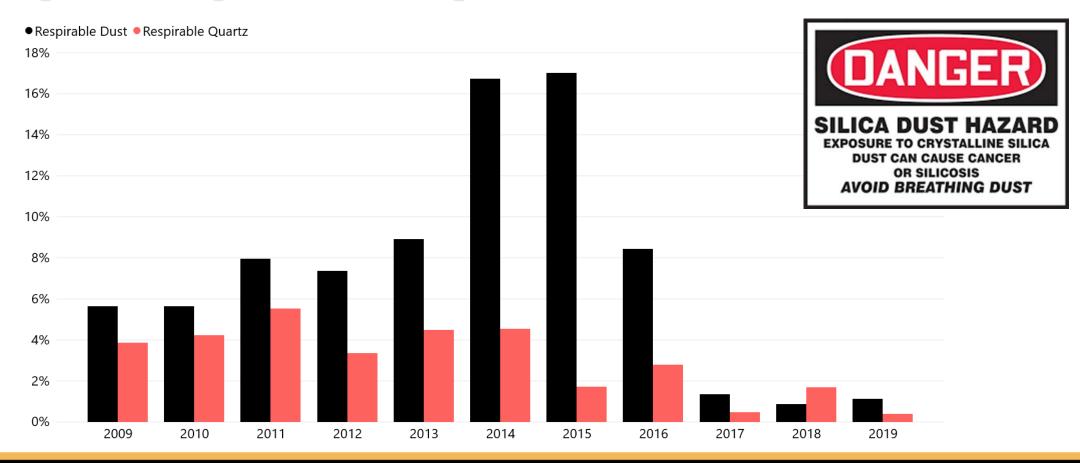




RS 14 - Risk based monitoring

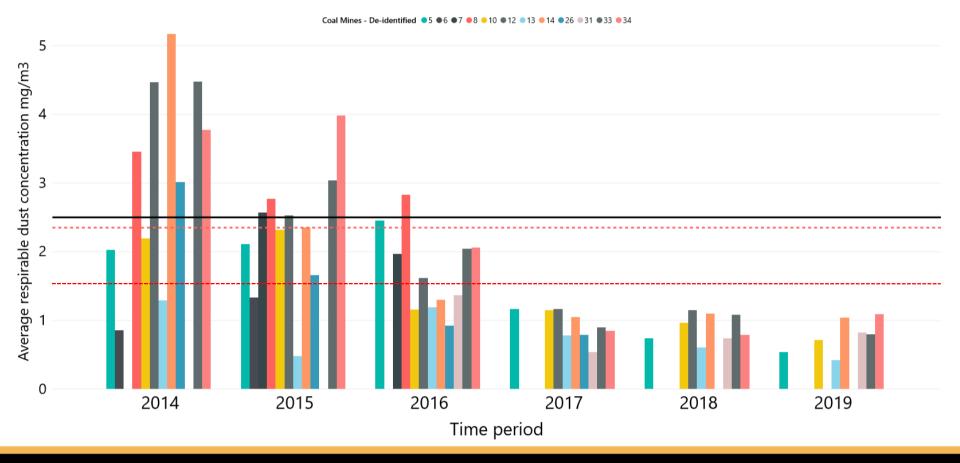


Every sample analysed for silica



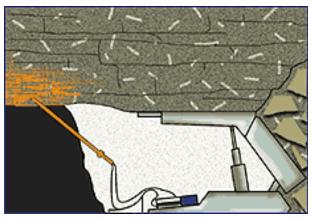


Reporting of Data



It doesn't stop with respirable dust!









Summary

- Dust monitoring is important
- Quality health surveillance is important

BUT

The key to disease prevention is dust control



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