

HEALTH MANAGEMENT

PROGRAM FOR QUEENSLAND

COAL INDUSTRY EMPLOYEES

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INTRODUCTION

Thank you for the invitation to inform you on the recently introduced 1993 Queensland Coal Industry Employees' Health Scheme.

As most of you will be aware, the 1993 Scheme replaced the 1982 Queensland Coal Miners' Health Scheme. The 1982 Health Scheme was developed after extensive consultation, and while that Scheme was very progressive for the period and a considerable amount of work went into its development and implementation, the Scheme did not adequately address certain health issues notably, continuing health management of coal industry employees.

Further, with the normal sunset provisions that exist in regulations, it was deemed necessary to fully review the effectiveness and appropriateness of the 1982 Health Scheme.

In addressing those issues, a Working Party comprising employer and employee representatives, health professionals and the Queensland Coal Board was formed in 1991, and it quickly ascertained that the following needed urgent attention:-

OHP 1

- * when the Scheme was introduced in 1982, all industry employees were deemed fit to continue in any duty without the necessity of undertaking a health assessment;

- * the 1982 Scheme primarily focussed on chest conditions almost to the exclusion of other life threatening conditions;
- * while the Scheme provided for on-going health assessments, little if any follow-up health assessments were undertaken, as those health assessments were voluntary provisions of the Scheme;
- * some of the prescriptive restrictions imposed by the 1982 Scheme discriminated against potential employees; and
- * the Scheme needed urgent updating because of changing opinion or better management of certain medical conditions.

Extensive intrastate and interstate consultation was undertaken by members of the Working Party. That consultation included employees and employers and their representatives, medical practitioners of the Joint Coal Board and the Queensland Health Department and those in private practice. In part, the consultation with the Joint Coal Board was necessary to ensure employment reciprocity between New South Wales and Queensland.

The Scheme which was published in the Queensland Government Gazette to have effect from 1st May, 1993, is a regulation issued pursuant to the *Coal Industry (Control) Act 1948-1978*. Therefore the 1993 Health Scheme provides a legal obligation on all persons who are effected by the Scheme to comply with the provisions of the Scheme. At this stage, I would like to add that in this era of de-regulation, I personally do not have a problem with good regulation as I believe that regulations have provided the basis for the sound dynamic development of the mining industry of this State over the last 100 years.

The 1993 Scheme provides for the following:

Its purpose is to provide for the health assessment of entrants to the Queensland coal mining industry and for the regular health assessment of all employees in the Queensland coal mining industry.

OHP 2

Its objectives are to -

- * *ensure entrants to the coal mining industry are fit to undertake their specific duties without risk to themselves or others in the workplace;*
- * *ensure existing employees in the coal mining industry are fit to continue to perform their specific duties without risk to themselves or others in the workplace;*

- * *provide a means of early identification of those conditions or behaviours which may inhibit an employee's ability to perform specified duties without risk to themselves or others;*
- * *provide, over the medium and long term, extensive and reliable health and lifestyle information; and*
- * *provide a heightened employee and employer awareness of the individual and collective benefits of workplace health screening and monitoring.*

To achieve those objectives the Health Scheme provides for:-

Greater Accountability

Overall responsibility for the health management of industry employees is the province of a Nominated Medical Adviser. A Nominated Medical Adviser (NMA) is a qualified medical practitioner, preferably with expertise in occupational health, who has been nominated by a specific mining operation and approved by the Queensland Coal Board.

OHP3

There are only 17 NMAs covering the total workforce of approximately 10 000 employees in the State. The appointment of a NMA is for a maximum of two years with subsequent period of renewal for two years. The NMA must have first-hand knowledge of the scope and tasks performed on the mining operations to which he/she is appointed. All NMAs have undertaken a training session provided by the Queensland Coal Board.

Under the 1982 Scheme, in excess of 80 medical practitioners were authorised to classify the fitness of coal industry employees and entrants. There was no requirements for these doctors to have first-hand knowledge of the coal mining industry.

It is history that some of those medical practitioners had no particular interest in ensuring that potential employees were capable of undertaking the arduous duties required of certain categories of coal miners.

Responsibility for Health Screenings

The new Scheme provides that the initial health screening of an entrant can be undertaken by any registered medical practitioner. It also provides that the total or partial health screening of an employee, as well as being undertaken by a medical practitioner, may be undertaken by a suitably qualified health professional eg. in respect of a total health screening it could be undertaken by an occupational health nurse, or in respect of a partial health screening by a person suitably qualified in a specific function (eg. hearing or sight testing). However, in all cases where the health assessment is undertaken by someone other than the NMA the clinical findings must be forwarded to the NMA for review, as the NMA is the only person authorised to determine an entrant's or employee's fitness for specific work duties. The NMA will provide a report to management on the fitness of an entrant or employee to undertake work duties and if that entrant or employee should be excluded from certain tasks. That report does not contain any medical information.

The Scheme requires that all entrants to the industry undertake a health assessment to determine their fitness to undertake work duties prior to them commencing work, and if an x-ray is necessary within three months of commencing employment. An entrant is defined as any person whose principal place of employment will be at a coal mine and whose employer is respondent to the coal mining industry awards. As the Scheme's intention is to cover career-orientated industry employees, persons who are excluded from the Scheme would include QATB officers, outside security company employees of the type previously employed by Blair Athol and certain contractors. Those contractors excluded from undertaking health assessments are persons who are engaged for short periods of time to undertake a specific task. Contractors who are most certainly covered include employees of mining contracting companies of the likes of Thor Industries, and Leo & Green who operate in the West Moreton area.

In respect of employees, the Scheme requires they must undertake a regular health assessment to ensure that they are fit to undertake specific work duties. A maximum period of five years between health assessments is provided by the Scheme, but it is understood that some companies have introduced yearly assessments.

OHP4

While the 1982 Scheme required that all persons undertake a chest x-ray, the current Scheme is more selective. The following categories of persons must undertake a chest x-ray, however, the Board is aware that some mining operations insist on all employees undertaking chest x-rays.

The people who must undertake chest x-rays are:-

- * those who work or will work in an underground mine;
- * those working in an environment where the NMA is concerned with their level of exposure to dust; and
- * those whose occupational or medical history or clinical findings suggest that a chest x-ray is warranted.

What is included in the Health Assessment of Entrants and Employees

The health assessment of entrants and employees seeks information on an individual's occupational and medical history. It provides for examinations of eyes, ears, heart and lungs. An individual is also examined for conditions affecting the urine, abdomen, back, limbs and skin. In the case of employees, it also seeks information on life style that could adversely affect an individual's health and fitness.

The Scheme also provides for positive feedback to an employee on areas to improve the individual's health, and therefore to be a continuing productive employee.

The Scheme has medical standards for guideline purposes. Those standards are descriptive and therefore leave the final determination on a person's fitness in most cases to the NMA. Accordingly, the NMA needs to apply his medical judgement and knowledge of the environment of the mining operations before classifying any person either fit or unfit to undertake specific work duties.

In an endeavour to improve the exchange of knowledge between NMAs and clarify potential inconsistencies in the application of standards by the NMAs, the NMAs held a meeting in Brisbane on 22nd August, 1993. It is understood that future regular contact will be maintained between the NMAs. The NMAs' meeting gave the Queensland Coal Board the opportunity to provide positive feedback on the results of audits of health assessments, including the chest x-rays, undertaken by or on behalf of NMAs. It is expected that this forum of NMAs will provide the basis for the continual review of the medical standards. This will ensure that one of the problems with the 1982 Scheme, which contained obsolete medical standards prior to its repeal, is not repeated.

Some Results to Date

- * The QCB has undertaken 100% sampling of the health assessment Forms by the NMAs. Approximately 500 health assessments have been lodged with the Board since 1st May, 1993. The majority of those health assessments relate to pre-employment medicals.

This sampling has indicated some slight inconsistencies in the completion of the Forms which has been discussed with the individual NMAs concerned and provided collectively to all NMAs.

- * Some NMAs have upgraded their equipment to ensure that consistently accurate results are obtained. Equipment being purchased include spirometry and x-ray machines.

- * A number of entrants have been classified unfit because of medical or lifestyle conditions.
- * A number of entrants previously classified unfit and who have sought treatment or have changed their lifestyle have subsequently declared fit for any position. (This refers particularly to ex-Cook employees.)
- * The QCB has developed a computerised information storage system which allows for all health assessment data to be electronically stored. This information on disc will be returned to the NMAs. This will enable NMAs to undertake assessment of comparative data and in addition will enable bona fide health researchers to analyse data on an industry wide basis. The Board has been informed that this facility to analysis the health of a total industry is unique in this country. Extensive interest has already been shown by the medical profession in relation to this matter. Naturally, an individual's confidentiality will be a major consideration before the Board approves any outside research project.
- * The Joint Coal Board undertakes independent assessment of x-rays to ensure that Queensland standards are consistent with Australian and international standards for the classification of pneumoconiosis.
- * The establishment of NMAs network which provides the QCB with an avenue of providing information to the NMAs and the mines.

Conclusions

If the continuing interest in achieving the objectives of the Health Scheme are maintained by the health professionals and management, the following long term benefits will be realised:

OHP5

- * the detection of deterioration in health before effects are chronic;
- * the promotion of health programs that improve fitness and the acknowledgement by employees and management of the benefits of those programs;
- * an improvement in the health and fitness of employee. This should result in improved quality of life, increased productivity and reduction in absenteeism;
- * the classification of unfit persons. This will result in better management of the risks involved and there should be a reduction in injuries and compensation payments and insurance;
- * the identification of industry trends that require specific health promotion by mine management; and
- * the support of health related research by other agencies such as the Inspectorate, SIMTARS, Workers' Compensation Board and universities.

ISSUES IN 1982 COAL MINERS' HEALTH SCHEME REQUIRING ATTENTION

- * When the Scheme was introduced in 1982, all industry employees were deemed fit to continue in any duty without the necessity of undertaking a health assessment;
- * the 1982 Scheme primarily focussed on chest conditions almost to the exclusion of other life threatening conditions;
- * while the Scheme provided for on-going health assessments, little if any follow-up health assessments were undertaken, as those health assessments were voluntary provisions of the Scheme;
- * some of the prescriptive restrictions imposed by the 1982 Scheme discriminated against potential employees; and
- * the Scheme needed urgent updating because of changing opinion or better management of certain medical conditions.

THE 1993 HEALTH SCHEME OBJECTIVES

- * Ensure entrants to the coal mining industry are fit to undertake their specific duties without risk to themselves or others in the workplace;
- * ensure existing employees in the coal mining industry are fit to continue to perform their specific duties without risk to themselves or others in the workplace;
- * provide a means of early identification of those conditions or behaviours which may inhibit an employee's ability to perform specified duties without risk to themselves or others;
- * provide, over the medium and long term, extensive and reliable health and lifestyle information; and
- * provide a heightened employee and employer awareness of the individual and collective benefits of workplace health screening and monitoring.

1993 QUEENSLAND COAL INDUSTRY EMPLOYEES' HEALTH SCHEME

**MINING OPERATIONS AND NOMINATED
MEDICAL ADVISERS**

OPERATION	NMA	APPROX. NUMBER OF EMPLOYEES
Goonyella/Riverside Peak Downs	Graeme Rowles Moranbah	1 850
Gregory Oak Creek Crinum	Ed Foley Capella	1 175
Saraji Norwich Park	Robert Choong Dysart	1 150
Gordonstone Curragh	Keith Adam Brisbane	1 000
Collinsville Newlands	Roger Marston Townsville	970
German Creek	M. Smyth Middlemount	730
Moura	Geoff Belonogoff Moura	675
New Hope Oakleigh Ebenezer Jellinbah Ensham	Toby Ford Brisbane	570
Blackwater	G. Ross Blackwater	525
Callide	Alan Baker Biloela	400
Blair Athol	Mary Dunne Clermont	320
Meandu	Brad Butwell Kingaroy	280
South Blackwater	David Eaton Brisbane	150
Rhondda	V. Efstathis	110
North Goonyella	Peter Fenner David Parker	80
Burgowan	Graeme Aldridge Maryborough	14

RESPONSIBILITIES

MINE MANAGER

- * Nomination of Nominated Medical Adviser
- * Development of Plan for On-going Health Assessment of Employees (with NMA)
- * Ensure all Persons have Current Health Assessment (under Queensland Coal Industry Health Scheme and Department of Minerals and Energy Requirements)
- * Liaise with NMA regarding Placement of Employee with Restrictions
- * Payment of Bills

NOMINATED MEDICAL ADVISER

- * Health Management of Employees
- * Liaison with Employees and Management
- * Arranging Entrants Health Assessments
- * Review and Classification of Fitness of all Entrants and Employees
- * Instructing Examining Medical Officers (if necessary)
- * Identification of Health Trends in Workplace
- * Determining who will have Chest X-rays in addition to Underground Employees

QUEENSLAND COAL BOARD

- * Administration of Health Scheme
- * Approval of Nominated Medical Adviser
- * Capture and Provision of Data

PERCEIVED LONG-TERM BENEFITS

- * The detection of deterioration in health before effects are chronic;
- * the promotion of health programs that improve fitness and the acknowledgement by employees and management of the benefits of those programs;
- * an improvement in the health and fitness of employees. This should result in improved quality of life, increased productivity and reduction in absenteeism;
- * the classification of unfit persons. This will result in better management of the risks involved and there should be a reduction in injuries and compensation payments and insurance;
- * the identification of industry trends that require specific health promotion by mine management; and
- * the support of health related research by other agencies such as the Inspectorate, SIMTARS, Workers' Compensation Board and universities.