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National Minerals Industry Perspectives on Occupational Health Issues

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ILO estimate of global work-related deaths in 2000

- 1.9 – 2.3 million fatalities

- 355,000 accidents

- 1,574,000 diseases

- 158,000 commuting

Work-related deaths in Australia

- In Australia in 2001-02 there were 2200 work-related deaths

  vs

- 1750 deaths from road accidents*

* Mr Jerry Ellis, Chairman, NOHSC at "*Australian OHS Regulation for the 21st Century*" conference, 21 July 2003

Australian minerals industry 2002-03

- 12 fatalities from traumatic injury.

- But how many work-related fatalities and injuries are related to disease?

MCA Safety & Health Vision

An Australian minerals industry free of fatalities, injuries and diseases

MCA S&H Committee - Role

- Identify and prioritise industry safety and health issues;

- Develop and implement S&H policies and action plans to address priority issues;

- Provide timely and relevant information on S&H performance and S&H improvement initiatives

S&H Committee - Key Goals

- Continuous improvement;

- Recognition of excellence;
  (*MINEX and Innovation awards*)

- Provision of authoritative data;
  (*annual S&H Performance Report*)

- Promotion of the industry's S&H
  achievements.

Categories of occupational health issues

1. Issues of potentially high consequence with long periods of latency – *cancers, respiratory diseases associated with exposure to substances (eg silica, asbestos, coal dust);*

2. Traditional health issues for which there are interventions known to be effective but poorly implemented – *noise induced hearing loss, exposure to hazardous substances*;

3. Traditional health issues for which interventions are known to be effective and quite well implemented – *heat illness*;

4. Multi-factorial issues requiring new interventions – *fatigue/fitness for duty, occupational stress.*

Health priorities

- Musculo-skeletal disease

- Exposure to hazardous substances

- Noise-induced hearing loss

Challenges in focussing on occupational health

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- No consistent monitoring/reporting of health exposures/impacts;

- Lack of comprehensive and consistent data across the industry and jurisdictions;

- Analyses of available data have been *ad hoc* and not easily accessible;

- Difficulty in tracking the health of individuals moving between jurisdictions, companies and industries;

- Long latency periods associated with some illnesses;

- Difficulty in establishing causation due to masking by community health, lifestyle and other factors.

Focus of MCA effort

- Data and analysis

- Risk assessment

- Practical guidance

- Performance indicators

Focus 1 - Data analysis

- To understand what health surveillance data is currently collected and ability to consolidate.

- Potential to align types of information being collected for analysis and reporting could be done.

Focus 2 - Risk assessment

Determine how health risks can be assessed as part of risk assessments:

- Identify how chronic health effects can be rated compared to traumatic injuries;

- How consequences can be defined;

- What leading companies are using.

Focus 3 – Practical guidelines

Determine what practical guidance is available to control health risks:

- For many health impacts – such as noise, dust – extensive standards and guidance available;

- For emerging issues – eg stress, fatigue management – may need more practical guidance;

- Try to understand how these guidelines can be promoted and used more widely in industry.

Focus 4 – Performance indicators

Identify key/leading performance indicators (KPIs) to track exposures and early indicators of illness disease

- Can't rely on counting the cases - too late

- Need to identify leading indicators of risk

- Measures of effectiveness of controls

- Practical KPIs to monitor health status

In summary – current health objectives and activities

- Identify and survey existing data sources on the health of workers;

- Identify the tools and practices for the risk assessment of health issues;

- Collate and share guideline information on priority health issues;

- Identify and promote appropriate performance indicators for priority health risks.

- **Align national and international activities in relation to health.**