QUEENSLAND MINING INDUSTRY
HEALTH AND SAFETY CONFERENCE 2003

National Industry Perspectives on Occupational Health Issues
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Safety and health is the number one priority of the Minerals Council of Australia (MCA). In pursuit of its vision of an Australian minerals industry free of fatalities, injuries and diseases, the MCA implements a comprehensive work program with a focus on leadership, recognition, performance measurement and reporting, identifying best practice and promoting continuous improvement.

The MCA through its Safety and Health Committee encourages and facilitates the Australian minerals industry achieve excellence in safety and health performance and its terms of reference are to:

- Identify and prioritise industry safety and health issues;

- Develop and implement a Council safety and health policy and action plan to address priority issues and to support the Council's safety and health leadership role;

- Recognise safety and health excellence achieved by the industry;

- Provide timely and relevant information on safety and health performance and safety and health improvement initiatives;

- Foster the safety and health initiatives developed through the Committee and the Council into the minerals industry;

- Promote the safety and health achievements of the industry to the community;

- Examine and report on such matters as may be requested by the MCA Executive Committee; and

- Provide representation, as appropriate, to other bodies on safety and health issues on behalf of the Council.

In 2002, recognising that the primary focus of the MCA safety and health leadership program had been on safety and the elimination of fatalities and injuries, the MCA agreed that a key future priority would be to increase the profile given to health issues.

Key reasons for a focus on health included:

- The lack of comprehensive and consistent data across the industry;

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

- The long latency periods associated with some illnesses;

- The difficulty in establishing causation due to masking by community health, lifestyle and other factors

Previous work by the MCA had indicated health issues could be categorised into four distinct groups:

- issues of potentially high consequence with long periods of latency, which from the incidence of cases appear to be under control – cancers, respiratory diseases associated with exposure to substances such as silica, asbestos and coal dust;

- traditional health issues for which there are interventions known to be effective but which may not be implemented consistently – noise induced hearing loss, exposure to hazardous substances;

- traditional health issues for which there are interventions known to be effective and which are generally quite well implemented – heat illness from exposure to heat, sunlight, and humidity;

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

An attempt to prioritise health priorities was limited by the availability of comprehensive and consistent data and the need to rely on anecdotal information.

To give impetus to the MCA's focus on health, a Health Working Group has been established to identify the key health risks in the minerals sector, provide advice on the most practical guidance available in addressing these risks and explore a possible framework for the ongoing monitoring and reporting of health performance within the minerals industry.

The key elements of the Health Working Group's plan of action are to:

- Survey available data collections on the health of workers – the intention is to build a compendium of the important sources of health data for workers in the minerals industry, including an indication of the data collected and any key findings based an analysis of specific data sets. The data bases to be surveyed will include relevant regulatory agencies and workers compensation bodies in WA, Queensland and NSW, the National Occupational Health and Safety Commission as well as company data;

- Identify the different approaches to health risk assessment and the tools currently available or under development – It is considered important to determine how health risks can be given adequate attention within an overall risk assessment process and identify how chronic health effects can be rated compared to traumatic injuries;

- Collate available data on the known health risks in the industry and on the existing controls used to eliminate/minimise health risks - The initial health issues to be the focus of the Health Working Group are musculo-skeletal disorders including vibration, noise induced hearing loss and exposure to hazardous substances.

- Collate and share guideline information on priority health issues – In most cases the MCA will not be developing guidelines to address health issues, as there is no shortage of information and guidance already available on the public record. What is needed is to identify those guidelines which best meet the practical needs of mining operations; and

- Identify and promote appropriate performance measures for priority health risks - Priority will be given to working towards a suite of performance measures (lead and lag) to report on health issues and trends. Performance measures are also receiving attention from the Health and Safety Taskforce of the International Council on Mining and Metals (ICMM) and the MCA will ensure that its activities are aligned with those of the ICMM's work program on health.

The focus of the MCA on health is very much a work in progress with the clear objective of:

- Identifying the priority health issues for the minerals industry;
- ensuring health is given adequate attention in company risk assessments;
- identifying and promoting practical guidance information for key health priorities;
- developing a suite of key health performance measures/ indicators as a basis for monitoring and reporting.

The overall objective of this work is to assist the industry to manage occupational health issues effectively and be able to report on trends as we currently do for fatalities and injuries in our industry. Until we have the ability to monitor our performance across the industry we will not in a position to say that we as an industry are addressing the occupational health of our workers.