



CS Health

Order 43

Information for employers in the NSW coal industry

June 2018

The NSW coal industry health surveillance scheme

Order 43 to take effect from 1 July 2018

Since it was introduced in February 2011, Order 41 has provided a clear set of guidelines for industry in regard to the completion of health assessments, and is widely recognised as a key part of the NSW coal mining health and safety scheme.

However, the re-identification of coal workers' pneumoconiosis (CWP) led to a review of the Order. The focus of the review was to strengthen the Order to ensure that is consistent with other legislation and that it continues to provide ongoing protection for the health of NSW coal workers.

The Coal Services Board has approved changes to health monitoring requirements for NSW coal mine workers. The new order under the *NSW Coal Industry Act 2001* will come into effect on 1 July 2018.

It replaces Order 41 and will be known as Order 43.

This information pack includes:

- NSW legislation
- Monitoring workers' health
- Frequently asked questions
- Contact details

NSW legislation

Under the *NSW Coal Industry Act 2001*, Coal Services is tasked with executing NSW Government Orders 34 (training), 40 (dust abatement), 41 (health monitoring) and 42 (dust monitoring) to work with coal mining companies on dust mitigation and control techniques and health surveillance.

It is a requirement that performance is monitored in line with regulations and the results are reported back to industry.

The Orders ensure that workers are properly trained in health and safety, dust is monitored and managed appropriately to the exposure standard, and that workers' health is periodically monitored to ensure that those systems remain effective.

In the NSW coal mining industry the enforced regulation of dust monitoring and health surveillance continues to help protect NSW coal mine workers from developing occupational illnesses such as coal workers pneumoconiosis or black lung disease.

Monitoring workers' health

As most occupational illnesses take many years to develop, regular health surveillance allows for early detection and intervention with the goal of ensuring that workers can continue to work safely.

A pre-placement medical assessment is required before an individual commences work or changes roles in the NSW coal industry. This includes a chest x-ray for new entrants to the industry. The medical and chest x-ray serve as a baseline for future health surveillance.

In NSW, every coal worker must undergo periodic health surveillance (known as a periodic medical assessment) every three years.

The periodic medical assessment focuses on a range of occupational health issues including dust, noise, fatigue and vibration. It also includes an assessment for general health issues that may arise from workplace exposure including an assessment of the cardiovascular system, general health issues, mental health, musculoskeletal issues and alcohol use.

The periodic medical assessment ensures that workers' ongoing health is protected and monitored for any adverse health risks as a result of their employment.

Order 43

Frequently asked questions

What is Order 43?

Coal Services Health Monitoring Requirements for Coal Mine Workers Order No. 43 (Order 43) builds on the processes and systems that were established under Order 41 to protect the health and safety of workers in the NSW coal industry.

Order 43 replaces Order 41 and will come into effect on 1 July 2018.

Why has Order 43 been introduced?

Our goal is to ensure that the health surveillance program in NSW continues to deliver the best possible evidence based outcomes for coal workers.

The re-identification of coal workers' pneumoconiosis (CWP) led to a review of Order 41. The focus of the review was to strengthen the Order to ensure that it is consistent with other legislation and that it continues to provide ongoing protection for the health of NSW coal workers.

Were there issues with Order 41?

Not at all.

The re-identification of coal workers pneumoconiosis (CWP) in the coal mining industry prompted CS Health to commission independent reviews of the NSW health surveillance scheme for coal workers (Order 41) to ensure that it had none of the systemic issues identified in the Queensland system that led to a failure to identify cases of CWP in workers.

The reviews compared the content of the Order 41 medicals against what would be considered best practice in the health surveillance setting to manage issues such as dust-related disease and other occupational health risks. While the reviews verified the quality and strengths of the systems that have successfully safeguarded against occupational disease, a number of recommendations were made. These recommendations have been, or are currently being, implemented. This follows consultation with industry and expert medical authorities.

What are the key differences between Order 41 and Order 43?

Medical components

Many of the components of the pre-placement and periodic medical assessments remain the same under Order 43, though the following components have been added:

- Increased frequency of chest x-rays: underground coal workers must undergo a chest x-ray every three (3) years; open cut workers involved in the production, processing or maintenance of coal must undergo a chest x-ray every three (3) years; workers with a history of hazardous dust exposure must undergo a chest x-ray every three (3) years. Other workers will undergo a chest x-ray every six (6) years.
- Respiratory FIT testing now forms part of the pre-placement and periodic health surveillance assessments as a proactive step in protecting workers' health and providing ongoing education in the use of personal protective equipment.

Introduction of an exit medical assessment

In addition to the pre-placement and periodic medical assessments, Order 43 also includes an Exit Medical Assessment.

Who may perform Order 43 medicals and provide reports

As part of the more robust health surveillance scheme, there are also important changes relating to who is able to perform Order 43 medicals and provide relevant reports:

- Order 43 pre-placement medicals may only be performed by an 'approved medical practitioner'
- Order 43 periodic medicals may only be performed by an approved medical practitioner (as above) or a registered nurse supervised by an approved medical practitioner. The nurse must be registered by the Nursing and Midwifery Board of Australia and have completed an approved course in audiometry and spirometry
- Respiratory FIT testing as part of the pre-placement and periodic health surveillance medicals may only be performed by a registered nurse
- Chest x-ray reports must only be prepared by an approved radiologist in accordance with the International Labour Organisation (ILO) International Classification of Radiographs of Pneumoconioses
- Upon completion, all pre-placement medical reports will be submitted by the medical practitioner to CS Health and a copy forwarded to the employer. Periodic health surveillance certificates will be submitted to CS Health, the employer and the worker. The worker will also receive a copy of the chest x-ray report.

Provision of worker lists

Under Order 43, employers are required to supply a list of their employees every 12 months to CS Health to ensure all workers who are due for a periodic health surveillance assessment are properly notified.

This process has been in place for some time, however; it is now a formal requirement designed to assist both employers and CS Health to better monitor workers' health.

When must coal workers attend for Order 43 medical assessments?

The frequency of medicals has not changed.

Order 43 requires that coal mine workers complete their pre-placement medical assessment prior to commencing work in a coal operation.

Every coal worker must undertake the periodic medical assessment:

- every three (3) years from the coal worker's pre-placement medical assessment carried out under the Order, or not more than three (3) years from when they commenced work, whichever is earlier; and
- no more than every three (3) years after that.

What are the components of the pre-placement medical assessment?

For the most part, the pre-placement medical assessment remains the same and includes the following:

Existing components	New or changed components
<ul style="list-style-type: none">• Detailed work history• Detailed medical history• Spirometry and a review of the respiratory system, including the completion of a standardised respiratory questionnaire based on the MRC(UK) Respiratory Questionnaire 1986• Hearing assessment, including audiometry	<ul style="list-style-type: none">• Respiratory FIT-testing• Increased frequency of chest x-ray (where the applicant has the chance of potentially hazardous exposures to coal or silica dust, unless an x-ray has been completed in the previous three (3) years)

<ul style="list-style-type: none"> • Vision assessment, including visual fields and colour vision • Full musculoskeletal assessment • Cardiovascular risk assessment • Blood pressure assessment • Urinalysis • Body Mass Index (BMI) • Waist/Hip ratio • Doctor's clinical examination and general health review, including tobacco smoking history, alcohol consumption and physical activity • Neurological examination with particular attention to sensory or balance disorders, including the Rhomberg test for balance • Review of any previous chest x-rays • Doctor's assessment of the overall fitness of the applicant 	
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What are the components of the periodic medical assessment?

For the most part, the periodic medical assessment remains the same and includes the following:

Existing components	New or changed components
<ul style="list-style-type: none"> • Detailed work history • Detailed Medical History • Spirometry and a review of the respiratory system, including the completion of a standardised respiratory questionnaire based on the MRC(UK) Respiratory Questionnaire 1986 • Hearing assessment, including audiometry • Vision assessment, including visual fields and colour vision • Blood pressure assessment • Urinalysis • Cholesterol check (non-fasting) • Blood sugar level • Body Mass Index (BMI) • The Kessler Psychological Distress Scale (K10) • The Epworth Sleepiness Scale (ESS) • The Alcohol Use Disorders Identification Test (AUDIT) • Cardiovascular risk assessment • Hazard exposure questionnaire • Work related skin disease questionnaire • Musculoskeletal questionnaire • Review of any previous chest x-rays • Conclusions and recommendations 	<ul style="list-style-type: none"> • Respiratory FIT-testing • Increased frequency of chest x-ray (where the applicant has the chance of potentially hazardous exposures to coal or silica dust, unless an x-ray has been completed in the previous three (3) years)

What are the components of the Exit Medical Assessment?

The exit medical assessment will be comprised of the components for a periodic medical assessment, with the exception of respiratory FIT testing.

Why have exit medical assessments been introduced?

Employers must ensure that an exit medical assessment is offered to each worker who is retiring or otherwise ceasing work. This is to ensure that any conditions that may impact on the worker's health in retirement are identified and an appropriate course of action is implemented.

Why has respiratory FIT testing been added to the medicals?

Respiratory FIT testing has been an optional extra to both pre-placement and periodic medicals for some time, however; including FIT testing as a regular component in the Order 43 medical process is a proactive step in protecting workers health and providing ongoing education in the use of personal protective equipment.

Under the Order 43, respiratory FIT testing may only be performed by a registered nurse.

Australian/New Zealand Standard AS/NZS 1715:2009 Selection, use and maintenance of respiratory protective equipment states that FIT tests should be performed at appropriate intervals, particularly when there is a change in the wearer's facial characteristics, e.g. loss of teeth or excessive changes in weight, or where biological tests, e.g. lead in blood, indicate excessive exposure to a contaminant. It further states that facial fit tests should be adopted as a routine when any close fitting protection is being worn.

What are the new requirements for chest x-rays?

Order 43 increases the frequency of chest x-rays for coal workers as follows:

Pre-placement chest x-rays

- A pre-placement chest x-ray is required for all workers on entry to the NSW mining industry. Existing workers who are changing roles are not required to undergo a chest x-ray.

Periodic chest x-rays

- Underground coal workers must undergo a chest x-rays every three (3) years or at a shorter interval if indicated in their last medical;
- Open cut workers involved in the production, processing or maintenance of coal must undergo a chest x-ray every three (3) years or at the interval recommended in their last medical;
- Workers with a history of hazardous dust exposure must undergo a chest x-ray every three (3) years;
- Other workers must undergo a chest x-ray every six (6) years.

Why has the frequency of chest x-rays changed?

CS Health has been in discussions with a leading Professor from The Thoracic Society of Australia and New Zealand to gain their expert view on strengthening the NSW health surveillance scheme. The advice recommended a review of the frequency of chest x-rays for coal workers, increasing the frequency from six to three years.

This follows the consensus of professional respiratory and health organisations that more frequent chest x-rays should be completed for coal miners.

This is in part based on changes to what may have been considered the ‘traditional’ development of coal workers dust disease. Once considered to have a long latency period, recent experience has indicated that workers with much less coal mining work history may be at risk of developing the disease. Overseas and in Australia it has been reported that workers with 10 years or less work history have shown signs of simple CWP.

The current recommendations for chest x-rays frequency include:

- The World Health Organisation: Every 2 – 5 years
- The Thoracic Society of Australia and New Zealand: Every 3 years
- Centers for Disease Control & Prevention: Every 2 – 5 years

Has the process for reading and reporting on chest x-rays changed?

In early 2017, CS Health introduced standard reporting that required all chest x-rays be read and reported against the ILO International Classification of Radiographs of Pneumoconioses. The ILO Classification of x-rays is a method of grading based on x-ray appearance. Prior to this, only chest x-rays showing signs of abnormality were reviewed and sent for secondary reporting against the ILO Classification. However; this measure was added as a standard feature to complement existing processes for coal worker health surveillance, including the practice of looking for any abnormalities – not just dust disease.

CS Health also implemented a process that all chest x-rays are only read and reported on by clinical radiologists listed on the Royal Australian and New Zealand College of Radiologists Coal Workers Pneumoconiosis Register.

Order 43 simply formalises these processes.

Who can perform Order 43 medicals?

The Order sets forth minimum qualifications for health professionals conducting the medical assessment. In the case of the pre-placement medical assessment, **an approved medical practitioner** must conduct the medical. In the case of the periodic medical assessment, an approved medical practitioner or **registered nurse** working under their supervision must complete the medical.

For the purposes of Order 43, an ‘**approved medical practitioner**’ is a doctor who:

- Is registered by the Medical Board of Australia
- Has completed the NSW Coal Industry Medical Induction Program
- Has provided an Annual Calibration Statement to Coal Services
- Has completed a course in spirometry interpretation
- Is listed on the Register of Approved Medical Practitioners that will be published on the Coal Services website

For the purposes of Order 43, a ‘**registered nurse**’ means a nurse who:

- Is a registered nurse (division 1) registered by the Nursing and Midwifery Board of Australia
- Has completed a course in audiometry
- Has completed a course in spirometry

What is the NSW Coal Industry Medical Induction Program and why was it introduced?

Recommendations arising from the Senate Select Committee Inquiry and the Queensland Parliamentary Inquiry were that medical practitioners performing health surveillance medicals be formally trained in the nature and conditions of the mining environment.

The NSW Coal Industry Medical Induction Program has been developed based on these findings to provide an understanding of the health risks associated with coal mining and to better equip medical providers to monitor workers' health for early detection of occupational disease.

The program will be run by Coal Services who will provide formal accreditation to participants on successful completion of all requirements.

The program will include:

- Information about the primary purpose of the respiratory component of the health assessment scheme, in particular health protection, prevention and early detection of coal miners dust disease.
- Information about the spectrum of coal miners dust diseases.
- How to conduct and interpret spirometry testing.
- Information about coal dust and silica exposure associated with the coal mining industry in NSW.
- An introduction to the mining environment with a focus on inspecting those jobs 'at risk of dust exposure'.
- Training on how to complete each section of the health assessment and identify any abnormalities.
- Training in the use of clinical guidelines for follow-up and appropriate referral in cases where respiratory abnormalities are found.

Must operators and employers use Coal Services to conduct medicals?

Employers do not have to use Coal Services to conduct their medical assessments.

In the case though where other medical providers are utilised, employers must ensure that they use an *approved medical practitioner* as outlined in the Order. Medical assessments completed by Doctors who are not on the approved list will not be accepted as they will not comply with Order 43.

Whose responsibility is it to advise other medical providers of Order 43?

CS Health is contacting medical providers who have performed Order 41 medicals in the past to notify them of the new requirements under Order 43.

Should coal operators or employers choose to utilise the services of a medical provider other than CS Health, it is their responsibility to ensure that their selected medical provider complies with the requirements of the Order.

An Order 43 information pack for medical providers is available from our website or contact Monique Roberts, Partnership and Innovations Manager on (02) 4948 3196 or email partnership_innovation@coalservices.com.au.

Are there new forms to be completed?

All paperwork that relates to the Order is being updated. These will be uploaded to the Coal Services website in readiness for implementation of the Order on 1 July 2018.

How are the results of the medicals submitted to Coal Services?

Coal Services is required by legislation to enter all medical assessment information into the NSW coal industry database.

All medical results must be sent by the medical practitioner to the CS Health Senior Medical Officer within four weeks of the completion of the assessment for inclusion in the Coal Services Health Industry Database. Where information is incomplete, the medical will not be

accepted and the paperwork will require resubmission after the incomplete areas have been addressed. Incomplete medicals do not comply with the requirements of Order 43 and place employers at risk of potential penalties.

The results must be provided in the form required by CS Health. These forms are available on the Coal Services website.

The medical results must be mailed to 'The Chief Medical Officer', Coal Services Pty Limited, PO Box 317 Singleton NSW 2330, or emailed to the 'Chief Medical Officer' at order43@coalservices.com.au

Does the employer receive a copy of the medical report?

All pre-placement medical reports will be submitted by the medical practitioner to CS Health and a copy forwarded to the employer. Periodic health surveillance certificates will be submitted to CS Health, the employer and the worker. The worker will also receive a copy of the chest x-ray report.

Will the cost of Order 43 medicals increase as a result of these changes?

Employers insured with Coal Mines Insurance are able to access Order 43 medicals as part of the NSW Health and Safety Scheme at no direct cost. The cost of these medical assessments is covered by Coal Services as part of the overall scheme, with a small percentage of premiums collected being used to service and administer the Orders currently in force for the NSW coal industry.

Employers who do not have a Coal Mines Insurance policy will see a small increase in the cost of medicals.

Should employers choose to utilise the services of another medical provider then it will be up to that medical provider to set the service fees.

Will operators and employers receive any reports from Coal Services on compliance to Order 43?

Under Order 43, employers are required to supply a list of their employees every 12 months to CS Health. CS Health will use this information to provide details on who is due to attend a periodic medical assessment and ensure workers are properly notified.

What penalties could operators and employers incur if they don't meet the requirements of Order 43?

The Order contains penalties for non-compliance. These penalties include a fine of up to 200 penalty points or \$22,000 for corporations and 50 penalty points or \$5,500 in the case of an individual. In any case of a breach of the Order the individual circumstances of the breach will be examined before determining any penalties to be incurred.

Contact us

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