STANDING COMMITTEE ON LAW AND JUSTICE
2018 REVIEW OF THE DUST DISEASES SCHEME

QUESTIONS ON NOTICE – icare

1)

Silicosis cases in NSW:

The Hon. TREVOR KHAN: We were allowed to, except for Mr Mookhey who could not be found. On those figures we have got silicosis of all causes at eight or nine a year. If Queensland can pick up 100— 10 times what we seem to be identifying in a year—perhaps my maths is wrong but less people live in Queensland. If they have found 100 in a year and we are picking up eight or nine, even with better long-term assessment, it strikes me that there is an inconsistency there in some way.

Mr NAGLE: If I may? I think possibly the best way to answer the question is to take it on notice and come back to you with some detail on what we have done about validating the testing regime that we have developed because it is done in consultation with medical advisors. We can have our chief officer respond to the question in more detail if you like.

ANSWER:

icare has been monitoring coverage of the incidence of new silicosis cases diagnosed in Queensland over the past year. In addition, icare engaged with WorkSafe Queensland and the Thoracic Society of Australia and New Zealand (TSANZ) in late 2018 to learn more about the commonalities and differences between the health monitoring programs offered in each jurisdiction. icare's understanding of the key differences between jurisdictions is detailed at **Tab A**.

There are currently no mandatory accreditation requirements for health monitoring service providers operating in NSW. This differs to Queensland, where from 19 March 2019 it will be mandatory for all health monitoring providers for the coal industry to be accredited by the TSANZ. Health monitoring must also comply with the "Standards for the Delivery of Spirometry for Coal Mine Workers (developed by TSANZ and the standards for lung function within this document appear to be based on those contained in the American Thoracic Society and European Respiratory Society "Technical Statements and Standard for Lung Function Testing". It is not believed that these requirements have been extended to health monitoring providers for other industries including those using manufactured stone.

In order to ensure a high level of service and quality of results icare has designed its health monitoring service to be compliant with the *Work, Health and Safety Regulation 2017* (NSW). In addition, icare applies the SafeWork Australia "Guidelines for Crystalline silica health monitoring" when providing health monitoring for workers exposed to silica.

icare lung function testing is performed by staff members with qualifications in Exercise Science and Rehabilitation, Clinical Physiology and Occupational Hygiene Practice. One staff member is a certified by the Australian and New Zealand Society of Respiratory Science as a qualified Respiratory Lung Function Scientist and is a member of TSANZ. Testing is conducted to the standards set out within the "Technical Statements and Standard for Lung Function Testing" published by the American Thoracic Society and European Respiratory Society.

While Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) testing is not currently recommended by the SafeWork Australia guidelines as a standard component of health monitoring, icare acknowledges that the Royal Australasian College of Physicians recommends DLCO testing for all workers who have reported use of manufactured stone.

To this end, icare health monitoring staff are trained to perform DLCO testing and do so in all cases where an abnormality was detected in the initial wholistic assessment by a respiratory physician. Workers with recent exposure to dust from manufactured stone are referred to the Medical Assessment Panel for a recommendation as to whether a DLCO should be performed.

Queensland recommends that x-rays be read by a “B reader”. The B reader examination was originally developed by the National Institute for Occupational Safety and health (NIOSH) to identify physicians qualified to service national pneumoconiosis programs in the USA directed at coal miners and others who suffered dust related illnesses. The B reader program aims to ensure competency in radiographic reading of x-rays and a pool of qualified readers with the skills and ability to provide accurate readings that comply with the International Labour Organisation classifications.

In this respect, icare can confirm that its health monitoring x-rays are read by radiologists with an interest/expertise in occupational dust diseases and report to the International Labour Organisation classifications standard. icare’s current health monitoring protocol includes a review of chest x-ray results by three medical specialists (screening doctor, radiologist and respiratory physician) in order to minimise worker exposure to unnecessary radiation, and possible elevated anxiety levels that often come with additional testing. If an abnormal finding is suspected a follow up CT scan is then requested, and the results are further assessed by the respiratory physician and later the Medical Assessment Panel.

icare would be happy to collaborate with relevant stakeholders, including the Medical Assessment Panel, TSANZ, the Australian and New Zealand Society of Occupational Medicine, and the Australasian Faculty of Occupational and Environmental Medicine, to review existing health monitoring guidelines to ensure that our program continues to adopt and apply international best practice.

TAB A

JURISDICTIONAL COMPARISON OF HEALTH SURVEILLANCE FOR SILICA

New South Wales	**Queensland**
Available to all current and former workers employed to work with crystalline silica, including manufactured stone.	Available to all current and former workers employed to work with manufactured stone products.
Employers can choose to have their workers screened: • On the "Lung Bus" on the employer's premises or location nearby • icare Clinic, 115 Pitt Street, Sydney • The employer can arrange their own tests through local providers (and forward test results to DDC health monitoring)	The statutory authority (WorkCover Qld) refers workers to their local GP for a referral for full chest x-ray.
The health monitoring consists of: • Consultation with a screening physician • Lung function test (spirometry) • A full chest x-ray	WorkCover Qld arranges: • lung function test (both spirometry and DLCO) • a full chest x-ray
X-rays are reported by a radiologist with an interest / expertise in chest disease including occupational dust diseases and ability report to the ILO standard.	X-ray results are read by a radiologist qualified as a B Reader
X-rays are reviewed by the screening doctor, radiologist and respiratory physician with lung function results reviewed by screening doctor and respiratory specialist. Further tests such as CT scans and DCLO are arranged as required.	Occupational physician conducts examination of worker and reviews x-ray and lung function results. Further tests, such as CT scans arranged as required.
Respiratory physician issues medical report for employer and worker containing outcome and recommendations	Occupational physician issues medical report for employer and worker containing outcome and recommendations
Workers receives their results within 24 hours	Worker receives their results within 24 hours
Workers suspected of having a silica related dust disease are assisted in making a claim for workers compensation	Workers suspected of having a silica related dust disease are assisted in making a claim for workers compensation
Workers with a history of prior exposure to silica but not yet presenting with a dust disease are recommended to attend ongoing health monitoring	Workers with a history of prior exposure to silica but not yet presenting with a dust disease are recommended to attend ongoing health monitoring
Health monitoring process can take up to **one month** to complete for each worker.	It is understood that the health monitoring process can take up to **five months** to complete for each worker (no one stop shop process).