



**Resources Safety & Health**  
Queensland

# Biannual Health Surveillance Report

October 2023

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*Disclaimer: The data contained within this report is point in time as at 30 June 2023. Due to the flow on effect of some reporting, changes may occur between reports as further information is received.*



## INTRODUCTION

Resources Safety and Health Queensland (RSHQ) advances its vision of zero serious harm by providing effective risk-based safety and health regulation and promoting improved health outcomes. This includes analysis and sharing of health surveillance data RSHQ collects.

The objective of reporting this information is to inform on the effectiveness of controls that aim to prevent health harms and to support RSHQ's risk-based regulatory activity. The report continues RSHQ's monitoring of occupational lung diseases (in particular, mine dust lung disease) and starts to broaden reporting to other health harms.

Previous reports have focused on mine dust lung diseases (MDLDs) and has highlighted trends in disease distribution across mine sector and mine type, focussing on work experience trends and cumulative exposure.

The last report introduced RSHQ's increased focus on the effective management of psychosocial hazards, in particular sexual assault and sexual harassment in the workplace.

This report expands upon the discussion of these topics and how ResHealth will assist RSHQ in promoting improved health outcomes. The key findings from this report include:

- 25,000 health assessments for coal mine workers have commenced in ResHealth since 1 April 2023.
- Over 220 workers' compensation claims have been accepted across industry related to psychosocial hazards over the last five years.
- Incidence of MDLDs continues to increase, driven by uptake of free lung checks offered to retired and former workers.
- Chronic obstructive pulmonary disease (COPD) remains the most common MDLD diagnosed across all sectors for both current and former workers.
- For 2022-23, the majority of pneumoconioses diagnosed were silicosis among mineral mine and quarry workers.

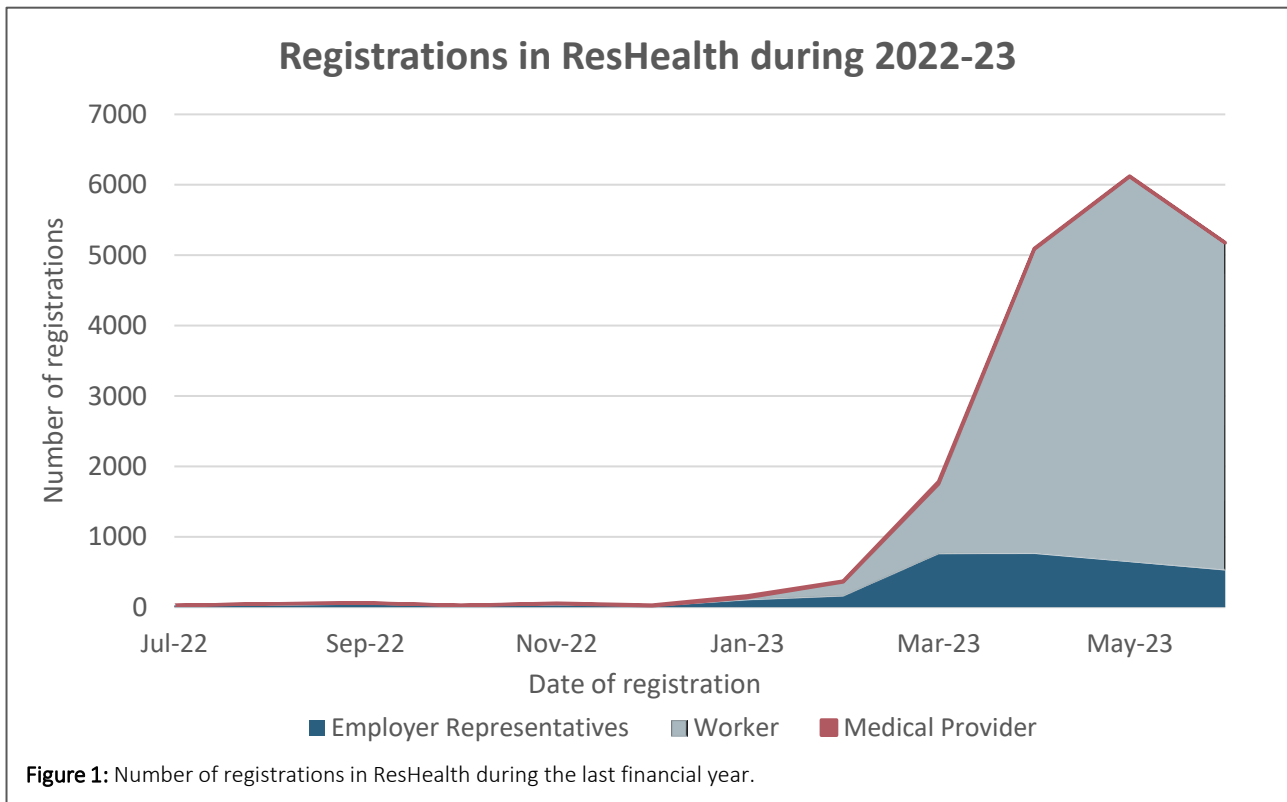
Reports or complaints of sexual harassment and assault can be made via RSHQ's dedicated phone line – 1300 581 077, or by emailing a completed [complaint form](#) to [complaints@rshq.qld.gov.au](mailto:complaints@rshq.qld.gov.au).

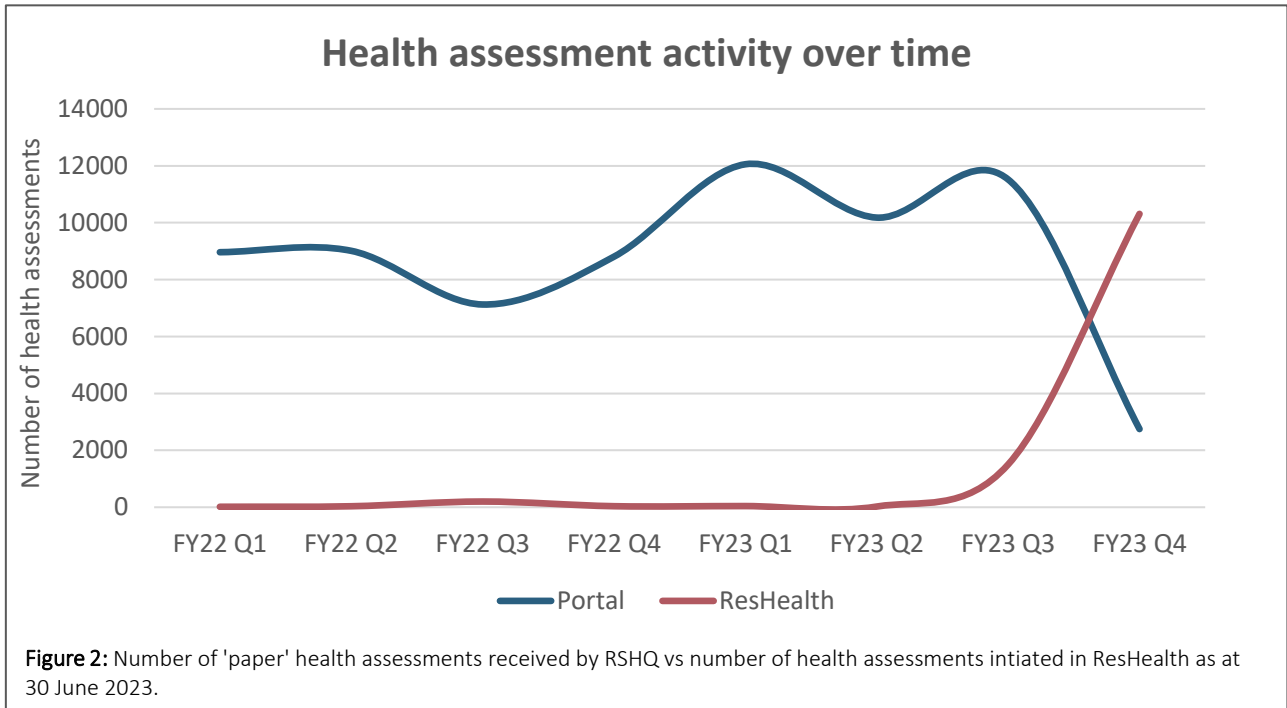


ResHealth is the new online platform for health assessments completed under the [Coal Mine Workers' Health Scheme \(CMWHS\)](#). This system allows for employers, workers, and medical providers to complete coal mine worker health assessments in a secure online environment. Since 1 April 2023, all coal mine worker health assessments must be commenced on ResHealth. The ResHealth platform will also enhance RSHQ's health surveillance and reporting, identifying emerging trends and promoting better health outcomes for workers.

You can find out more about ResHealth on the [RSHQ website](#).

As of 30 June 2023, almost 25,000 health assessments have been commenced in ResHealth with over 12,000 of these already finalised in the system. Over 19,000 individuals have registered in ResHealth. This includes over 3,000 employer representatives (across more than 1,900 employing companies), 267 medical providers and over 16,000 coal mine workers (see **Figure 1**). Employer representatives and workers continue to register as workers' health assessments become due. With all health assessments now being completed on ResHealth, there has been a significant reduction in the number of health assessments completed on the previous 'paper-based' form that have been mailed or uploaded electronically to RSHQ (see **Figure 2**).





As more data becomes available in ResHealth, RSHQ will include health trends in future versions of this report to assist industry inform their preventative strategies.



## PSYCHOSOCIAL HAZARDS

A psychosocial hazard arises from or relates to the design or management of work, a work environment, plant at a workplace, or workplace interactions and behaviours, and which may cause psychological and/or physical harm to workers.

Examples of workplace psychosocial hazards<sup>1</sup> include:

- High and/or low job demands
- Low reward and recognition
- Harassment (including sexual harassment)
- Low job control
- Poor organisational justice
- Bullying
- Poor support
- Poor workplace relationships
- Exposure to traumatic events
- Low role clarity
- Remote or isolated work
- Poor environmental conditions
- Violence and aggression

As part of our responsibilities for regulating workplace safety and health, RSHQ is working with stakeholders and increasing its activity to ensure operators are effectively managing the risks of psychosocial hazards.

### Sexual assault and sexual harassment

RSHQ has continued its focus on workplace sexual assault and sexual harassment including further embedding a fit-for-purpose framework for receiving and responding to complaints and reports of sexual assault and sexual harassment. This includes a dedicated telephone number and reporting process supported by RSHQ staff that have undergone specific training for responding to disclosures of sexual assault and sexual harassment. Additional staff have been recruited with psychology qualifications and expertise in victim-survivor centric and trauma informed practices.

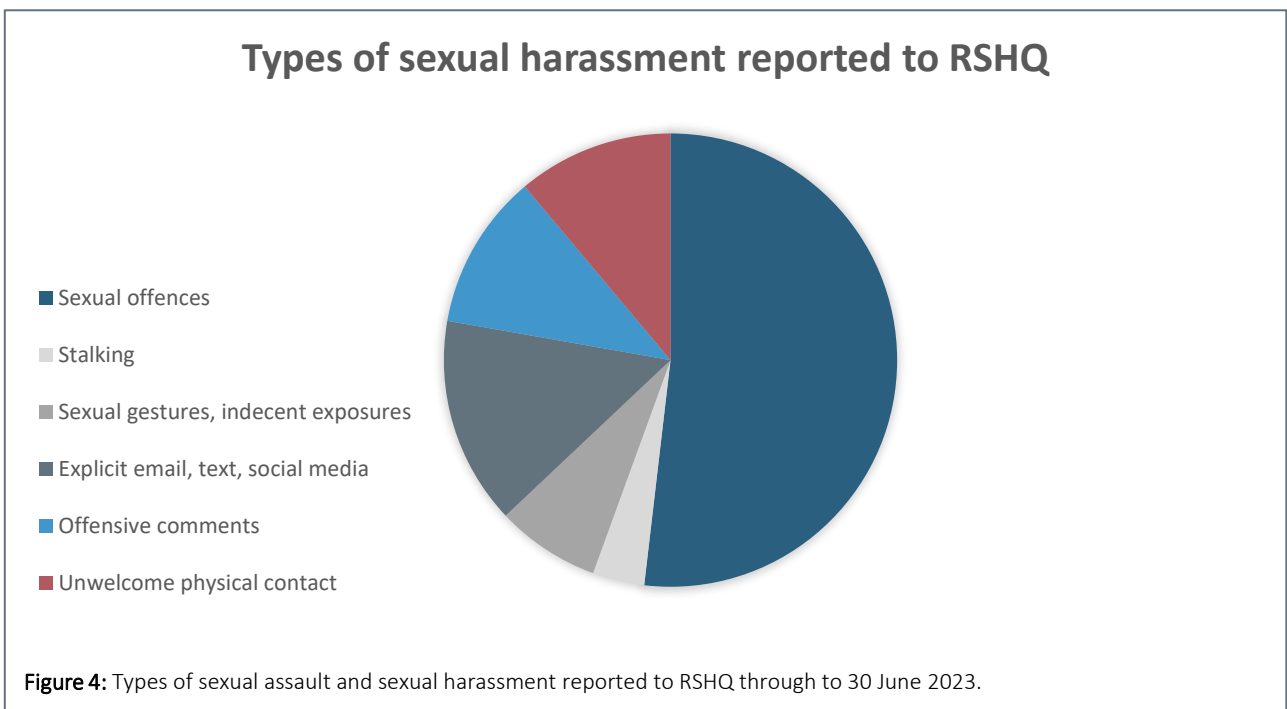
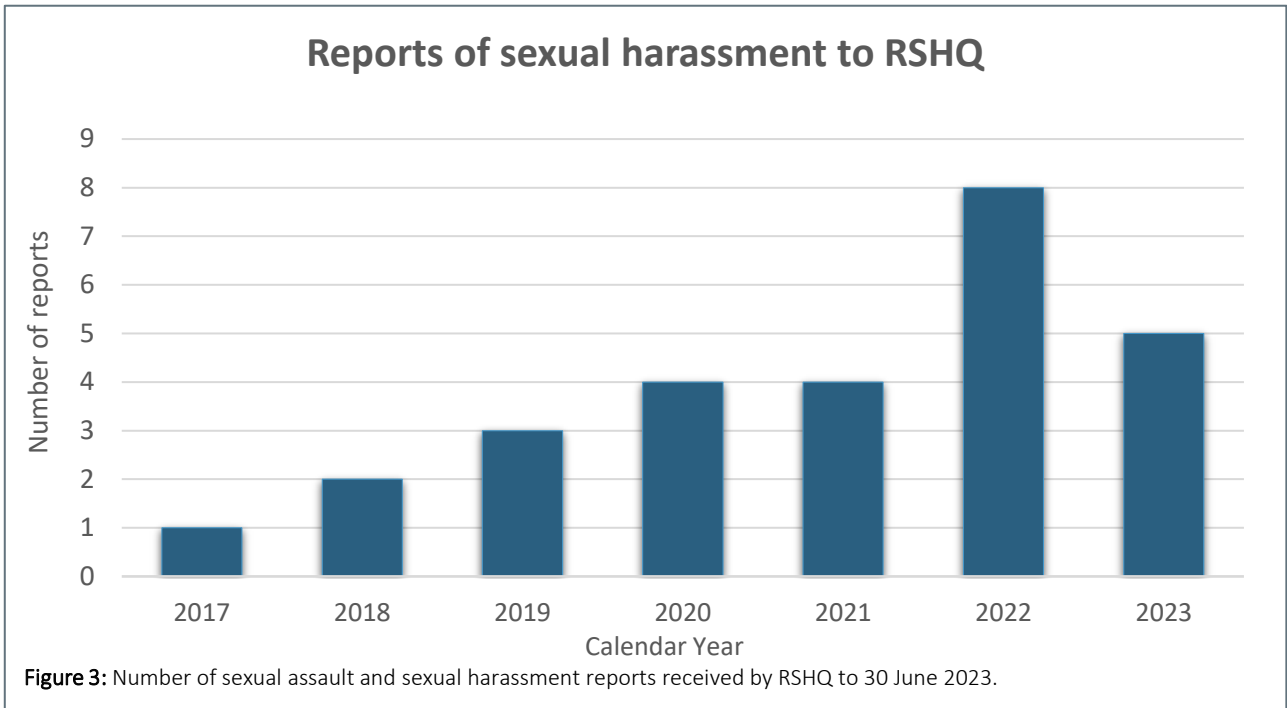
If a complaint of sexual assault or sexual harassment is made to RSHQ, the affected person is fully informed on options available to them for ensuring anonymity and confidentiality, and is provided information about available external support. Every complaint is progressed with the affected person's interests taking priority and investigative actions carefully considered to minimise re-traumatisation.

There have been 27 reports of sexual assault and sexual harassment notified to RSHQ since 2017, either directly to RSHQ or where the Queensland Police Service has notified RSHQ (see **Figure 3**). These reports have increased from one in 2017, to eight in 2022 and five in 2023, as at 30 June 2023. This increase aligns with the promotion of RSHQ's capability uplift to receive and investigate

<sup>1</sup> [Psychosocial hazards | WorkSafe.qld.gov.au](https://www.worksafe.qld.gov.au/psychosocial-hazards)

reports of sexual assault and sexual harassment, including raised awareness about RSHQ’s dedicated reporting avenues for confidential complaints. However, these statistics undoubtedly under-represent the true extent of these incidents. RSHQ’s promotion and regulatory activity will increase over the next 12 months and the number of reported incidents is expected to increase.

A breakdown of reported incident types shows sexual offences being the most reported (see **Figure 4**).



A working group of Queensland Government agencies continues to meet and share insights and learnings related to workplace sexual assault and sexual harassment. This group consists of staff from the Office of Industrial Relations, Queensland Police Service, Queensland Health, Department of Justice and Attorney-General and the Queensland Human Rights Commission. The group has also liaised with SafeWork NSW's Respect at Work Taskforce.

RSHQ is also engaging external experts to develop a guideline specifically for the Queensland resources industry on managing the risks of workplace sexual harassment, which will include significant stakeholder consultation throughout its development during 2024.



## Psychosocial hazards in the resources industry

RSHQ is continuing to increase its understanding of psychosocial hazards more broadly in the resources industry. Reporting to RSHQ remains low, but this is expected to increase as RSHQ increases its regulatory activity on these risks.

To further understand psychosocial hazard exposure, RSHQ has analysed de-identified workers' compensation data, including from self-insurers. This data includes a total of 225 accepted psychological injury claims for the Queensland resources sector, with **Figure 5** displaying the number of accepted claims by financial year from 2018-19 to 2022-23. The highest number of claims (78) were identified in 2019-20 and a steady reduction of claims is noted from this period through to 2022-23. This should be interpreted with caution, given potential under-reporting and that the rejection rate is typically high (approximately ~50 per cent) for psychological injury claims. The observed reduction in accepted claims in the resources industry may also be attributable to a variety of claim-related factors.

**Figure 6** provides a breakdown of accepted claims by resource sector, including coal mines, mineral mines and quarries, and petroleum and gas. Differences in the percentage of accepted claims across industries are noted, however, this could be due to a variety of factors, for example workforce size.



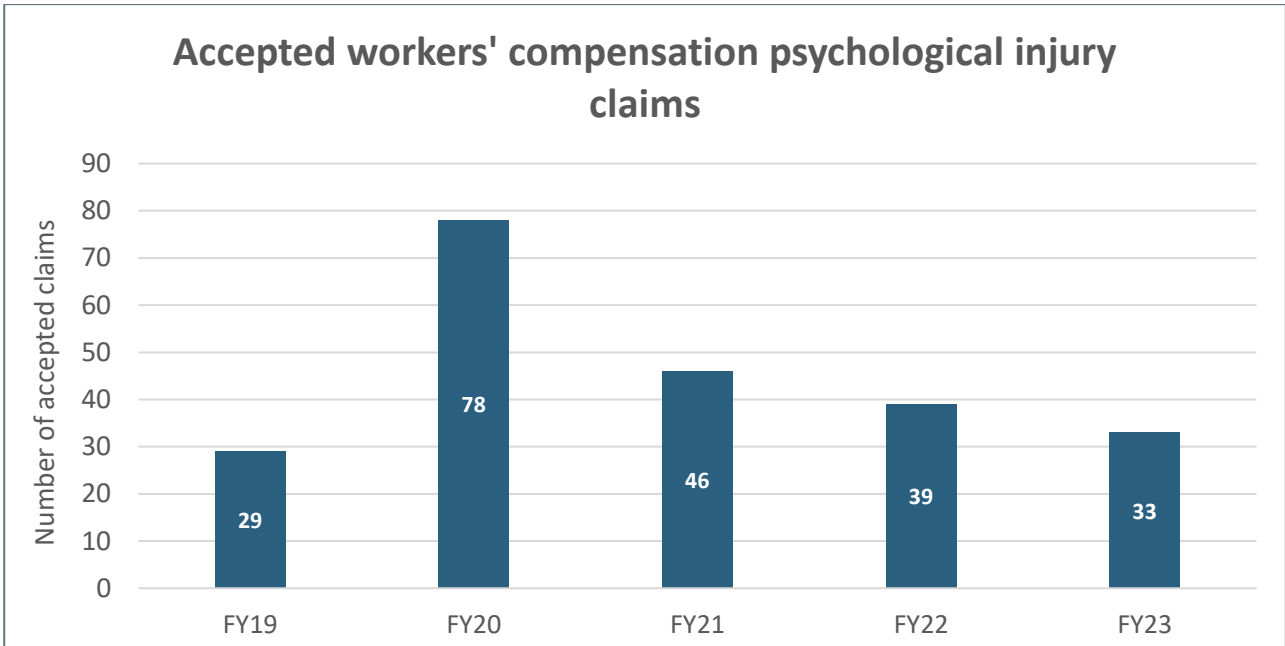


Figure 5: Accepted workers' compensation psychological injury claims by financial year from 2018-19 to 2022-23.

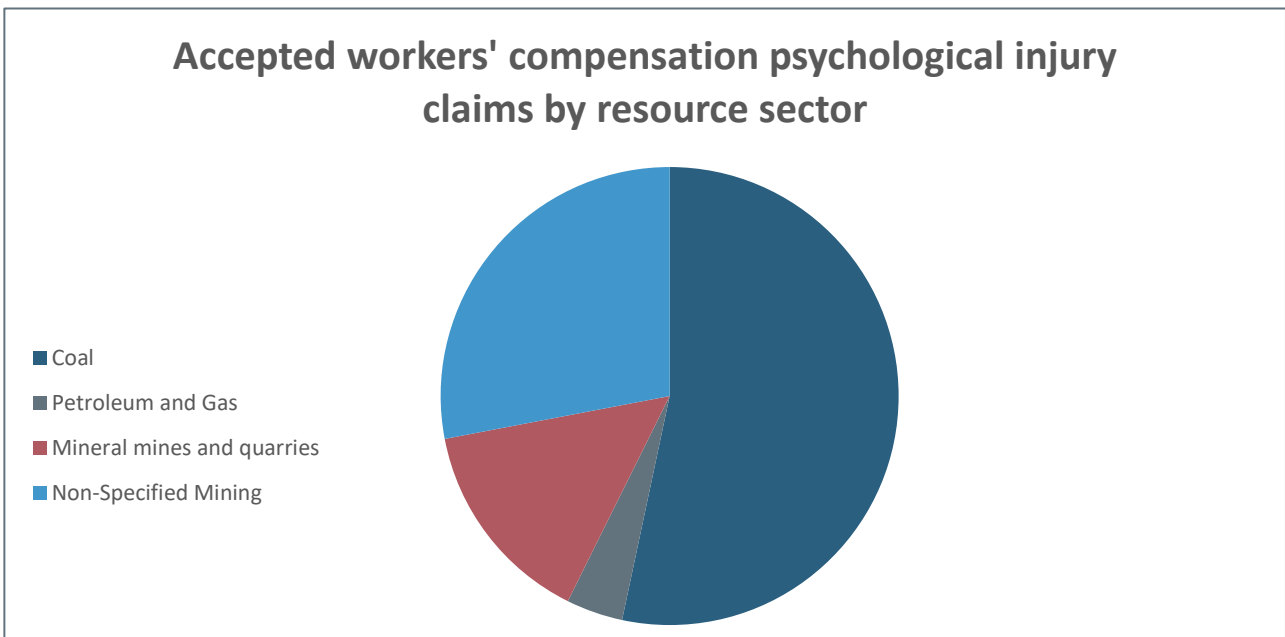
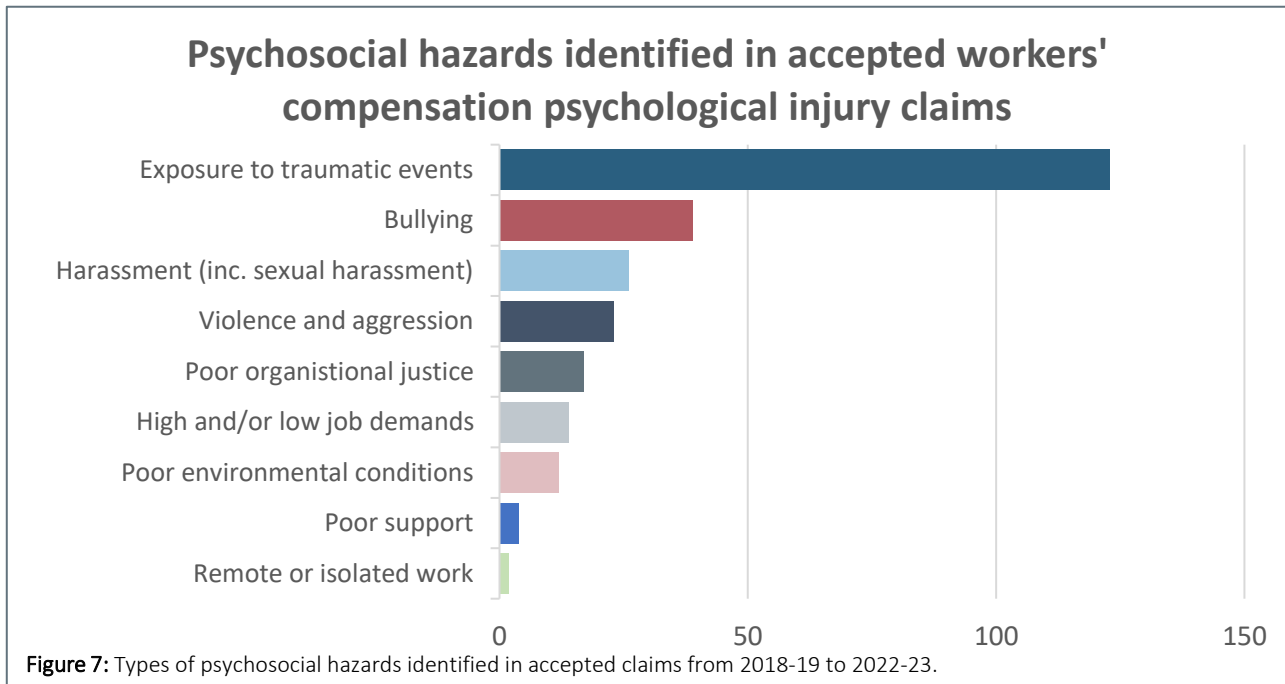


Figure 6: Accepted workers' compensation psychological injury claims by resource sector from 2018-19 to 2022-23.

Of the 225 accepted claims, 222 were able to be classified by RSHQ regarding the type of psychosocial hazard exposure. A broad range of psychosocial hazards were identified, with nine of the 14 commonly cited psychosocial hazards<sup>2</sup> being represented (see **Figure 7**). The most frequently reported psychosocial hazard was exposure to traumatic events, followed by bullying and harassment (inc. sexual harassment).

<sup>2</sup> [Psychosocial hazards | WorkSafe.qld.gov.au](https://www.worksafe.qld.gov.au/psychosocial-hazards)



In many claims, two or more psychosocial hazards were reported, underlining the often co-existing manifestations of psychosocial hazards in the workplace. In addition, multiple secondary psychological injury claims<sup>3</sup> were identified, emphasising the ongoing psychological impacts that can emerge following a physical incident at work or diagnosis of a MDLD (see [Case Study 1](#)).

Workplaces have an obligation to protect the safety and health, including psychological health, of workers under Queensland's resources safety and health legislation, which includes managing the risk of exposure to psychosocial hazards. Management of psychosocial hazards should occur using a risk management approach, similar to other health and safety hazards. For further information and resources regarding managing the risks of exposure to psychosocial hazards, visit [RSHQ's website](#). RSHQ is also progressing work to clarify the obligations to manage psychosocial hazards in Queensland's resources industry and recently completed [initial stakeholder consultation](#) regarding potential options. Feedback from this consultation has been received and is currently being reviewed and considered.

<sup>3</sup> A secondary psychological injury is a mental injury that occurred with or following a physical injury - [WorkCover-Queensland-2021-2022-Annual-Report.pdf \(worksafe.qld.gov.au\)](#)



## MDLD CASE SUMMARY

MDLD cases are reported to RSHQ from a variety of sources that include health assessments, the workers' compensation scheme, site senior executives (SSE) and Queensland Health's Notifiable Dust Lung Disease (NDLD) Register.

As of 30 June 2023, 400 cases of MDLD have been reported to RSHQ since 1984 for both

current and former workers across the coal, mineral mine, and quarry sectors (see **Figure 8**). This is an increase of 66 cases since the last report. The increase reflects a higher number of diagnoses reported from former worker assessments due to a growing interest in the program and accompanying assessments performed. MDLD among former workers accounted for 62 per cent of cases reported to RSHQ in the last six months. This will be discussed further in the former worker section.

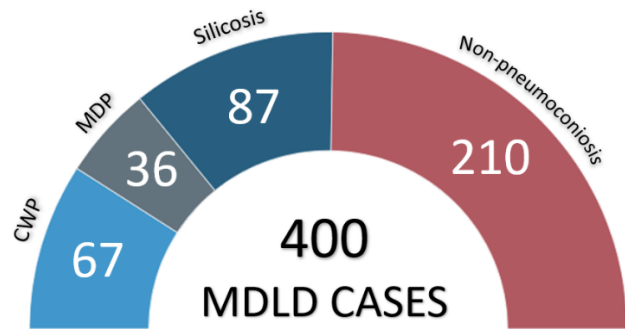


Figure 8: Assigned pneumoconiosis category (includes Multiple MDLD)

COPD remains the most common disease type reported among MDLD cases across all sectors for both current and former workers (see **Figure 9**). Fifty-seven cases of COPD have been diagnosed in the last 12 months, primarily from the former worker program. This has contributed to a substantial increase in the COPD diagnosis rate. For comparison, 36 cases of COPD were diagnosed the year before.

Additional cases were also reported in disease categories: multiple MDLD; silicosis and 'other' MDLDs. The category of 'other' include diseases such as occupational asthma (see [Case Study 2](#)), diffuse dust-related fibrosis and scleroderma.

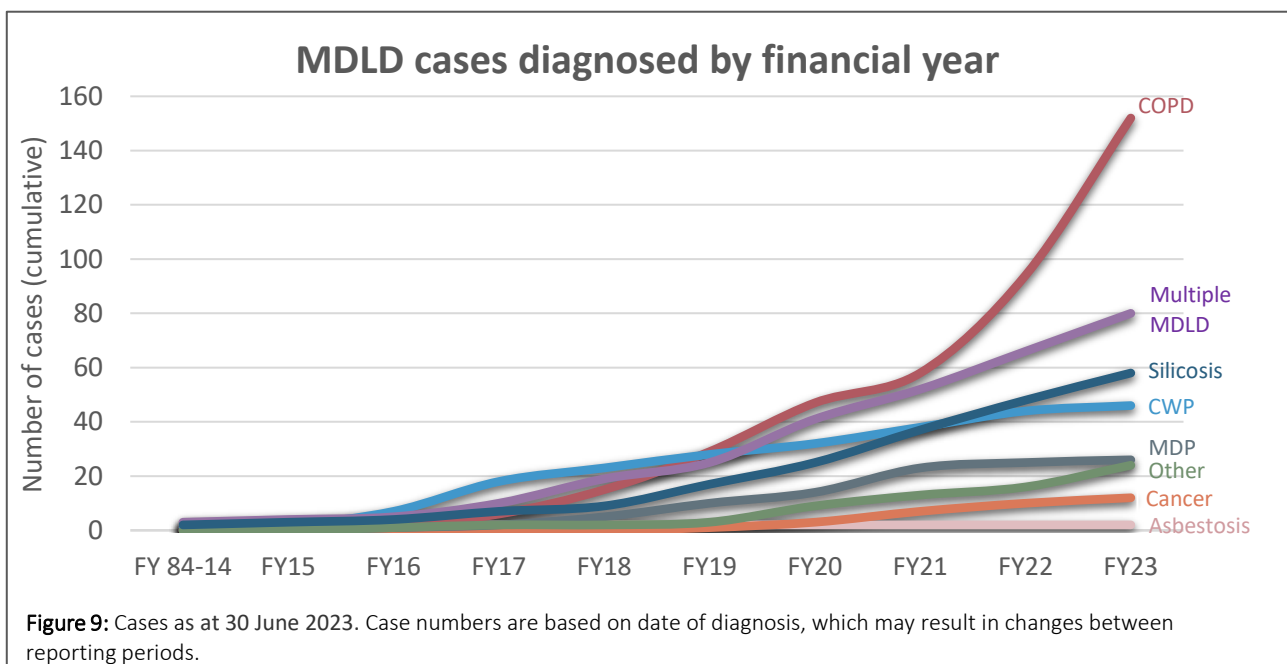
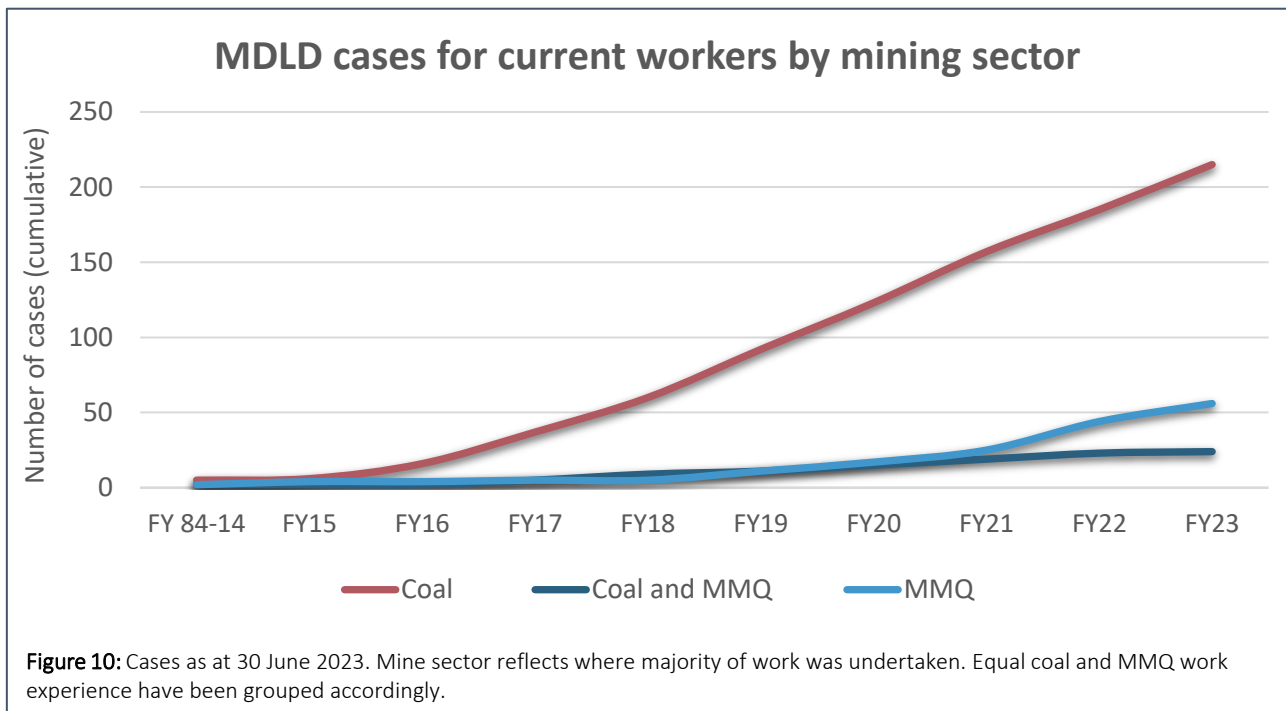


Figure 9: Cases as at 30 June 2023. Case numbers are based on date of diagnosis, which may result in changes between reporting periods.

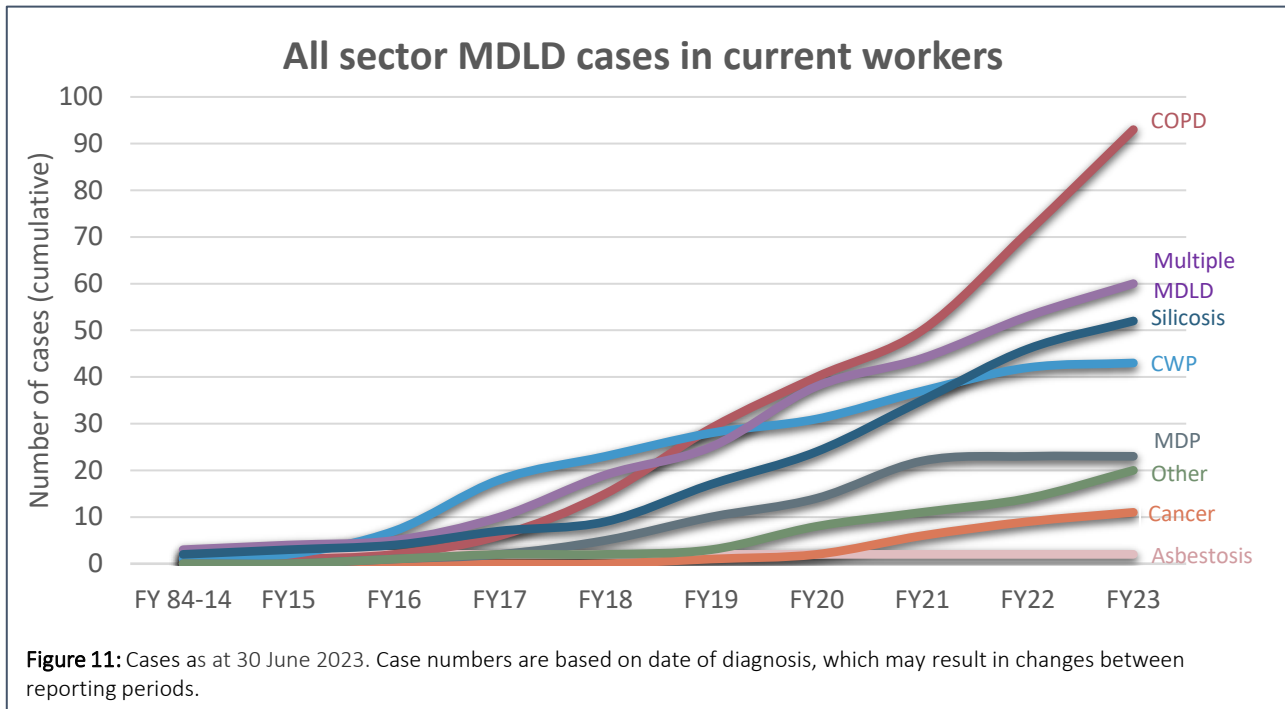
## MDLD case summary for current workers

Coal mine workers continue to represent the majority of reported MDLD cases among current workers (see **Figure 10**). This reflects the established respiratory screening program in place for the coal mining sector. The number of MDLD cases among current mineral mine and quarry (MMQ) workers also continues to increase after the implementation of respiratory health surveillance for this sector in 2022.



Among current workers, the number of reported diagnoses involving pneumoconiosis, either as a standalone diagnosis or multiple MDLD, are lower than in recent financial years (see **Figure 11**). This is largely due to fewer pneumoconiosis cases diagnosed among current coal miners, including those diagnosed through coal mine worker health assessments. The majority of pneumoconioses diagnosed last financial year were silicosis. Most of these cases were among MMQ workers, who are discussed further in the MMQ section of the report.

The total number of MDLD cases diagnosed among current workers is comparable to previous years, as the decrease in pneumoconioses was offset by an increase in non-pneumoconiosis cases, particularly COPD. COPD remains the most common disease diagnosed among current workers. The rate of COPD cases in 2022-23 continues the trend of increasing diagnoses seen in 2021-22 (see **Figure 11**).



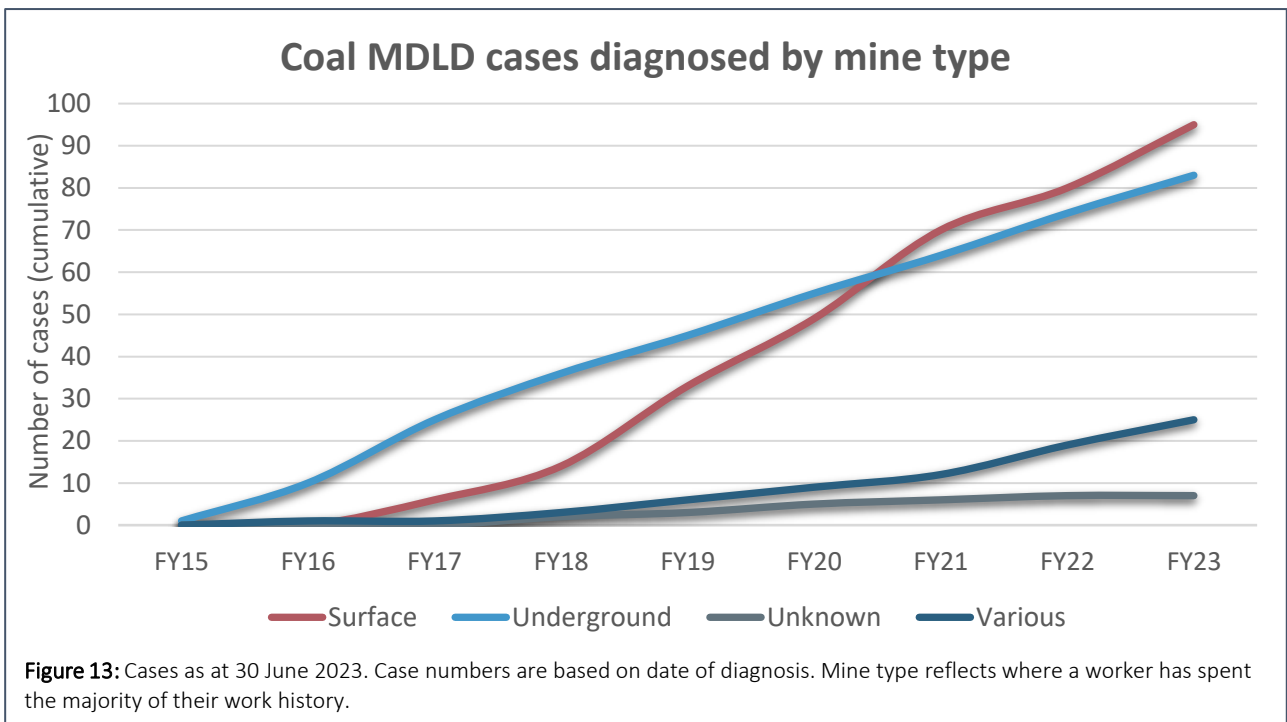
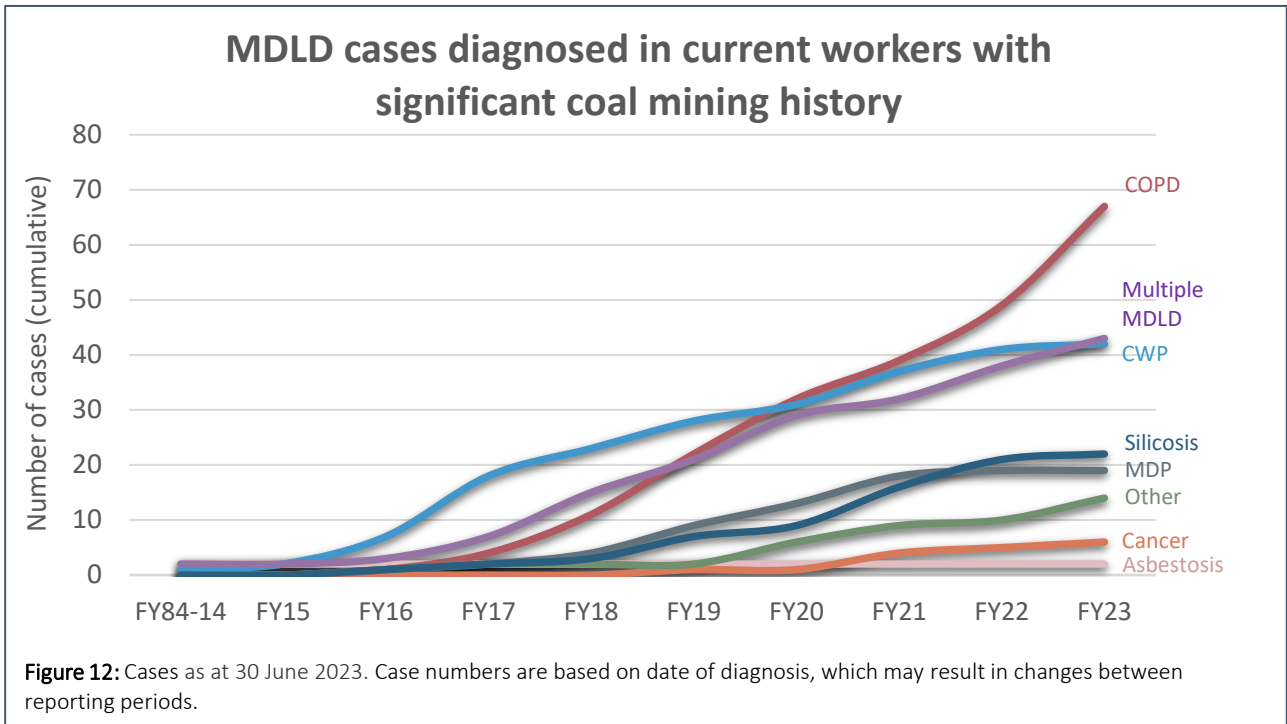
## COAL SECTOR

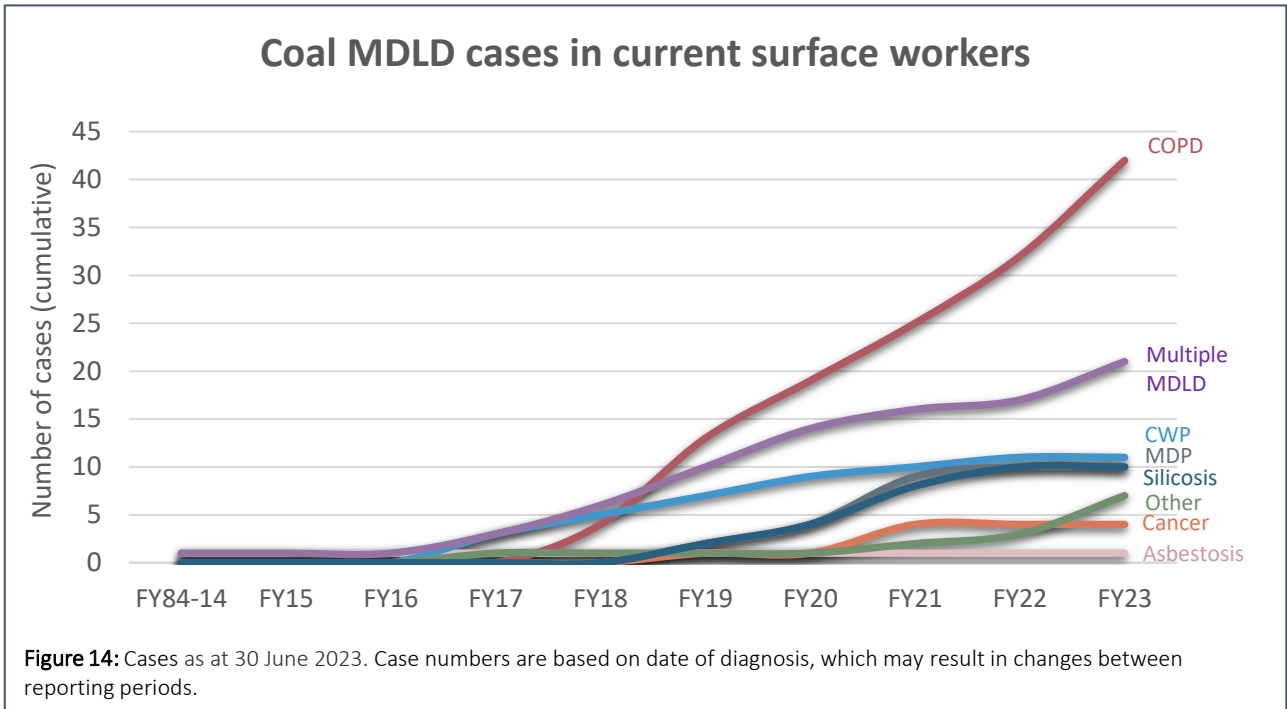
### Current workers with significant coal mining history

#### Disease distribution for current workers

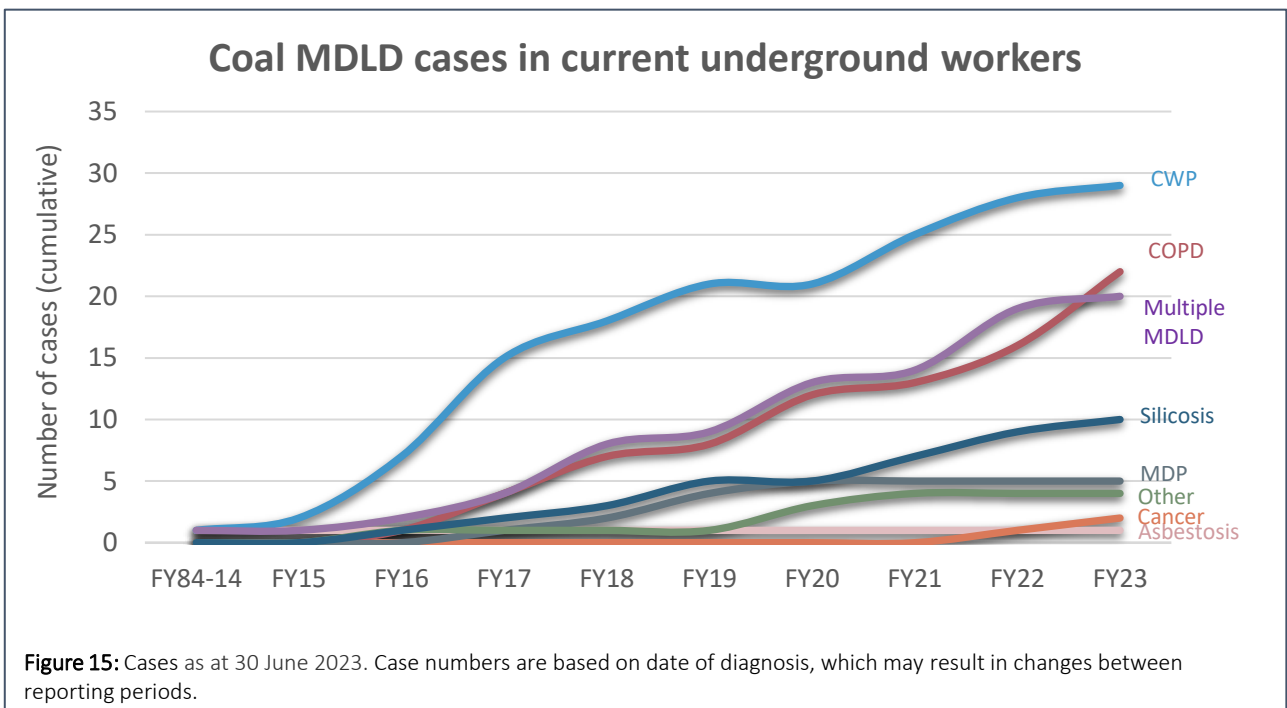
As coal mine workers continue to represent the majority of reported MDLD cases, the number and distribution of MDLD cases for current coal mine workers remains consistent with that seen among the wider current worker cohort (see **Figure 12**). The total number of cases diagnosed for this cohort in 2022-23 is similar to those diagnosed in 2021-22. As in recent years, more MDLD cases were diagnosed among surface coal miners compared to underground coal miners (see **Figure 13**).

The increase in cases among surface workers is largely due to the increased number of COPD cases among this group (see **Figure 14**). This contrasts with the fewer pneumoconiosis cases diagnosed among surface workers compared to previous financial years. Of the cases involving pneumoconiosis, the majority were multiple MDLD cases as they were also diagnosed with other conditions (see **Figure 14**). Multiple MDLD numbers in 2022-23 increased at the same rate as recent financial years, with COPD and pneumoconiosis the most common diagnosis combination.





Similarly, the number of pneumoconiosis cases diagnosed last financial year among underground workers was less than previous financial years (see **Figure 15**). This was also the case with multiple MDLD cases, however caution is required when considering this reduction, as the number of multiple MDLD cases diagnosed among underground workers fluctuates from year to year. Overall, cases for underground workers remain consistent with previous years largely due to the increased number of COPD diagnoses among this group, and which is common to a number of other worker cohorts (see **Figure 15**).





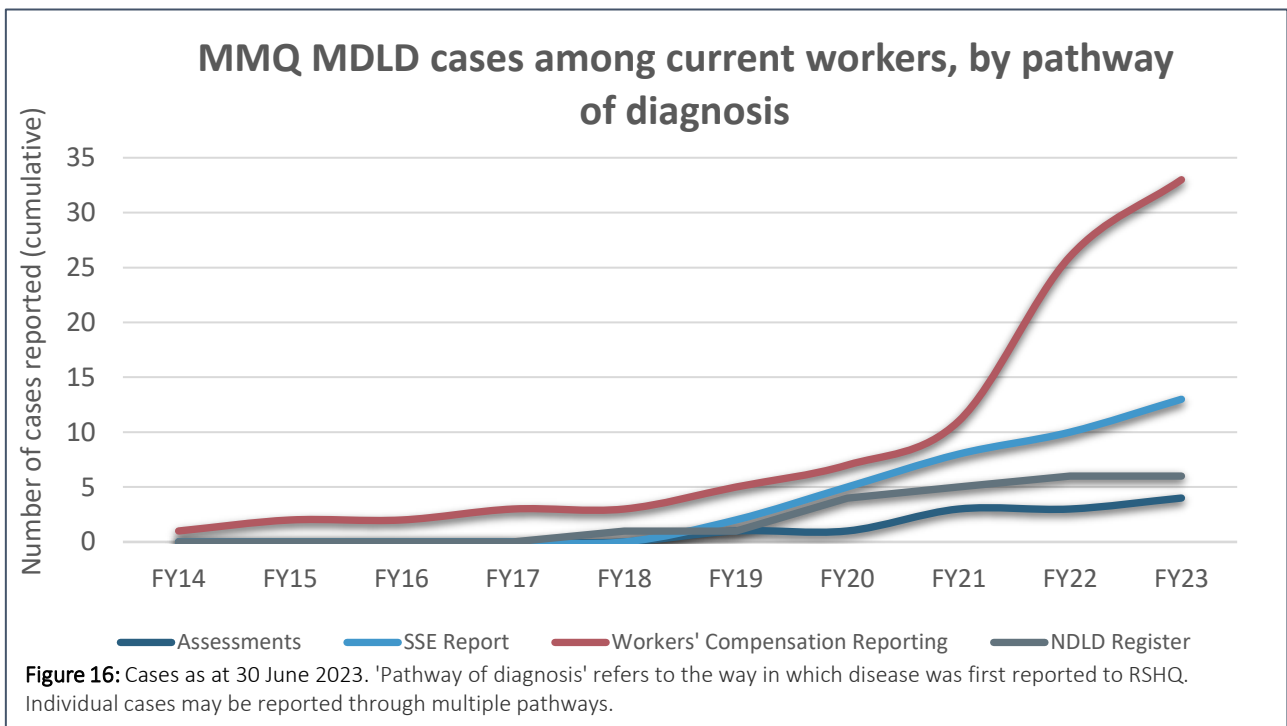
# MINERAL MINES AND QUARRY SECTOR

## Current workers with significant MMQ history

### Disease reporting for current MMQ workers

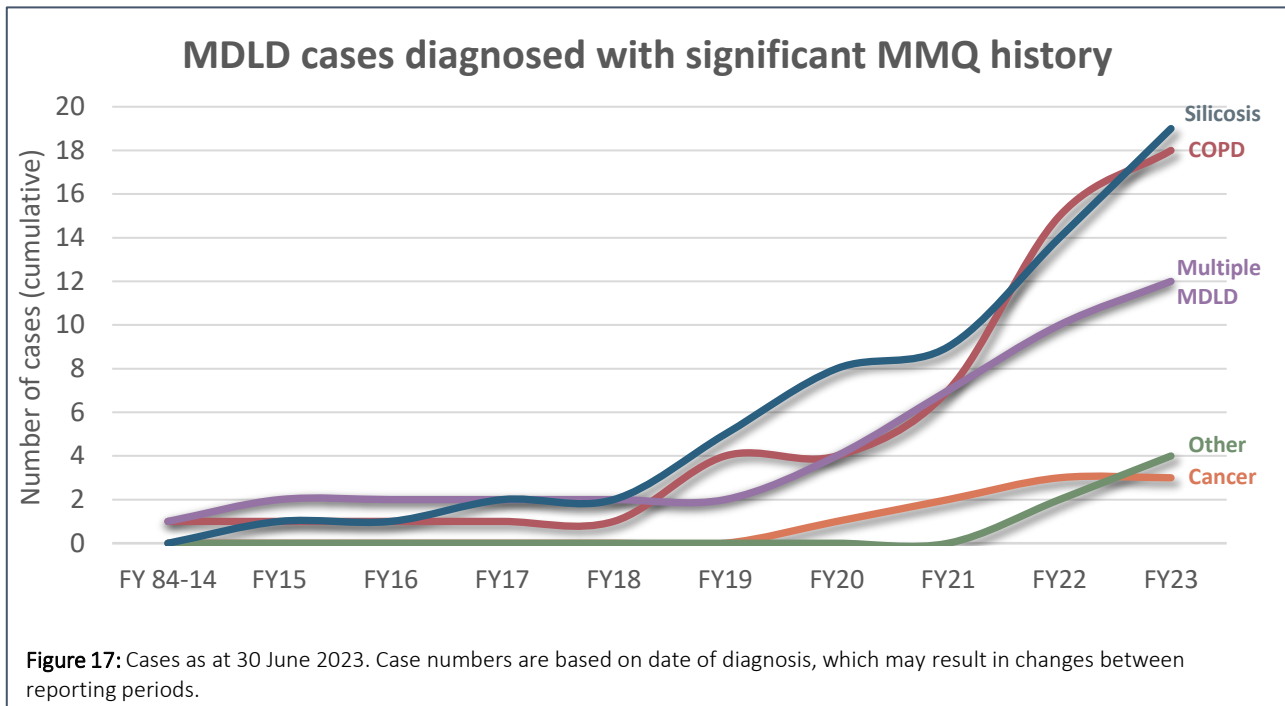
MDLD cases are increasingly reported in the mineral mining and quarry sectors, in line with increasing awareness of MDLD and the introduction of mandatory respiratory health surveillance. Unlike for coal miners, RSHQ does not receive the records of respiratory health surveillance for MMQ workers, increasing the importance of SSE disease reports to RSHQ inspectors to inform industry health surveillance and to offer support to workers diagnosed with MDLD. SSEs are required to undertake this reporting under the *Mining and Quarrying Safety and Health Act 1999*. This extends to the exploration sector.

Since the last report, 28 cases of MDLD were diagnosed among those with significant MMQ work history. Twelve of these cases were among current workers who were diagnosed through a variety of pathways, as shown in **Figure 16**.





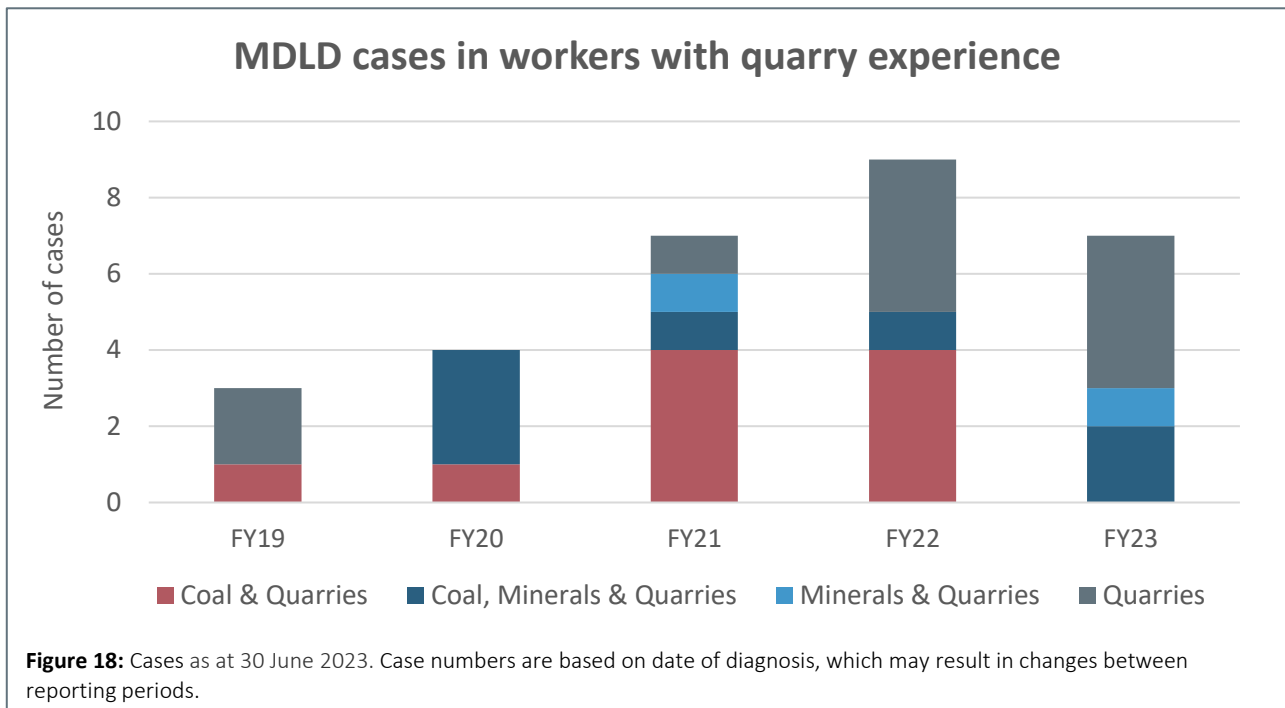
The most common diseases reported among current workers with significant MMQ history are silicosis and COPD (see **Figure 17**). Of the increase in silicosis cases among all current workers in the last 12 months (see **Figure 11** earlier on in the report) the majority have been for those with significant MMQ experience. These cases were reported via Health Assessments, SSE reporting and workers' compensation for workers in positions such as operator, driller and mine technician. Their experience in the industry ranges from 30-45 years.



## Disease distribution for quarry workers

Since 2018, RSHQ has received reports of MDLD for 30 workers that have had some quarrying experience. This represents eight per cent of all reported MDLD cases. Eleven diagnosed workers have only worked in the quarrying industry. This is an increase of four since last report (see **Figure 18**). These workers often have substantial work histories across a variety of positions such as operators and fitters, as seen in [Case Study 3](#). This example consists of a current worker with recent exposure in quarrying who was diagnosed when transitioning to the coal mining sector. This highlights the importance of ongoing respiratory screening for quarry workers across industry sectors and reporting of prescribed diseases to RSHQ.

Quarry workers are most commonly diagnosed with COPD, followed by silicosis and multiple MDLD. However, the small number of reported cases limits conclusions from this cohort.

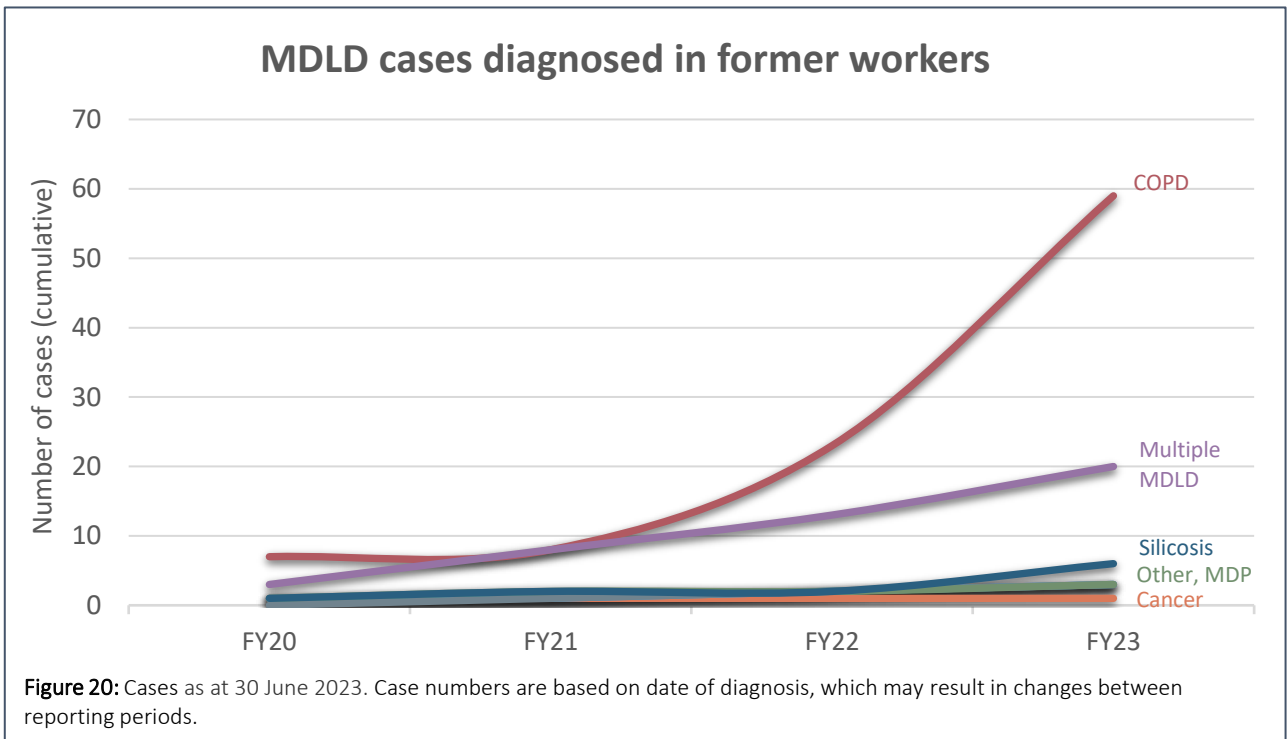
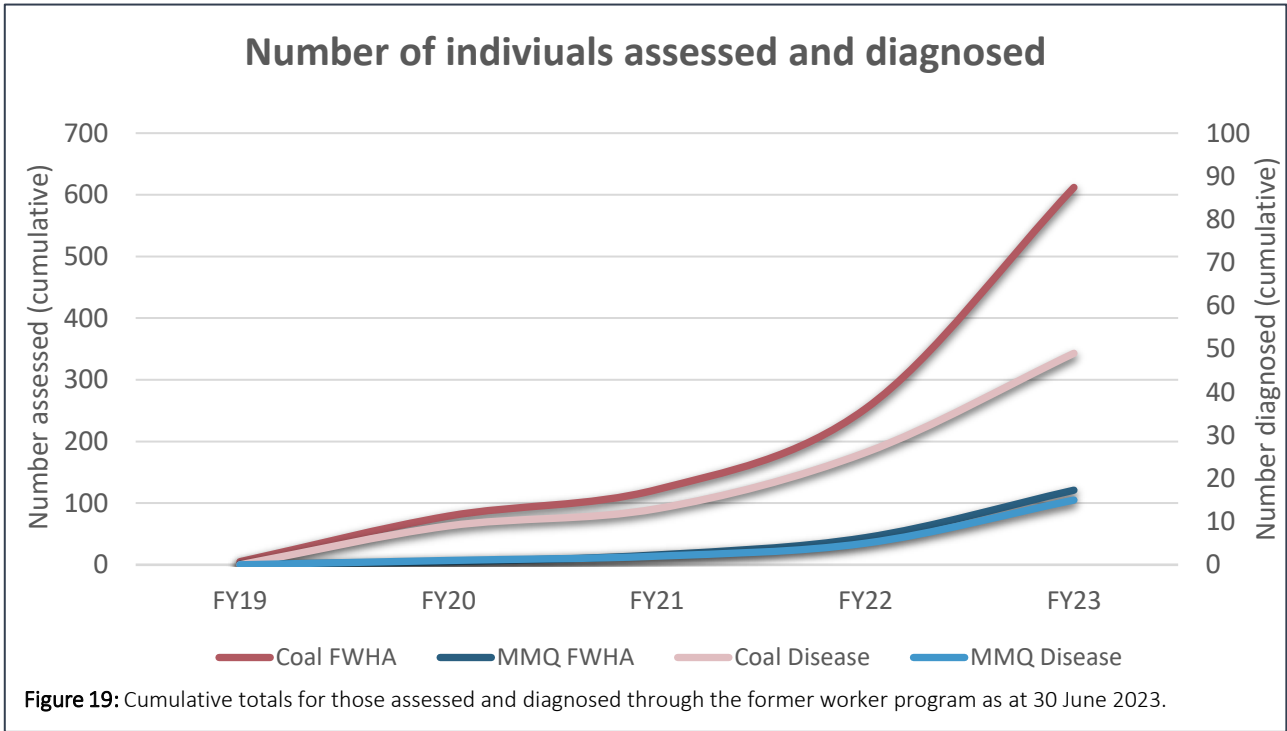


## FORMER WORKER PROGRAM

RSHQ offers free, ongoing respiratory health screening for retired and former miners and quarry workers. Many former workers who have undergone assessments have been employed in the coal mining sector at some stage in their career. The age of diagnosed former workers ranges from 55 – 85 years and includes both retired miners and those who have left mining and quarrying for careers in other industries, as seen in [Case Study 4](#).

The number of former workers undergoing screening has continued to increase, with an additional 235 former workers assessed in the last six months (see **Figure 19**). This increased uptake is reflected in the number of cases reported. Further diagnoses of MDLD are likely as further investigations are concluded for some workers.

COPD remains the most common MDLD diagnosed in former workers from this screening program, either as a standalone diagnosis or as one of multiple MDLDs (see **Figure 20**). COPD is proportionally more common among former workers than current workers. These diagnoses cover individuals in a variety of positions and mine sectors. They are not limited to individuals who smoke or have remained in mining for their entire working life, highlighting the importance of regular screening after leaving the mining and quarrying industry, even if transitioning to employment in another industry.



# CASE STUDIES



## Case 1 - Silicosis

- Operator
- Coal and quarry

Current worker, 10+ years' work history in underground coal with minor experience in quarrying as an operator. Coal experience in maintenance and blasting with significant dust exposure for both coal and quarry sites. Diagnosed with a secondary psychological condition as a result of MDLD diagnosis. Highlights the importance of ongoing support for workers after diagnosis.



## Case 2 - Occupational Asthma

- Mechanical
- Open cut coal

Current worker, 30+ years' work history predominately at the same mine site with a mechanical background. Worker has noted exposure to coal and silica dust as well as diesel exhaust and cleaners. Former smoker. Highlights the potential for exposure to result in a broad range of respiratory conditions.



## Case 3 - Silicosis

- Operator
- Quarry

Current worker, under 50 years of age. 10+ years' work history at quarry sites. Worked in open cabs with significant dust exposure. Disease diagnosed upon transition to the coal sector. Current smoker. Highlights the importance of dust controls and regular exposure monitoring, as well as respiratory health screening for workers in all sectors to detect these latent diseases.



## Case 4 - COPD

- Boilermaker
- Underground minerals, non-smoker

Former worker, 20 years' work history, predominately underground as a boilermaker. Worked across various sites with significant dust exposure. Left industry early and was diagnosed under the former worker program. Non-Smoker. Highlights the potential contribution of a range of airborne contaminants to COPD as well as the importance of regular screening even if transitioning to employment in another industry.