To assist operators in identifying appropriate health monitoring providers for occupational lung disease

This information is provided as a best practice example. It is understood that in some regional and remote mining areas operators may have difficulty in accessing some services to the level outlined below.

What are occupational lung diseases?

Occupational lung diseases are caused by a worker’s exposure to, and inhalation of, airborne contaminants such as dust (coal dust, asbestos and crystalline silica), diesel emissions or welding fumes. The severity of disease is often related to the substance inhaled and the intensity and duration of exposure. These include:

- Occupational asthma
- Chronic obstructive pulmonary disease
- Coal worker’s pneumoconiosis
- Silicosis
- Asbestosis
- Mesothelioma
- Occupational lung cancer.

What is health monitoring?

Health monitoring involves monitoring individuals in order to identify changes in their health due to occupational exposure to certain hazards or substances. Health monitoring will include a medical assessment to assess for the presence of early or long-term health effects (by obtaining a medical and occupational history as well physical examination, lung function testing and x-ray imaging).

Why do health monitoring?

Health monitoring is undertaken to ensure the control measures used to eliminate or minimise a worker’s exposures to hazardous levels of airborne contaminants continue to be effective and to prevent occupational lung disease. Health monitoring also aims to identify any possible cases of occupational lung disease at the earliest possible stage so that appropriate treatment can be provided.

Who can do health monitoring?

The WHS Regulations require health monitoring to be carried out under the supervision of a registered medical practitioner. The registered medical practitioner should devise a program of health monitoring and either carry out the health monitoring program themselves or supervise the program when carried out by another suitably qualified person, such as an occupational health nurse.

What should operators look for when choosing an appropriate provider?

Medical practitioners

- Is the provider a registered medical practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)?
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→ Is the medical practitioner / provider familiar with the regulatory requirements for health monitoring in the WHS Regulations?
→ Does the provider have a demonstrated interest in occupational health or occupational medicine with:
  • either postgraduate qualifications in the area or
  • significant experience in health monitoring?
→ Does the provider have a familiarity with the mining sector?
→ Does the medical practitioner / provider have an understanding of the worker’s work duties and activities?
→ Has the provider visited a similar mine site?
→ Does the provider have experience in the planning, implementation and evaluation of health monitoring programs?

Spirometry
If spirometry is required:

→ Are staff overseen by a registered medical practitioner with experience, training and competency in spirometry testing?
→ Have staff attended, and attained competency in, a Spirometry Training Course that meets the requirements detailed in the Thoracic Society of Australia and New Zealand (TSANZ) Standards for Spirometry Training Courses?
→ Is spirometry conducted in accordance with the Thoracic Society of Australia and New Zealand standards for spirometry testing especially in regard to demonstration of competency, interpretation and quality control of spirometry procedure and equipment?

X-Ray imaging
If X-Ray imaging is required:

→ Is the practice accredited with the Diagnostic Imaging Accreditation Scheme?
→ Are Images taken in line with the Digital Imaging and Communications in Medicine (DICOM) standards?
→ Are radiographers registered as a medical radiation practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)?
→ Are x-rays reported on by a specialist of the Royal Australian and New Zealand College of Radiologists (RANZCR) with experience in identifying possible cases of occupational dust disease?