### Cut the Dust Conference





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# Origins and overview of the Standing Dust Committee





# Standing Dust Committee origins and overview





### Key events





- In the decade leading up to the creation of the Joint Coal Board, the problem of dust-related lung disease amongst coalmine workers attracted widespread public attention
- This resulted in the 1939 Royal Commission into Health and Safety
- The Royal Commission recommended a minimum dust concentration standard in coal mines

Key events

CS Coal Services



- In 1946, dust-related lung disease was prevalent in the NSW coal mining workforce
- At that time, pneumoconiosis prevalence in the workforce was 16% (all categories) and 4.5% (category two or worse)
- The creation of the Joint Coal Board (JCB) in 1947 provided greater institutional and government commitment to enforcing compliance with this dust standard
- The JCB began to manage dust suppression techniques and practices that had been mandated by amendments to the *Coal Mines Regulation Act*



Coal Services



- To maintain this focus and provide independent oversight, The Standing Committee on Dust Research and Control was formed in 1954
- This Committee was tasked to drive the strategic monitoring of dust levels and to support research on methods of dust suppression
- Representatives were drawn from all key sectors of the industry

### Standing Dust Committee Membership



#### Original (1954)

Joint Coal Board

Department of Mines Colliery Proprietors of NSW

**Miners Federation** 

ACIRL/AusIMM

**Current (2020)** 

Coal Services NSW Resources Regulator NSW Minerals Council CFMMEU Mine Managers Australia Association Independents



Coal Services



- This Committee remains in place today and is known as the Airborne Contaminants and Occupational Hygiene Standing Committee or Standing Dust Committee (SDC).
- Reviews every individual dust exceedance on a bi-monthly basis discussing cause (contributing factors), mitigations (review actions/outcomes), RPE compliance and resample observations.
- Updates from the Resources Regulator.
- Current health surveillance status and any insights
- Diesel particulate matter

Longwall Tasks		Average Respirable Quartz	
		0.1 mg/m <sup>3</sup> WES	0.05 mg/m³ WES
Operate Shearer		47%	94%
Operate Supports		35%	70%
Fitter		33%	66%
Deputy		30%	60%
Electrician		25%	50%
Maingate		25%	50%
<25% WES	25-50% WES	51 – 100% WES	> 100% WES





## 2019 Longwall Respirable Quartz

#### **RPE use for Quartz Results >50% WES**



■ P2 Disposable

■ PAPR

- P3 Half Face
- P2 Half Face
- P2 Full Face
- Not Reported
- P3 Full Face

PAPR & Disposable





2019 Longwall Respirable Quartz

### Longwall – 2019 Airborne Dust Exceedance Contributing Factors





Key learnings from dust exceedance investigation reviews and good practice observations





# 1 Consider what may harm by disease, not just injury.



Operating procedures need to be revised to consider dust exposure.

Start any procedure review at the original risk assessment to determine if health risks, not just safety risks were identified for the task.

When conducting risk assessments, do we consider what may harm through disease, like we consider what may harm through injury?

Follow the hierarchy of control principles to manage the risk of dust exposure as we do to manage the risk of injury.

# 2 Dust control is most effective when applied at the source



When applying engineering controls, focus your efforts at the source.

Once dust is airborne it is much more difficult to control

In a single working environment, dust can be generated from multiple sources.

Real time monitors can be extremely effective.

### 3 Have a control plan for changing conditions



Everyone needs to be clear on what we need to do differently to control risk in changing conditions – this includes all crews.

Develop Trigger Action Response Plans (TARPs) as guide for condition change.

Mining conditions are very rarely 'business as usual' – conditions are continually changing.

If conditions change, and you're not sure what needs to be done – Stop and ask.

# 4 Decide on what checks are required to ensure controls are working as intended.



It shouldn't take an exceedance to review the effectiveness of controls.

We should not rely on monitoring data alone to measure control effectiveness.

Operational check lists can verify the health of your controls – every shift.

There needs to be a sustained effort with this – don't let the standards drop away.

Inspect, maintain and monitor – have a dedicated plan with allocated ownership.





Develop a structured guide on when it should be used

This structured guide should form part of an overall respiratory protection program

Areas or tasks of risk – take the decision out of the workers hands

Use supporting evidence to implement change

RPE does not replace eliminating the hazard, but it does reduce the risk





The standards we are prepared to accept need to be demonstrated by leaders and supervisors within the group.

'The way we do things around here'

Deputies, UM's, OCE's and any supervisors – the standards you are prepared to accept are the standards you are teaching our current and next generation of workers.

Visible leadership drives that sustained effort that is required to be a 'high standards' workplace.





Avoid 'normalising' the dust. If you ignore it – you accept it.

If it's dustier than usual, there's probably a very good reason.

If it's dustier than usual don't ignore it – investigate it.

The health impacts of dust exposure are not immediate. This latency period is fertile ground for growing complacency.

