

# MinEx questions silicosis identification ability

Heidi Bendikson - Mon, 18 Dec 2023

MinEx has raised concerns about New Zealand's capacity to identify early-stage silicosis.

Chief executive Wayne Scott says New Zealand health professionals are not appropriately trained to identify the early stages of pneumoconiosis – occupational lung conditions which include silicosis and 'black lung disease' – on chest x-rays.



In 2017 the Queensland state government introduced a suite of mine-dust lung disease reforms, including specialised training for those reviewing workers' x-rays.

Queensland workers' chest x-rays are reviewed by two accredited experts in Australia before being sent for peer review – initially to the US while an Australian-based service was set up.

As a result, a number of undiagnosed cases of silicosis were identified and Scott says there is every likelihood that the same thing could happen here.

He says no one in New Zealand has received the level of training now required in Queensland and he has written to Brooke van Welden, the new minister for workplace relations and safety, alerting her to the gap.

## Silicosis

Scott points out that New Zealand does have the capability to identify advanced cases of silicosis, but further measures are needed to ensure they are identified at an earlier stage.

The condition is caused by the inhalation of respirable crystalline silica (RCS) which is generated in considerable volume by cutting and grinding engineered stone, and at lower levels in mines and quarries.

Early detection of silicosis allows for medical interventions which can improve health outcomes for the person diagnosed and enables workplace issues to be identified to prevent further harm.

## Engineered stone

MinEx highlighted the dangers of engineered stone in New Zealand five years ago, after hundreds of Australians working in that industry had been diagnosed with accelerated silicosis.

Last week Australian state and federal workplace ministers banned engineered stone due to the risk of silicosis to those working in the industry.

Scott says that move will put pressure on NZ suppliers of engineered stone.

"While some try to manage the risks, if Australian authorities don't believe that's possible, it's hard to see how it can be achieved here."

He says the Australian decision is another reminder that the mining and quarrying sector needs to remain vigilant about exposure to RCS.

"Quarries and mines need to ensure they identify any worker exposure risks and put adequate controls in place to minimise or eliminate any exposure of workers to it."

Those controls include water suppression, dust extraction systems and ensuring vehicles have enclosed cabs.

He says RCS risks have also featured in health and safety workshops run by MinEx this year.

## Chronic cases

Earlier this year, WorkSafe's chief inspector for extractives, Paul Hunt, said two cases of chronic silicosis had been identified in a quarry in New Zealand. While the two identified cases were likely to be atypical, WorkSafe said they highlighted the importance of conducting routine health checks.

Accelerated silicosis typically develops in between three and 10 years, while chronic silicosis usually develops from exposure over 20 years.

Since July, WorkSafe regulations have required all quarry workers to have pre-employment medicals – including x-rays and a measure of lung function – as well as five-yearly checks.