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"THIS DOCUMENT UNCONTROLLED IN HARD COPY"
**Objective**

To provide a Corporate Standard that outlines SCL’s procedure for providing health surveillance.

**Scope**

This Corporate Standard applies to SCL employees and controlled contractors employed on SCL operated and maintained sites.

Note: The specifics associated with who undertakes the surveillance and who pays for the costs associated with the surveillance of long-term contractors is to be determined in discussions / contracts between SCL and the contractor.

Note: There may be instances where persons other than employees and long-term contractors require health surveillance as a result of an exposure. These cases will be addressed on an as needs basis.

**Definitions**

- **Blood lead level:** the concentration of lead in whole blood expressed in micromoles per litre (µmol/L) or micrograms per deciliter (µg/dL).

- **Health surveillance:** the monitoring of individuals for the purpose of identifying changes in their health status. Where the following surveillance is undertaken the indicators used are:
  - Audiometry (hearing) - air conduction audiometry and blood pressure.
  - Lung function - spirometry, height and weight.

- **Lead:** means lead metal, inorganic lead compounds and lead salts of organic acids.

- **Lead-risk job:** any work activity / job undertaken at a SCL site, where the blood lead level of a worker might reasonably be expected to rise, or does rise, above 1.45 µmol/L (30 µg/dL) or the removal level as set out in Table 1, HBIRDPRO-562504-Lead Management.

- **Long Term Contractor:** A person who has a contract that involves working on site for at least six months, or who may have a shorter contract but will be exposed to significant health risks whilst working on site. This may include a contract to supply goods and services.

- **NOHSC:** National Occupational Health and Safety Commission.

- **Occupational Physician:** Registered Medical Officer (consultant) who is a specialist in Occupational Medicine and who oversees the medical outcomes of the health surveillance program.

- **Occupational Health Nurse (OHN):** A Registered (general) Nurse engaged to assist with the conservation, promotion and restoration of the health of individuals at their place of work.

- **Health Surveillance Provider:** A person and/or company that is qualified to undertake health surveillance eg. Occupational Health Nurse, Occupational Physician, Audiologist, Exercise Physiologist.
Responsibilities

**OH&S Systems Manager**
To maintain the currency and accuracy of the Monitoring and Health Surveillance Corporate Standard reflective of legislative and corporate change.

**Station / Site Manager**
To monitor the implementation of the Monitoring and Health Surveillance Corporate Standard and allocate responsibilities and resources to ensure site-specific practices/procedures are developed to satisfy the Corporate Standard.

**Health Service Providers**
To provide services as per the relevant contractual agreement.

**SCL Health Surveillance Facilitator**
- To facilitate the on-site health surveillance program
- To follow the standards and guidelines of the relevant legislation
- To send data gathered to the Occupational Physician for review as required
- To follow-up the recommendations for further treatment, implementation or / changes in controls, and investigations as communicated by the Occupational Physician.
- To review and/or analyse the data to determine any noteworthy results and/or long-term trends.
- Generate information for reports for management, Health and Safety Committees etc
- Maintain confidentiality
- Notify employees / contractors when their health surveillance is due and arrange a mutually suitable time for the appointment.
- To provide advice for the budget for ongoing needs of the health surveillance program.

**Employees and Long term contractors**
To comply at all times with the requirements specified within this Corporate Standard and any site-specific procedures.

Actions

**Health Surveillance**

1. Health surveillance is to be undertaken as per Attachment 2.
2. Base line health surveillance is to occur as soon as practicable following employment or relocating from an office site to a production site.
3. On cessation of employment or relocation from a production site to an office site health surveillance is to be undertaken where possible if surveillance has not occurred in the previous 3 months.
4. Additional health surveillance may be required in response to a specific exposure. Refer HBIRDPRO-#559117-Worker's Rehabilitation and Compensation where relevant.
5. Workers are to be provided with the results of their health surveillance and an explanation of the results.
6. SCL (or the Workers’ Compensation Insurer) pays for costs associated with the health surveillance of SCL employees. Costs for long term contractors are to be agreed between SCL and the contractor.

**Confidentiality**
Refer HBIRDPRO-#560221-Information Management for further information regarding confidentiality requirements.
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Maintenance and Storage of Records
1. Records are to be maintained and stored by the health surveillance provider.
2. All electronic and hard copy records are to be kept in a secure location.
3. Records are to be transferred where relevant between sites / health surveillance provider when the employee / long term contractor relocates from one site to another.

Release of Information Contained in the Medical Files
Release of medical information is to occur only in the following circumstances:

- to comply with statutory law;
- with the written consent of the employee / long term contractor
- in the event of a WorkCover claim;
- where the Occupational Physician determines a need for the information to be released.

Communication Plan
This procedure and any subsequent updates are communicated via workflow. Additional communication may be coordinated by the procedure owner.

This procedure is available electronically in Hummingbird.

Review
This Corporate Standard is reviewed every 3 years and on an as needs basis (e.g. following legislative change, new information, relevant incident, etc.).

Records Management
Records of health surveillance are to be kept by SCL or their representative for a minimum of 70 years.

Links and References

- HBIRDPRO-#568804-Asbestos Management
- HBIRDPRO-#796990-Hazard and Incident Reporting
- HBIRDPRO-#625157-Hazardous Substance Management
- HBIRDPRO-#560713-Immunisation
- HBIRDPRO-#560221-Information Management
- HBIRDPRO-#562504-Lead Management
- HBIRDPRO-#560732-Occupational Noise Management
- HBIRDPRO-#609476-Radiation Safety
- HBIRDPRO-#559117-Worker's Rehabilitation and Compensation

Asbestos Exposure Questionnaire
Authority to Release Medical History
HS&E Hazard-incident Notification Form

Qld Workplace Health and Safety Regulation 1997
Hazardous Substances Code of Practice 2003
Noise Code of Practice 2004

NOHSC 7039 (1995) - Guidelines for Health Surveillance
AS 2636 -1994: Sampling of venous and capillary blood for the determination of lead or cadmium concentration.
AS 4090 - 1993: Whole blood- Determination of lead content-Graphite furnace atomic absorption spectrometric Method.
AS 4205.2 - 1994: Analysis of urine for trace elements - Determination of copper, cadmium and lead-Flame atomic absorption spectrometric method.
AS 2828-1999 Paper-based health care records

Attachments
Attachment 1 Health Surveillance Flow Chart
Attachment 2 Summary of SCL Hazards for which Health Surveillance
Corporate Standard
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Attachment 1: Health Surveillance Flow Chart

Health Surveillance Provider / Occupational Health Nurse / H&S Adviser

- Identification of Occupational Health concern
- Contact OHN / Health and Safety Adviser
- 1. Discuss results with Health Surveillance Provider
- 2. Undertake further testing etc as needed

Health Surveillance Appointment

- Is Workers' Compensation relevant?
  - YES (Refer:
    1. HBIRDPRO #796990 Hazard & Incident Reporting
    2. HBIRDPRO-559117 Workers Rehabilitation & Compensation)
  - NO

Follow up recommendations and referrals from OP & file records

Employee / Long Term Contractor

- Organise health surveillance appointment
- NO
- YES
- 1. File Records
- 2. Note / schedule next surveillance appointment

- Is further action required?
  - NO
  - YES

- Is further analysis of results required?
  - NO
  - YES

- Review results and make recommendations and referrals
- NO
- YES
- Is further action required?
- NO
- YES
- Is Workers' Compensation relevant

Occupational Physician (OP)

Contact OHN / Health and Safety Adviser

- 1. Review past records
- 2. Conduct health surveillance
- 3. Record results
- Is further analysis of results required?
- NO
- YES
### Corporate Standard
#### Health Surveillance

**HB#560248**

**Attachment 2**: Summary of SCL Hazards for which Health Surveillance is Required

<table>
<thead>
<tr>
<th>Location</th>
<th>Hazard Requiring Surveillance</th>
<th>Testing Required</th>
<th>Workers</th>
<th>Minimum Frequency Required</th>
</tr>
</thead>
</table>
| All sites with asbestos | Asbestos | ▪ Baseline / routine Lung Function (Standard respiratory function test including, for example, FEV1, FVC and FEV1 / FVC)  
▪ If drop in lung function and/or based on advice from Occupational Physician the following may be required:  
▪ Demographic, medical and occupational history  
▪ Exposure record (Asbestos Questionnaire)  
▪ Health advice  
▪ Physical examination  
Refer Qld WH&S Regulation 1997, Schedule 6 | Employees | 12 monthly |
| All sites | Biological eg.  
- fungus  
- mould  
- bacteria  
- legionella | ▪ Blood (or other as advised by Medical Practitioner / Occupational Physician) | Employees and long term contractors | On request |
<table>
<thead>
<tr>
<th>Location</th>
<th>Hazard Requiring Surveillance</th>
<th>Testing Required</th>
<th>Workers</th>
<th>Minimum Frequency Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stanwell Power Station</td>
<td>Coal Dust, Crystalline Silica, Fly Ash</td>
<td>▪ Baseline / routine Lung Function (Standard respiratory function test including, for example, FEV1, FVC and FEV1 / FVC) If drop in lung function and/or based on advice from Occupational Physician the following may be required: ▪ Chest X-ray, full size PA view ▪ Demographic, medical and occupational history ▪ Exposure record ▪ Health advice ▪ Standard respiratory questionnaire to be completed Refer Qld WH&amp;S Regulation 1997, Schedule 6</td>
<td>Employees and long term contractors</td>
<td>12 monthly</td>
</tr>
<tr>
<td>Kareeya Power Station</td>
<td>Noise</td>
<td>▪ Base line audiometry (Reference)</td>
<td>Employees and long term contractors</td>
<td>Is to occur as soon as practicable on commencement of employment or relocating from an office site to a production site</td>
</tr>
<tr>
<td>Barron Gorge Power Station</td>
<td></td>
<td>▪ Initial monitoring audiometry</td>
<td>Employees and long term contractors</td>
<td>Within 6 months of base line audio to determine effectiveness of controls</td>
</tr>
<tr>
<td>Location</td>
<td>Hazard Requiring Surveillance</td>
<td>Testing Required</td>
<td>Workers</td>
<td>Minimum Frequency Required</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Mackay Gas Turbine</td>
<td></td>
<td>• Routine monitoring audiometry</td>
<td>Employees and long term contractors</td>
<td>12 monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Employees and long term contractors identified as requiring testing more or less frequently</td>
<td>As required e.g. High Risk - 6 monthly</td>
</tr>
<tr>
<td>Kareeya Power Station</td>
<td></td>
<td>• Medical and occupational history</td>
<td>Employees and long term contractors undertaking lead-risk jobs</td>
<td>Prior to commencing;</td>
</tr>
<tr>
<td>Barron Gorge Power Station</td>
<td></td>
<td>• Physical examination / blood test (based on advice from Medical Practitioner / Occupational Physician)</td>
<td>Refer Qld WH&amp;S Regulation 1997, Schedule 6.</td>
<td>As soon as possible, and within one (1) month from commencement of the lead-risk job;</td>
</tr>
<tr>
<td>Stanwell Power Station</td>
<td></td>
<td></td>
<td></td>
<td>Again two (2) months later; and</td>
</tr>
<tr>
<td>Mackay Gas Turbine</td>
<td></td>
<td></td>
<td></td>
<td>Once more, no later than six (6) months from the commencement of the lead-risk job.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Note: The frequency of monitoring for a worker is to be determined by the designated doctor, based on the worker’s latest results.</td>
</tr>
<tr>
<td>Location</td>
<td>Hazard Requiring Surveillance</td>
<td>Testing Required</td>
<td>Workers</td>
<td>Minimum Frequency Required</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Employees and long term contractors following exposure to lead</td>
<td>On request</td>
</tr>
</tbody>
</table>

Note: Where a worker is suspected to have been exposed to an excessive level of lead, SCL is to immediately remove the worker from the lead-risk job, and ensure that health surveillance is carried out on the worker as soon as possible (but no later than seven (7) days), after the worker has been removed from the lead-risk job.