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++ Functional Flowchart

- + Refer [Attachment 1: Health Surveillance Flow Chart](#). This flow chart provides an overview of the stages of health surveillance – planning, undertaking surveillance, reviewing results and follow-up.

+ 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 ($\mu\text{mol/L}$) or micrograms per decilite ($\mu\text{g/dL}$).

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 $1.45 \mu\text{mol/L}$ ($30 \mu\text{g/dL}$) 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.

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](#)

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

NOHSC 1007 (2000) – National Standard for Occupational Noise
NOHSC 7039 (1995) - Guidelines for Health Surveillance

- + + AS/NZS: 1269.1: 2005 - Measurement and Assessment of Noise Immision and Exposure
- + AS/NZS: 1269.4: 2005 - Occupational Noise Management - Auditory Assessment
- + AS 2411 - 1993: Venous blood – Determination of lead content-Flame atomic absorption spectrometric method.
- + 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

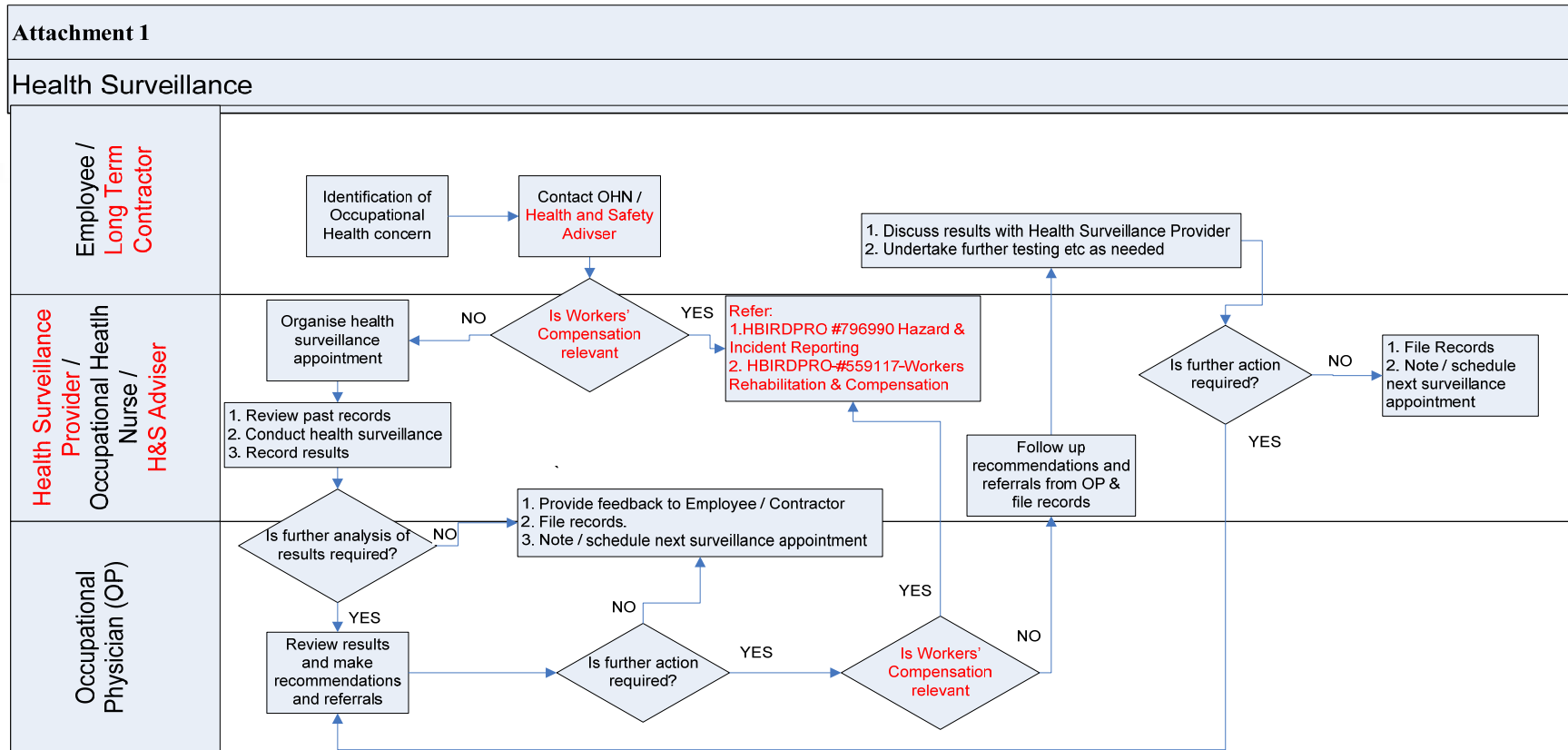
[Attachment 1 Health Surveillance Flow Chart](#)

[Attachment 2](#) Summary of SCL Hazards for which Health Surveillance

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Attachment 1: Health Surveillance Flow Chart



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

Location	Hazard Requiring Surveillance	Testing Required	Workers	Minimum Frequency Required
All sites with asbestos Persons previously working at a SCL site with asbestos based on advice from Occupational Physician	Asbestos	<ul style="list-style-type: none"> ▪ Baseline / routine Lung Function (Standard respiratory function test including, for example, FEV1, FVC and FEV1 / FVC) <p>If drop in lung function and/or based on advice from Occupational Physician the following may be required:</p> <ul style="list-style-type: none"> ▪ Demographic, medical and occupational history ▪ Exposure record (Asbestos Questionnaire) ▪ Health advice ▪ Physical examination <p>Refer Qld WH&S Regulation 1997, Schedule 6</p>	Employees	12 monthly
All sites	Biological eg. <ul style="list-style-type: none"> - fungus - mould - bacteria - legionella 	<ul style="list-style-type: none"> • Blood (or other as advised by Medical Practitioner / Occupational Physician) 	Employees and long term contractors	On request

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Location	Hazard Requiring Surveillance	Testing Required	Workers	Minimum Frequency Required
Stanwell Power Station Persons previously working at SPS or having been exposed to Crystalline Silica at SCL sites based on advice from Occupational Physician	Coal Dust Crystalline Silica Fly Ash	<ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ 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&S Regulation 1997, Schedule 6	Employees and long term contractors	12 monthly
Kareeya Power Station Barron Gorge Power Station Stanwell Power Station	Noise	<ul style="list-style-type: none"> • Base line audiometry (Reference) 	Employees and long term contractors	Is to occur as soon as practicable on commencement of employment or relocating from an office site to a production site
		<ul style="list-style-type: none"> ▪ Initial monitoring audiometry 	Employees and long term contractors	Within 6 months of base line audio to determine effectiveness of controls

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Location	Hazard Requiring Surveillance	Testing Required	Workers	Minimum Frequency Required
Mackay Gas Turbine		<ul style="list-style-type: none"> Routine monitoring audiometry 	Employees and long term contractors	12 monthly
			Employees and long term contractors identified as requiring testing more or less frequently	As required e.g. High Risk - 6 monthly
Kareeya Power Station Barron Gorge Power Station Stanwell Power Station Mackay Gas Turbine	Lead	<ul style="list-style-type: none"> Medical and occupational history Physical examination / blood test (based on advice from Medical Practitioner / Occupational Physician) Refer Qld WH&S Regulation 1997, Schedule 6.	Employees and long term contractors undertaking lead-risk jobs	<ul style="list-style-type: none"> Prior to commencing; As soon as possible, and within one (1) month from commencement of the lead-risk job; Again two (2) months later; and Once more, no later than six (6) months from the commencement of the lead-risk job. Note: The frequency of monitoring for a worker is to be determined by the designated doctor, based on the worker's latest results.

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Location	Hazard Requiring Surveillance	Testing Required	Workers	Minimum Frequency Required
			Employees and long term contractors following exposure to lead	<p>On request</p> <p>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.</p>