

Terms of Reference

Medical Audit – Mining properties

Newfoundland and Labrador

Background

Iron ore surface mining has been carried out by two companies, the Iron Ore Company of Canada (IOCC) and Wabush Mines (Scully), in Labrador West since the early 1960s in strata containing about 25% quartz. In the mid 1970s silicosis began to be diagnosed in the work forces.

In the early 1980s, a multi-million dollar study was carried out in Labrador West to assess the adverse health effects of silica exposure at these two iron ore mines. The original Labrador West Dust Study (LWDS) included but was not limited to ambient air studies in the plants and community, engineering/dust control studies in plants, and health surveillance studies of workers. The study concluded in 1982 that there were 43 workers at IOCC and 14 workers at Scully Mines who had pneumoconiosis.

As a result of this study a Silica Code of Practice enforceable by the NL Occupational Health and Safety Act and Regulations was introduced in 1984.

In the early to mid 1990s a three phase audit was undertaken by Government: a medical audit, an industrial hygiene dust audit, and a silica hazard awareness training audit. The study proposed a follow-up medical audit.

In 2000, Government representatives met with stakeholders of IOCC and Scully to discuss the type and extent of follow-up required. It was suggested and agreed to complete a phase 1 LWDS to determine the need for and extent of follow-up action by an external agency above and beyond the company's existing dust surveillance, dust management and health surveillance programs.

The Phase I work was completed by McMaster University and a final report was generated in March, 2002 and distributed to stakeholders. A summary of the Phase 1 findings relevant to this RFP are as follows:

1. True risk of silicosis and pneumoconiosis from previous studies may be an underestimate mainly because of the fact that silicosis rarely occurs among people earlier than 20 years from start of exposure.
2. An epidemiologic study (dose-response) similar to the 1982 LWDS, could be performed but not advised. Instead a study based on the reading of x-rays would provide the necessary information as to the extent of the problem at much lower cost and is the recommended study option.
3. Need to ensure retired workers are followed up post-employment. Future studies should also take this into consideration.
4. Need to re-focus efforts regarding dust hazard awareness training.
5. Need to revise Silica Code and ensure consistent enforcement.

The Silica Code was revised in consultation with stakeholders around 2004 and is currently in force at both properties. Section 9 of the Code deals with health surveillance requirements.

Recognizing the importance of dust control management, the Department of Government Services, Occupational Health and Safety Division, commissioned a ventilation audit by Canmet, Natural Resources Canada, approximately around 2005 in both properties to review dust control initiatives. A number of recommendations arose from this review and these were communicated to both workplaces.

The current workforce at IOCC and Scully deemed to be employed in a dust exposure operation are participating in a silica related medical surveillance program as required by the Silica Code of Practice.

The Department, soliciting stakeholder input, has agreed to move forward to undertake a medical review as suggested in the McMaster phase 1 report. This medical assessment approach has resulted in the development of the attached Request for Proposal.