

To:

Queensland Coal Mine Inspectorate
Resources Safety and Health Queensland (RSHQ)

Subject: *Feedback on Consultation Draft: Underground mines rescue medical guideline (2025)*

Dear RSHQ,

We have had the opportunity to review and provide comment on the *Underground Mines Rescue Medical Guideline – Consultation Draft (November 2025)*. As an underground coal mine operating in Queensland, we acknowledge the critical role that well-defined medical standards play in ensuring that underground mines rescue personnel can undertake emergency response tasks safely, competently and without unacceptable risk.

Overall, the draft guideline is comprehensive, clinically robust, and well aligned with the high-risk and high-demand nature of underground mines rescue operations. The emphasis on consistency across AMAs and the clearer structure for determining medical suitability is welcomed. We support and agree with the statement “*The health assessment under the CMWHS for UMRWs needs to be more stringent than that for normal mining work*”.

The changes outlined in this draft, help to further define guidelines on medical standards and expectations for the requirements of underground mines rescue workers. The detailed guidance provided in each medical category allows for more consistent decision-making and reduces ambiguity for AMAs and relevant personnel on site.

The guideline appropriately reflects the unique hazards of underground mines rescue work. The close working relationships of underground coal mine workers is unique within the industry. The draft may benefit from considering psychological screening and emergency preparedness training for these workers.

Review of the consultation draft with senior site personnel and mines rescue workers we would like provide feedback below;

- Section 7.1 we have concerns with the statement “*diabetes mellitus requiring treatment with agents other than insulin. Worker is medically suitable (subject to review) to proceed to mines rescue training and testing (or tasks if QMRS certified).*” The nature of an underground event requiring UMRW can be prolonged and unpredictable. In the event of prolonged exposure or poor conditions, a UMRW with diabetes mellitus may become physiologically impaired, despite a well-controlled condition. Thus placing additional risk on suitability to perform inherent requirements of the UMRW role.

- Section 11.2 statement “*shorter seizure-free periods may be considered if worker’s seizure situation matches one of those described in General assessment guidelines section above. In these cases, worker still requires report from neurologist addressing above criteria. It is just the seizure-free period that is potentially decreased.*” Our feedback is to consider a minimum of 3-year seizure free period is appropriate. If a shorter period is agreed upon by the greater majority, an allowable period needs to be established and defined in this policy.
- Some workers may no longer meet the more stringent standards, despite previously being certified for underground rescue duties. In this instance, we request clarification on how transitioning to the new medical standards will be managed and associated timelines proposed.

We appreciate the time and effort that has gone into this draft proposal. We support and encourage proposed changes to the process, remaining hopeful this will further strengthen our mines rescue procedures.

Please do not hesitate to get in contact with us, if you require clarity on any of the feedback points raised.

Sincerely,

Oaky Creek Coal