

AHPPC OUT OF SESSION

Description: Latrobe Valley Coal Mine Fire			
Audience:	AHPPC Members	Security level:	Committee in Confidence
Requesting/action officer:	Dr Rosemary Lester Department of Health Victoria		
Purpose:	Seeking advice		
Date on GovDex/to members	Emailed to members on 5 March 2014		
Response due date:	5 March 2014		
Responses as at:	7 March 2014		
Corporate file	Electronic trim file		
Outcome:	See comments below.		

	RESPONDENT	COMMENT
JURISDICTIONAL MEMBERS		
CMO	Prof Chris Baggoley	TBA
NSW CHO	Dr Jeremy McAnulty	See attached.
QLD CHO	Dr Jeannette Young	Unable to provide a response within the timeframe.
VIC CHO	Dr Rosemary Lester	N/A – requesting officer.
WA CHO	Prof Tarun Weeramanthri	WA has already had input through EnHealth and confirmed support for the response provided by EnHealth.
SA CHO	Dr Stephen Christley	Unable to provide a response within the timeframe.
NT CHO	Dr Steven Skov	Unable to provide a response within the timeframe.
ACT CHO	Dr Paul Kelly	<p>Advice regarding proposed advisory levels</p> <ul style="list-style-type: none"> The PM_{2.5} Response Protocol allows a staged approach to provide advice and undertake certain actions. The core issue is an advisory level for PM_{2.5} has been set at a concentration of 250µg/m³ for a 24 hour period. This is 10 times the current standard for a 24 hour average, set at 25µg/m³ The 24 hour average standard is permitted to be exceeded 5 times per annum. However, this guidance has been set recognising uncontrollable circumstances (such as bushfires) and is not strictly health based. An annual average standard also exists (8µg/m³) to account for long term exposures with chronic health effects. Exposure to people for a few weeks to a month is not considered to be long term exposure. The ACT air quality data set would need to be checked, however, periods where the ACT has experienced a concentration of 250µg/m³ for a 24 hour period for more than 1 to 2 days are believed to be rare to non-existent. For the proposed action level to come into effect, the ACT would be experiencing some sort of emergency. <p>Advice regarding protocol, wording and policy</p> <ul style="list-style-type: none"> The column titled 'Potential health effects' uses subjective terms to describe likelihood. The use of 'significant' and 'serious' could appear to overstate the gravity of the exposure. Advice should be provided on levels and associated health impacts rather than making recommendations. As such, people will be enabled to make their own judgement, depending on individual effects, on when

		<p>to relocate or remove themselves from affected areas.</p> <ul style="list-style-type: none"> • The use of 'strongly recommended' in the actions column of the HIGH-Extreme advisory level implies that action <u>must</u> be taken. • The wording of the 'actions' column is too strong and needs to be less alarming to the general public. The words 'strongly recommended' should be replaced by 'advised'. • The 'actions' should advise that if you are sensitive to smoke or feeling affects of smoke exposure, you should leave/relocate from the area. • The document needs to clearly state that implementation only occurs in a defined event, such as the Hazelwood Coalmine fire, or during significant prolonged exposure. • The advice in the protocol is practical in Morwell's case. However, the protocol cannot be seen as a one size fits all approach. What is practical will be determined by the type of incident the ACT is responding to. <p>Consultation with NSW Health</p> <ul style="list-style-type: none"> • Adrian Farrant (HPS) spoke with Richard Broome (NSW Health) who agreed with the issues raised regarding the wording in the protocol. Richard advised NSW Health will be making similar comments on the document. <p>Other issues</p> <ul style="list-style-type: none"> • The short turnaround times in producing the protocol have meant the information is reliant upon expert opinion, rather than a detailed analysis of currently available scientific advice. • Debate will inevitably occur regarding the concentrations assigned to each advisory level. The HPS advises that the 250µg/m³ level for HIGH-Extreme appears to be in line with available evidence, and is defensible as a good starting point. Levels could later be revised following the provision of additional evidence. • The ACT does not currently have the ability perform mobile air quality monitoring to the extent currently being performed at Morwell. Should a localised event occur in or near the ACT, specialised equipment from other jurisdictions may need to be deployed. • Toxic compounds have not been addressed in the protocol. The toxins within the smoke from the coal fire would be different compared to smoke from a bushfire. • If a toxic situation arises in the ACT, separate advice would be required and a precautionary approach should be taken.
TAS CHO	Mr Roscoe Taylor	<p>We offer the following comments for consideration.</p> <ul style="list-style-type: none"> • Particulate filters could be considered as an alternative or temporary measure to the prospect of relocation • The nature of the risk from coal fires (local, persistent) is somewhat different from forest fires and might be an explicit consideration in the decision making • The guideline has very clearly defined action levels and actions, which has the potential to work against a more precautionary approach to early warnings. Also it's likely that susceptibility will vary, even within the "sensitive groups" category, which means that operating in strict accordance with the specific criteria

		<p>in the guideline may not serve everyone in the "sensitive groups" equally well. That said, using the guidelines in the content of the particular event, and taking into account other information would result in a more flexible and precautionary approach.</p> <ul style="list-style-type: none"> • There may a contradiction within the table about rescheduling competitive school sports only at 157-250, whereas avoidance of outdoor physical activity by children seems to kicks in earlier at 96 to 156.
NZ Ministry of Health	Dr Darren Hunt	No response received by the deadline.
CDNA	Dr Paul Armstrong	No response received by the deadline.
PHLN	Dr Vitali Sintchenko	No response received by the deadline.
AMRSC	Dr Marilyn Cruickshank	No response received by the deadline.
enHealth	Mr Jim Dodds	enHealth support the document.
EMA	Mr Mark Crowweller	<p>Dear colleagues,</p> <p>Thank you for circulating the papers relating to the Hazelwood Coal Mine Fire incident. Our comments are limited given the technical nature of these documents.</p> <ol style="list-style-type: none"> 1. AHPPC Discussion Paper- Latrobe Valley coal mines fire - no advice, EMA not qualified to provide environmental health advice. 2. Morwell Coalmine Fire – Teleconference outcomes – noted. 3. PM2.5 Response Protocol 'Draft' – no comments, EMA not qualified to make comments on a Health Protection document.
Defence	Rear Admiral Robyn Walker AM, RAN	No response received by the deadline.
Health Disaster Rep	Ms Alison McMillan	No response received by the deadline.
Health Disaster Rep	Mr Greg Mundy	No response received by the deadline.
Mental Health Expert	Prof Beverley Raphael	No response received by the deadline.
NCCTRC	Dr Len Notaras	No response received by the deadline.
C'w Chief Nurse	Ms Rosemary Bryant	No response received by the deadline.
Clinical – Burns Expert	Prof Fiona Wood	No response received by the deadline.



Health

Australian Health Protection Principal Committee out of session item:

Latrobe Valley coal mines fires

Purpose of agenda item is to seek:

- Comments on the Victorian Department of Health actions in relation to the Latrobe Valley coal mines fires; and
- Advice on further health protection actions in relation to these fires.

Comments due to AHPPC secretariat by COB 7 March 2014

NSW Health comments:

Comments regarding scientific statements made in the agenda paper

- The statement "The known health effects of short-term exposure (days to months) to smoke include ... low birth weight of affected foetuses" lacks evidence. Associations have been observed between exposure during pregnancy and these outcomes, however this evidence is insufficient to conclude the association is causal (US EPA 2009). In the context of air pollution management, short-term generally refers to 24hr exposure and long-term to exposure for several years or a life-time. These definitions have arisen from the epidemiological study designs used to study the health effects of air pollution.
- It would be useful to reference the evidence supporting the statement "The risk of illness for sensitive groups increases with multiple days of exposure". This is a critical piece of information for decision making, and we are not aware of the studies that show this. As it stands, the implication is that the risk per day increases (ie 1% on day 1, 2% on day 2 rather than the cumulative effect of a 1% increase over several days)

Comments regarding the enHealth teleconference and the proposed response protocol:

- The advice in proposed protocol is quite strong. The individual risk from PM is small and unlikely to justify a government recommendation that vulnerable groups "should" relocate. Relocation is potentially costly and presents its own health risks. It would be more appropriate to provide people with advice that allows them to make an informed decision about whether relocation is an appropriate for them.
- If a recommendation is made for vulnerable groups to relocate, then it must be made absolutely clear that this advice only relates to the Morwell situation. There is the risk this advice could set an unjustified precedent.



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- Given that air quality changes substantially day-to-day, implementation of general advice to relocate might be challenging. In addition, the protocol is based on 24hr average PM_{2.5} levels. Unless there is a good model for forecasting of these levels, there will always be a substantial lag between the 24hr average and actual air-quality. This can be a communication challenge.

Comments on actions to date:

- The agenda paper does not specify the individuals and organisations from which Victoria obtained advice. Publication of the details of expert advisors may improve the community's confidence in the response.
- This protocol is specific to this incident, and not proposed as a national protocol.
- Consideration should be given to including details in the protocol on de-escalation of actions such as 'relocation'. Special consideration should be given on how to limit public confusion if the situation rapidly worsens.
- The purpose and scope of the proposed health risk assessment is not clear. How will the Health Risk Assessment information will be used to inform into government response? Who is conducting the assessment? How will the results be communicated, and what will be done if they conflict with advice given to date?
- In any assessment of longer term risks from this incident, a key question will be onset and cessation lags. That is, how long after a change in longer-term exposure to air pollution are the effects of this change observed. This is an uncertain area. It is likely that some effect occurs in the first year, but full effects are not reached for several years. A very useful review of this evidence is available at <http://www.comeap.org.uk/images/stories/Documents/Reports/supporting%20paper%20-%20walton.pdf>.

Further actions:

- A meeting between the community and independent experts in the health effects of air pollution could help to build the community's confidence.