

Response ID ANON-3ZYE-Y63F-K

Submitted to **Second phase open consultation for the National Dust Disease Taskforce**
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Regulatory and Governance

1 From a regulatory perspective, what should be considered 'engineered stone'? Please provide the rationale for your recommendation.

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Any manufactured product that contains crystalline silica (quartz, cristobalite or tridymite) in a concentration that when mechanically processed without suitable control will generate dust with an airborne respirable crystalline silica concentration greater than 0.025mg/m³.

The rationale for this is that engineered stone should be identified as high risk with licensing requirements around the sale and processing of engineered stone. Research will need to be done to establish what percentage of crystalline silica in engineered stone corresponds to specific airborne concentrations. An airborne concentration of 0.025mg/m³ is selected as this represents a 50% action level of the workplace exposure standard.

2 Various jurisdictions have already banned uncontrolled dry processing of engineered stone. What other practical measures could be introduced to reduce worker exposure to silica dust?

Various jurisdictions have already banned uncontrolled dry processing of engineered stone. What other practical measures could be introduced to reduce worker exposure to silica dust?:

When the United States Department of Labor Occupational Safety and Health Administration revised the silica exposure standard in the United States they also introduced Standard 1926.1153, which is prescriptive legislation around specific controls required for certain tasks in construction work.

One of the challenges in making a change to introducing new controls in the construction industry is that for many businesses if something is not prescriptively regulated, if there is a cost, it will not be adopted.

For proper change it needs to start with safety in design. Tools or equipment that by the way they operate generate high levels of dust should not be allowed to be sold without dust control devices.

3 Relevant to dust-related diseases, what mechanisms exist or could be further developed to ensure effective enforcement of regulations and codes of practice?

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Regulators seem to be under resourced with suitably qualified personnel (i.e. occupational hygienists)

4 Hazard elimination sits at the top of the hierarchy of control measures (see <https://www.safeworkaustralia.gov.au/risk> for an example of a hierarchy of control measures). Do you consider a ban (either total or partial) of high silica content engineered stone material, a proportionate and practical response to the emergence of silicosis in the engineered stone benchtop industry in Australia?

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No a ban is not the solution. The solution may be to introduce licensing and strict compliance auditing including submission of regular exposure monitoring results to the regulator.

5 The Taskforce is aware some jurisdictions are considering a licensing scheme for engineered stone. Do you consider this a proportionate and practical response in relation to the following: a. restricted (under licence) or otherwise prohibited manufacture in Australia? b. restricted (under licence) or otherwise prohibited importation and distribution? c. fabrication and installation performed only under licence? d. licence required after installation modifications or repurposing of installed engineered stone?

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I support licensing in all scenarios

6 What learnings from the re-emergence of accelerated silicosis as an occupational health and safety risk can be applied to enhance workplace health and safety systems more generally?

What learnings from this issue of the re-emergence of an occupational health and safety risk can be applied to enhance workplace health and safety systems?:

There needs to be more focus on identifying emerging hazards. For instance nanomaterials have significant potential to be a health risk based on their size. But it will take decades for the epidemiology to catch up, controls should be robust now.

Workforce Organisational Culture

1 Given the nature of the building and construction industry, and the increase in the number of smaller, often independent businesses and suppliers, what particular strategies and supports are needed to ensure that these businesses are able to provide adequate protection for workers?

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It is disappointing that in NSW rebates on dust control investment had a low uptake. This highlights my earlier point on requiring more prescriptive legislation for minimum controls such as on-tool dust extraction.

2 What health and safety strategies can be improved?

What health and safety strategies can be improved?:

The occurrence of accelerated silicosis highlights a lack of awareness in the construction industry around what are typically chronic health risks. Changing this culture will be hard, but it is similar to how attitudes to smoking have changed generationally. In my experience I do find that younger workers have more of a perception of latent health risk, so further emphasis on occupational health should apply across all levels of training for construction industry participants.

3 What return to work support is available or should be considered to assist workers following a diagnosis of silica-associated disease, including for those who are unable to return to the engineered stone industry?

What return to work support is available or should be considered to assist workers following a diagnosis of silica-associated disease, including for those that are unable to return to the engineered stone industry? :

PCBUs that have failed to protect workers should be financially responsible for reskilling workers who can no longer participate in the industry.

4 What are examples of good dust exposure workplace monitoring processes? (Where possible please provide evidence to support the effectiveness of these processes).

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The current methodology for RCS exposure monitoring requires collected samples to be analysed in laboratories, which ultimately leads to a delay in getting results. On a tunnel construction project I supplemented my exposure monitoring program with using direct reading instruments. Currently there are no direct reading instruments for RCS, but existing technology can be used in an indicative manner to enable real-time evaluation of the efficacy of controls. SafeWork NSW Centre for WHS is currently collaborating on the development of a RCS direct reading instrument.

Resourcing and Capability

1 What specific resources (eg information, education, other supports etc.) are required, that are not currently available, for small to medium sized businesses, to ensure that owners and staff are fully informed of the availability and correct use of control methods, including by workers from non-English speaking backgrounds?

What specific resources are required, that are not currently available for small to medium sized businesses to receive information, education and support in order to be fully informed and to educate employers and employees on the availability of and correct use of control methods, including by workers from non-English speaking backgrounds?:

Practical guidance on implementing and maintaining control measures. Safe Work Australia released a Code of Practice, but this was focused on engineered stone. There needs to be a wider reaching construction industry Code of Practice for working with products that contain crystalline silica.

2 With a specific focus on dust related diseases, what mechanisms exist that could be used as a basis for providing a coordinated national system with representation across stakeholder disciplines for identifying and communicating emerging issues?

With a specific focus on dust related diseases, what mechanisms exist that could be used as a basis to provide a coordinated national system with representation across stakeholder disciplines for identifying and communicating emerging issues?:

The Coal Industry has the Standing Dust Committee. This is a tripartite (regulator, unions and mining companies) group established for the sole reason of reducing dust exposure. The resources industry has a system of certifying workers, which includes health monitoring. As many high risk workers, such as tunnel construction, work across different regions to follow the work a national system to capture competencies and health monitoring would be of significant benefit.

Research and Development

1 What industry mechanisms could be introduced to ensure workers have appropriate competencies for handling engineered stone or preforming processes that generate silica dust?

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Licensing

2 What are the specific challenges related to linking workplace exposure with disease development (at a later date) and how should these be addressed?

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Lack of exposure monitoring data. Transient work force means a worker who develops a disease could have worked for multiple employers, so it is very difficult to link disease to specific exposures.

Statutory monitoring linked to health monitoring records would provide an evidence based approach.

3 What are three key pieces of information about dust disease that you would like to see collected at a national level? What are the three key uses of the information collected at a national level?

What are three key pieces of information about dust disease that you would like to see collected at a national level? What are the three key uses of the information collected at a national level?:

1. Source of exposure - enable prioritising interventions
2. A detailed exposure profile across industry - standardise Similar Exposure Groups (SEGs) across industry as is done in the resources sector, statutory exposure monitoring to provide a database of exposure - to prioritise interventions.
3. Compensation claims to support the need for intervention

4 What alternative products are currently available which could replace high silica-content engineered stone? How could we drive innovation in relation to products?

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5 The interim advice identified immediate research priorities which has led to a research funding grant opportunity announced by the Medical Research Future Fund and National Health and Medical Research Council. Are there other research priority areas that have not been identified in the interim advice that should be considered, and why? What research areas should be a priority following this first round of research funding?

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Research into the development of an instrument to enable the direct measurement of airborne RCS

Your submission

1 Publishable version of your submission

Publishable submission:

No file was uploaded

2 Full submission to be provided to the Taskforce

Full submission:

No file was uploaded

3 Upload your submission

Privacy information and consent to publish

1 Privacy and personal information

2 Consent to publish on the internet

I CONSENT to publication of my anonymous submission on the webpage, but do not consent to any identifying information being published.*

3 Third Party personal information and evidence of consent to publish

Third party consent:

No file was uploaded

Your details

1 Your name:

Name:

[REDACTED]

2 Your email address:

Email:

[REDACTED]

3 Your organisation (leave blank if individual):

Organisation:

[Redacted]

[Redacted]

[Redacted]