

# National Strategic Action Plan for Lung Conditions: Occupational Dust Diseases.

## RESPONSE

PERSON-CENTRED, COMPREHENSIVE, COLLABORATIVE AND  
EVIDENCE BASED WORKING ACROSS LUNG CONDITIONS

### Prevention and Risk Reduction

Harmonise state and territory workplace health and safety laws for dust diseases; focussing on measurable and enforceable workplace air quality standards for all Australian workplaces and implementing practical exposure control and reduction measures for particulate matter.

Investigate the opportunity to impose an import ban on imported manufactured stone products containing high levels of silica.

### Awareness and Stigma

Fund a national awareness and education campaign – for community and industry – to raise awareness of workplace lung health, identify risks and implement preventative or control measures.

### Diagnosis, Management and Care

Implement and fund CT scans for at risk workers; as standard for suspected cases of occupational lung disease.

Fund and establish a telephone support service for the families and individuals diagnosed with silicosis, black lung or other occupational lung diseases.

Establish a dedicated training fund to support individuals affected by dust disease transition to new work through training and re-education.

### Partners in Health

Empower workers and employers to raise concerns, report challenges and seek solutions together; through a new co-operative partnership focussed on occupational lung disease.

### Equitable Access

Establish and fund national free screening and health check monitoring programs for workers in high risk occupations.

### Research and Monitoring

Establish a National Dust Diseases Registry as an independent authority, supported by a mandatory notification scheme for occupational lung diseases.

Fund research and innovation for occupational lung diseases.

## Prevention and risk reduction

### *Harmonise state and territory workplace health and safety laws for dust diseases.*

Legislation must be the same in each state and territory and focus on:

- Measurable and enforceable workplace air quality standards for all Australian workplaces. State and Territory governments must fund mandatory air quality monitoring in workplaces where any exposure to dust occurs; and
- Implementing practical exposure control and reduction measures for dust particulate - with workers (humans) the paramount consideration - based on established evidence. LFA calls for an immediate reduction in workplace exposure standard for respirable crystalline silica to 0.025mgm/m<sup>3</sup>, with a view to further reduction in consultation with industry, unions, researchers, government and medical professionals. LFA also calls for an immediate prohibition in all states and territories on dry cutting of manufactured stone.

### *Investigate the opportunity to impose an import ban on manufactured stone products containing high levels of silica.*

The current regulatory regimes concerning products containing asbestos, provide a framework for a potential ban or restriction on importing products containing high levels of silica. An import ban on manufactured stone products may be the only viable means of protecting small contractors and their workers from exposure to deadly levels of silica.

### *Consideration of a resource and process, within Border Protection, to ensure border control is responsive to the introduction of "new" materials which may pose an unacceptable risk to the health and well-being of Australian workers.*

Lung Foundation Australia notes that the connection between manufactured stone and silicosis emerged in Israel as early as 2014. We live in a rapidly changing world; caution and inquiry, should be applied by dedicated and established agencies/divisions responsible for importing products into Australia.

## Awareness

### *Fund a national awareness and education campaign – for community and industry – to raise awareness of workplace conditions on lung health, identify risks and implement preventative or control measures.*

Lung Foundation Australia has successfully delivered community education and awareness campaigns for more than 29 years. Awareness and education campaigns support preventative health behaviours as well as early detection of workplace practices or products of concern. We believe in educating our community on the importance of lung health, the circumstances and factors that place lung health at risk, and how to reduce or avoid those risks. Knowledge empowers individuals to make choices that support their health. As noted in our cover letter, the recent emergence of silicosis and black lung reflects a lack of knowledge in a new generation of workers, of the materials and circumstances in the workplace that may compromise their health. We strongly recommend that any knowledge and awareness campaigns, are developed in conjunction with business, industry, unions, clinicians, patients and their families, and are rolled out in workplaces as soon as possible. LFA believes awareness campaigns in the broader community are also essential; to empower families and carers to support workers in seeking treatment or raising concerns with their employer, and to help consumers make informed purchases.

Lung Foundation Australia strongly recommends that targeted and local campaigns be developed, implemented and assessed *with* culturally and linguistically diverse and first nations communities.

## Diagnosis, Management and Care

***Implement and fund CT (computerised tomography) scans rather than chest X-rays for at risk workers, as standard for suspected cases of occupational lung disease.***

Chest X-rays are failing reliably to detect occupational lung disease. In one cohort of Queensland workers 43% with ILO (International Labour Organisation) classified normal chest x-rays had disease visible on CT [scans]<sup>i</sup>. Lung Foundation Australia strongly recommends that where lung disease is suspected in workers from high risk industries (mining, construction, stone masonry, tunnelling), these workers are immediately referred for CT scans. These scans must be provided at no cost to the worker. LFA also strongly recommend the creation of a national advisory group, with appropriate medical expertise, to determine best (and emerging) practice for screening for occupational dust disease.

***Fund education and training to support health professionals diagnose and treat occupational lung disease.***

Upskilling existing frontline health professionals will rapidly improve diagnosis, management and care of individuals. Dedicated resources must be allocated to leading agencies and professional bodies, such as RANZCR, ANZSTR and TSANZ<sup>ii</sup>, to create new, and where appropriate update, clinical practice guidelines and tools to assist health professionals to make timely diagnosis of occupational lung diseases and deliver best-practice, up-to-date care. Training for health practitioners, must complement these guidelines and tools.

***Fund and establish a telephone support service for all individuals affected by a diagnosis of occupational lung disease.***

This service would provide a single point of contact for families, carers and workers affected by a diagnosis of occupational lung disease to access information and referrals, including referrals to mental health services, and receive support and guidance.

Lung Foundation Australia currently operates the only lung cancer telephone support service in Australia. Lung Foundation Australia can leverage existing resources and expertise to stand-up, within a short period of time, a national telephone service to support people affected by silicosis, black lung and other occupational lung diseases. We estimate initial costs to be under \$350,000.00 to develop assessment and referral tools and operate the service for one year with two social workers and one specialist nurse.

***Establish a dedicated training fund to support individuals affected by dust disease transition to new work through training and re-education.***

Men and women affected by silicosis and occupational lung disease have a right to the dignity afforded by work; to use their skills and abilities to support their families and contribute to the Australian community. A diagnosis of occupational lung disease should not mean an end to work. Lung Foundation Australia calls on Australian governments to establish a dedicated training fund to facilitate the participation of individuals diagnosed with an occupational lung disease in the workforce, in a different, chosen role.

## Partners in Health (self-management)

***Empower workers and employers to raise concerns, report challenges and seek solutions together.***

Creating an environment of open co-operation is essential to effectively combating occupational lung disease. Many workers, including those with limited education and/or English language proficiency and those with fragile economic circumstances, are often afraid to raise concerns or seek health screening. Lung Foundation Australia believes that all stakeholders engaged in this recent process – unions, professional and industry bodies, businesses – have positively contributed to advancing solutions to the current crisis and ongoing prevention efforts. To build on this, Lung Foundation Australia recommends the creation of a national Dust Diseases Authority, representative of stakeholders, to engage in dialogue, create resources and processes, support education and awareness campaigns. The Safework NSW Silica Working Party established in September 2019 under the SafeWork NSW Engagement Model for national infrastructure projects, may provide an initial framework for advancing this concept.

## Equitable Access

***Establish and fund nationalised free screening and health check monitoring programs for workers in high risk occupations.***

Access to timely care, especially diagnostic care, is proven to increase individual treatment outcomes and decrease demand on the health system. Lung Foundation Australia notes the complexity of circumstances which gave rise to the current emergence of silicosis and black lung; workers in high risk occupations must be supported with free screening and health check monitoring programs.

## Research and Monitoring

***Establish a National Dust Diseases Registry as an independent authority, supported by a mandatory notification scheme for occupational lung diseases.***

The registry would be the authoritative body, with collection, monitoring and reporting responsibilities, similar in purpose and operation to the Queensland notifiable dust lung disease register<sup>iii</sup> and the Victorian Lung Cancer registry.

***Investment in research and innovation for occupational lung diseases.***

As noted in our opening remarks occupational lung disease is not new. Like other lung diseases, occupational lung disease suffers from a deficit of investment in research, despite its prevalence in society. Dedicated resources must be allocated to map occupational lung diseases and build knowledge about the prevention, diagnosis and management of lung conditions.

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<sup>i</sup> *Position Statement; Imaging of Occupational Lung Disease*, The Royal Australian and New Zealand College of Radiologists, 4 October 2019.

<sup>ii</sup> RANZCR – The Royal Australian and New Zealand College of Radiologists.  
ANZSTR – The Australian and New Zealand Society of Thoracic Radiology.  
TSANZ – The Thoracic Society of Australia and New Zealand.

<sup>iii</sup> See *Public Health Act (Qld) 2005*, and *Public Health Regulation (Qld) 2018*.