



## National Dust Disease Taskforce Consultation Synthesis

### About this report

This report provides a high-level synthesis of the insights, views, feedback and advice gathered by the National Dust Disease Taskforce during three rounds of consultation conducted over 2019 – 2021. The report draws on submissions and summary reports from each round of consultation, as provided by the Australian Government's Department of Health.

This report was prepared by Lung Foundation Australia in February 2022. It will be used to inform the development of the National Silicosis Prevention Strategy (NSPS) and accompanying National Action Plan (NAP), and to support other occupational lung disease initiatives as relevant.

### Background

In response to the emerging trend of new cases of accelerated silicosis, the Australian Government established the National Dust Disease Taskforce (the Taskforce) on 26 July 2019 to undertake an independent review of the systems in place to protect Australians who are at risk of occupational dust disease and inform a national approach to the prevention, early identification, control and management of occupational dust diseases in Australia<sup>1</sup>. The Taskforce focused its review on accelerated silicosis and engineered stone although recognised the need for broader action on dust diseases.

The Taskforce's Final Report<sup>2</sup> was developed following extensive consultation with a broad range of stakeholders, and consideration of specifically commissioned research, including research with people affected by silicosis and other dust diseases (access the Quantum Market Research report [here](#)).

### Consultation process

The Taskforce's three rounds of consultation from mid-2019 to mid-2021 gathered input from a broad range of stakeholders including the Australian community and people directly affected by silicosis, governments, industry and workplace health and safety stakeholders, unions, regulators, key health and medical professionals, businesses, employers, employees and co-workers.

An overview of the Consultation Process is provided in Figure 1. More information on the Taskforce's Consultation Process and submissions can be found [here](#).

---

<sup>1</sup> National Dust Disease Taskforce Terms of Reference:  
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/\\$File/TOR-Nat-Dust-Disease-Taskforce.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/$File/TOR-Nat-Dust-Disease-Taskforce.pdf)

<sup>2</sup> National Dust Disease Taskforce Final Report to Minister for Health and Aged Care:  
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/\\$File/NDDT-Final-Report-June-2021.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/$File/NDDT-Final-Report-June-2021.pdf)



**Figure 1: National Dust Disease Taskforce Consultation**

26 July 2019 →	Oct-Nov 2019 →	Dec 2019 →	Oct-Dec 2020 →	April 2021 →	June 2021 →
<p>National Dust Disease Taskforce established</p>	<p><b>PHASE 1 CONSULTATION</b></p> <p><b>Purpose</b> Seek the views and insights of the community and stakeholders, and inform the development of the Taskforce's Interim Advice.</p> <p><b>Method</b></p> <ul style="list-style-type: none"> <li>• Written submissions (online survey, feedback via email, written submissions)</li> <li>• 11 consultation forums</li> <li>• 1 research workshop</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• 69 stakeholder submissions</li> <li>• 146 individuals attended consultation forums</li> <li>• 24 research workshop participants</li> </ul>	<p>Taskforce presents Interim Advice, including 5 early recommendations and a number of findings for further consideration.</p>	<p><b>PHASE 2 CONSULTATION</b></p> <p><b>Purpose</b> Seek advice and feedback from stakeholders on the Taskforce's Interim Advice to inform the development of its Final Report.</p> <p><b>Method</b></p> <ul style="list-style-type: none"> <li>• Written submissions based on a consultation paper</li> <li>• 11 consultation sessions</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• 38 stakeholder submissions</li> <li>• Approx. 44 individuals attended consultation sessions</li> </ul>	<p><b>PHASE 3 CONSULTATION</b></p> <p><b>Purpose</b> Targeted consultation to seek views on the Taskforce's draft vision, strategies and priority areas for action, and identify any practical issues in the implementation of these priorities.</p> <p><b>Method</b></p> <ul style="list-style-type: none"> <li>• Written submissions based on a consultation paper</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• 22 stakeholder submissions</li> </ul>	<p>Taskforce presents Final Report to Minister for Health and Aged Care.</p> <p>The Final Report includes a recommendation to finalise and implement the NSPS and associated NAP (Rec 3a.)</p>



## Consultation insights

### Key points

Throughout the Taskforce's Consultation Process there was universal agreement regarding the following overarching key points:

- Strong, effective and swift action is required to protect Australians who are at risk of occupational lung disease
- As there is currently no treatment for silicosis, prevention of cumulative workplace exposure that may result in the development of silicosis is therefore the highest priority
- A whole-of-government, integrated approach including national and state and territory governments across health and regulatory agencies is critical for success
- Action must be inclusive of:
  - High-risk industries where occupational dust is a risk factor for lung disease (e.g. mining, quarrying, construction, tunnelling, demolition, stone masonry), and not be limited to the engineered stone benchtop industry
  - Workplaces of all sizes, including small to medium enterprises (SME) and micro businesses and larger businesses
  - Each point and function within complex supply chains, ensuring an end-to-end focus (e.g. from manufacturing to disposal of engineered stone benchtops)
- Action must be evidence-informed and focussed on improving patient outcomes
- Action must have clear timelines and accountability for leadership and implementation.

### Key themes

Five key themes emerged throughout the consultation as priorities requiring further attention and investment, as outlined below.

#### 1. Prevention and Risk Reduction

*“There is a strong desire to attack the root cause of silicosis underpinned by a belief that prevention in the long term will be the most effective defence to eliminating silicosis.”<sup>3</sup>*

Many consultation responses contained a sense of exasperation with the re-emergence of a debilitating and often fatal disease with a known and preventable cause. Previous government and Senate enquiries<sup>4</sup> and the lack of action in prevention were noted. There was strong support for urgent and immediate action to prevent silicosis and other occupational lung diseases before they occur (primary

---

<sup>3</sup> Hall & Partners National Dust Disease Taskforce Consultation Synthesis Report: Phase 2 Consultation:

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/F97F131EF2D99D6BCA25870B007EEEEBA/\\$File/Final-Report-Second-Phase-Consultation.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/F97F131EF2D99D6BCA25870B007EEEEBA/$File/Final-Report-Second-Phase-Consultation.pdf)

<sup>4</sup> Commonwealth of Australia (2006) Senate Inquiry into Workplace Exposure to Toxic Dust, Parliament of Australia: [https://www.aph.gov.au/parliamentary\\_business/committees/senate/community\\_affairs/completed\\_inquiries/2004-07/toxic\\_dust/report/index](https://www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/2004-07/toxic_dust/report/index)



prevention). A range of preventive measures were explored, with broad support for risk reduction measures to prevent workplace exposure and awareness and education strategies to promote awareness of the health consequences and actively reinforce and encourage safe work practices.

## **2. Early Detection and Screening**

Stakeholders emphasised the importance of diagnosing occupational lung disease as early as possible to enable appropriate treatment of affected workers and reduce the adverse consequences of a diagnosis, and the need to monitor the health of high-risk workers (secondary prevention). A key theme in feedback was support for greater national consistency in health monitoring and screening workers who currently have, or previously had, exposure to respirable crystalline silica, to aid early diagnosis and exposure tracking data.

Stakeholders noted that improved health monitoring, screening and surveillance would help to address the substantial challenge of tracing historical instances of workplace exposure to a disease which might not present symptoms until decades following exposure, a challenge compounded by the lack of data which is not yet consolidated or available at a national level.

*“Stakeholders agree that to even begin to address this issue [bridging the gap between workplace exposure level, cumulative development of disease, and latent diagnosis of occupational dust diseases] a national dust disease register, and the availability of accurate exposure and screening data is the starting point.”<sup>3</sup>*

## **3. Governance, Regulation and Legislation**

Stakeholders noted that the increase in the number of workers in the engineered stone industry who have been diagnosed with silicosis suggests a regulatory failing, which may have occurred as a consequence of structural issues with existing Workplace Health and Safety (WHS) laws or enforcement issues, or both. There is insufficient data to determine the exact cause.

Issues identified by stakeholders included complexity of regulation and lack of clarity on requirements, a significant degree of non-compliance with existing regulation, and lack of understanding and awareness of the hazardous nature of working with engineered stone amongst both businesses and workers.

Overall, there was strong support for immediate action to change and improve regulatory, compliance and enforcement arrangements to ensure better protections for workers from the risks of silicosis and other occupational lung diseases. Efforts to harmonise policies and processes across jurisdictions particularly given the transitory nature of the workforce were supported.



Some stakeholders were of the view that the current laws required tightening, while others felt that they provided adequate protection, but enforcement of regulations was inadequate.

Proposed reforms considered at length included a product ban or importation ban on engineered stone products including the enforcement mechanisms such as border and custom checks, the introduction of nationally consistent licensing schemes for the engineered stone industry, a greater focus on ensuring enforcement and compliance with WHS laws, and improving awareness and education of the risk related to silica dust exposure at each point of the long and complex supply chain. Support for specific reforms varied amongst stakeholders, particularly in regards to a product ban.

The lack of data was seen as particularly problematic for addressing the question of whether a ban (complete or partial) on engineered stone is a justifiable action in the medium to long-term, and to understand the efficacy of current WHS practices in action.

#### **4. Workforce Support**

Consultation responses highlighted the need to ensure that the health workforce is well equipped to diagnose, manage and support patients with occupational lung diseases.

Due to the central role of health monitoring and screening programs in the early diagnosis and monitoring of occupational lung disease, stakeholders noted that it is critical that occupational health assessments are provided at the highest possible standard, in line with evidence-based best practice. Education and training for medical and health professionals involved in occupational health assessments to ensure they are able to accurately identify different types of silicosis in its early stages was identified as a priority.

Additional measures proposed to support the medical and health professional workforce and promote best practice include education and training programs on silicosis and other lung diseases, multidisciplinary care teams, and the development and dissemination of evidence-based information, resources, guidance and tools. The discussion focused on medical and health professionals, however stakeholders acknowledged a need to support other related professionals, as lung diseases affect all aspects of people's lives.

#### **5. Research**

The consultation highlighted a lack of research and knowledge in relation to occupational lung diseases in Australia that together with inconsistencies across jurisdictions and significant data gaps, are impeding Australia's ability to take coordinated, effective action to prevent silicosis and other lung diseases.



A strategic approach to research to better understand occupational lung diseases with the ultimate aim of improving prevention and treatment options was widely supported, alongside the importance of expanding data collection capabilities.

*“The Registry has to be a priority so we can understand the picture among the bigger group.”<sup>3</sup>*

Establishment of the National Occupational Respiratory Disease Registry (Registry) was overwhelmingly supported as a key mechanism for building comprehensive knowledge and enabling national, population-level monitoring and surveillance of silicosis and other occupational lung diseases. Stakeholders expressed support for the Registry to initially focus on silicosis across all relevant industries, provided there is potential for scope to expand in future to cover other occupational lung diseases.

### **Other matters raised**

#### **1. Support for Affected Workers**

Stakeholders expressed preference for improved support services for affected workers and their families in order to maintain or improve their quality of life, reduce symptoms and prevent further complications. This included support for people affected by the different types of silicosis (acute, accelerated, and chronic). It was noted that support must be tailored and appropriate for the workforce, which is highly casualised, young, mobile and culturally and linguistically diverse.

*“Many workers are incapable of returning to work because of their ongoing condition, with current schemes attempting to place them in work they cannot physically endure... many who may not have skills outside of industries where exposure occurred”<sup>3</sup>*

Stakeholders called for return-to-work initiatives to be upgraded urgently with more robust programs implemented, and the introduction of harmonised workers' compensation legislation across Australian jurisdictions that acknowledges that silicosis is debilitating and often fatal. It was noted that a diagnosis of an occupational lung disease has a terrible impact on all aspects of people's lives, and there is a need for psychological, financial and return-to-work support for affected workers.

Version: 1.2

Prepared by: Rebecca Zosel on behalf of Lung Foundation Australia, 24 February 2022

Reviewed by: Dr Ryan Hoy, 25 February 2022

Approved by: Australian Government Department of Health, 4 March 2022