



National Silicosis Prevention Strategy 2023-2028 and accompanying National Action Plan Mapping Activity

National Silicosis Prevention Strategy 2023-28 and accompanying National Action Plan (Fifth Draft – January 2023)	<u>National Dust Disease Taskforce (NDDT) Final Report to Minister for Health and Aged Care (June 2021)</u>	<u>All of Governments' Response to the Final Report of the National Dust Disease Taskforce (April 2022)</u>	<u>Consultation Regulation Impact Statement – Managing the risks of respirable crystalline silica (June 2022)</u>
PA1: Workplace Risk Reduction			
<p>1.1 Commence processes to implement a full ban on the importation of some or all engineered stone products if, by July 2024, there are no measurable and acceptable improvements in regulatory compliance rates for the engineered stone sector and/or preventative measures prove to be ineffective, including:</p> <ul style="list-style-type: none"> • Develop a comprehensive framework to evaluate the effectiveness of compliance with WHS duties and the effectiveness of measures to protect workers • Invest in measures to address gaps in silicosis knowledge and to ensure comprehensive and centralised data is available to inform the ban decision. 	<p>Recommendation 1d: "Commence the processes required to implement a full ban on the importation of some or all engineered stone products if, by July 2024: – There is no measurable and acceptable improvement in regulatory compliance rates for the engineered stone sector as reported by jurisdictions; and – Evidence indicates preventative measures are not effectively protecting those working with engineered stone from silicosis and silica-associated diseases." (p.11).</p>	<p>Australian governments note NDDT Recommendation 1d.</p> <p>"Australian governments note this recommendation. As noted above, substantial work has been undertaken by Commonwealth and state and territory governments and Safe Work Australia to address the increase in silicosis cases amongst engineered stone workers. Jurisdictions will continue to take action to minimise the risks of working with engineered stone. This includes supporting research on the use of engineered stone, and on the most effective control measures to protect those working with these products. A ban will only be considered if there are no measurable improvements in compliance and/or preventative measures prove to be ineffective. Consideration of a ban will require Commonwealth, state and territory governments to work together to develop a comprehensive framework to evaluate the effectiveness of compliance with WHS duties and the effectiveness of</p>	<p>"4.8 Options that were considered but assessed as infeasible. 4.8.1 Ban on engineered stone A ban on the use of engineered stone has not been included in this CRIS. The reasons for this include:</p> <ul style="list-style-type: none"> • the National Dust Disease Taskforce's Final Report did not recommend a ban on manufacture or use of engineered stone. It recommended that a ban on the importation of some or all engineered stone be considered by July 2024 if: 'There is no measurable and acceptable improvement in regulatory compliance rates for the engineered stone sector as reported by jurisdictions; and Evidence indicates preventative measures are not effectively protecting those working with engineered stone from silicosis and silica-associated diseases' (Department of Health 2021).



		<p>measures to protect workers, including any further measures implemented following Safe Work Australia's regulatory impact analysis process. Any decision to ban engineered stone products will be dependent on an objective assessment of the requirements established under the framework, noting that more time than that proposed by the Taskforce may be required to make this assessment." (p.11).</p>	<ul style="list-style-type: none"> • the All of Australian Governments' response to the National Dust Disease Taskforce report noted this recommendation and recognised that '... a comprehensive framework [is required] to evaluate the effectiveness of compliance with WHS duties and the effectiveness of measures to protect workers, including any further measures implemented following Safe Work Australia's regulatory impact analysis process'. The response also noted that further time may be required to make this assessment beyond the July 2024 proposed deadline (Australian Government 2022). • further information from research, compliance and enforcement initiatives will assist in determining whether engineered stone can be worked with safely, which will inform the decision around a ban. • as is the case for asbestos, the scope of the model WHS laws could only be extended to prohibit the use of engineered stone within each jurisdiction. It could not prevent the importation of engineered stone into Australia, which would need to be considered under the Commonwealth Customs Regulations, and • a ban on importation, manufacture and supply of engineered stone will not address the risks of silicosis in Australian workers exposed to RCS in other
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			industries such as mining, tunnelling and construction, nor will it address the risks associated with the processing or removal of engineered stone that is currently in situ." (p.34-35).
1.2 Implement a national ban to expressly prohibit uncontrolled dry cutting or processing of silica-containing materials and develop and implement an accompanying compliance strategy.	<p>"While an express ban on uncontrolled dry cutting of engineered stone with power tools has not been implemented in all jurisdictions, it is not permitted under WHS laws as dry cutting would immediately exceed the new Workplace Exposure Standard." (p.76).</p> <p>"As of June 2021, Safe Work Australia Members have agreed to amend the model WHS regulations to expressly prohibit uncontrolled dry cutting of engineered stone." (p.77).</p>	"Safe Work Australia Members have agreed to amend the model WHS Regulations to expressly prohibit uncontrolled dry cutting of engineered stone. This work is underway." (p.9).	"The model Code of Practice: Managing the risks of respirable crystalline silica from engineered stone in the workplace (the model Code), published in October 2021, outlines specific duties for PCBUs working with engineered stone. To have legal effect in a jurisdiction, a model Code must be approved as a code of practice in that jurisdiction. As of June 2022, the model Code has been enacted in New South Wales and Tasmania. In 2019, Queensland implemented a Code of Practice: Managing respirable crystalline silica dust exposure in the stone benchtop industry covering natural and engineered stone (Workplace Health and Safety Queensland 2019). WorkSafe Victoria has also implemented a Compliance Code: Managing Exposure to Crystalline Silica - Engineered Stone (WorkSafe Victoria 2020). The model Code: ... specifies that PCBUs must not direct or allow workers to undertake uncontrolled dry cutting or processing of engineered stone." (p.67).
1.3 Develop and implement a national licensing framework to support the introduction of jurisdictional licensing schemes for businesses working with engineered stone.	Recommendation 1c: "Urgently conduct a regulatory impact analysis (RIA) to identify and decide implementation of measures that provide the highest level of protection to workers from the risks associated with respirable	Australian governments support NDDT Recommendation 1c. "Australian governments support this recommendation. As noted, Safe Work Australia has commenced a regulatory	"Number 4 – National licensing framework for PCBUs working with engineered stone. Option type: Regulatory. Description: Implementation of a national licensing framework for PCBUs working with



	<p>crystalline silica generating activities in the engineered stone industry. The RIA must consider: – A licensing scheme or equivalent to restrict access to the product to those businesses that can demonstrate the ability to effectively manage the risks..." (p.11).</p> <p>"The introduction of licensing schemes should effectively achieve many prevention goals." (p.8).</p> <p>"There was broad support across stakeholders for the development and implementation of a national licensing framework to support the introduction of jurisdictional licensing schemes." (p.73).</p> <p>"Licensing was perceived by stakeholders as a 'catch-all' option to address education, training, health surveillance, monitoring and data collection. Stakeholders emphasized the need for licensing to be nationally consistent, and called for schemes to be implemented concurrently across jurisdictions." (p.24).</p>	<p>impact analysis on options to minimise the risks of respirable crystalline silica. This will include consideration of a licensing scheme, as well as other regulatory and non-regulatory options. WHS Ministers have asked Safe Work Australia to consider the Taskforce's findings as part of the regulatory impact analysis. Outcomes from the regulatory impact analysis, including a cost benefit analysis of considered options, will be provided to WHS Ministers for decision, noting that any proposed amendments to the model WHS laws are subject to agreement by a two-thirds majority of WHS Ministers. Commonwealth, state and territory governments are individually responsible for implementation of amendments to the model WHS laws within their jurisdiction." (p11).</p>	<p>engineered stone through changes to the model WHS laws." (p.28).</p> <p>"Option 4: Implementation of a national licensing framework for PCBUs working with engineered stone. This option seeks to implement a national licensing framework for PCBUs working with engineered stone, under the model WHS laws. This option is based on the recent amendments related to licensing of employers working with engineered stone under the Victorian Occupational Health and Safety Amendment (Crystalline Silica) Regulations 2021 and would require all PCBUs working with engineered stone to obtain a licence to do so." (p.31).</p> <p>"PCBUs (not individual workers) undertaking an engineered stone process would be required to obtain and hold a licence with the state or territory regulator. Licences would require renewal every 5 years." (p.31).</p>
<p>1.4 Implement measures to enhance air monitoring and reporting in relation to RCS to ensure:</p> <ul style="list-style-type: none"> Employers regularly carry out air monitoring to assess exposure to RCS 	<p>Recommendation 1a: "Take immediate action to ensure that businesses working with engineered stone demonstrate that they: – Effectively and continuously manage the risks for workers associated with working with engineered stone; – Regularly monitor and record silica dust levels in the workplace, and have these</p>	<p>Australian governments support NDDT Recommendation 1a.</p> <p>"Australian governments support this recommendation. Under the model WHS laws, persons conducting a business or undertaking (PCBUs) have a duty to eliminate or otherwise minimise risks</p>	<p>"...the lack of a national requirement to report exposure above the WES threshold has resulted in inadequate and inconsistent records for workplace exposure data across jurisdictions." (p.39)</p> <p>The provision of all results of workplace air monitoring to the WHS regulator within 30</p>



<ul style="list-style-type: none"> • Air monitoring is carried out under the governance of a Certified Occupational Hygienist (COH)® • Mandatory reporting of exceedances of the WES for RCS to jurisdictional regulators • Immediate regulatory action is taken in response to exceedances of the WES for RCS • A national register is established that reports on compliance with the WES for RCS. 	<p>results validated by an appropriately trained occupational hygienist" (p.11).</p> <p>"...at present, there is no formal centralised system to capture and analyse data about worker exposure and air monitoring, and report this information in a routine way to inform policy making or compliance responses." (p.46).</p>	<p>associated with respirable crystalline silica in the workplace, so far as is reasonably practicable, and have obligations to conduct air monitoring and health monitoring, and not exceed the workplace exposure limits...Safe Work Australia's review of the workplace exposure limit for respirable crystalline silica was completed in 2019 and all jurisdictions, have implemented the reduced eight-hour time weighted average of 0.05 mg/m3. SWA has published a Working with silica and silica containing products guide and is currently developing additional guidance on the risks of occupational lung diseases. WHS Ministers have approved a new model Code of Practice on Managing the risks of respirable crystalline silica from engineered stone in the workplace. Once adopted in jurisdictions, the code will provide businesses with practical guidance, which can be referred to by the courts, on how to work with engineered stone safely. Some jurisdictions have already implemented their own Code of Practice to address the risks of respirable crystalline silica in the stone benchtop industry." (p.9).</p>	<p>days of receiving reports is considered under Option 4 and Option 5a and 5b.</p> <p>"Option 4: Implementation of a national licensing framework for PCBUs working with engineered stone. The requirements would be as follows...</p> <ul style="list-style-type: none"> • licensees would have an explicit duty to undertake and report air monitoring. In addition to the requirements of model WHS Regulations r50, licensees must provide all results of air monitoring to the WHS regulator within 30 days of receiving reports." (p. 32) <p>"Option 5a: Additional regulation of high risk crystalline silica processes for all materials including engineered stone. The requirements in addition to Option 3 would be:...</p> <ul style="list-style-type: none"> • in addition to the clarification of the existing requirements in the model WHS Regulations for air (Option 3), under this option, PCBUs would be required to provide all results of workplace air monitoring to the WHS regulator within 30 days of receiving reports." (p. 33) <p>"Collating air and health monitoring reports would provide a source of data for regulators to determine whether control measures are adequate to reduce the risk of exposure to RCS." (p.34)</p>
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			<p>"The reports would provide WHS regulators with greater visibility of the number and proportion of PCBUs working with engineered stone who are undertaking air and health monitoring programs. Currently, a PCBU working with engineered stone must ensure that air monitoring is carried out to determine the airborne concentration of RCS in a worker's breathing zone, if necessary, to determine whether there is a risk to a worker's health, or if the PCBU is not certain whether RCS levels exceed the WES. Although there is currently no explicit requirement for results of air monitoring data to be provided to regulators, Safe Work Australia is currently investigating if reporting of exceedances of the WES for some or all airborne contaminants could be mandatory under the dangerous incident provisions of the model WHS Act (see Section 1.4.3). If this work was to proceed, it would be part of a separate regulatory impact analysis process." (p.54).</p> <p>It was noted that a system developed to administer a licensing framework could also be used to collate health and air monitoring data (p.43).</p>
<p>1.5 Introduce a national requirement for a Safe Work Method Statement (SWMS) or similar statement to be completed before carrying out work that includes a risk of exposure to RCS to support PCBUs to fulfil their WHS duties in relation to managing the risks of RCS in the workplace.</p>	<p>Recommendation 1: "Strengthen work health and safety measures to ensure workers are protected from exposure to respirable crystalline silica and its devastating consequences. Maintaining the status quo is not acceptable." (p.7).</p>	<p>Australian governments support NDDT Recommendations 1a, 1b and 1c. Australian governments note NDDT Recommendation 1d.</p> <p>"Australian governments support the Taskforce's view that further decisive action</p>	<p>Silica risk control plans/engineered stone control plans are considered within Option 4 and Options 5a and 5b.</p> <p>"Option 4: Implementation of a national licensing framework for PCBUs working with engineered stone.</p>



		<p>is required to better protect workers in dust generating industries and to support affected workers and their families." (p.3)</p>	<p>The requirements would be as follows:...</p> <ul style="list-style-type: none"> • licensees would be required to develop and implement an engineered stone control plan which: <ul style="list-style-type: none"> – identifies the work undertaken by the licence holder that requires an engineered stone licence, – states the hazards and risks associated with that work (i.e. includes a risk assessment), – sufficiently describes measures to control those risks – describes how the risk control measures are to be implemented, and – is set out and expressed in a way that is readily accessible and comprehensible to all people who use it." (p.32). <p>"Licensees would also be required to develop and implement an engineered stone control plan which would include equivalent requirements to a SWMS. As noted previously, the model WHS laws already require a SWMS to be developed and implemented where processing of engineered stone is considered construction work (e.g., installation of benchtops). However, this requirement would require PCBUs involved in off-site manufacture and fabrication of engineered stone components to develop and implement an engineered stone control</p>
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			<p>plan, as this is not covered under the definition of high risk construction work." (p.54)</p> <p>"Additional regulations included in Option 5 would require PCBUs undertaking high risk crystalline silica processes to:</p> <ul style="list-style-type: none"> • undertake a risk assessment and develop and implement a silica risk control plan, unless a SWMS is already required" (p.55) <p>"Construction work is defined in the model WHS Regulations as any work carried out in connection with the construction, alteration, conversion, fitting-out, commissioning, renovation, repair, maintenance, refurbishment, demolition, decommissioning or dismantling of a structure. Regulation 291 of the model WHS Regulations sets out a list of high risk construction work for which a SWMS is required. This includes work carried out in an area that may have a contaminated or flammable atmosphere. Construction work that involves processing silica containing materials is high risk construction work when it generates RCS that may contaminate the workplace's atmosphere and would require a SWMS (Safe Work Australia 2021 a)." (p.66-67)</p>
<p>1.6 Implement measures to ensure that the Workplace Exposure Standard (WES) for RCS</p>	<p>"In 2019, WHS Ministers agreed to reduce the eight-hour time weighted average for workplace exposure for respirable crystalline silica from 0.1 mg/m³ to 0.05 mg/m³,</p>	<p>Activity 1.6 not specifically addressed.</p> <p>"The ACT Government has acknowledged however that the recommended health-</p>	<p>Activity 1.6 not specifically included.</p> <p>"An exposure standard represents the airborne concentration of a particular</p>



<p>protects exposed workers from adverse health effects, including:</p> <ul style="list-style-type: none"> • Review the WES maximum level of exposure every 2-3 years • Review WES methodology • Further research to enable lower standards to be effectively measured. 	<p>commensurate with levels set internationally. As of 8 June 2021, all jurisdictions, except Tasmania, have implemented the reduced value. Ministers also agreed that further work be conducted on solutions to measurement limitations of respirable crystalline silica, with the aim to further reduce the Workplace Exposure Standard to a time weighted average of 0.02 mg/m3." (p.76).</p> <p>Research priority: "Verification of the Workplace Exposure Standards for respirable crystalline silica of less than 0.05mg/m3, and its evidence-based impact on workers' risk exposure." (p.63).</p> <p>Purpose of the National registry: "monitor the effectiveness of policy and regulatory arrangements, particularly those associated with Workplace Exposure Standards, and assist with the development of evidence-based policies on the prevention of occupational respiratory diseases to support government decision making and program execution." (p.66).</p>	<p>based exposure standard for silica dust is closer to 0.02 mg/m3 and efforts would be made to consider reducing the exposure standard to be closer to the health based standard." (p.33).</p>	<p>substance or mixture that must not be exceeded. However, it does not represent a line between a 'safe' and 'unsafe' concentration of an airborne substance or mixture. The exposure standard does not eliminate risk of disease and some people might experience adverse health effects below the exposure standard." (p.66).</p>
<p>1.7 Improve the availability and visibility of product labelling (e.g. label / Safety Data Sheets) across the supply chain by:</p> <ul style="list-style-type: none"> • Conduct a rapid desktop review of legal requirements for Safety Data Sheets and product labelling for materials and products that contain silica 	<p>"The Taskforce considered a range of regulatory options, including...licensing processes within the supply chain (which would encompass accreditation and certification, and labelling requirements)."</p> <p>(p.26).</p> <p>"The Taskforce strongly supports the implementation of a comprehensive</p>	<p>Activity 1.7 not specifically addressed.</p> <p>"Australian governments support the Taskforce's view that further decisive action is required to better protect workers in dust generating industries and to support affected workers and their families." (p.3)</p>	<p>Activity 1.7 not specifically included.</p>



<ul style="list-style-type: none"> • Implement national requirement for a consistent format for Safety Data Sheets and product labels for materials and products that contain silica, including engineered stone products • Implement a national compliance, education, and awareness campaign targeting product and chemical suppliers and safety data sheets for silica-containing products. 	<p>education and awareness campaign, targeting... Manufacturers to enlist their cooperation in promoting safe practices through labelling, provision of safety sheets for each stage of the supply chain and taking a lead role in product stewardship." (p.46).</p>		
<p>1.8 Develop and implement a workforce plan to ensure the multi-sector and multidisciplinary workforce required to effectively prevent silicosis nationally is suitably trained, resourced, and distributed, including measures to:</p> <ul style="list-style-type: none"> • Increase the supply of occupational hygienists in Australia • Ensure adequate resourcing of the Work Health and Safety workforce, including inspectors. 	<p>Recommendation 5: "Better support medical, health and other related professionals to improve the diagnosis and management of workers affected by silicosis. a. Fund multi-disciplinary teams of medical professionals, to improve education of doctors and better manage the care of patients, including people with potential but yet to be accepted diagnoses of silicosis or other occupational respiratory diseases. b. Develop, implement, and maintain Australian-based education and upskilling for medical professionals involved in occupational health screening including radiologists, to ensure that they are able to maintain and build expertise to report chest imaging for occupational health screening programs.</p>	<p>Australian governments note NDDT Recommendation 5a.</p> <p>"The Commonwealth Government is committed to ensuring that medical professionals are supported to better manage the care of patients through education on recommended treatment pathways and best practice approaches across assessment, treatment, and coordination of care for those affected by occupational respiratory diseases. Medical practitioners are able to use existing multidisciplinary care conference items available on the Medical Benefits Schedule (MBS). These items allow for a case conference to be organised to discuss a patient who has complex needs and requires care from a multidisciplinary team. Eligible allied health practitioners are also able to access new MBS items for General</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include:</p> <ul style="list-style-type: none"> • Funding to support additional training for medical practitioners to better recognise, diagnose and treat silicosis and other occupational respiratory diseases." (p.69). <p>Workforce plan not specifically included.</p>



	<p>c. Develop and disseminate information and education materials to health professionals and service providers who assess and support workers affected by dust diseases, as well as those who regulate businesses working with engineered stone." (p12).</p>	<p>Practitioner-led multidisciplinary case conferences for patients with chronic disease. The Department of Health will continue to work with relevant medical colleges and other stakeholders on whether specific changes to the MBS are required to improve the diagnosis, treatment and management of people with silicosis or other occupational respiratory diseases. These issues will also be considered in the context of the MBS Review Taskforce's recommendations relating to specialist and consultant physician attendances." (p.17-18).</p> <p>Australian governments support NDDT Recommendation 5b.</p> <p>"Commonwealth Government funding will be allocated to develop a training package to support radiologists and other health professionals to continue to build their skills and expertise in relation to chest imaging to improve accuracy in diagnosis" (p.18).</p> <p>Australian governments support NDDT Recommendation 5c.</p> <p>"The Commonwealth Government has awarded a grant of \$1.4 million to the Lung Foundation Australia to develop and deliver education and training resources for health professionals to improve diagnosis, management and care of people with lung</p>	
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		<p>conditions within Australia. This includes developing a national, evidence-based Lung Health Competency and Education Framework for Primary Care Health Professionals (PCHPs) that supports best-practice care for people with lung disease and lung cancer. Additional funding will be allocated by the Commonwealth Government to develop general training for a broad range of health professionals to support people affected by occupational respiratory diseases (see recommendation 5a)." (p.18-19).</p>	
<p>1.9 Development of best practice compliance and enforcement principles in relation to the risks associated with respirable crystalline silica.</p>	<p>Recommendation 1b: "Greater priority be given to work health and safety monitoring and compliance activities where workers are at risk of exposure to respirable crystalline silica. Specific consideration should be given to: – Development and introduction of an industry funding model to support ongoing regulatory activities; and – Increased frequency and robustness of workplace inspections and better promotion of actions taken by WHS regulators." (p. 11).</p>	<p>Australian governments support NDDT Recommendation 1b.</p> <p>"Australian governments support this recommendation. A comprehensive and robust compliance and enforcement regime plays an important role in ensuring businesses are complying with their WHS duties and implementing safe systems of work. WHS regulators have undertaken compliance and enforcement campaigns targeting businesses working with silica-containing materials, including engineered stone installation and fabrication, construction, mining, and quarrying, to ensure they are complying with their WHS duties and implementing safe work practices. In agreeing to this response, governments request that the Heads of Workplace Safety Authorities (HWSA) consider developing best practice compliance and enforcement principles in</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include:</p> <ul style="list-style-type: none"> • a request for Heads of Workplace Safety Authorities to consider developing best practice compliance and enforcement principles in relation to the risks associated with RCS." (p.69).



		<p>relation to the risks associated with respirable crystalline silica, taking into account work being progressed by Safe Work Australia in relation to the WHS regulatory framework." (p.10).</p>	
PA2: Education and Awareness			
<p>2.1 Undertake behavioural insights research with the core audiences for silicosis prevention to inform the development of targeted education, communication, and awareness activities.</p>	<p>Recommendation 3b: "Implement a national, targeted education and communication campaign, using lessons learned from jurisdictions and key stakeholders, by end 2021." (p. 14).</p> <p>"For prevention, awareness and education strategies to be effective, and correctly interpreted and implemented, tailored communications need to be designed to account for various levels of literacy as well as culturally and linguistically diverse audiences." (p.46).</p>	<p>Australian governments support NDDT Recommendation 3b.</p> <p>"Australian governments support this recommendation. The Commonwealth Government is currently funding specific education and awareness campaigns to prevent the risk of exposure to occupational lung diseases. This includes funding of \$1 million to the Lung Foundation Australia from 2020-21 to 2024-25 to improve awareness and understanding of lung conditions for population groups considered to be at an increased risk of experiencing poor lung health in Australia. Additional Commonwealth funding will be allocated for further education and awareness raising activities targeting high risk employees, high risk industries, carers and families of those impacted and culturally and linguistically diverse employees and employers. Safe Work Australia has completed a national education and awareness campaign for occupational lung diseases that targeted micro, small and medium-sized businesses in the construction, agriculture, manufacturing, and engineered stone</p>	<p>"Number 2 – Awareness and behaviour change initiatives. Option type: Non-regulatory. Description: Awareness and behaviour change initiatives targeted to workers, PCBUs and other duty holders in the construction, manufacturing, demolition tunnelling, quarrying, and mining industries." (p. 28).</p> <p>"The behaviour change component of Option 2 would move beyond simply clarifying or raising awareness of the requirements of the model WHS laws and take a behavioural economics approach to improving the compliance practices of duty holders. The design of such an initiative would be guided by behavioural economics experts, who would be engaged in the first year of the project to advise and develop appropriate strategies to improve compliance. Tactics that may be used include highlighting the extent of risks of RCS amongst workers, investigating incentives and disincentives to compliance and trialling different approaches amongst various industries and sectors. It is anticipated the initiatives would be repeated on an annual basis for a period of</p>



		<p>industries. The Clean Air. Clear Lungs. Campaign ended in December 2021. The Commonwealth Government is funding the development of training in silica safety awareness for inclusion in relevant national training products, such as those relating to demolition, bricklaying and stonemasonry. This work was commissioned by the Australian Industry and Skills Committee in August 2020 and is scheduled to be completed by mid-2022. The Construction, Plumbing and Services Industry Reference Committee, supported by the Commonwealth funded Skills Service Organisation Artibus Innovation is delivering the project. Any further Commonwealth involvement in an education and communication campaign will be determined based on the outcomes of the NSPS development process." (p.14).</p>	<p>five years. This option would directly address the lack of understanding of silica related risks and current regulatory requirements and is expected to improve compliance with the requirements. This can be measured through compliance and enforcement data (e.g., non-compliance notices issued, outcomes of workplace audits) which is currently collected by state and territory regulators." (p.29-30).</p>
<p>2.2 Implement a national, comprehensive and targeted education, communication, and awareness campaign that is tailored for and targets the core audiences for silicosis prevention education and awareness activities.</p>	<p>Recommendation 3b: "Implement a national, targeted education and communication campaign, using lessons learned from jurisdictions and key stakeholders, by end 2021." (p.11).</p> <p>"The Taskforce strongly supports the implementation of a comprehensive education and awareness campaign, targeting:</p> <ul style="list-style-type: none"> - Workers and families about risks, workers' rights, and preventative measures, - Businesses about risks, control measures and legislative requirements, 	<p>Australian governments support NDDT Recommendation 3b.</p> <p>See Activity 2.1 above.</p>	<p>"Number 1 - Base case. Option type: N/A. Description: This option includes the existing requirements of the model WHS laws, as well as several national regulatory initiatives that are underway." (p.28)</p> <p>"The base case includes the existing duties under the model WHS Act, model WHS Regulations and relevant model Codes of Practice that are described in Section 1.3. It assumes compliance and enforcement activities of state and territory regulators and education and awareness activities undertaken by Safe Work Australia, state</p>



	<ul style="list-style-type: none"> - Medical practitioners about occupational risk, symptoms, presentation, and evidence-based diagnostic techniques to help early diagnosis of silicosis, - Manufacturers to enlist their cooperation in promoting safe practices through labelling, provision of safety sheets for each stage of the supply chain and taking a lead role in product stewardship, - Designers and renovators of kitchen and bathrooms, as well as the general public, about the risks associated with silica, and to encourage consideration of safer alternatives, - Consumers about the risks associated with engineered stone and encouraging consideration of safer substitutes." (p.46). 		<p>and territory governments and industry groups will continue at current levels." (p. 28-29).</p> <p>"Number 2 – Awareness and behaviour change initiatives. Option type: Non-regulatory. Description: Awareness and behaviour change initiatives targeted to workers, PCBUs and other duty holders in the construction, manufacturing, demolition tunnelling, quarrying, and mining industries." (p. 28).</p> <p>"Key initiatives not otherwise mentioned in this CRIS include:</p> <ul style="list-style-type: none"> • Commonwealth funding for specific education and awareness activities to raise awareness about the risks to lung health in the workplace, targeting high risk employees, high risk industries, carers and families of those impacted, and culturally and linguistically diverse employees and employers." (p.69).
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<p>2.3 Implement a national requirement for accredited silicosis prevention and silica management education and training to be provided to workers who are at risk of RCS exposure, including:</p> <ul style="list-style-type: none"> • Develop and implement a national accreditation system for silicosis prevention and silica management education and training • Subsidise silicosis education and training to increase access and affordability • Establish a centralised online directory of accredited education and training. 	<p>"The national implementation of prevention, awareness and education strategies relating to silica dust, silicosis and other occupational respiratory diseases, targeted at duty holders, workers, health professionals and consumers, is essential." (p.42).</p> <p>"There is also an important role for the Commonwealth Government in developing national initiatives to complement the work of jurisdictions, raise awareness more broadly, and encourage greater consistency in messaging." (p.47).</p>	<p>"Model WHS laws and respirable crystalline silica...PCBUs must consult with workers on health and safety matters, provide information on the hazardous properties of a substance and how to use it safely, and provide appropriate instruction, training and supervision of workers." (p.6)</p>	<p>"Option 4: Implementation of a national licensing framework for PCBUs working with engineered stone. The requirements would be as follows:</p> <ul style="list-style-type: none"> • licensees would be required to implement specific control measures, including: ... <ul style="list-style-type: none"> ○ provision of information, instruction and training" (p. 32).
PA3: Health Monitoring, Screening and Surveillance			
<p>3.1 Conduct a rapid desktop review of existing health monitoring, screening, and surveillance programs for silicosis across all jurisdictions and at-risk sectors.</p>	<p>"Recent efforts to address the emerging trend in silicosis highlight the inconsistency in regulatory arrangements. Some jurisdictions have restricted uncontrolled dry-cutting through amendments to WHS regulations and implemented codes of practice. All jurisdictions except Tasmania have implemented the new Workplace Exposure Standard for respirable crystalline silica under their WHS laws. While these measures have served as an immediate response to an urgent issue within each jurisdiction, the lack of consistency across jurisdictions and more importantly, lack of consistency with guidance material, means businesses are not receiving consistent messaging, are not clear about their</p>	<p>Activity 3.1 not specifically addressed.</p>	<p>Activity 3.1 not specifically included.</p>



	<p>requirements, and may choose to favour requirements that entail lower costs. There is variation across jurisdictions in health monitoring practices, for instance, with some using chest X-rays and some using low dose HRCT scans for radiological screening. Workers' compensation arrangements also vary across jurisdictions, resulting in workers' entitlements being dependent on their place of work. These differences in arrangements can impact health and work outcomes. Given WHS laws are implemented, monitored and enforced independently in each jurisdiction, inconsistencies can also arise in their interpretation, application, and enforcement by WHS regulators. One of the strongest messages coming out of this review is the importance of consistent approaches by WHS regulators across jurisdictions to ensure that the harmonised laws are supported by a harmonised approach to their interpretation, application and enforcement." (p.25).</p>		
<p>3.2 Review and improve health monitoring requirements for workers exposed to RCS, by:</p> <ul style="list-style-type: none"> Developing national guidance to identify people at risk from RCS exposure and improve the quality, coverage, and risk-based approach to frequency of health screening assessments for current and former workers 	<p>Recommendation 1a: "Take immediate action to ensure that businesses working with engineered stone demonstrate that they:</p> <ul style="list-style-type: none"> Effectively and continuously manage the risks for workers associated with working with engineered stone; Regularly monitor and record silica dust levels in the workplace, and have these results validated by an appropriately trained occupational hygienist; and 	<p>Australian governments support NDDT Recommendation 1a.</p> <p>"Australian governments support this recommendation. Under the model WHS laws, persons conducting a business or undertaking (PCBUs) have a duty to eliminate or otherwise minimise risks associated with respirable crystalline silica in the workplace, so far as is reasonably practicable, and have obligations to</p>	<p>"In 2022, Safe Work Australia published a revised version of the national guide: Working with silica and silica containing products (Safe Work Australia 2022c), which will be translated into 6 additional languages. Safe Work Australia also recently revised its guidance on health monitoring, including publication of guides on Health monitoring: Guide for crystalline silica (Safe Work Australia 2020c), and Health monitoring: Guide for registered medical</p>



<ul style="list-style-type: none"> • Providing greater clarity regarding which workers are at risk of silicosis and need to undergo health monitoring by defining and clarifying what constitutes risk • Providing certainty of requirements by stipulating that HRCT scans are the primary method of screening for workers exposed to RCS. 	<ul style="list-style-type: none"> • Conduct regular health monitoring of all workers exposed to respirable crystalline silica." (p.11) <p>Recommendation 1c: "Urgently conduct a regulatory impact analysis (RIA) to identify and decide implementation of measures that provide the highest level of protection to workers from the risks associated with respirable crystalline silica generating activities in the engineered stone industry. The RIA must consider: – A licensing scheme or equivalent to restrict access to the product to those businesses that can demonstrate the ability to effectively manage the risks; and – Strengthening the health monitoring requirements include contemporary methodologies such as low dose high resolution computerised tomography (HRCT) scans, and to cover all workers at risk of exposure to respirable crystalline silica." (p.11).</p> <p>Recommendation 2: "Building on the early recommendation from the Interim Advice to develop national guidance to identify people at risk from respirable crystalline silica exposure, improve the quality, frequency and coverage of health screening assessments for current and former workers." (p.11).</p> <p>"National Guidance for doctors assessing</p>	<p>conduct air monitoring and health monitoring, and not exceed the workplace exposure limits." (p.9)</p> <p>Australian governments support NDDT Recommendation 1c.</p> <p>"Under WHS laws, duty holders are required to provide regular health monitoring to their workers where there is a significant risk to the worker's health because of exposure to respirable crystalline silica. The model WHS Regulations prescribe a chest X-ray as a minimum requirement for health monitoring of workers exposed to respirable crystalline silica. The model WHS laws also allow alternative methods of health monitoring if it is equal to or better than that prescribed under the regulations and is recommended by a registered medical practitioner with experience in health monitoring. The model Code of Practice: Managing risks of respirable crystalline silica from engineered stone in the workplace states that high resolution computerised tomography is more sensitive and effective than X-rays in the early detection of silicosis and may be used by the registered medical practitioner undertaking the health monitoring. Therefore, medical practitioners undertaking health monitoring may use high-resolution computerised tomography to monitor the health of workers." (p.11).</p>	<p>practitioners (Safe Work Australia 2020d)." (p.13-14)</p> <p>"4.8 Options that were considered but assessed as infeasible. 4.8.2 Replacement of chest X-Ray with low dose High Resolution Computerised Tomography in the minimum regulatory requirements for health monitoring." (p. 35)</p> <p>"Currently, the model WHS Regulations prescribe a chest X-ray as a minimum but allow for another type of health monitoring where the registered medical practitioner considers it is equal or better. Inclusion of low dose HRCT as a mandatory minimum regulatory requirement for health monitoring has not initially been included as an option because:</p> <ul style="list-style-type: none"> • As mentioned above, the model WHS Regulations already allow for equal or better methods to be used for health monitoring such as HRCT. • This would remove the medical practitioner's ability to determine that chest X-rays may be an appropriate method when carrying out or supervising health monitoring. There may be circumstances where chest X-rays are preferred, such as where workers have lower levels of exposure to RCS and the risks of radiation exposure outweigh the benefits of HRCT. The National
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	<p>workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis has been developed by the Taskforce to provide key practice points for medical practitioners, aimed at identifying people at-risk from silica dust exposure, and to carry out health surveillance within their specific training and experience. The National Guidance provides critical information for case-finding efforts which could be used by a business in an initial health screening assessment. In addition to the best practice approach identified above, the National Guidance provides a baseline for state and territory screening programs." (p.40).</p>	<p>Australian governments support NDDT Recommendation 2.</p> <p>"The National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis (National Guidance) was released on 21 February 2022. The National Guidance provides advice on how to effectively identify and assess people at-risk of disease from silica dust exposure in the engineered stone industry and carry out surveillance. The document recommends shared decision-making processes for assessing the respiratory health of a person who has been exposed to silica dust, and identifies triggers for referral for additional testing or investigations to reflect the person's circumstances, subject to the medical practitioner's judgement and individual patient's preferences. The Commonwealth Government will fund the development and implementation of resources to encourage and support General Practitioners to use the National Guidance. The Australian Government commits to undertaking regular review of the National Guidance in consultation with experts and medical colleges, to ensure it remains updated with the latest research and available evidence. Under the model WHS laws, duty holders are required to provide regular health monitoring to their workers if there is a significant risk to the worker's health</p>	<p>Guidance for Doctors Assessing Workers Exposed to Respirable Crystalline Silica Dust notes that '... because of the risk of false positives with the use of low dose HRCT in a screening context, it is not currently recommended as a frontline screening modality in those who do not meet eligibility criteria that would otherwise warrant immediate investigation for diagnostic purposes' (Department of Health 2022).</p> <ul style="list-style-type: none"> • Some stakeholders, in preliminary consultation for this RIS, also expressed concerns about access to low dose HRCT in rural and regional parts of Australia. The possible lack of availability of low dose HRCT technology to all workers, in all locations where workers may be exposed to RCS, could result in delays or decreased regularity of health monitoring, particularly in rural and regional areas." (p.35). <p>"Option 3 would clarify the existing requirements of the model WHS laws into specific regulations covering defined high risk silica processes." (p.30).</p> <p>"Specific regulations would assist in improving understanding of the requirements of the model WHS laws for</p>
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		<p>because of exposure to silica dust. Health monitoring is carried out or supervised by a registered medical practitioner. It involves examining and monitoring workers to see if exposure to crystalline silica at work is affecting their health. Health monitoring under the model WHS laws is different to health screening and does not include former workers. A number of jurisdictions provide free or subsidised health screening for workers exposed to silica dust however, these programs vary in scope. For example, some assist employers in meeting their obligations under the WHS laws. Health monitoring is a PCBU's responsibility for workers who are carrying out ongoing work using, handling, generating or storing respirable crystalline silica and there is a significant risk to the worker's health because of exposure. Health monitoring requirements only apply to current workers and is a tool for PCBUs to identify changes in the health status of their workers." (p. 12-14).</p>	<p>defined high risk silica processes and may improve compliance in sectors where the understanding of the requirements of the model WHS laws is limited." (p. 31)</p>
<p>3.3 Implement measures to enhance the medical screening and assessment of workers exposed to RCS to ensure that all workers (former, current, and future) exposed to RCS have been screened using HRCT scans, including:</p> <ul style="list-style-type: none"> Establish national occupational health monitoring and surveillance information system 	<p>Recommendation 1a: "Take immediate action to ensure that businesses working with engineered stone demonstrate that they:</p> <ul style="list-style-type: none"> Effectively and continuously manage the risks for workers associated with working with engineered stone; Regularly monitor and record silica dust levels in the workplace, and have these results validated by an appropriately trained occupational hygienist; and 	<p>Australian governments support NDDT Recommendations 1a, 1c and 2.</p> <p>See Activity 3.2 above.</p>	<p>"Under the model Code of Practice: managing the risks of respirable crystalline silica from engineered stone in the workplace, a PCBU working with engineered stone must organise and pay for health monitoring for all workers involved in fabrication and installation. The model WHS laws currently require that a PCBU disclose the results of health monitoring to the regulator as soon as practicable after obtaining the report if it contains advice</p>



<ul style="list-style-type: none"> • Implement processes to identify and reach all workers exposed to RCS and to follow up on screening or treatment drop-out • Fund and deliver outreach services to increase CT screening in regional, rural, and remote communities across Australia. 	<ul style="list-style-type: none"> • Conduct regular health monitoring of all workers exposed to respirable crystalline silica." (p.11) <p>Recommendation 1c: "Urgently conduct a regulatory impact analysis (RIA) to identify and decide implementation of measures that provide the highest level of protection to workers from the risks associated with respirable crystalline silica generating activities in the engineered stone industry. The RIA must consider: – A licensing scheme or equivalent to restrict access to the product to those businesses that can demonstrate the ability to effectively manage the risks; and – Strengthening the health monitoring requirements include contemporary methodologies such as low dose high resolution computerised tomography (HRCT) scans, and to cover all workers at risk of exposure to respirable crystalline silica." (p.11).</p> <p>Recommendation 2: "Building on the early recommendation from the Interim Advice to develop national guidance to identify people at risk from respirable crystalline silica exposure, improve the quality, frequency and coverage of health screening assessments for current and former workers." (p.11).</p>		<p>that test results indicate that the worker may have contracted a disease (such as silicosis)," (p. 54)</p> <p>The provision of all results of health monitoring to the WHS regulator within 30 days of receiving reports is considered under Option 4 and Options 5a & 5b.</p> <p>"Option 4: Implementation of a national licensing framework for PCBUs working with engineered stone. The requirements would be as follows...</p> <ul style="list-style-type: none"> • licensees would have an explicit duty to undertake and report health monitoring for their workers. In addition to the requirements of model WHS Regulations r368-378, licensees would be required to provide all results of health monitoring to the WHS regulator within 30 days of receiving reports." (p. 32) <p>"Option 5a: Additional regulation of high risk crystalline silica processes for all materials including engineered stone. The requirements in addition to Option 3 would be:...</p> <ul style="list-style-type: none"> • in addition to the clarification of the existing requirements in the model WHS Regulations for regular health monitoring (Option 3), under this option, under Option 5, PCBUs would be required to provide all results of health monitoring to the WHS regulator within 30 days of receiving reports." (p.33)
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	<p>"Nationally consistent and frequent health screening and surveillance of workers will also provide valuable data to assist with increased understanding of dust disease progression, especially silicosis. It will also assist with the detection of non-compliance by businesses or gaps with workplace controls, enabling implementation of appropriate and timely interventions that will play an important part in identifying emerging health issues and protecting workers who are at risk." (p.34).</p>		<p>"Collating air and health monitoring reports would provide a source of data for regulators to determine whether control measures are adequate to reduce the risk of exposure to RCS. Health monitoring reports may also provide additional data on whether the regulatory requirements are supporting a reduction in the numbers of cases of silicosis." (p.34)</p> <p>"Some regulators and union stakeholders expressed that the quality of reported health monitoring data is inconsistent across jurisdictions. This is resulting in challenges for regulators in monitoring and comparing the data effectively." (p. 39)</p> <p>"Inclusion of low dose HRCT as a mandatory minimum regulatory requirement for health monitoring has not initially been included as an option because:...</p> <ul style="list-style-type: none"> • some stakeholders, in preliminary consultation for this RIS, also expressed concerns about access to low dose HRCT in rural and regional parts of Australia. The possible lack of availability of low dose HRCT technology to all workers, in all locations where workers may be exposed to RCS, could result in delays or decreased regularity of health monitoring, particularly in rural and regional areas." (p. 35)
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<p>3.4 Develop, implement, and fund the ongoing national follow up/surveillance of former workers (including those who have retired or left the industry) who have been exposed to RCS in the engineered stone benchtop industry.</p>	<p>Recommendation 2: "Building on the early recommendation from the Interim Advice to develop national guidance to identify people at risk from respirable crystalline silica exposure, improve the quality, frequency and coverage of health screening assessments for current and former workers." (p.11).</p> <p>"There are also significant opportunities to improve health monitoring, surveillance and screening. Improvements in these areas will support better case identification and enable early intervention which is critical to ensuring better health outcomes for workers exposed to respirable crystalline silica, including those who have left the industry." (p.8)</p>	<p>Australian governments support NDDT Recommendation 2. See Activity 3.2 above.</p> <p>"Under the model WHS laws, duty holders are required to provide regular health monitoring to their workers if there is a significant risk to the worker's health because of exposure to silica dust. Health monitoring is carried out or supervised by a registered medical practitioner. It involves examining and monitoring workers to see if exposure to crystalline silica at work is affecting their health. Health monitoring under the model WHS laws is different to health screening and does not include former workers. A number of jurisdictions provide free or subsidised health screening for workers exposed to silica dust however, these programs vary in scope. For example, some assist employers in meeting their obligations under the WHS laws. Health monitoring is a PCBU's responsibility for workers who are carrying out ongoing work using, handling, generating or storing respirable crystalline silica and there is a significant risk to the worker's health because of exposure. Health monitoring requirements only apply to current workers and is a tool for PCBUs to identify changes in the health status of their workers." (p.13)</p>	<p>Health screening and surveillance of former workers not included.</p> <p>"Health screening refers to programs undertaken by state and territory regulators and health authorities to detect previously undetected cases of silicosis in workers. This is distinct from health monitoring, which is undertaken by PCBUs and carried out by, or supervised by, a registered medical practitioner with experience in health monitoring (as required by the model WHS laws)." (p. 22)</p> <p>"Screening and surveillance programs have been, and continue to be, implemented to identify cases and inform data gaps." (p.39).</p>
<p>3.5 Design and implement an Early Detection and Rapid Response Protocol to identify emerging workplace risks using data from the NORDR when it becomes operational, and other relevant sources (6).</p>	<p>Recommendation 3c: "Design and implement an Early Detection and Rapid Response Protocol to identify emerging workplace risks using data from the National Occupational Respiratory</p>	<p>Australian governments support NDDT Recommendation 3c.</p> <p>"Australian governments support this recommendation. The Department of</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include: ...</p> <p>Funding for the development of a protocol to enable the early identification of and</p>



	<p>Disease Registry when it becomes operational, and other relevant sources." (p.12).</p>	<p>Health will support the development of an Early Detection and Rapid Response Protocol (RRP) to identify emerging workplace risks. Consultation will be undertaken with state and territory governments, WHS and health experts to ensure the protocol is based on the best available qualitative and quantitative information and will achieve the desired outcomes." (p.16).</p>	<p>response to, emerging occupational respiratory risks and associated diseases." (p.69).</p>
<p>3.6 Develop and implement a competency-based Silicosis Accreditation Program for medical professionals who undertake health screening assessments.</p>	<p>Recommendation 5: "Better support medical, health and other related professionals to improve the diagnosis and management of workers affected by silicosis. a. Fund multi-disciplinary teams of medical professionals, to improve education of doctors and better manage the care of patients, including people with potential but yet to be accepted diagnoses of silicosis or other occupational respiratory diseases. b. Develop, implement, and maintain Australian-based education and upskilling for medical professionals involved in occupational health screening including radiologists, to ensure that they are able to maintain and build expertise to report chest imaging for occupational health screening programs. c. Develop and disseminate information and education materials to health professionals and service providers who assess and support workers affected by dust diseases, as well as those who regulate</p>	<p>Australian governments note NDDT Recommendation 5a. "The Commonwealth Government is committed to ensuring that medical professionals are supported to better manage the care of patients through education on recommended treatment pathways and best practice approaches across assessment, treatment, and coordination of care for those affected by occupational respiratory diseases. Medical practitioners are able to use existing multidisciplinary care conference items available on the Medical Benefits Schedule (MBS). These items allow for a case conference to be organised to discuss a patient who has complex needs and requires care from a multidisciplinary team. Eligible allied health practitioners are also able to access new MBS items for General Practitioner-led multidisciplinary case conferences for patients with chronic disease. The Department of Health will continue to work with relevant medical</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include: ... Funding to support additional training for medical practitioners to better recognise, diagnose and treat silicosis and other occupational respiratory diseases." (p.69).</p>



	<p>businesses working with engineered stone." (p.12).</p>	<p>colleges and other stakeholders on whether specific changes to the MBS are required to improve the diagnosis, treatment and management of people with silicosis or other occupational respiratory diseases. These issues will also be considered in the context of the MBS Review Taskforce's recommendations relating to specialist and consultant physician attendances." (p.17-18).</p> <p>Australian governments support NDDT Recommendation 5b.</p> <p>"Commonwealth Government funding will be allocated to develop a training package to support radiologists and other health professionals to continue to build their skills and expertise in relation to chest imaging to improve accuracy in diagnosis" (p.18).</p> <p>Australian governments support NDDT Recommendation 5c.</p> <p>"The Commonwealth Government has awarded a grant of \$1.4 million to the Lung Foundation Australia to develop and deliver education and training resources for health professionals to improve diagnosis, management and care of people with lung conditions within Australia. This includes developing a national, evidence-based Lung Health Competency and Education Framework for Primary Care Health</p>	
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		<p>Professionals (PCHPs) that supports best-practice care for people with lung disease and lung cancer. Additional funding will be allocated by the Commonwealth Government to develop general training for a broad range of health professionals to support people affected by occupational respiratory diseases (see recommendation 5a)." (p.18-19)</p>	
<p>3.7 Further development of the National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis:</p> <ul style="list-style-type: none"> • Undertake regular review of the National Guidance in consultation with experts and medical colleges, to ensure it remains updated with the latest research and available evidence • Translate the National Guidance into clinical guidelines 	<p>Recommendation 2: "Building on the early recommendation from the Interim Advice to develop national guidance to identify people at risk from respirable crystalline silica exposure, improve the quality, frequency and coverage of health screening assessments for current and former workers." (p.11).</p> <p>"National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis has been developed by the Taskforce to provide key practice points for medical practitioners, aimed at identifying people at-risk from silica dust exposure, and to carry out health surveillance within their specific training and experience. The National Guidance provides critical information for case-finding efforts which could be used by a business in an initial health screening assessment. In addition to the best practice approach identified above, the National Guidance provides a baseline for state and territory screening programs." (p.40).</p>	<p>Australian governments support NDDT Recommendation 2.</p> <p>"Australian governments support this recommendation. The National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis (National Guidance) was released on 21 February 2022. The National Guidance provides advice on how to effectively identify and assess people at-risk of disease from silica dust exposure in the engineered stone industry and carry out surveillance. The document recommends shared decision-making processes for assessing the respiratory health of a person who has been exposed to silica dust, and identifies triggers for referral for additional testing or investigations to reflect the person's circumstances, subject to the medical practitioner's judgement and individual patient's preferences. The Commonwealth Government will fund the development and implementation of resources to encourage and support</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include: ... Development of National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis, which was published in February 2022 (Department of Health 2022)." (p.69).</p>



		<p>General Practitioners to use the National Guidance. The Australian Government commits to undertaking regular review of the National Guidance in consultation with experts and medical colleges, to ensure it remains updated with the latest research and available evidence." (p.12).</p>	
PA4: Governance			
<p>4.1 Establish a cross-jurisdictional governance mechanism, in line with the Taskforce recommendation and All of Government Response.</p>	<p>Recommendation 7: "Establish a cross-jurisdictional governance mechanism to improve communication and information sharing, coordinate responses, and report on progress. a. By the end of 2021, the Commonwealth Government, in consultation with jurisdictions, will outline a clear plan for implementation of the Taskforce's recommendations with specific milestones, responsibilities of parties, and outcome measures identified. b. Annual reports should be provided to Health and WHS Ministers in all jurisdictions on the implementation of the recommendations and the effectiveness of measures in improving compliance to prevent dust disease in workers, with the first report due in July 2022." (p.12).</p>	<p>Australian governments support NDDT Recommendation 7a.</p> <p>"The Commonwealth Government will establish governance arrangements to develop an implementation plan, monitor progress and provide annual reporting to WHS and Health Ministers as per recommendation 7b) in consultation with state and territory governments." (p.23).</p> <p>Australian governments support NDDT Recommendation 7b.</p> <p>"The Commonwealth Government will support the coordination and development of an annual report for submission to Health and WHS Ministers. The first progress report will be provided in 2023. The Commonwealth Government is committed to measuring the progress and impact of individual initiatives as well as their collective impact on worker safety and related health outcomes to better understand the risks associated with exposure to silica dust and the possible need for a product ban as outlined in</p>	<p>Activity 4.1 not specifically included.</p>



		<p>Recommendation 1. The Commonwealth Government is currently leading the development of a Monitoring and Evaluation Framework (Framework). It is consulting with state and territory governments and key stakeholders on the Framework and expects it to be completed by mid-2022. Commonwealth, state and territory government agencies will utilise existing funding to support their respective data collection and reporting activities under the Framework. Activities are expected to commence in the 2022-23 financial year and updates on the progress and outcomes of activities will be captured in the Annual Report." (p.23).</p>	
PA5: Research and Development			
<p>5.1 Operationalise the Registry and undertake ongoing staged development to continue to enhance functionality and build the capabilities of occupational dust diseases data collection in Australia.</p>	<p>Recommendation 6: "Building on the early recommendations from the Interim Advice for a strategic national approach to research and the development of a national dust disease registry, and following initial investments, prioritise: a. Enhancing silica and occupational respiratory disease research expertise in Australia and the evidence base, by identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships. b. Operationalising the National Occupational Respiratory Disease Registry as soon as possible, with an initial focus on mandatory reporting of silicosis, and</p>	<p>Australian governments support NDDT Recommendation 6. "Australian governments support this recommendation. The Commonwealth Government has committed funding to the establishment of the National Occupational Respiratory Disease Registry (Registry). The build of the Registry commenced in October 2021. The Registry will improve understanding of the prevalence and incidence of occupationally caused respiratory diseases in Australia and support the elimination of preventable occupational respiratory diseases by facilitating earlier detection, intervention and prevention activities. Initially, the Registry will require mandatory notifications</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include: ...</p> <ul style="list-style-type: none"> • Funding for the continued operation of the National Occupational Respiratory Disease (building on the election commitment of \$1.6 million provided through the 2019-20 Budget), which will capture mandatory notifications of silicosis diagnoses by respiratory and occupational physicians." (p.69).



	<p>voluntary reporting of other occupational respiratory diseases." (p.12).</p>	<p>of silicosis by respiratory and occupational physicians and will allow for the voluntary notification of other occupationally caused respiratory diseases to enable the early detection of new and emerging occupational risks to the health of workers. This recommendation is being progressed in consultation with state and territory governments. All jurisdictions have been invited to participate on the Registry Build Advisory Group to inform the Registry's design and agree information sharing arrangements. This group also contains researchers and representatives from the relevant medical colleges. Legislation to support the establishment of the Registry is being drafted. State and territory governments will have the opportunity to comment on the legislation. The Registry is expected to be operational at the end of 2022, subject to the passage of legislation. The information collected through the Registry will be a critical component of the Monitoring and Evaluation Framework currently being developed by the Commonwealth Government in consultation with state and territory governments. (p.22).</p> <p>“Key to a number of the recommendations is establishing a National Occupational Respiratory Disease Registry (Registry) to enable an understanding of the prevalence and incidence of occupationally caused</p>	
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		respiratory diseases in Australia and to support the elimination of these preventable diseases by facilitating earlier detection, intervention and prevention activities." (p.3)	
5.2 Fund a NHMRC Centre for Research Excellence (CRE) in Silicosis Prevention and a comprehensive, integrated grants program building on NHMRC Partnership Grants, ARC Linkage Grants, and industry research and development activities.	<p>Recommendation 6: "Building on the early recommendations from the Interim Advice for a strategic national approach to research and the development of a national dust disease registry, and following initial investments, prioritise:</p> <p>a. Enhancing silica and occupational respiratory disease research expertise in Australia and the evidence base, by identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships.</p> <p>b. Operationalising the National Occupational Respiratory Disease Registry as soon as possible, with an initial focus on mandatory reporting of silicosis, and voluntary reporting of other occupational respiratory diseases." (p.12).</p>	Australian governments support NDDT Recommendation 6. See Activity 5.1 above.	<p>"Key initiatives not otherwise mentioned in this CRIS include: ...</p> <ul style="list-style-type: none"> Establishment a research forum focused on further developing the evidence base in relation to dust diseases." (p.69).
5.3 Develop a National Silicosis Prevention Research Strategy in partnership with industry and governments to address identified evidence gaps.	<p>Recommendation 6: "Building on the early recommendations from the Interim Advice for a strategic national approach to research and the development of a national dust disease registry, and following initial investments, prioritise:</p> <p>a. Enhancing silica and occupational respiratory disease research expertise in Australia and the evidence base, by</p>	Australian governments support NDDT Recommendation 6. See Activity 5.1 above.	<p>"Key initiatives not otherwise mentioned in this CRIS include: ...</p> <ul style="list-style-type: none"> Establishment a research forum focused on further developing the evidence base in relation to dust diseases." (p.69).



	<p>identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships. b. Operationalising the National Occupational Respiratory Disease Registry as soon as possible, with an initial focus on mandatory reporting of silicosis, and voluntary reporting of other occupational respiratory diseases." (p.12).</p>		
<p>5.4 Develop a comprehensive National Silicosis Profile.</p>	<p>Recommendation 6: "Building on the early recommendations from the Interim Advice for a strategic national approach to research and the development of a national dust disease registry, and following initial investments, prioritise: a. Enhancing silica and occupational respiratory disease research expertise in Australia and the evidence base, by identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships. b. Operationalising the National Occupational Respiratory Disease Registry as soon as possible, with an initial focus on mandatory reporting of silicosis, and voluntary reporting of other occupational respiratory diseases." (p.12).</p>	<p>Australian governments support NDDT Recommendation 6. See Activity 5.1 above.</p>	<p>"Key initiatives not otherwise mentioned in this CRIS include: ...</p> <ul style="list-style-type: none"> • Establishment a research forum focused on further developing the evidence base in relation to dust diseases." (p.69).