

28 April 2021

Professor Paul Kelly
Acting Commonwealth Chief Medical Officer
National Dust Disease Taskforce
Department of Health

Dear Professor Kelly,

Re: Consultation on the National Dust Disease Taskforce's Draft Vision, Strategies and Priority Areas for Action

Thank you for the opportunity to provide feedback on the Australian Government's National Dust Disease Taskforce Phase 3 Consultation Publication. Overall, Lung Foundation Australia commends the National Dust Disease Taskforce on this publication and the considerable effort that has been made to date to respond to the resurgence of occupational lung diseases in Australia.

Lung Foundation Australia

Lung Foundation Australia is the nation's leading and trusted lung health charity. The Foundation funds life-saving research, advocates for increased government support and delivers programs and services that transform the lives of those impacted by lung disease and lung cancer, giving hope in every breath.

Priority Populations

In July 2020, the Foundation received \$1 million over four years from the Department of Health as part of the Priority Populations grant, a component of which is being used to deliver awareness and education campaigns to improve knowledge of occupational hazards and promote safe workplaces. In addition, the Foundation has developed the following resources:

- A digital Occupational Lung Disease National Directory of relevant resources and support programs and services for employers, workers and people living with an occupational lung disease.
- A "Healthy Lungs at Work" online lung health questionnaire for workers exposed to hazardous agents, enabling them to identify risks to their lung health in the workplace. Included with this questionnaire are factsheets outlining the hazards

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that may be present in various workplaces, as well as steps that can be taken to protect workers lung health.

- A “Healthy Lungs at Work” digital factsheet, also available in Vietnamese and Simplified Chinese, for workers exposed to hazardous agents in dusty environments (such as construction sites, mines, quarries and factories). This factsheet includes information on what workers can do themselves, as well as what they can do with their employer, to protect their lung health at work.

While this funding is an encouraging start, it really does not begin to address the totality of the issues associated with exposure to hazardous products and the devastating occupational lung diseases that workers develop as a result of their exposure. Additional funding or continuing this funding is vital to ensure both workers and employers have a high level of understanding of dust diseases and the associated significant harm.

Lung Foundation Australia’s Feedback

The Foundation would like to provide the following feedback on the National Dust Disease Taskforce’s Draft Vision, Strategies and Priority Areas for Action.

A. VISION

Overall, the Taskforce’s Vision does not resonate with the Foundation. The Foundation is calling for a total ban on the importation and manufacture of high silica content engineered stone material, with the material to be phased out entirely within two years. Given the increasing prevalence of silicosis, particularly accelerated silicosis, time is of the essence, with two years proposed as a more appropriate timeframe. The Foundation considers this to be the most proportionate and practical response to the emergence of silicosis in the engineered stone benchtop industry in Australia.

As per the Hierarchy of Controls, eliminating the hazard and the risk it creates is the most effective control measure. As such, engineered stone material should be eliminated entirely within two years, a timeframe that is both reasonable and achievable. If this material is eliminated, incidences of occupational lung diseases like silicosis can be prevented, particularly in the engineered stone industry. This is in line with the underpinning policy objective for the Government, which is the elimination of incidences of occupational respiratory diseases amongst Australian workers. Furthermore, if incidences of these diseases are prevented, this will reduce the significant investment that is required to control and treat these devastating diseases. The framework that was followed for the asbestos industry, which included a total ban on this similarly toxic product in 2003, provides a starting point.

The Foundation also feels that the Vision should include reference to how the Taskforce will communicate its progress to all relevant stakeholders on a regular basis, which will ensure both accountability and transparency.

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B. STRATEGIES

As the Foundation is calling for a total ban on the importation and manufacture of high silica content engineered stone material, with the material to be phased out entirely within two years, the identified strategies do not reflect this. A stone benchtop is essentially a household consumer product, which in reality serves no purpose other than to cosmetically enhance a space. With state and territory governments having a long track record of removing dangerous consumer products that have been proven to cause serious injury, illness or death, including asbestos, banning this product is the most practical response to Australia's emerging silicosis epidemic. The question needs to be asked – are we really going to let people develop serious illness or lose their life over a consumer product?

We would like to highlight the case of button batteries as a comparison. These batteries are being considered for a ban, yet the prevalence and incidence of serious injury, illness or death associated with this consumer product, whilst tragic, have been significantly less than that of engineered stone.

The Foundation proposes that if the Taskforce does not agree to a total ban on the importation and manufacture of high silica content engineered stone material, then the Taskforce must invest in substantial research into alternatives to engineered stone material. The Foundation feels that these alternatives should be phased in within the next 12 to 18 months. Substituting this product with the development of an Australian-manufactured safer alternative will support implementation of step two of the Hierarchy of Controls, which while not as effective as elimination, is still more effective than the implementation of engineering controls, administrative controls and Personal Protective Equipment.

Further, the Government could lead the way in this area and ensure that all procurement contracts do not include the use of high silica content engineered stone material, instead opting for Australian-manufactured safer alternatives.

C. PRIORITY ACTIONS

The Foundation would like to provide feedback on the following Priority Action Areas, noting that these are comments to be considered if the Taskforce does not agree to a total ban of high silica content engineered stone material:

Priority Action Areas 1.1 & 1.2

- The Foundation notes there is no reference to the Hierarchy of Controls within these Priority Action Areas.

Priority Action Area 1.3

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- The Foundation calls for a transparent reporting mechanism of the regulatory framework. Whilst it is noted in Appendix B "*Licensing is accompanied by rigorous national standards consistent with the national Code of Practice, and appropriate penalties where non-compliance occurs with licensing arrangements*", more transparency is needed, particularly around disclosure of fines that have been issued. The Foundation also believes that accelerating the rate in which a person conducting business or undertaking (PCBU) / businesses are fined, should occur. Further transparent reporting and bringing to bear consumer purchasing power if a business has been found non-compliant on two or more occasions, then this should be reported publicly so people can elect to purchase elsewhere.

Priority Action Area 2.6

- The Foundation notes that the Government has a role to play in educating the community to select safer alternatives to engineered stone material (i.e. substitution). The ANCAP Safety Rating System for vehicles may be used as a comparable model. The Foundation feels that all silica-based materials should follow a similar process to the ANCAP Safety Rating System for vehicles, whereby all materials are independently tested with the results readily available to consumers so they can make an informed decision.

Priority Action Area 3.1

- The Foundation calls for the inclusion of low dose high-resolution computed tomography (HRCT) scans, as opposed to chest X-Rays, into the national/nationally consistent and mandatory screening and health surveillance program to assist early detection of silicosis. The Foundation notes that Western Australia is the first jurisdiction to prescribe a low dose HRCT scan, instead of the previously required chest X-Ray, and believes this could be introduced into the program rapidly.
- Furthermore, the Foundation would like to refer the Taskforce to Cancer Australia's [Report on the Lung Cancer Screening Enquiry](#), where the use of low dose HRCT has been recommended to support the early detection of lung cancer in asymptomatic high-risk individuals.

Priority Action Area 6.1

- The Foundation feels that the establishment of a new national governance mechanism involving representatives from all relevant Commonwealth and state/territory agencies and principal stakeholder organisations should be led by Safe Work Australia and informed by a national scientific committee, so that evidence drives policy and practice.

The Foundation would also like to provide the following feedback on the publication overall:

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- The Foundation feels the publication could be improved by acknowledgement of silicosis in its entirety, rather than focusing specifically on accelerated silicosis in certain instances.
- As per the Foundation's previous submission to the Taskforce, we are calling for a national and state and territory compensation scheme for workers impacted by occupational lung disease. This scheme should include consideration to:
 - Retooling, retraining and reskilling these workers to enable their transition into other industries. Whilst career training and alternative career pathways is referred to in Strategy 4, the Foundation feels this needs to be referenced specifically within the proposed compensation scheme.
 - The complexities of trying to compensate this workforce, such as:
 - People with silicosis are typically young men and women in their early – late 20's who have a potential working life of 40 more years. If they are unable to be retooled, retrained or reskilled due to being incapacitated as a result of their disease, a section of the workforce will need to rely upon the Government funded disability pension.
 - The highly transient nature of this workforce and the difficulty affected workers have of knowing which state or territory compensation agency, PCBU or business to make a compensation claim too.
 - The possibility that PCBU's or businesses are no longer in operation.

Whilst the publication references "including advocates who understand pathways to access potential compensation claim support" in Strategy 4, the Foundation feels that there needs to be a national and state and territory compensation scheme that addresses the aforementioned complexities.

The Foundation would also like to draw attention to the current Workplace Exposure Standard (WES) for respirable crystalline silica (RCS) of 0.05mg/m³ 8-hour time weighted average, which has been implemented in all jurisdictions except Tasmania. While the WES has decreased over time, there is evidence that this current standard is still putting workers' lives at risk. As such, the Foundation supports a health-based WES of at least 0.02mg/m³ time weighted average for RCS, noting that this should be implemented as soon as practicable, should a total ban on the importation and manufacture of high silica content engineered stone material not be agreed to.

The Foundation is dedicated to improving the lives of all Australians at risk of, or living with lung disease and lung cancer, through prevention, education and awareness activities. We are particularly working to extend our reach in the occupational lung disease space, and welcome the opportunity to work with the Taskforce to improve upon the prevention, early identification, control and management of occupational lung diseases in Australia.

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Yours Sincerely,



Mark Brooke
Chief Executive Officer
Lung Foundation Australia

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