

# **Safe Work Australia Public Consultation on the Engineered Stone Ban**

**March 2025**

## Summary

Lung Foundation Australia are pleased to have the opportunity to respond and provide input to the consultation on the engineered stone ban for Safe Work Australia.

Occupational lung diseases, such as silicosis, have a major impact on the health of Australians and present a largely avoidable burden to the Australian economy. Silicosis is progressive and incurable, but preventable through the reduction of exposure to hazardous agents in the workplace. No Australian should be put at unnecessary risk of developing this devastating disease. Lung Foundation Australia were strong advocates for the ban of engineered stone in Australia and applaud the Australian Government for taking strong leadership in this space. Banning engineered stone was an important public health milestone that will save thousands of lives.

To improve Australia's engineered stone ban, Lung Foundation Australia advocates for:

- Mandate testing and monitoring of new and alternative products
- Provide training to the workforce involved in the removal of legacy products
- Greater transparency of audits
- Continued and enhanced screening, monitoring, and surveillance of workers in the industry and those that have exited and retired
- Increase in awareness and education campaigns and resources targeted at workers as opposed to PCBU alone
- Investment in research

We commend Safe Work Australia for reviewing the engineered stone ban. Lung Foundation Australia remain committed to advocating for clean air to protect the lung health of all Australians and strongly believe that everyone has the right to work in an environment free from harm.

Thank you for the opportunity to provide feedback.

Yours sincerely,



Mark Brooke  
Chief Executive Officer  
**Lung Foundation Australia**

## About Lung Foundation Australia

Lung Foundation Australia is Australia's leading lung health peak body and national charity. Founded in 1990, we have become the trusted point-of-call for the one in three Australians living with a lung disease, including lung cancer.

We work to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change, programs, and research investment, raising awareness about the symptoms and prevalence of lung disease, and championing equitable access to treatment and care.

### Lung Foundation Australia's work in Occupational Lung Diseases

Lung Foundation Australia are proud to advocate for the prevention of occupational lung diseases, as well as support those impacted by them, including their family members and carers. Occupational lung disease is a core component of Lung Foundation Australia's work. For several years, we have called for a ban on the use and on the importation of engineered stone products, including in the National Silicosis Prevention Strategy 2023-2028 and accompanying National Action Plan.

Lung Foundation Australia has a comprehensive and confidential [support service](#) for Australians living with silicosis and their families, including establishing and delivering telephone-based nurse and social work service, and supporting online and in-person Peer Support groups. These support services, launched in August 2023, provide free information and support to hundreds of people across Australia living with silicosis, as well as their families and carers.

Since 2023, Lung Foundation Australia has been running an annual National Silicosis Prevention and Awareness [campaign](#) which targets key industries with higher rates of silica dust exposure. The campaign is complemented by a suite of industry specific resources to help workers and employers reduce their risk of silica dust exposure.

Lung Foundation Australia continues to deliver healthcare education to primary healthcare through our Clinical Occupational Respiratory Disease Education and Training (CORDET) grant. This includes the development of training and education materials for those support people affected by silicosis and other occupational lung diseases.

In addition, Lung Foundation Australia were funded by the Australian Government Department of Health and Aged Care to establish a research network of interested stakeholders and collaboratively identify the top priorities for future research in silicosis.

## Consultation Questions – Engineered stone ban

First and foremost, Lung Foundation Australia would like to commend the Australian Government and Work Health and Safety Ministers for being world leaders in implementing a ban on engineered stone. Silicosis is progressive and incurable, but entirely preventable through the reduction of exposure to hazardous agents in the workplace. Banning engineered stone benchtops was an important public health milestone that will save countless lives.

### **Has the engineered stone ban met its objectives to protect workers from exposure to respirable crystalline silica?**

The manufacture, supply, processing, and installation of engineered stone products including benchtops, panels, and slabs was banned in all states and territories as of July 1, 2024; with some state and territories employing a transitional period. Given the limited time since the ban and the long latency period associated with silicosis, it is too early to determine the impact the ban has had on health outcomes. More time and data are needed before conclusions can be made on the effectiveness of the ban on reducing silicosis and lung cancer rates.

Lung Foundation Australia supports continued investment in the National Occupational Respiratory Disease Registry (the Registry) which was made operational on the 22<sup>nd</sup> of May 2024<sup>1</sup>. The Registry captures information on the diagnosis and exposing agent of occupational lung diseases in Australia, which will ultimately help improve the prevention and early detection of silicosis.

The manufacture, supply, processing, and installation of engineered stone products was banned; however, it is important to note that Respirable Crystalline Silica (RCS) is also produced during the disposal of engineered stone countertops, construction work that involves excavation, paving and surfacing, tunnelling, brick, concrete or stone cutting, and angle grinding, jack hammering and chiselling of concrete or masonry. It may not only be people working directly with hazardous agents, but also employees who are exposed by working near RCS, such as administration staff. Industries with high rates of silica dust exposure include construction, manufacturing, mining and quarrying, and tunnelling. There are fewer regulations to protect workers against silica dust in these industries. Additionally, there has been a recent emergence of “low silica containing products”. The testing and guidance of these products is currently variable and insufficient.

## **Suggestions for how the engineered stone ban could be improved**

Below is a list of our recommendations to improve the effectiveness and reach of the engineered stone ban:

### **1. Mandate testing and monitoring of new and alternative products**

Noting the emergence of new and alternative products such as “low silica containing products”, we recommend Safe Work Australia and relevant state and territory Work Health and Safety (WHS) regulators closely monitor all new products entering the market; including timely testing of the materials and the risks this may or may not pose to workers. We further advise that there needs to be strong regulation of the organisations using these new and alternative products to ensure the safety of their workers.

The Rapid Response Protocol being developed by Lung Foundation Australia will be designed to have a body which consistently monitors new and emerging products and assesses potential risk.

### **2. Provide training to the workforce involved in the removal of legacy products**

We maintain that more needs to be done to support the broad range of workers that are exposed to RCS. Silica dust is produced during the disposal of engineered stone countertops. The removal, repair or disposal of legacy products need to be notified but there are no requirements for a specialised or licenced removalists. In alignment with asbestos removal guidelines, we recommend that there is appropriate regulation, training, and resourcing around the removal and disposal of legacy products. Unlike asbestos, we recommend that there is a consistent national approach in this activity.

### **3. Greater transparency of audits**

Lung Foundation Australia are concerned by the lack of transparency regarding activities of the state and territory regulators, such as the enforcement actions and outcomes at national level. There needs to be greater transparency of audits and actions from regulators. We recommend conducting more audits to determine compliance with existing occupational health and safety regulations. Regular reporting of enforcement actions and outcomes will be critical to ensure:

- Public confidence that the correct policies and procedures are being applied
- That Person Conducting a Business or Undertaking (PCBU) and others that are not compliant or are subject to numerous breaches are known within the community
- That the effectiveness of the audit program in reducing death and disability from RCS exposure is understood and transparently reported and consistently evaluated as being fit for purpose and the future.

#### **4. Continued and enhanced screening, monitoring, and surveillance of workers in the industry and those that have exited and retired**

Lung Foundation Australia advocate for enhanced health screening, monitoring, and surveillance as it leads to earlier diagnoses which subsequently enables earlier interventions to protect the health of Australian workers. The monitoring and surveillance of workers has not yet been formalised or made nationally consistent, leading Lung Foundation Australia to believe that there remains uncertainty and underreporting as to the prevalence of silicosis cases.

Due to the lack of a formalised national approach, it is unclear as to the prevalence of silicosis cases. However, research conducted at Curtin University estimated that prior to the engineered stone ban coming into effect, 585,000 workers were exposed to RCS, which could result in over 83,000 silicosis cases and over 10,000 cases of lung cancer<sup>2</sup>. Results from Lung Foundation Australia's Healthy Lungs at Work quiz from 2024 showed that 182 stonemasons still reported exposure to silica dust, with approximately 20% of these workers reported that there were no control measures in place at their workplaces. Stonemasonry workers represented roughly 4% of the total at-risk workers who completed the quiz in 2024 (n=5,342).

We support continued investment in the Registry. We would also advocate that clinicians should be encouraged and incentivized to report on the Registry and survey and monitor silicosis cases.

To enhance the screening, monitoring, and surveillance, Lung Foundation Australia further recommends:

- Improving the quality, frequency, coverage, and consistency of health monitoring and surveillance for current and former exposed workers across all states and territories.
- Continued health surveillance for workers, even after leaving at-risk industries, is particularly important for occupational lung diseases with a longer latency period such as silicosis.
- Enhancing evidence-based screening and surveillance to optimise health outcomes for Australian workers.
- Effective monitoring and enforcement of workplace exposure standards across hazardous agents, including monitoring for compliance.
- Expand the Registry to other occupational respiratory diseases not just silicosis. The following prevalent occupational lung diseases should be included as a priority—Asbestos, Coal worker's pneumoconiosis, COPD, Hypersensitivity pneumonitis, Mesothelioma, Work-related asthma, and occupational lung infections. Over time,

we recommend all occupational respiratory diseases found in the Safe Work Australia List of Deemed Diseases in Australia<sup>3</sup> be prescribed and require notification to the Registry on diagnosis.

- Health monitoring should be funded by the government to reduce the burden on small businesses. This could be achieved by exploring the addition of occupational exposure as an inclusion criterion to Australia's targeted National Lung Cancer Screening program, launching in July 2025.

#### **5. Increase in awareness and education campaigns and resources targeted at workers as opposed to PCBU alone**

A lack of awareness of hazardous agents and appropriate control measures can lead to reduced adherence to WHS control measures. Current resources are primarily targeted at PCBU level, not individual workers. Lung Foundation Australia have developed [resources](#) catered to at-risk workers to better understand the engineered stone ban and how this impacts them.

Since 2023 (with funding to continue until 2025), Lung Foundation Australia has been running an annual National Silicosis Prevention and Awareness Campaign. The campaign targets key industries with higher rates of silica dust exposure and provides information regarding working with silica containing material. The campaign highlights the importance of lung health in the workplace, the lung health hazards in their workplace, and the safety measures they can take to protect their lung health. We encourage workers to speak to their general practitioner about their workplace and start the conversation about their lung health. The campaign is complemented by a suite of industry specific resources to help workers and employers reduce their risk of silica dust exposure. To better support the culturally and linguistically diverse working community, the campaign webpage and quiz are also available in Arabic, Simplified Chinese, Vietnamese, Punjabi, Nepali and Spanish.

In 2024, our campaign resulted in over 131,000 clicks onto our website and campaign information, with over 5,000 engaging in our Healthy Lungs at Work quiz and reflecting on their industry and workplace exposure. This indicates that workers continue to engage with Lung Foundation Australia's campaign and resources. Continuing investment in this campaign will be critical particularly with new and emerging threats such as alternative products and the use of silica-containing material across varied industries.

We encourage ongoing funding in the sector to continue to promote safe work practices and education of workers. Given that people from culturally and linguistically diverse (CALD) communities make up a large portion of workers in at-risk industries, investment should be made to ensure that any resources aimed at workers should be CALD appropriate.

Further, we recommend that there is a need to widen the scope of this campaign by:

- Increasing funding to support the continuation and expansion of awareness campaigns for at risk workers and industries.
- Increasing awareness and knowledge of the risks of hazardous agent/s in all sectors.
- Increasing knowledge of safe work practices and compliance with WHS duties.
- The development and delivery of free education programs for employers and employees to support them to identify and mitigate hazards specifically related to exposure in the workplace to dust. This includes the inclusion of resources to support education in settings such as TAFE and apprenticeships.
- Influencing stakeholder behaviours across the supply chain to reduce exposure to hazardous agent/s and better protect workers.
- Educating health professionals to assist in identification, diagnosis, and management of occupational lung diseases.

### **Future research needed**

Lung Foundation Australia were funded by the Department of Health and Aged Care to establish a research network of interested stakeholders and collaboratively identify the top priorities for future research in occupational lung disease. The first stage of this work in silicosis has now been completed and shared with the Department in a report that outlines key topics or issues researchers should be working on regarding four priority areas:

- Preventing silica dust exposure and silicosis
- Screening and diagnosis
- Treatment
- Living with and managing the impacts of silicosis.

Under preventing silica dust exposure and silicosis, we identified the following key research objectives:

- Evaluating the practical effectiveness and real-world implementation of the Hierarchy of Controls in workplaces
- Enhancing effective education and awareness for workers at risk of silicosis, as well as the broader community
- Understanding the barriers and enablers to effective compliance and regulation
- Determining silica dust exposure levels and risk of disease
- Improving exposure monitoring technologies and methods
- Identifying and addressing barriers to the implementation of workplace health and safety practices.

These research priorities highlight the breadth of work still to be done to advance the prevention, detection, and treatment of occupational lung diseases in Australia. If Australia is committed to being a global leader and addressing this workplace health and safety issues, we must back research. National research investment from the National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF) over the last 10 years has only amounted to approximately \$6 million with five projects funded, which is insufficient to achieve the work needed to be done.

In alignment with recommendations made in the [MRFF's 2<sup>nd</sup> 10-year Investment Plan \(2022-23 to 2031-32\)](#), the [National Dust Disease Taskforce final report](#) and [National Silicosis Prevention Strategy](#) we advocate for continued investment in research.

## References

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<sup>1</sup> The Department of Health and Aged Care. National Occupational Respiratory Disease Registry. Retrieved from <https://www.health.gov.au/our-work/national-occupational-respiratory-disease-registry>

<sup>2</sup> Jacques, Johanna, Response to the Law Commission's Consultation Paper 256 Digital Assets: A Consultation Paper (November 04, 2022). <chrome-extension://efaidnbnmnibpcjpcgiclfndmkaj/https://s3-eu-west-2.amazonaws.com/cloud-platform-e218f50a4812967ba1215eaecede923f/uploads/sites/30/2022/07/Digital-assets-collated-consultation-responses.pdf>, Available at SSRN: <https://ssrn.com/abstract=4872403> or <http://dx.doi.org/10.2139/ssrn.4872403>

<sup>3</sup> Driscoll, T. (2021), Deemed diseases in Australia. Safe Work Australia.