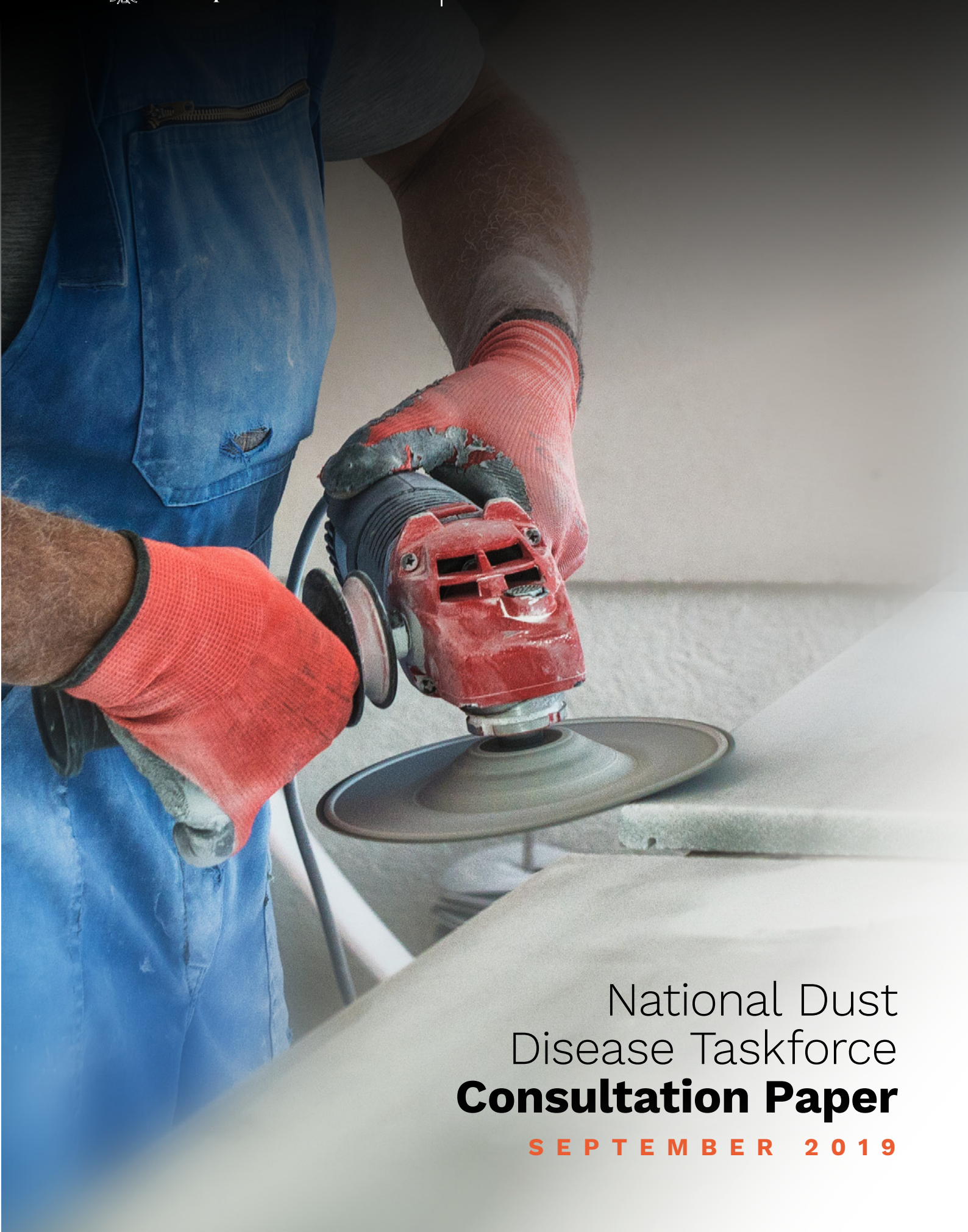




Australian Government
Department of Health

**National Dust
Disease Taskforce**



National Dust
Disease Taskforce
Consultation Paper

S E P T E M B E R 2 0 1 9



NATIONAL DUST DISEASE TASKFORCE CONSULTATION PAPER

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Introduction

The **Australian Government has committed** to invest \$5 million to establish a National Dust Diseases Taskforce (the Taskforce) to develop a national approach for the prevention, early identification, control and management of dust diseases in Australia. The funding will also establish a National Dust Diseases Register, and commission new research to support understanding, prevention and treatment of preventable occupational lung diseases. These actions are in response to the emerging trend of new cases of the occupational disease, accelerated silicosis, occurring in Australia.

On 26 July 2019, the establishment of the National Dust Disease Taskforce was **announced**, to develop advice for the Australian Government on the national approach with parameters for the Taskforce set out in their Terms of Reference.

THE NATIONAL DUST DISEASE TASKFORCE TERMS OF REFERENCE

The Australian Government, in response to the emerging trend of new cases of accelerated silicosis, is supporting the development of a national approach to the prevention, early identification, control and management of occupational dust diseases in Australia.

The National Dust Disease Taskforce will inform a national approach by undertaking an independent review of the systems in place to protect Australians who are at risk from occupational dust disease. This will include providing advice on:

1. Actions that have been taken to date to address occupational dust disease across all Australian jurisdictions.
2. Existing policy and regulatory arrangements in Australia to protect those at risk from occupational dust disease, more specifically reviewing what controls are in place; and how these are applied and monitored by the system.
3. Opportunities for improvement across the system to ensure protection of those at risk populations.
4. Options for sustainable approaches for the future prevention, detection and management of occupational dust diseases, including the consideration of the establishment of a National Dust Disease register, including its scope and outcomes to be achieved.
5. Options for potential new research required to support understanding, prevention and treatment of preventable occupational lung disease.

The taskforce will engage with a broad range of stakeholders including key health and medical professionals, relevant state and territory governments and regulators, consumers, industry and workplace health and safety stakeholders, including Safe Work Australia.

The Taskforce will provide interim advice by the end of 2019 to the Hon Greg Hunt, Commonwealth Minister for Health. The Taskforce will provide their final report to COAG Health Council, through the Hon Greg Hunt, by no later than December 2020.

Further information about the election commitment and the Taskforce membership is available on the Department of Health website; at www.health.gov.au/dust.



Purpose of this document

This Consultation Paper is being released by the Department of Health on behalf of the Taskforce to initiate the first stage of consultation with the community and stakeholders to inform the Taskforce's review.

This paper provides background and context information to start the conversation about dust diseases, in particular, the emergence of new cases of accelerated silicosis. It is not intended to be a comprehensive analysis or to put forward suggestions for possible solutions or policy responses.

At its first meeting on 1 August 2019, the Taskforce acknowledged the importance of early and effective engagement with the community and the broad range of stakeholders including governments, industry, unions, regulators, medical practitioners, businesses, employers, employees and coworkers. Through this consultation process the Taskforce seeks to understand this issue further from a range of perspectives.

Consultation approach

To inform its work, during 2019 the Taskforce will provide a range of opportunities for consultation. This will include a written submission process, workshops and webinars. It is anticipated that further consultation will be required in 2020 to build on the learnings of the first phase of consultation, along with other information the Taskforce has considered. These processes will be important to help shape the Taskforce's recommendations to the Commonwealth Minister for Health and the Australian Health Ministers through the Council of Australian Governments (COAG) Health Council.



Acknowledging prior work

The Taskforce recognises that there is research and other activities relating to accelerated silicosis occurring across states and territories and relevant organisations. While not an exhaustive list, these include awareness campaigns, strengthened work place monitoring programs, banning of uncontrolled cutting, employee screening programs and work undertaken in jurisdictions on exposure and diagnosis registers. The Taskforce will seek to learn more about these and to take this information into consideration. The Taskforce will also take into account the outcomes of previous inquiries and reviews¹ and will consider the learnings from previous experiences of managing hazardous materials exposure and protecting at risk people.

Key considerations underpinning the Terms of Reference

The incidence of preventable lung disease caused by dust, particularly silicosis, has increased in recent years, but little is known about the prevalence of these diseases.

Accelerated silicosis is one of these preventable lung diseases, which results from the inhalation of very fine silica dust. While it can occur in various industries, there has been a recent cluster of cases related to the manufacture and installation of artificial stone bench tops.

Given the scope of the Terms of Reference, the increasing incidence of accelerated silicosis, and the timeframes, the Taskforce is necessarily limiting its focus to the incidence of, and issues related to, accelerated silicosis. However, throughout its deliberations, the Taskforce will be mindful of the broader issues related to silica exposure and lung disease. These issues include:

- other occupational diseases caused by exposure to silica, such as connective tissue disorders and lung cancer;
- occupational diseases caused by working with other materials containing silica (at levels lower than in artificial stone) such as some brick, concrete or tile; as well as
- occupational respiratory diseases caused by exposure to agents other than silica dust.

¹ For example:

- the Manufactured Stone Industry Taskforce convened by SafeWork NSW, (completed 30 June 2019, final report not yet published), further information is available at <https://www.safework.nsw.gov.au/news/pre-27-sept-2018-media-releases/safety-taskforce-to-protect-stone-industry-workers> (accessed 5 August 2019).
- the NSW Standing Committee on Law and Justice 2018 Review of the Dust Diseases Scheme (published February 2019), available at <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2512/Final%20Report%20-%202018%20review%20of%20the%20Dust%20Diseases%20Scheme%20version%202.pdf> (accessed 5 August 2019).
- Queensland Government Parliamentary Select Committee Inquiry, Report No. 2, 55th Parliament, Black lung white lies: Inquiry into the re-identification of Coal Workers' Pneumoconiosis in Queensland, 26 May 2017, available at <https://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2017/5517T815.pdf> (accessed 5 August 2019).



The Taskforce is aware that the outcomes of this review of silicosis may have relevance to other occupational disease policy. The outcomes may provide governments, industry, researchers and clinicians with an opportunity to obtain greater value from the work of the Taskforce, by applying its learnings and outcomes to broader issues of lung disease and emerging occupational diseases.

The Taskforce also recognises the complexity in its review task; particularly in the context of the interrelated systems that are relevant to silicosis. For example, the roles of the Commonwealth and state and territory governments, health service providers, regulators and industry, in both the health system and the occupational health and safety system.

On this basis the Taskforce understands that its work must take a systems view approach. That is, its work has relevance to broader government policy and agencies, including across health, industry, employment, trade and occupational health and safety.

Silicosis

Silicosis² is a preventable occupational lung disease (a pneumoconiosis) caused by inhalation of very fine silica dust. People working with artificial stone (also known as engineered, reconstituted or manufactured stone, and quartz conglomerate), which contains a high proportion of crystalline silica, are particularly at risk of silicosis. Silica exposure has been a well-known occupational hazard in sandblasting, tunnelling, mining, construction, demolition and stone-cutting for many years. Historically, work health and safety practices, such as wearing specialised dust masks at work, using water to minimise the dust created from cutting artificial stone, and installing extraction and ventilation systems in work places, have been used to minimise exposure to dust and prevent silicosis.

There is a growing number of new cases of accelerated silicosis occurring in workers as a result of exposure to silica dust. While this can occur in various industries, recent cases involve stone-workers working with artificial stone bench tops, as used in commercial and residential kitchens, laundries and bathrooms. Cutting, grinding and polishing of artificial stone exposes workers to the very fine respirable³ silica dust. Unlike natural stone such as granite, which typically contains only up to 30 per cent silica, artificial stone can have silica concentrations of more than 90 per cent.

In the early stages of silicosis, there may be no symptoms. Advanced symptoms of the disease include a cough, breathlessness and tiredness. At present there is no known treatment which will arrest the progression of the disease once it becomes symptomatic. Treatment focuses on avoidance of further silica exposure, smoking cessation, and minimising the risk and complications of lung infections, which is the major cause of premature death. Some individuals may eventually need oxygen supplementation or a lung transplant.

2 Background is prepared based on materials from:

- Royal Australian College of General Practitioners, *Explainer: What is silicosis?*, published 7 August 2019, available at <https://www1.racgp.org.au/news/gp/clinical/explainer-what-is-silicosis> (accessed 12 August 2019).
- Royal Australasian College of Physicians, *Frequently Asked Questions – Accelerated Silicosis*, available at <https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/accelerated-silicosis/faqs> (accessed 13 August 2019).
- Joint Statement: Royal Australasian College of Physicians and the Thoracic Society of Australia and New Zealand, available at <https://www.racp.edu.au/news-and-events/media-releases/call-for-regulators-to-address-public-health-crisis-in-the-artificial-stone-benchtopy-industry> (accessed 13 August 2019).

3 able to be breathed in

Out of Scope

The main focus of the Taskforce is to urgently address the sharp rise in accelerated silicosis cases that have been seen around the country, which has been associated with a specific occupational exposure to materials containing high levels of silica.

The Australian Government recognises that many of the possible solutions to preventing accelerated silicosis also apply to a range of other dust related diseases. The outcome of the Taskforce's deliberations will inform decision making, in both the immediate and longer term, around preventing and reducing the burden of disease related to accelerated silicosis. Additionally, it will also inform decision making around preventing and reducing the burden of disease caused by a range of dusts, where there are commonalities in both exposure and the disease.

How can I be involved?

The Taskforce welcomes input through the **Consultation Hub** on the Department of Health website, against the following:

1. From your experience, what are the issues that are underlying the increasing rates of accelerated silicosis in Australia?
2. Please describe ways we could collect information that could help to understand the problem better, so practical solutions can be developed.
3. Are there any gaps in the current protections for workers? If so, what are they?
4. Where you have seen good practice, what do you think caused this practice?
5. Where you have seen poor practice, what do you think were the barriers to preventing good practice?
6. Who do you think is impacted by this current situation and who should be involved in the potential solutions?
7. Please outline any examples of current work, projects, research or research proposal you may be aware of occurring across the sector related to accelerated silicosis, or occupational lung diseases more broadly, that you would like the Taskforce to take into consideration in its review.
8. Are there any other issues you wish the Taskforce to consider as part of its review?

In addition, written submissions can be provided through the Consultation Hub. Submission documents should be provided in fully accessible Word format and/or Portable Document Format (PDF).

The consultation period will be open for 8 weeks.

Should you have any enquiries about the process or difficulties providing your submission, please contact the Taskforce Secretariat at dust.consultation@health.gov.au.

There will be further opportunities for stakeholders to contribute before the end of 2019, including through planned webinars and consultation forums across all states and territories. You can register your interest in future consultation events, to guide planning for the location and timing of these events.

During the Taskforce's review, further information and updates on consultation activities will be added to the National Dust Disease Taskforce webpage at www.health.gov.au/dust. Please take the time to visit the webpage and subscribe to email updates.

