



Australian Government
Department of Health

**National Dust
Disease Taskforce**



National Dust
Disease Taskforce
Phase 2 Consultation Paper

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

NATIONAL DUST DISEASE TASKFORCE CONSULTATION PAPER

© 2020 National Dust Disease Taskforce Phase 2 Consultation Paper by the Department of Health

CREATIVE COMMONS LICENCE

This publication is licensed under the Creative Commons Attribution 4.0 International Public License available from <https://creativecommons.org/licenses/by/4.0/legalcode> ("Licence"). You must read and understand the Licence before using any material from this publication.

RESTRICTIONS

The Licence may not give you all the permissions necessary for your intended use. For example, other rights (such as publicity, privacy and moral rights) may limit how you use the material found in this publication.

The Licence does not cover, and there is no permission given for, use of any of the following material found in this publication:

- the Commonwealth Coat of Arms. (by way of information, the terms under which the Coat of Arms may be used can be found on the Department of Prime Minister and Cabinet website <http://www.dpmc.gov.au/government/commonwealth-coat-arms>);
- any logos and trademarks;
- any photographs and images;
- any signatures; and
- any material belonging to third parties.

ATTRIBUTION

Without limiting your obligations under the Licence, the Department of Health requests that you attribute this publication in your work. Any reasonable form of words may be used provided that you:

- include a reference to this publication and where, practicable, the relevant page numbers;
- make it clear that you have permission to use the material under the Creative Commons Attribution 4.0 International Public License;
- make it clear whether or not you have changed the material used from this publication;
- include a copyright notice in relation to the material used. In the case of no change to the material, the words "© 2018 Commonwealth of Australia (Department of Health)" may be used. In the case where the material has been changed or adapted, the words: "Based on Commonwealth of Australia (Department of Health) material" may be used; and
- do not suggest that the Department of Health endorses you or your use of the material.

ENQUIRIES

Enquiries regarding any other use of this publication should be addressed to the:

Branch Manager

Communication Branch

Department of Health

GPO Box 9848

Canberra ACT 2601

or via e-mail to copyright@health.gov.au



Introduction

The National Dust Disease Taskforce (Taskforce) was established on 26 July 2019 to develop a national approach to the prevention, early identification, control and management of occupational dust diseases in Australia. The Taskforce is focussing on accelerated silicosis resulting from inhalation of silica dust from engineered stone with a high level of silica content.

First phase consultation

The Taskforce conducted open consultation forums in eight locations across Australia and ran an online written submission process between September and November 2019. Attendees and submissions ranged across individuals, governments, industry, unions, regulators, medical practitioners, and insurance bodies. The consultations were designed to encourage stakeholders to share their views to help the Taskforce better understand underlying issues in relation to the increasing numbers of people being diagnosed with accelerated silicosis, how to mitigate the exposure risks, and prevent accelerated silicosis in those people who are considered to be at-risk.

Targeted consumer market research was conducted to seek the views of those who have worked in or are currently working in the occupations captured by the chain of supply, manufacture, installation and use of engineered stone and similar products; workers who may have symptoms of accelerated silicosis; and those who are currently undergoing diagnosis of, or have been diagnosed with, accelerated silicosis. Views were also sought from end users of manufactured stone products, to understand their attitudes towards the product and manufacturing process, and their level of awareness of the issue.

Key issues identified in the first phase consultation informed the Taskforce's consideration of its Interim Advice.



Interim Advice

The Taskforce provided its Interim Advice to the Minister for Health, the Hon Greg Hunt MP, in December 2019. A copy of the Interim Advice can be found on the National Dust Disease Taskforce webpage at www.health.gov.au/dust.

The Interim Advice includes five early recommendations aimed to address awareness raising, data capture and information sharing, research priority areas, national guidance on screening and a national approach to detection and response.

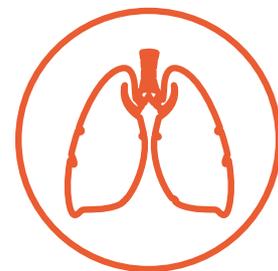
The Interim Advice also provides initial findings which require further examination. These include opportunities to strengthen Australia's existing regulatory arrangements across the work health and safety system, further considering issues relating to the organisation of workplaces and organisational culture, opportunities to align skills and knowledge across the supply chain, and research and development considerations.

The Minister accepted the Interim Advice in January 2020. A copy of the Minister's media release can be found at: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/action-on-national-dust-disease-taskforce-interim-advice>

Purpose of this document

Following the release of the Interim Advice in January 2020, the Taskforce continues to engage with a broad range of stakeholders to further investigate preliminary findings, progress the early recommendations, and ensure key issues are captured and considered prior to the delivery of its Final Report by the end of June 2021.

This Consultation Paper is being released by the Department of Health on behalf of the Taskforce to further investigate the initial findings made in the Taskforce's Interim Advice. It provides a set of guiding questions to inform the deliberations of the Taskforce.



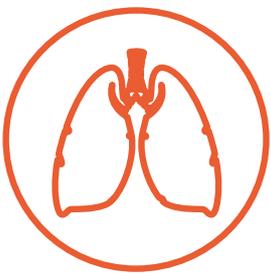
How can I be involved?

The Taskforce encourages interested stakeholders to make submissions through the Consultation Hub on the Department of Health website.

The intent of this phase of the consultation process is to obtain feedback on the Interim Advice, with a particular focus on refining the initial findings and progressing the early Recommendations. The Taskforce requests that submissions clearly identify their relevance to any specific question or combination of questions below.

Regulatory and Governance

1. From a regulatory perspective, what should be considered 'engineered stone'? Please provide the rationale for your recommendation.
2. Various jurisdictions have already banned uncontrolled dry processing of engineered stone. What other practical measures could be introduced to reduce worker exposure to silica dust?
3. Relevant to dust-related diseases, what mechanisms exist or could be further developed to ensure effective enforcement of regulations and codes of practice?
4. Hazard elimination sits at the top of the hierarchy of control measures (see <https://www.safeworkaustralia.gov.au/risk> for an example of a hierarchy of control measures). Do you consider a ban (either total or partial) of high silica content engineered stone material, a proportionate and practical response to the emergence of silicosis in the engineered stone benchtop industry in Australia?
5. The Taskforce is aware some jurisdictions are considering a licensing scheme for engineered stone. Do you consider this a proportionate and practical response in relation to the following:
 - a. restricted (under licence) or otherwise prohibited manufacture in Australia?
 - b. restricted (under licence) or otherwise prohibited importation and distribution?
 - c. fabrication and installation performed only under licence?
 - d. licence required after installation modifications or repurposing of installed engineered stone?
6. What learnings from the re-emergence of accelerated silicosis as an occupational health and safety risk can be applied to enhance workplace health and safety systems more generally?



Workforce Organisational Culture

7. Given the nature of the building and construction industry, and the increase in the number of smaller, often independent businesses and suppliers, what particular strategies and supports are needed to ensure that these businesses are able to provide adequate protection for workers?
8. What health and safety strategies can be improved?
9. What return to work support is available or should be considered to assist workers following a diagnosis of silica-associated disease, including for those who are unable to return to the engineered stone industry?
10. What are examples of good dust exposure workplace monitoring processes? (Where possible please provide evidence to support the effectiveness of these processes).

Resourcing and Capability

11. What specific resources (eg information, education, other supports etc.) are required, that are not currently available, for small to medium sized businesses, to ensure that owners and staff are fully informed of the availability and correct use of control methods, including by workers from non-English speaking backgrounds?
12. With a specific focus on dust related diseases, what mechanisms exist that could be used as a basis for providing a coordinated national system with representation across stakeholder disciplines for identifying and communicating emerging issues?

Research and Development

13. What industry mechanisms could be introduced to ensure workers have appropriate competencies for handling engineered stone or performing processes that generate silica dust?
14. What are the specific challenges related to linking workplace exposure with disease development (at a later date) and how should these be addressed?
15. What are three key pieces of information about dust disease that you would like to see collected at a national level? What are the three key uses of the information collected at a national level?
16. What alternative products are currently available which could replace high silica-content engineered stone? How could we drive innovation in relation to products?
17. The interim advice identified immediate research priorities which has led to a research funding grant opportunity announced by the **Medical Research Future Fund and National Health and Medical Research Council**. Are there other research priority areas that have not been identified in the interim advice that should be considered, and why? What research areas should be a priority following this first round of research funding?

The consultation period is open for 6 weeks, commencing 30 September 2020 and closing on 11 November 2020. Submission documents should be provided in fully accessible Word format and/or Portable Document Format (PDF).

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

Next steps

The findings from consultations will inform the development of the Taskforce's Final Report which is due to the Minister for Health by the end of June 2021.

Further information

Further information including the Terms of Reference and Membership of the Taskforce can be found on the National Dust Disease Website (www.health.gov.au/dust).

