**STANDING COMMITTEE ON LAW AND JUSTICE**
**FIRST REVIEW OF THE DUST DISEASES AND LIFETIME CARE AND SUPPORT SCHEMES**

## ADDITIONAL SUPPLEMENTARY QUESTIONS ON NOTICE - icare

**1. INCIDENCE, NOTIFICATION AND PREVENTION OF DUST DISEASES**

The Committee heard evidence from the Thoracic Society of Australia and New Zealand and Maurice Blackburn Lawyers that there has been an increase in the incidence of silicosis from the engineered stone products industry. Further, there appears to be a deficiency in the method of notification and instigation of immediate preventative action when new exposures occur in a particular industry. Additionally, the need for a centralised register to collect data on occurrences was highlighted.

Please respond to these concerns and in particular, explain the role of the Dust Diseases Authority in notifying industry when new risks emerge, and any future role it may play in establishing a centralised register for data collection and information sharing.

**ANSWER:**

**Role of icare in notifying industry when new exposure risks emerge and its involvement in preventative action:**

The *Work Health and Safety Act 2011* gives SafeWork NSW the responsibility for management of work health and safety issues, including exposure risks and the prevention of dust diseases, in NSW workplaces. icare collaborates with SafeWork NSW and other agencies where possible, to assist with these responsibilities. In addition, icare directly supports employers to meet their work health and safety responsibilities in respect of their employees.

Employers in NSW have a responsibility under work health and safety legislation to provide health monitoring for workers exposed to hazardous dust, including asbestos and respirable crystalline silica in the workplace. icare supports the prevention, early examination and monitoring of dust diseases through Lung Screen, which is a mobile respiratory testing unit that supports employers by visiting their worksite or premises to provide health monitoring for their workers. icare undertakes occupational health monitoring examinations for over 3,500 NSW workers each year. In the financial period 2015/16, Lung Screen performed health monitoring on 3,934 workers across 47 large employers.

From November 2016, icare has been pro-actively offering the Lung Screen mobile unit health monitoring service to small and medium high-risk employers. Examples of small to medium businesses targeted for this service range from asbestos removalists and demolition companies, through to construction labouring activities that may expose workers to asbestos and silica dust. The expanded service is of great benefit to small and medium high-risk employers in regional areas, who may have experienced difficulties in providing health monitoring for their workers.

Lung Screen has a medical practitioner on board who is experienced in health monitoring, to conduct the examination following lung function tests. When necessary, a chest X-ray and results from Lung Screen are analysed by a respiratory physician. A health monitoring report is provided to each worker and the employer is notified of any workplace injury including evidence of a dust disease.

Under work health and safety legislation, employers are required to notify SafeWork NSW if the report indicates that a worker has contracted an illness, disease or injury as a result of their employment, and/or the report includes recommendations for the employer to undertake remedial measures in the workplace.

icare directly engages with workers to provide them with the latest information about dust diseases and the importance of preventing workplace exposures to dusts such as silica and asbestos, as well as providing this information to employers operating in 'at risk' industries.

Some examples of icare's involvement in preventative action and response to exposure risks include:

- Current collaboration with SafeWork NSW on the Respirable Crystalline Silica initiative investigating workplace exposures in high risk industries such as engineered (artificial) stone.

- Membership of the Heads of Asbestos Coordination Authorities (HACA), which is currently chaired by SafeWork NSW. HACA works to improve the management, monitoring and response to asbestos issues in NSW by developing coordinated prevention programs and providing information on the identification and management of asbestos in the workplace.

**The incidence of silicosis from the engineered stone products industry and any evidence it is increasing:**

Silicosis is covered by the Dust Diseases Scheme and is compensated if attributed to workplace exposure to silica dust while working in NSW and has caused disability. The Dust Diseases Scheme covers silicosis, irrespective of whether an individual was exposed to silica during well-known hazardous tasks such as rock drilling and road construction, or through the manufacture and installation of engineered stone countertops, which until recent years was less known in Australia.

The following table details the number of new NSW work-related silicosis cases certified by the Medical Assessment Panel over the last five years. This data is taken from past Annual Reports. Silicosis certifications have been relatively stable at about nine cases per year between 2011/12 to 2015/16, however the number of cases notified are limited to only those workers who have applied for compensation under the Scheme.

**Table 1. The number of silicosis cases compensated by the Dust Diseases Scheme over the last five years**

| Year | Number of Silicosis Cases |
|---|---|
| **2011-12** | 9 |
| **2012-13** | 10 |
| **2013-14** | 9 |
| **2014-15** | 9 |
| **2015-16** | 9 |
| **Total** | **46** |

Physicians diagnosing possible cases of silicosis attributed to workplace exposures, including those stemming from exposures to engineered stone, are encouraged to notify and refer their patients to icare to help promote awareness and timely access to any potential care and support available under the Dust Diseases Scheme. icare recognises the opportunity for improved engagement with medical practitioners and physicians to facilitate such notifications and referrals, and would welcome collaboration with TSANZ and other professional associations to develop education and tools for physicians to assist with awareness and notifications of possible cases.

**Establishment of a centralised register for data collection and information sharing and the role of icare:**

icare maintains statistical information about the incidence of occupational dust diseases in NSW certified by the Medical Assessment Panel. Statistical data collected and maintained relates only to matters where an individual has lodged an application for compensation under the Dust Diseases Scheme as a result of potential occupational exposure to dust while employed as a worker in NSW.

The data is used to inform research, initiatives and opportunities to develop and/or improve care and support services and outcomes for Dust Diseases Scheme participants. This data is also used by icare's actuaries to inform the financial requirements and sustainability of the Dust Diseases Fund to meet the Scheme's claim liabilities presently and into the future.

icare regularly receives requests for dust disease related data and shares information and data that it maintains. Some examples have included:

- Working with SafeWork NSW in respect to asbestos and silica exposure prevention and health surveillance including notification of current workers with an indication of exposures and disease statistics.
- Participation in Heads of Asbestos Coordination Authorities (HACA) activities around dust diseases research and exposure prevention and response.
- Providing dust diseases compensation statistics to SafeWork Australia.
- Providing disease and industry statistics to the State Insurance Regulatory Authority (SIRA).
- Providing silica-related statistics to industrial hygienists.
- Providing data on asbestos-related diseases and costs to the Centre of International Economics.
- Providing dust diseases data to the NSW Mine Safety Advisory Council.

icare notes the Thoracic Society of Australia and New Zealand's recommendation that icare give consideration to recommencing a data collection program similar to the Surveillance of Australian Workplace Based Respiratory Events (SABRE) program that the former Dust Diseases Board administered from 2001 to 2008. However, SABRE was a voluntary notification scheme whose performance was hindered by external dependencies and factors including low participation, under diagnosis and under reporting, resulting in incidence rates of new diagnoses being underestimated. It was as a result of these factors that the former Dust Diseases Board determined to suspend the SABRE program.

icare supports the idea of a national data collection system for occupational lung diseases, although notes the establishment of such a system would necessitate extensive collaboration and effort between industry, academia, government and other special interest groups across Australia to ensure the usefulness and ongoing commitment to, and validity of the project.

icare would consider co-funding a national data system which would entail data collection on diseases caused by occupational agents, including those other than dusts, along with other government authorities and industry organisations that will benefit from contributing to and accessing the data available from the system.

**2. PLANNING FOR THE MOTOR ACCIDENTS INJURIES ACT 2017**

The State Insurance Regulation Authority (SIRA) gave evidence in regard to the preparations, including costings, it is undertaking in relation to the implementation of the *Motor Accident Injuries Act 2017*.

The Committee would like further information from icare on its planning, in conjunction with SIRA, to ensure that there are adequate resources and processes in place when the Lifetime Care and Support Authority assumes responsibility from insurers for the lifetime care and treatment of eligible injured people.

**ANSWER:**

icare has commenced preliminary planning for the cohort of injured persons who will receive services under the new Compulsory Third Party (CTP) Insurance Scheme whereby icare will become the relevant insurer of statutory benefits for treatment and care that is required more than five years after the motor accident.

Much of the preparatory work before the new legislation commences will involve:

- actuarial modelling for levy setting;
- contributing to the development of the new Motor Accident Guidelines, as delegated under the *Motor Accident Injuries Act 2017*; and
- working with SIRA and CTP insurers to clarify issues relating to the transfer of claimants from being managed by CTP insurers, to being managed by icare.

icare has held several discussions with SIRA on planning for the commencement of the *Motor Accidents Injuries Act 2017*, prior to and following the passing of the legislation. icare will continue to meet with SIRA to continue this planning work with an initial focus on levy setting.

More detailed discussions regarding the resources and processes required to transfer claims from CTP insurers to icare are yet to be held. This is because the development of processes for the transfer between entities is not required in order for the legislative changes to commence on 1 December 2017.
These transfers would commence at the earliest in December 2019, with the majority expected to occur five years after the claim, which at the earliest would be in December 2022.

icare acknowledges and respects SIRA's role as the regulator, which has overall responsibility for implementing the new Scheme systems and processes in conjunction with icare, CTP insurers and other stakeholders, and looks forward to working closely with it.