

2019 review of the Dust Diseases Scheme

Chair's proposed pre-hearing questions

Questions	Response
<p>1. icare update on recommendations</p>	<p>See Tab A</p>
<p>2. Has icare expanded its free lung care screening service? Who is offered free screening services, and how often?</p>	<p>The icare Dust Diseases Occupational Health Monitoring Service has seen a 26 per cent increase in overall service between 2017/18 and 2018/19 and a 328 per cent increase in silica related screenings.</p> <p>To meet the growing demand, icare is currently in the process of recruiting an additional occupational physician. The Dust Diseases Screening Clinic in Pitt St is also in the process of expanding the operating days from three to four.</p> <p>icare provides occupational health screening free of charge to small businesses with less than 30 employees who are issued improvement notices from SafeWork NSW. A further 50 per cent subsidy is applied for those businesses with over 30 employees who are issued notices from SafeWork NSW, reducing the subsidised cost of screening from \$100 to \$50 per worker plus GST for their first round of screening. Employers who voluntarily have their staff screened through icare (without a SafeWork NSW notice) pay a subsidised rate of \$100 per worker. Individual workers are not charged for icare screening services.</p> <p>If a worker is observed to have lung changes related to dust exposure, and applies for compensation as a result, the Medical Assessment Panel will recommend a cycle of re-screening for that worker. This is a recall service within the Screening service. In general, workers are recalled on an annual or bi-annual basis, but the Medical Assessment Panel may recommend more frequent screening. There is no charge for workers for this service. icare covers out of pocket expenses for those workers who choose to have their screening through their local health service or GP.</p> <p>Employers are encouraged to follow the guidelines in the Work Health and Safety Regulation, which recommends annual medical examinations.</p>

3. Could you provide the committee with an update on silicosis testing in NSW across the last 24 months. Please include results data and costs, broken down by location and employer.

The costs of providing occupational health monitoring to NSW workers in FY2018/19 was approximately \$1.2 million, or \$228 per screening.

Of this, approximately \$950,000 were employment related costs, including respiratory scientists, radiographers, occupational physicians and administrative staff for both the Mobile Respiratory Unit and the Screening Clinic. icare is not able to identify specific silicosis related screening costs, as its occupational health monitoring screens for several hazardous dusts (but is primarily concerned with asbestos and silica).

SafeWork NSW has indicated to icare that all manufactured stone sites in NSW have been visited totalling 246 sites. SafeWork NSW estimates there are approximately 3,000 manufactured stone workers within NSW, based on anecdotal data from the industry. From June 2017 until September 2019, a total of 6,566 workers from 194 employers have been screened for silica related lung changes.

The 6,566 workers screened for silica related lung changes came from the manufactured and natural stone industries. They also included some stone installation and construction companies. Repeat screenings, usually conducted at least annually, are also included in the figure.

From the 6,566 screens conducted, 70 workers were confirmed to have signs of silicosis with varying levels of severity. More cases were detected in the 12 months to September 2019 than in the 12 months to September 2018, which was consistent with the increase in screening in the past 12 months. Our screening also detects other dust related abnormalities.

Locations visited by the Mobile Unit since June 2017 include Alexandria, Arncliffe, Badgerys Creek, Barangaroo, Bathurst, Bega, Berrima, Bexley, Blayney, Bringelly, Broken Hill, Buronga, Byron Bay, Canowindra, Casino, Cecil Hills, Cessnock, Chatswood, Coffs Harbour, Cowra, Cromer, Dubbo, Eraring, Forbes, Glen Innes, Homebush, Hornsby, Horsley Park, Ingleburn, Ingleside, Karuah, Kempsey, Kingsgrove, Lismore, Macquarie Park, Maitland, Maldon, Mannering Park, Marrickville, Marulan, Marulan South, Molong, Moree, Moss Vale, Muswellbrook, Newcastle, Oatley, Oberon, Orange, Ourimbah, Port Macquarie, Prestons, Quirindi, Raleigh, Row Labels, Russell Vale, Rutherford, Schofields, Seaham, Silverwater, Singleton, Somersby, St Peters, Taree, Thornleigh, Tomago, Tweed Heads, Wagga Wagga, Wallsend, Wellington, Wentworth, West Gosford, Woonona, Wyee, Zetland.

icare is unable to provide information about the breakdown by employer without breaching their privacy.

<p>4. Are you aware of whether there is a system of notification of diagnosis which is shared with the regulator? Is there a follow-on mechanism leading to an audit of the workplace of the diagnosed worker?</p>	<p>When requested, icare provides information to SafeWork NSW under section 155 of the <i>Work Health and Safety Act 2011</i>. Information provided includes:</p> <ul style="list-style-type: none"> • Copies of health monitoring reports • Date of health monitoring • Name and contact details of the medical practitioner who conducted the health monitoring • Name, contact details, address and ABN of the PCBU who commissioned the health monitoring • Recommendation for the PCBU to take remedial measures including whether the worker can continue to carry out the type of work that triggered the health monitoring • Workers occupation • Workers' employer's names, ABNs, contact details and address. <p>In 2019 icare responded to two requests from SafeWork NSW issued under section 155.</p> <p>Information is not regularly supplied to SafeWork NSW as there is no framework outside the section 155 notices to do so. Providing information without a clear mandate would potentially be a breach of privacy.</p> <p>The responsibility to undertake worksite inspections to ensure compliance with work, health and safety legislation is with SafeWork NSW.</p>
<p>5. What access to screening is offered for workers in workplaces where dust related notices have been served?</p>	<p>icare offers employers a choice of service provider for health monitoring screenings.</p> <p>Employers can choose to have their workers attend health monitoring screening:</p> <ul style="list-style-type: none"> • at the icare Dust Diseases Screening Clinic located in the Sydney CBD; • through the icare Lung Screen mobile respiratory unit staffed by qualified medical professionals visiting workplaces and communities across regional NSW; or • through a recommended locally based provider. <p>Where an employer or worker chooses to use a local health provider, icare provides information and guidance to the provider, to ensure that there is consistency in the screening and examinations of workers with dust exposure, regardless of where their screening is undertaken.</p>

<p>6. Has icare implemented any strategies to provide training for medical professionals to improve the detection and treatment of silicosis?</p>	<p>icare is developing an Augmented Intelligence tool to support radiologists and physicians in detecting silicosis. The project has accessed publicly available large datasets, to develop algorithms and create a program to detect changes or indicators of silicosis, which can be difficult to visually detect.</p> <p>On 31 August 2019, icare presented information about its health monitoring service at a summit “Silicosis: a medical approach” hosted by WorkSafe Victoria. The summit was attended by medical professionals, lung-disease advocates and healthcare organisations. It focused on silica related lung diseases, future initiatives and how to develop a national strategy to manage silica related lung diseases.</p> <p>In addition, icare supports grants for research into silica related disease through the Dust Disease Board. A focus grant funding pool of \$250,000 has been set aside specifically for silica related proposals.</p>
<p>7. Are you aware of the low silicosis detection rate in NSW? Why are the detection rates lower than in other jurisdictions?</p>	<p>icare is aware of the perception of a low rate of detection of silicosis in NSW. However, there is a lack of comparable available data to understand the rates of detection across jurisdictions. For example, Queensland has targeted only those workers in manufactured stone, whereas in NSW workers are screened across all silica related industries. Each jurisdiction has utilised differing regulatory frameworks and different compensatory schemes, adding to difficulty in making comparisons.</p> <p>NSW has provided a subsidised health monitoring service for employers whose workers have been exposed to hazardous dusts in the workplace, such as silica, continuously for almost 20 years. We have detected silica related cases throughout this period. Other jurisdictions have not undertaken the extensive occupational health monitoring that NSW has implemented. In some part, we believe that there may be a ‘catch up’ effect. In total, within our system currently, we have 651 cases of silicosis, with 370 of these workers still living.</p> <p>40 new cases of silicosis were identified in the 2018/19 financial year, up from the 9 new cases identified in the 2017/18 financial year. To date in 2019/20, icare has identified 21 new cases of silicosis.</p> <p>The increase in new cases of silicosis identified recently is attributed to increased community awareness of the health implications of working with respirable crystalline silica leading to an increase in demand for health monitoring. There may also be a connection between this trend and the increased use of manufactured stone, in line with other jurisdictions, and the higher silica content in this product coupled with the cutting and grinding processes employed.</p>

<p>8. Is icare working with the Australian Institute of Occupational Hygienists and Breathe Freely Australia in regard to the operations and testing carried out by the Lung Bus.</p>	<p>icare is not currently working with the Australian Institute of Occupational Hygienists and Breathe Freely Australia. icare would welcome meeting with representatives from the Australian Institute of Occupational Hygienists to explore the feasibility of providing information developed for the <i>Breathe Freely Australia</i> initiative through its Lung Screen vehicle.</p> <p>icare partners with Safework NSW to assist with its <i>Roadmap 2022</i> program, which aims to reduce worker risks and eliminate injuries and silica related diseases associated with exposure to respirable crystalline silica. This has included targeted industry presentations and meetings delivered at various locations across the State. These forums include a mix of advice from regulators and businesses showing best practice controls, safety behaviours, case studies and panel discussions. It is suggested that the Australian Institute of Occupational Hygienists also consider partnering with SafeWork NSW to deliver its <i>Breath Freely Australia</i> initiative through Roadmap 2022.</p>
<p>9. How are past test results of individual workers recorded and accessed? Has icare investigated the possibility of the operation of centralised data-storage system? Has icare investigated the possibility of individuals being issued with a “a lung passport” as a record of past results.</p>	<p>All health monitoring results are maintained by icare on our database. Workers can access these results when required, and they are regularly provided to the worker and their nominated treating physicians. icare is required to collect and maintain extensive information for all applications for compensation, to enable the Medical Assessment Panel to make determinations.</p> <p>This detailed record includes x-rays, CT scans, lung function test results, medical reports and medical examination results. In addition, icare records a detailed industrial history for each applicant. Due to regular health monitoring, the long latency of some dust diseases, including chronic silicosis, and icare’s medical screening recall process, icare often holds lengthy and detailed records on a worker before they become eligible for compensation.</p>

10. What is the view of icare on the proposed exposure standard of 0.05 mg/m³ and compliance with the exposure standard in dusty workplaces? Should the lower standard of .02 mcg/m³ be adopted?

icare supports any recommendation to amend time-weighted averages for the measurement of respirable crystalline silica, to bring Australian jurisdictions in line with international best practice and reduce occupational exposure to silica in New South Wales.

GOVERNMENT RESPONSE
to
**REPORT OF THE LEGISLATIVE COUNCIL STANDING COMMITTEE ON LAW AND
JUSTICE**
on
2018 REVIEW OF THE DUST DISEASES SCHEME

icare update on recommendations

Current as at 6 September 2019

No	icare update on recommendations
<p>Recommendation 1: <i>That icare and SafeWork NSW conduct a case finding study for silicosis in the manufactured stone industry in New South Wales.</i></p>	<p>icare has conducted occupational health monitoring across all silica related industries since 2001, including within the manufactured stone industry. Case finding is a part of icare Dust Diseases Care business as usual.</p> <p>icare works in partnership with SafeWork NSW to understand the manufactured stone industry and identify employers and workers who may require health monitoring. icare, in partnership with SafeWork NSW's inspection program, has provided subsidised health monitoring in Sydney and regional NSW for employers engaged in manufactured stone fabrication and installation, to identify the number of individuals with silica-related disease including silicosis.</p> <p>SafeWork NSW has indicated to icare that all manufactured stone sites in NSW have been visited totalling 246 sites. SafeWork NSW estimates there are approximately 3,000 manufactured stone workers within NSW, based on anecdotal data from the industry.</p> <p>In 2017/18 and 2018/19, icare screened 2952 workers for silica related changes, and an additional 2668 for both asbestos and silica. icare also supported 19 workers to be screened through their local health service. In total, 5620 workers were screened across the two years for silica related lung changes.</p> <p>In addition to this, icare has commenced more rigorous data collection regarding workers who have had silica related changes detected to understand the breakdown by industry, nature and history of exposure and the type of silicosis or other lung changes that have been detected. This data will be analysed and tracked over time to better understand areas of exposure risk and disease progression.</p>

Recommendation 2:

That the Standing Committee on Law and Justice's next review of the Workers Compensation (Dust Diseases) Scheme focus on silica dust and silicosis, particularly in the manufactured stone industry.

The Terms of Reference for the 2019 review of the dust diseases scheme specify a focus on silica dust and silicosis, particularly in the manufactured stone industry.

Recommendation 3:

That the NSW Government urgently undertake targeted awareness and education initiatives into the dangers associated with the manufactured stone industry, including a focus on non-English speaking background workers and employers.

SafeWork NSW, in partnership with icare, has implemented a public awareness campaign to educate workers about the risks of silicosis and the precautions that should be taken. The project has included a series of Roadshows in Wollongong, Bankstown and Newcastle, with radio advertisement and factsheets provided in languages other than English including Arabic, Chinese, Hindi, Korean and Vietnamese. icare presented at these Roadshows providing information about its health monitoring service, compensation scheme and services.

SafeWork NSW also hosted a National Silica Symposium on 7 May 2019. The Symposium was designed to provide employers and workers with the latest information on silica best practice and how to keep workplaces safe. icare presented on its health monitoring service and employer obligations to provide health monitoring to workers exposed to silica dust in the workplace.

icare provided \$50,000 funding for phase 2 of the SafeWork NSW silica safety awareness campaign. icare promoted this awareness campaign through its various social media channels including Facebook and LinkedIn. icare has also developed a dedicated page on its website to promote its collaboration with SafeWork NSW and direct visitors to the SafeWork NSW website to learn more about crystalline silica. icare has also used its social media channels to promote SafeWork NSW roadshows and safety messages.

icare is also a member of the National Silica Associated Lung Disease: Monthly Communication Platform. The purpose of this platform is to promote communication across jurisdictions across Australia to inform best practice for the management of silica related issues into the future. Topics for discussion include health monitoring programs, return to work, workplace initiatives and claims management. This forum does not report to a Minister or government agency. The forum was established as an interim measure pending the implementation of the National Dust Diseases Taskforce.

icare recently presented at the SafeWork Victoria Silicosis Summit: a medical approach. The Summit provided information from leading experts about the diagnosis, management and treatment of silicosis. It also addressed associated silica related diseases, future initiatives and a national approach.

icare is currently exploring how it can better engage with workers from non-English speaking backgrounds who work with manufactured and natural stone products. This includes participating at community forums and translating materials into a series of commonly spoken languages in this industry.

<p>Recommendation 4:</p> <p><i>That, if a National Dust Diseases Register is not established by the end of 2019, the NSW Government establish a New South Wales Dust Diseases Register.</i></p>	<p>The Council of Australian Governments Health Council has established a National Dust Diseases Taskforce to develop a national approach to the prevention, early identification, control and management of dust diseases in Australia. The Taskforce will be providing interim advice by the end of 2019 to the Commonwealth Minister for Health with a final report being submitted no later than December 2020.</p> <p>As well as this, the Clinical Principal Committee of the Australian Health Ministers' Advisory Council is examining the creation of a national register.</p> <p>icare supports in principle the establishment of a mandatory reporting scheme for silica related diseases in NSW pending the implementation of a national model.</p>
<p>Recommendation 5:</p> <p><i>That icare review the last two years of medical assessment decisions made by the Medical Assessment Panel to check for consistency and conformity with current medical evidence and ensure that international best practice is being followed.</i></p>	<p>icare has commenced scoping this recommendation. The Medical Assessment Panel made more than 6000 medical assessment decisions in the past two years, of which a portion are silica related. As a result, icare will be looking to limit the scope of the review by decision outcome and dust type.</p> <p>The Medical Assessment Panel is comprised of eight highly qualified specialist medical professionals all of whom are either Respiratory Specialists or Occupational Physicians with expertise in occupational lung diseases. It is a condition of appointment to the Panel that they be members of the Thoracic Society of Australia and New Zealand. All members are also members of the Royal Australian College of Physicians.</p> <p>icare has an association with most Respiratory Physicians in NSW who have the level of expertise required to conduct such a review, through the Medical Assessment Panel past and present members, or through the Dust Diseases Board past and present members. As a result, icare is currently exploring interstate options to independently conduct the review.</p>
<p>Recommendation 6:</p> <p><i>That the State Insurance Regulatory Authority liaise with key stakeholders, including the Thoracic Society of Australia and New Zealand, regarding updating of the list of dust diseases contained in Schedule 1 of the Workers' Compensation (Dust Diseases) Act 1942 and commission an independent actuarial study to consider the implications of making any amendments.</i></p>	<p>This a matter for the State Insurance Regulatory Authority (SIRA). icare is scheduled to meet with SIRA on 1 November 2019.</p>

Recommendation 7:

That the NSW Government make a regulation that the payment of reasonable funeral expenses in the Workers Compensation (Dust Diseases) Scheme be increased to not exceed \$15,000, in line with the Workers Compensation Scheme statutory maximum.

An amendment to the legislation would be required to enable increases to the funeral benefits payable under the Dust Diseases Scheme. icare has undertaken the actuarial analysis to determine the financial impact of this change.

Recommendation 8:

That the NSW Government, through the Council of Australian Governments, liaise with the Commonwealth Government to ensure that periodic compensation payments paid to Workers Compensation (Dust Diseases) Scheme participants are not treated as income by Centrelink, to ensure that participants who receive benefits such as the Age Pension do not have their benefits reduced on account of their involvement in the scheme.

While this is supported in principle by icare, this sits with the NSW Government as it will likely require changes to legislation.