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Standing Committee on Law and Justice
2019 Review of the Dust Diseases Scheme
Questions on Notice

1)

Diagnostic tools:

Mr DAVID SHOEBRIDGE: They were quite clear that using X-rays as a diagnostic tool was the problem and that as a diagnostic tool it is going to miss 40 per cent of silicosis cases. It was not just a person off the street telling us that; it was one of the most highly regarded thoracic surgeons—this is her speciality—telling us that. Can you come back to us on notice on whether you have got some evidence that would contest that?

Dr ALLSOP: We can take that on notice.

ANSWER:

A recent scientific letter published by Newbigin et al 2019 outlined the findings of a retrospective review of chest x-ray reports for stonemasons using International Labour Organisation (ILO) standards. The review did not examine the images themselves and the reports were, from our understanding, prepared by radiologists who do not specialise in detecting dust diseases and not reviewed by a senior respiratory physician. Findings from the review were that 43 per cent of individuals with imaging reported as normal were then diagnosed with silicosis by their respiratory physician following a high resolution computed tomography (HRCT) scan and other testing.

icare assumes that the above scientific letter is the basis of the claim that x-ray misses 40 per cent of silicosis cases that are picked up by HRCT and other tests.

The retrospective review was undertaken in Queensland, which at the time, utilised a screening process which was different to NSW, using different imaging service providers throughout Queensland (information provided by Uniting Care Medical Imaging). This may affect image quality as well as interpretation and reporting. In NSW, the majority of silicosis screening is provided centrally by icare, providing a specialised lung screening service that looks only for dust diseases. We contract all radiology to one senior respiratory physician for secondary review, enabling a highly specialised service with multiple review points.

icare does not have any evidence to support the proposition that 40 per cent of silicosis cases are being missed by the current screening process adopted by icare in NSW, which is based on international standards for screening as set out below (and represented diagrammatically at **Tab A**).

icare's health monitoring (screening) program assists employers in meeting their work health and safety obligations by following Safe Work Australia's guidance for screening workers exposed to hazardous dusts including respirable crystalline silica. The guidance for screening programs provided by Safe Work Australia, using chest x-rays as a screening tool, is endorsed by peak bodies

nationally including the Royal Australian College of Physicians (RACP) and the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and internationally by bodies including the National Institute for Occupational safety and Health (NIOSH) US and the Health and Safety Executive (HSE) UK.

The recommendation by Safe Work Australia is for workers with exposure to silica to undergo screening every year using standardised validated methodology. The tests performed by icare as part of the health monitoring program for silica include a medical examination, capture of medical and occupational history, standardised respiratory questionnaire, standardised respiratory function tests and standardised full-size chest x-rays.

Each chest x-ray is reviewed and reported in line with International Labour Organisation (ILO) standards by a qualified radiologist registered by the Royal Australian and New Zealand College of Radiologists (RANZCR). All results are reviewed by an experienced registered Senior Respiratory Physician who upon the detection of any dust related abnormalities, requests a follow up investigation which includes a HRCT scan for diagnostic purposes. Any discrepancy in diagnosis is referred for a third level of review.

icare understands that the University of Newcastle, with the support of SafeWork NSW, is undertaking research into the adequacy of current health monitoring tests. Safe Work Australia is also reviewing the national guides for health monitoring and have connected with the University of Newcastle's work. icare will follow this work closely and adjust practices if there are recommendations from this research. Through the Dust Diseases Board, icare is undertaking research into the diagnosis and treatment of silica related dust disease.

2)

Taskforce consensus on best practice for diagnosis:

Mr DAVID SHOEBRIDGE: I have looked at the task force's report. I have not seen any clear signal from it on this. What was the consensus on the task force about this?

Dr ALLSOP: I could not comment on that directly. I would have to take that on notice.

The Hon. GREG DONNELLY: Your evidence is that you cannot comment, you do not know. The taskforce was looking at this. You have got your position in your organisation. You do not know? Is that your evidence—that you do not know and you will have to check?

Dr ALLSOP: I do not know what the task force finding was in this particular area; not off the top of my head. I am sure we have access to it.

ANSWER:

The Manufactured Stone Industry Taskforce has not made a recommendation on best practice for the diagnosis of silicosis as this topic sits outside of the Taskforce's Terms of Reference.

The Taskforce was established in response to the *Legislative Council Standing Committee on Law & Justice First Review of Dust Diseases Scheme* recommendation that the NSW Government urgently convene a taskforce of industry, regulatory and workforce representatives to review safety standards in the manufactured stone industry and consider regulatory changes necessary to protect workers in the industry.

The Terms of Reference for the Taskforce included:

- Providing experts to deliver the purpose

- Undertaking a stocktake of existing regulatory measures and the extend of the issue (cases and projected cases) to protect workers in the manufactured stone industry
- Identifying any gaps and drivers in legislation, workforce controls, awareness, behaviours and engagement
- Providing progress reports to the Legislative Council Standing Committee on Law & Justice
- Delivering a final report with recommendations.

The Taskforce completed its Final Report in June 2019. The Final Report is required to be submitted to the Legislative Council via the SafeWork NSW Minister and the NSW Department of Premier and Cabinet. icare understands that the publishing of the final report is currently pending Cabinet approval.

3)

icare representation on the Taskforce:

The Hon. ANTHONY D'ADAM: Who represented icare on the task force?

Dr ALLSOP: I would have to come back to you on notice on that one. We had members of the Dust Diseases Care team on there. I could not recall the names off the top of my head.

ANSWER:

Christine Callaghan, Interim General Manager Specialist Care and Sam Khochaiche, Medical Screening Services Manager. Katherine Stone (Head of Specialist Care) and Denise Farlow (Manager, Project Services Specialist Care) attended some meetings on a proxy basis.

icare's role with the Taskforce was limited to providing supervision and information around lung screening services for employers who had received an improvement notice from SafeWork Australia.

4)

icare's views on and response to the recommendations of the Taskforce:

Mr DAVID SHOEBRIDGE: On notice, can you give us your views on the recommendations from the taskforce?

Dr ALLSOP: On notice, yes.

ANSWER:

The Taskforce report has not been formally endorsed or released to icare. Therefore, icare has not provided a formal response on the Taskforce report.

5)

Negative screening results:

The Hon. ANTHONY D'ADAM: My supposition is that they might have been screened, they did not get picked up and then subsequently they have been referred through by someone else. There has been a development of further symptoms that has warranted further screening independent of icare and then they have come back. Is that the case for anyone that you have encountered?

Dr ALLSOP: I would have to double-check. I do not believe so. But if they had been screened by us before then we would have those records and we could check.

The Hon. ANTHONY D'ADAM: You can take that on notice.

Dr ALLSOP: Yes, I can take that on notice.

ANSWER:

Not that icare is aware of.

6)

Diagnosis and treatment costs:

The CHAIR: What is the cost at the other end when people end up going through the bus and being diagnosed? Do you have a per worker figure to treat someone with silicosis?

Dr ALLSOP: We do. We have annual costs. I am not sure we have got them here today, but we can certainly provide that.

ANSWER:

icare is not able to identify specific silicosis related screening costs, as our occupational health monitoring screens for a number of hazardous dusts (but is primarily concerned with asbestos and silica). The cost of screening a worker in the lung bus is approximately $245, and the cost of screening a worker in the Pitt St Clinic is $700 per worker. This cost includes X-ray, spirometry and medical examination for all workers, and HRCT and full lung function for those workers who require it. A breakdown of these costs follows:

- Chest x-ray - $110.40
- Spirometry (on lung bus) - $93.15
- Medical examination - $141.45
- Full lung function test (Pitt St Clinic) - $355
- HRCT - $955

For workers diagnosed with silicosis, icare pays medical, treatment and support expenses as well as the cost of lung screening. On average a silicosis claim costs around $500,000 over the lifetime of the claim. This is based on past experience and may change given the younger workers presenting with signs of silicosis.

7)

Funding for silicosis research:

The Hon. NATALIE WARD: From last year, I recall it was the person in Western Australia that was funded to do that, is that right?

Dr ALLSOP: It could be. I would have to check that.

ANSWER:

In 2017-18, Dr Yik Lung Chan, from the University of Technology Sydney, was a recipient of a Dust Diseases Care Fellowship for his project “Can fibrosis in silicosis be reversed?”.

For 2019/2020 icare has set aside $250,000 funding for projects that are focused on occupational exposure to silica. Applications are to be aligned to one of the three problem statements;

- How can we create greater awareness around the dangers of working with silica containing materials?
- How can we reduce the incidence of silica related occupational diseases?
- How can we best support workers who are diagnosed with a silica related disease?

Applications received under the Focus Grant stream are subject to an independent scientific review. The Dust Diseases Board will determine the successful applicants when it meets in December 2019.

8)

Personal protective equipment:

The Hon. NATALIE WARD: Can I ask you to take this on notice, Dr Allsop and anyone else, for SafeWork. When they go out onsite do they ask, "What kind of mask do you use?" Is there any way that they can incentivise or otherwise encourage the use of better or more comprehensive masks, which leads to better outcomes?

Dr ALLSOP: We can certainly take it on notice but the discussions we have had with them indicate that they are enforcing wet cutting.

ANSWER:

This question properly relates to the activities of SafeWork NSW. icare notes that substantial discussion around this issue occurred and was addressed in the additional hearing of 02 October 2019, at which SafeWork NSW appeared.

9)

Manufactured stone workers:

The Hon. NATALIE WARD: I ask you to take on notice what the breakdown is between employed people dealing with cutting this stuff—it may be difficult to ascertain and maybe a question for another body—but what percentage of self-employed people are doing this? I understand the majority anecdotally are self-employed?

Mr NAGLE: I think it goes to Mr Shoebridge's question. There is not a register that would have that information. We would only have the information on workers.

ANSWER:

The Australian Engineered Stone Advisory Group (AESAG) has estimated that approximately 2,500 – 3,000 individuals are engaged to work with manufactured stone products. The Australian Bureau of Statistics has not assigned the manufactured stone industry with a specific statistical code and as a result it is not possible to obtain an exact number of individuals working in this industry. It is also not possible to obtain a breakdown of individuals by employment capacity (i.e. employed, contractor, self-employed, etc). These figures have not been independently validated by icare and may not capture builders or other tradespeople who install manufactured stone products.

10)

Free and/or subsidised screening:

Mr DAVID SHOEBRIDGE: So it does not matter if they are a big or a small employer—if they put their hand up and do it voluntarily they pay $100 per worker.

Dr ALLSOP: I would have to take that on notice and double-check.

Mr DAVID SHOEBRIDGE: That is how I read this. You get the subsidy if you are small and you are the subject of an improvement notice from SafeWork—you get 100 per cent; you get it free. If you are not small but you have an improvement notice from SafeWork you get a 50 per cent discount.

Dr ALLSOP: I would have to take it on notice regarding the small employers and if they are coming to us directly. My expectation—and if it is not the case we will be looking to address it—is that they would still be receiving fully subsidised screening.

Mr DAVID SHOEBRIDGE: You see, big, small or middle-sized, surely we want to encourage employers to be voluntarily putting their hand up for screening. And in fact they are the ones who should be free. The ones who are being told they have to do it because of an improvement notice, well, they can pay the full freight because SafeWork has been in there and found a problem. It seems to me that arrangement is back to front. The very people we should be saying are free are the voluntary ones, yet the ones you are giving the discount to are the ones who are being forced to do it because SafeWork has gone in and found a problem. I do not understand that arrangement.

Dr ALLSOP: You make a good point. It is one that we can take back and look into further.

ANSWER:

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 plus GST. Individual workers are not charged for icare screening services when they seek them independently of their employer.

11)

Access to free screening:

Mr DAVID SHOEBRIDGE: And what about universal free access? If we decided to roll out universal free access and it went beyond just self-employed, if it was anybody, assuming that would require an additional stream of funding from outside the premium, would icare be the best agency to roll it out or would be better off looking to NSW Health? You might want to take that on notice.

Dr ALLSOP: Yes. And it may be a combination.

ANSWER:

It is unclear at this stage what the total cost of running a universal free screening service would be as the number of self-employed people in the industry is yet to be confirmed.

There are challenges in obtaining sufficiently skilled resources to assess the results of screening for dust diseases. Any expansion in the screening service would need to be done without compromising the quality of the service.

The cost of running icare's occupational health monitoring service in 2018/19 was approximately $5.216 million.

icare has not discussed this issue with NSW Health.

12)

icare services to workers with a dust disease with and without impairment:

Mr DAVID SHOEBRIDGE: Sorry, just one more question on notice: icare can only provide support once there has been not only an identifiable dust disease condition but also impairment. Can you provide us on notice what services that means you cannot deliver and what would be needed to deliver those services to somebody who has been identified with a dust disease condition and is a worker but who is not yet impaired—and what the effect of that is?

Mr NAGLE: Yes. We can provide that on notice.

ANSWER:

Services for workers with a dust disease and impairment

Workers who can no longer work as a result of a dust disease may be eligible to receive weekly workers compensation benefits. The rate of weekly compensation benefits paid will vary according to:

- Level of disability
- Portion of dust exposure attributable to employment as a NSW worker
- Post injury earnings (in the case of partially disabled workers who are undertaking suitable duties)

Workers may also be eligible to receive allowances for a dependant spouse and/or child/ren aged up to 16 years and full-time students aged up to 21 years.

The Dust Diseases Scheme can also reimburse expenses relating to medical treatments and other supports that relate to a worker's dust disease. These expenses may include:

- Doctor's appointments and medication (including home-based oxygen and nebulisers)
- Travel to and from doctor's appointments
- Treatment for their dust disease in a hospital or nursing home, or in palliative care or a rehabilitation centre
- Therapeutic treatments, like exercise and massage
- Counselling and other psychological supports
- Equipment including wheelchairs, hospital beds, shower chairs, etc
- Home modifications such as the installation of hand rails, access ramps and bathroom modifications.
- Domestic assistance including household cleaning, laundry, meal preparation, shopping, and lawn and garden care.
- Personal care and home nursing

Other services provided by icare for workers disabled with a dust disease include:

- My Plan – a person-centred planning tool to assist workers with dust diseases plan for the things that are important to them, and to ensure that they are supported in a way which meets their individual needs and preferences
- Pre-approved services - workers receive an up-front comprehensive assessment by either a registered nurse or occupational therapist to determine their ongoing needs for the management and treatment of their dust disease, without the need to first obtain a certification from their treating doctor for each service request.
- Peer to Peer support services
- Funding for occupational rehabilitation and retraining

Services for workers with a dust disease and nil impairment

Workers with a dust disease and nil impairment receive regular free medical examinations. Workers with nil impairment can also receive funding for occupational rehabilitation and retraining.