

**Submission
No 3**

INQUIRY INTO 2019 REVIEW OF THE DUST DISEASES SCHEME

Organisation: Lung Foundation Australia & Thoracic Society of Australia and
New Zealand

Date Received: 12 August 2019



August 12th, 2019

The Director
Standing Committee on Law and Justice
law@parliament.nsw.gov.au

Dear Director,

Re: 2019 Review of the Dust Diseases Scheme

We acknowledge that the Terms of Reference for the review is a focus on the response to silicosis in the manufactured stone industry in New South Wales.

Lung Foundation Australia is the only national charity supporting anyone living with a lung condition. Our mission is to improve lung health and reduce the impact of lung conditions for all Australians. We take an evidence-based approach to promoting lung health, supporting patients and carers, funding research, developing education, training health professionals, and undertaking community awareness activities and advocacy around Australia.

The Thoracic Society of Australia and New Zealand is (TSANZ) is the only health professional peak body in respiratory health in Australia and New Zealand. TSANZ has approximately 1 600 members working in all areas of respiratory health and medical research across Australia and New Zealand. Our mission is to 'lead, support and enable all health workers and researchers to prevent, cure and relieve disability from lung disease.'

Our joint submission has been developed on the premise that *'Everyone should be able to work in an environment free from harm.'*

It is well known that there is an increasing number of people being diagnosed in New South Wales with silicosis because of exposure to silica through their work with manufactured stone. To address the issue of silicosis because of exposure in the manufactured stone industry, it is essential to:

- **know** the size of the issue and what is happening including barriers to good practice;
- **plan** evidence-based interventions to mitigate the issue; and
- **act** urgently to reduce the health, social and economic impacts for people in the industry.

Know: The size of the issue and what is currently happening

It is unclear what the size of the problem is in NSW with silicosis. In Queensland almost 900 workers from the manufactured stone industry have been actively screened and there have been over 150 people diagnosed with accelerated silicosis. The range of severity varies from mild through to Progressive Massive Fibrosis which is an advanced disease state. Early diagnosis for some workers may allow a greater chance of survival

Based on the program delivered in Queensland, this suggests that there is underdiagnosis of silicosis of workers in the manufactured stone industry in NSW. The current system of voluntary screening may miss most workers who may be affected but are unaware of or fail to see the need for screening. Cost is also a barrier as the service is only partially subsidised and presents an additional business expense to workplaces. It is, therefore reasonable to believe that hundreds of people who have the condition, continue to be exposed to silica dust and the risk of increased severity of lung disease.

'I have never seen such severe cases of silicosis in my professional life.'
Deborah Yates, Occupational Physician

- 1. Recommendation: A similar program to Queensland be implemented in NSW, where active case finding is undertaken, targeting workplaces involved in the manufacturing stone industry.**

When a worker is diagnosed with silicosis this information is not shared in a manner that alerts regulatory bodies and therefore does not trigger a worksite investigation in the same way that a workplace fatality is investigated. Currently there is no cure for accelerated silicosis, with death from respiratory failure (in the absence of a lung transplant) a real concern particularly as the opportunity for this treatment is limited. Not all diagnoses of silicosis are the same and for those that develop accelerated silicosis, life expectancy is reduced. We have already witnessed young men dying from the condition. Essentially, this is a fatality caused from the work environment, the distinction is that is prolonged death in young men, rather than sudden death.

- 2. Recommendation: Establish systems of mandatory notification of diagnosis which is shared with the regulator, requiring an audit of the workplace of the diagnosed worker.**

Queensland have been proactive in auditing workplaces in the manufactured stone industry. Around 140 workplaces have been involved in this with close to 600 notices issued and some businesses being investigated for breaches of the act. There is now a clear picture for these workplaces on what they need to do to keep their workers free from harm.

Worksafe NSW have targeted the manufactured stone industry in audits and these have been completed on 100% of fabrication workshops. Like Queensland, many

notices have been served requiring follow-up with the potential for future prosecution.

3. Recommendation: Those fabrication workshops where dust related notices have been served, be offered free screening for workers.

The Australian Government are establishing a National Dust Diseases Taskforce to investigate a national approach to address occupational lung disease. A centralised comprehensive occupational lung disease program would help to:

- Determine the incidence and prevalence of occupational lung diseases in Australia and the industries in which they occur
- Describe trends in changes in occupational lung diseases over time
- Rapidly identify new associations between occupational agents and health outcomes
- Identify individual cases (sentinel) cases which may lead to identification of other cases at the same workplace.
- Allow targeting of prevention activities
- Allow early treatment if applicable
- Assess the effectiveness of control measures and prevention activities

4. Recommendation: NSW join with the Australian Government and other State jurisdictions on the Taskforce to develop a national approach to addressing occupational lung disease including silicosis

These recommendations will help to scope the size of the issue and assist in making plans to further address the issue.

Peter (not his real name) is 37 years old and lives with his partner and three children in NSW.

He has worked as a stonemason in a small work shed cutting and polishing manufactured stone and this is where he was exposed to silica dust.

"We didn't wear any personal protective equipment like a respirator, and I was unaware that this was a problem."

"My employer arranged for a screening. We knew that other stone masons had been diagnosed with silicosis and I was very worried and scared throughout the process."

"I was diagnosed about 2 months ago and can only hope to be free from silicosis in the future."

Since diagnosis, Peter has been to several specialist appointments.

"During my time in the industry I have not seen warning labels on manufactured stone and think that this should be done. I also think that the Government needs to provide more funding for treatment and support for people diagnosed with silicosis."

Peter lives with silicosis

Plan: Utilise evidence-based interventions

There are a range of interventions that have been shown to work to keep people free from harm in the workplace. Broadly speaking the interventions for reducing the risk from silica dust are:

- knowing that silica dust is a hazard and how to identify the risk
- developing systems of work to reduce exposure to silica dust
- implementing environmental or engineering solutions to reduce exposure to silica dust

The Queensland Government have worked with key stakeholder groups to develop a code of practice for the manufactured stone industry to address this.

5. Recommendation: NSW adopt the code of practice for the Manufactured Stone Industry like that which has been developed in Queensland.

A range of interventions are required to support the implementation of a code of practice. One of the interventions is to raise awareness of:

- Who is at risk
- What the risks are
- How to reduce the risk
- Where to go to for help

A recent digital campaign was launched in NSW including website pages with 2 videos. TV coverage was included in the campaign – reach of the campaign is understood but the impact of messaging on the industry is unknown. Goggle translate is used on the website to increase accessibility for culturally and linguistically diverse communities. This doesn't translate to the videos.

To date a Forum has been conducted and almost 40 presentations delivered with thousands of people involved. A recent roadshow was also launched to provide education on silica for employees and employers in the industry in a variety of locations in NSW. The attendance at these is an open invitation to those in the industry. An alternate approach is to deliver onsite toolbox talks like those proposed by the Australian Institute of Occupational Hygienists through their Breathe Freely Australia website <https://www.breathefreelyaustralia.org.au/stone/>

6. Recommendation: Assess current campaigns for effectiveness in delivering key messages, raising awareness and influencing behaviour change. Continue to improve on and deliver a comprehensive awareness and education program to extend the reach of messages into industry and ensure code of practice is covered with this intervention

For the worker newly diagnosed with silicosis the future is unknown and the impact is devastating. They are unable to continue working in the industry and their income is taken away from them. The knowledge that they have now been diagnosed with

an incurable condition is frightening. These people are at risk of anxiety and depression and need access to support services. In Queensland a grief counselling service has been offered along with the screening program. People are also assisted to lodge claims and expedite the process for compensation.

- 7. Recommendation: Counselling be offered immediately for people diagnosed with silicosis along with their family members. This counselling to incorporate a range of areas affecting workers and their families including grief, psychosocial, career and financial planning.**
- 8. Recommendation: A more efficient system be implemented to assist these vulnerable people to make a claim and access compensation.**

The National Strategic Action Plan for Lung Conditions launched in February 2019 identifies workers exposed to occupational dusts as a priority population at risk of developing debilitating lung conditions. The Action Plan's foremost focus on prevention and risk reduction correlates with Safe Work Australia's role in implementing guidelines for safer working conditions by reducing dust exposure levels, raising awareness and creating the afore mentioned national register in order to bring about tangible results.

Judy from Lung Foundation Australia spoke with Bruce who was recently diagnosed with silicosis. This is not his real name as he wishes to remain anonymous.

Bruce is 38 years old and lives with his partner in NSW.

He has worked for his current employer for about 12-13 years, in several roles including fabrication, installation, measuring and now management in a supervisory capacity.

"It was during the time that I was involved in installation where I was most exposed because of my work cutting and polishing stone onsite. Most of the cutting during installation was done dry either with a vacuum or outside."

He explained that, when the silicosis epidemic became apparent, his employer arranged for employees in the company to be tested.

"I was unaware that there was a risk associated with the manufactured stone until my employer told me."

"I had to undergo two different lots of testing and it was a long, drawn out and scary process. I still remember the day in May this year when I was told that I had silicosis. It was immediately worried for my future and the impact that this would have on my partner, family, friends and colleagues."

Since diagnosis, Bruce has been under the care of a respiratory specialist who has arranged for appointments with other specialists and further investigation, which is an ongoing process. Monitoring of his condition requires him to be retested in 6 months' time.

Bruce hopes to be able to continue to provide for his partner, live a long and fulfilling life, being there for family and friends.

"I believe that the risk to workers needs to be eliminated by review and refinement of processes used in the industry. Any dry cutting or uncontrolled cutting also needs to be outlawed."

Bruce lives with silicosis

Act urgently to reduce the health, social and economic impact

Unless we act soon to ensure safe workplaces in this industry more people will be harmed by a deadly condition which is entirely preventable.

We urge this committee and the government to act now to identify those that have already been harmed and care for them, but also prevent more people from being harmed.

We would be open to providing a verbal presentation to the inquiry if invited. We trust that you will consider the recommendations in this submission favourably and look forward to continuing the conversation.

Your sincerely,

Mark Brooke
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Lung Foundation Australia

Tanya Buchanan
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