

INQUIRY INTO 2021 REVIEW OF THE DUST DISEASES SCHEME

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**Standing Committee on Law and Justice
2021 review of the Dust Diseases Scheme**

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Introduction

Unions NSW welcomes the opportunity to make a submission to the Standing Committee on Law and Justice, for the 2021 Review of the Dust Diseases Scheme.

Unions NSW supports the submissions of our affiliate unions.

Unions NSW is the peak body for NSW Unions. Unions NSW represents approximately 60 affiliated unions comprising over 600 000 members. These unions represent a diverse range of workers from both blue and white- collar industries.

Background

Unions NSW has been extremely concerned about the increase in diseases such as silicosis over recent years. Silicosis is a progressive disease of the lungs that is caused by the inhalation of minute particles of silica dust – 100 times smaller than a grain of sand. Silica dust (crystalline silica) is found in some stone, rock, sand, gravel and clay. The most common form is quartz. The higher the concentration of silica in the material determines the level of danger associated with dust inhalation.

About two decades ago “engineered stone” became very popular for use in kitchen and bathroom “bench tops”. Engineered stone is a manufactured composite stone material that contains resins and has a crystalline silica content of 80 per cent or greater. Some material is around 95% silica.

In the mid-2010s Australian doctors noticed an increase in young patients presenting with an aggressive form of silicosis. Previously most sufferers of silicosis were workers in construction, mining, quarrying and foundries who developed chronic lung damage after exposures of more than 10 years. However, the new group were presenting with significant lung damage following less than 5 years of exposures.

'I have never seen such severe cases of silicosis in my professional life'

Associate Professor Deborah Yates, Occupational Respiratory Physician

1 in 5 stoneworkers are expected to develop silicosis. The disease is incurable and irreversible.

This is not just an issue for the engineered stone industry. Australian workers across a broad range of industries are being exposed to carcinogens and dust that cause silicosis.

In 2019, Work Health and Safety Ministers across Australia agreed to reduce the workplace exposure limit for respirable crystalline silica, from 0.1 mg/m³ to 0.05 mg/m³.

As stated silicosis is not curable, even when exposure is stopped the disease can continue to worsen. Crystalline silica causes chronic silicosis, acute silicosis, accelerated silicosis,

lung cancer and a variety of autoimmune diseases. Engineered stone products are imported into Australia. Fabrication and fitting into commercial and residential buildings undertaken by often small to medium workshops where the owners are also exposed. For many owners and workers English is not their preferred language.

Queensland was the first State government to act on addressing the “outbreak of silicosis” in 2018. The response has required regulatory and policy changes in public health, work health and safety regulation and information and workers compensation systems.

Unfortunately, the responses by other governments has either not replicated the speed and/or comprehensiveness of Queensland. Most are playing catchup.

Engineered stone importers would have been aware of the risks as similar “outbreaks” of disease have been observed in throughout Europe and Israel. Early reports were published in 2002 in the medical literature. Much of the product is manufactured in Spain, Italy, Israel and China.

It’s important to note that the re-emergence of silicosis has been preceded by “re-emergence” of coal workers pneumoconiosis, black lung. An equally well known well documented preventable lung disease. Another example of systemic failure.

These ‘Dickensian Era’ diseases should not be seeing a revival in the 21st Century. We have the capacity to prevent these diseases but we do not seem to have the will.

Australia is also in tunnelling work transport network construction boom [more tunnelling has occurred in the years 2016 to 2023 than the past two decades].

*Around **4,000 workers [11]** are required to support each major tunnelling project, and with **seven major** projects occurring in 2018, there appears no greater time to use best practice approaches to prevent illness and disease in those who work to support this sector.¹*

The occupational tasks with the greatest exposure include:

- Tunnelling
- Engineered stone bench top fabrication
- Manual building demolition
- stone masonry
- inground construction work
- concrete block production
- brickwork and clay products
- fibre cement cutting
- concrete block laying
- concrete grinding.

The emergence of an entirely preventable disease, for a non-essential product where there are alternative products must be opposed. Young workers waiting in line for lung transplants for less than another 10 years life is a result of a systematic failure of our health and work health and safety regulatory systems. There are not enough lungs available for

¹ Investigating best practice to prevent illness and disease in tunnel construction workers Kate Cole, 2016 Churchill Fellow page 6

transplants and most of these young workers will not receive the transplant they need to extend life.

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The NSW Governments focus is on the engineered stone industry. It is crucial this industry is a focus however it is vital that this Government investigate significant outbreaks occurring in quarrying, general construction and other industries.

In 2019, Work Health and Safety Ministers across Australia agreed to reduce the workplace exposure limit for respirable crystalline silica, from 0.1 mg/m³ to 0.05 mg/m³.

The Minister did reveal in a press conference he would consider lowering the exposure rates to silica to 0.02, however to date there has been no action taken in NSW to reduce exposure levels.

All exposures to silica need to be prevented, regardless of the source of exposure.

The Minister responsible The Honourable Kevin Anderson's answers to questions in estimates are extremely concerning. The Government has not indicated that it is undertaking any steps to monitor dust rates in tunnels and other industries. He referred questions in relation to the monitoring of tunnelling to the Minister for Transport and Roads. Unions NSW has photographic evidence of extremely

dangerous conditions inside these tunnels while work is being carried out.

We have no knowledge of any control measures or protections put in place to protect auxiliary and support workers at worksites with high concentrations of silica dust. Unions NSW is aware that some of these administrative workers have contracted silicosis.

Health screening

The Victorian Government provides free health screening for all stonemasons. This needs to occur in NSW. Health monitoring in NSW is free in limited circumstances and inadequate because it focused on chest X-rays which have been proved to be ineffective in picking up the disease. HRCT (High Resolution Computed Tomography) screening is needed. Western Australia has legislated the use of HRCT as health surveillance for silica workers.

Victoria has also set up a dedicated public occupational respiratory clinic.

Regulatory Oversight

Questioning during Estimates suggests that as of 30 September 2021 there have been 318 visits to 144 manufactured stone sites. 189 silica related improvement notices were issued along with 7 prohibition notices. Since July 2019 in Victoria there have been more

than 1000 silica related workplace inspections and more than 450 compliance notices.

Minister Anderson referred estimates supplementary questions on deaths by silicosis to Icare.

It is unclear how many SafeWork Inspectors specialise in silica and silica compliance. Given the dismantling of SafeWork NSW or the 're-alignment' of SafeWork NSW into one regulatory department Unions NSW is concerned that the specialised knowledge that once existed within WorkCover NSW may no longer exist.

Unions NSW strongly supports recommendation 49 of the McDougall Review. 'The responsible Minister for SafeWork NSW should conduct a public review of that agency's performance of its regulatory and educational functions under the Work Health and Safety Act 2011.

Unions NSW supports this recommendation, and we are of the view that lives could be saved were a thorough review of this Regulator be undertaken.

Unions NSW would value the opportunity to participate in any further consultation or inquiries.