

# SUBMISSION

# **Consultation Regulation Impact Statement:**

## Managing the risks of respirable crystalline silica at work

### Instructions

To complete this online submission:

- Download and save this submission document to your computer.
- Use the saved version to enter your responses under each question below. These
  questions are from the <u>Consultation Regulation Impact Statement on managing the
  risks of respirable crystalline silica at work.</u>
- Once you have completed your submission, save it and upload it using the upload your submission link on the <u>Engage submission form</u>.

Submissions will be accepted until 11.59 pm on 15 August 2022.

#### Additional documentation

Up to three additional documents can also be uploaded when you submit your response. Relevant documents to upload could include cover letters or reports with data and evidence supporting your views.

#### Help

If you are experiencing difficulties making your submission online, please contact us at <u>occhygiene@swa.gov.au</u>.

Respondents may choose how their submission is published on the Safe Work Australia website by choosing from the following options:

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For further information on the publication of submissions on Engage, please refer to the <u>Safe</u> <u>Work Australia Privacy Policy</u> and the <u>Engagement HQ privacy policy</u>.

Please note the following are unlikely to be published:

- submissions containing defamatory material, and
- submissions containing views or information identifying parties involved in hearings or inquests which are currently in progress.

### Your details

(Please leave blank if you wish to remain anonymous)

1. Name or organisation

DR KAR CHAN(KC) WAN, FAFOEM consultant occupational physician in Perth WA

2. Email used to log into Engage

### Questionnaire

(Consultation RIS questions)

#### Statement of the problem (Chapter 2)

2.1 Do you agree with the identified problem? Has the entirety of the problem been identified? Please provide evidence to support your position.

Emerging new cases of silicosis because of failure to enforce exposure standard

2.2 Do you have further information, analysis or data that will help measure the impact of the problem identified?

Past enforcement of silica exposure standard of o.3 mg/m3 eliminated silicosis in WA.

My name is DR KAR CHAN(**KC**), WAN. I have been practising as a consultant occupational physician in Perth, Western Australia since 1979. I graduated from Singapore University in 1969 with MBBS, Diploma in Industrial Health (DIH) RCSE& RCPL in 1973 and M.Sc.Occupational Medicine London University in 1974. I have held MFOM UK since 1981, FAFOEM Australia since 1981 and FACOEM USA since 1988.

I would like to assist the Task Force as I have been in charge of surveillance and enforcement for control and prevention of silicosis, asbestosis related diseases and mesothelioma in Western Australia from 1979 till my retirement from WorksafeWA and WA MinesDept as chief occupational health physician in 2001.

I have continued to chair and sit as an occupational physician member of the WorkcoverWA Industrial Diseases Medical Panel (**IDMP**) formerly known as the WA Pneumoconiosis Medical Panel (PMP) since 1979. I have reviewed the cases certified for Workers Compensation in WA which I presented at the Asian Conference of Occupational Health in Beijing and recently provided a poster presentation update at the RACP-AFOEM conference in PerthWA.

I take this opportunity to share my experience in management, control and prevention of silicosis in Western Australia and China. In Western Australia with enforcement of high compliance with the respirable silica exposure standard of 0.2mg/m3 in 90% or more of air monitoring samples by the WA Mines Department, there have been no new cases of silicosis since 1974. Following my presentation in Beijing, China, s chinese delegation visited Perth and since adopting the WA strategy, there have been no new cases of silicosis in Shangdung. There are 1 million cases of silicosis in China! In WA, sandblasting has been replaced by garnet blasting. Sand casting in foundries were monitored for enforcement.

**<u>Reference</u>**: Silicosis in Western Australia 1984to 1993, Kar C. Wan & Evelyn F. Lee , J.EnvironMed, vol 1 no.1 , Jan-Jun 1999.

**<u>Reference:</u>** Poster presentation RACP FUTURE DIRECTIONS IN HEALTH CONGRESS 2013

PERTH, WESTERN AUSTRALIA 26-29 MAY 2013

No new silicosis cases have been detected in subsequent cross sectional respiratory health surveillance surveys every 5 years by the WA Mines Department.

Reference: Generic Health Surveillance Lessons Learned from WA by Lindy Nield,

AIOH Conference, Canberra 2009 December. nield@iinet.net.au

With the use of engineered stone in the last 10 years or so in WA which have not been monitored, 2 new cases of accelerated simple silicosis with class 2 WPI-AMA5 have recently been certified for workers' compensation by the WorkcoverWA IDMP in June 2019. **Workcover has recently issued a fact sheet** for workers making silicosis claims in the engineered stone benchtop industry that is published on the workcover.wa.gov.au website.

#### **RECOMMENDATIONS**

1. Regular respirable dust monitoring of silica operations by WorksafeWA to enforce compliance with exposure standard for airborne respirable silica is necessary for prevention of silicosis.

2. Health surveillance to include low dose CT scan of the chest instead of chest xray which lacks sensivitivity to detect early silicosis. Of the 2 recent cases certified for workers compensation in WA, one case was not detected during health surveillance using chest x-ray.

Please let me know should you require further clarification from me as I had not been invited to the Perth consultation forum on 13 November 2019 to contribute to the work of the Task Force

in prevention and management of pneumoconiosis and related diseases in Australia although I had registered my interest to attend.

#### Reference: Response ID >ANON-AXGS-G3SG-7

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#### Why is Government action needed? (Chapter 3)

# 3.1 Do you agree with the case for government intervention? Please provide evidence to support your position.

Yes..enforcement of silica exposure standard by requiring workplaces to monitor worker exposure to silica including health surveillance

# 3.2 Do you agree with the objectives of government intervention? Please provide evidence to support your position.

Yes, based on successful eradication of silicosis in the past in WA

#### What policy options are being considered? (Chapter 4)

#### 4.1 Do these options address the problem? Please provide evidence to support your position.

No unless there is mandatory worker exposure monitoring by enforcement agency eg worksafe

4.2 Are there any other non-regulatory or regulatory options you think should be considered to address the problem? Yes, a code of practice for silicosis workers should be developed and implemented

Click or tap here to enter text.

#### What is the likely impact of each option? (Chapter 6)

6.1 Is the cost modelling methodology appropriate to estimate the costs to industry and governments (Appendix D)? Please provide evidence to support your position.

Unproven modelling based on projection

6.2 Are the estimates of the number of businesses covered by each of the regulatory and nonregulatory options accurate? Please provide evidence to support your position.

Unverified data

6.3 Are there other factors that should be considered in the assessment of the effectiveness of each option (Section 6.5)? Please provide evidence to support your position.

Register of silicosis cases should be established in every state

6.4 Are the cost and other estimates (including worker wage assumptions) listed in Appendix D accurate and appropriate? If not, please provide additional data to support a more accurate estimate of costs.

Projected costs rather than actual costs

6.5 Do you have further information regarding the costs to the public health system for silicosis and silica related diseases?

Workers compensation costs for workers injured by silicosis

#### **Discussion of options (Chapter 7)**

7.1 Which option or combination of the options presented is most likely to address the identified problem? Please provide evidence to support your position.

Click or tap here to enter text.

7.2 Are there any significant barriers to implementation of the options presented? What are those barriers? Is there a cost associated with them? How could they be overcome?

Standardisation of procedures is necessary

#### Other comment

Do you have anything further you would like to add as part of this process?

I offer my experience in prevention of silicosis in WA

Submission on 30 July 2022 by Dr KC Wan