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 Consultation Regulation Impact Statement on managing the risks of respirable crystalline silica at work.
- Once you have completed your submission, save it and upload it using the upload your submission link on the Engage submission form.

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.

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Your details

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1. Name or organisation

[redacted]

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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.

The extent of exposures and the failures in current risk control measures has been underestimated – see Curtin University modelling and as noted in the CRIS of some 4,743 workers screened, approximately 11 per cent received a positive diagnosis of a silicosis or silica related disease because of workplace exposure to RCS.

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

See Curtin University report.

Curtin Report is available here
https://research.curtin.edu.au/news/10000-aussie-workers-set-to-develop-lung-cancer-from-silica-dust-study/?type=media

There is significant medical evidence that the prevalence of silica related ill health is under recognised and that there is a significant deterioration in health following cessation of exposure to RCS

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.

The evidence is ample – PCBUs, including those that import, and supply high content engineered stone, have failed to protect workers from RCS. In 2018 the AESG promoted guidelines for fabricators when working with engineered stone. Those guidelines were not published when the industry became aware of the problem but after medical experts had highlighted the problem. The ASEG applied to the ACCC for a self-regulatory approach, but later withdrew their application. Industries outside of engineered stone failed to adequately control exposures despite warnings that RCS was causing significant ill health eg Senate Inquiry into Toxic Dust 2005.

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

Yes, we agree with the Government Objectives, however without a strong regulator with a compliance and enforcement focus more lives will be lost.

What policy options are being considered? (Chapter 4)

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

Yes, the options provided address the problem but once again without a regulator with the will to enforce the requirements of any regulatory change we fear it will be at the cost of workers lives. Our preferred options are:

- Option 5b supplemented by clearer requirements regarding training and information provision to workers, how the hierarchy of control must be used **and**
- Option 4 – licensing system for engineered stone

4.2 Are there any other non-regulatory or regulatory options you think should be considered to address the problem?

Yes option 2 however need to be in conjunction with 5b and 4 non-regulatory options alone will not be enough.

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.

The CRIS has failed to estimate, based on current research, the numbers of workers who may develop complications and disease progression, even if exposure to RCS is ceased.

The CRIS fails to estimate the cost to the health system of treatments lung transplants

The CRIS uses a multicriteria analysis [MCA] to assess the administrative costs to industry and government. It is unclear why no assessment is made of the costs of the base option ie maintaining status quo. This is disturbing, as evidence presented in the CRIS [and replicated jurisdictions not quoted in the paper[1]] highlights the low level of compliance in particularly the engineered stone sector despite an increased focus by health and safety regulators. It would not be unreasonable to predict that failures to control exposures may increase with decreased regulator activity.

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

See Curtin University report : https://research.curtin.edu.au/news/10000-aussie-workers-set-to-develop-lung-cancer-from-silica-dust-study/?type=media

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.

lack of full estimate of numbers of cases, costs to workers comp, public health, loss of workers wages etc

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.

lack of full estimate of numbers of cases, costs to workers comp, public health, loss of workers wages etc

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

See Curtin University report : https://research.curtin.edu.au/news/10000-aussie-workers-set-to-develop-lung-cancer-from-silica-dust-study/?type=media

Discussion of options (Chapter 7)

[1] e.g. Deloitte 201 occupational health and safety amendment [crystalline silica] regulation 2021, charts 2.6 and 2.7

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.

without a regulator with the will to enforce the requirements of any regulatory change we fear it will be at the cost of workers lives. Our preferred options are:

- Option 5b supplemented by clearer requirements regarding training and information provision to workers, how the hierarchy of control must be used **and**
- Option 4 – licensing system for engineered stone

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?

Political unwillingness and a lack of a sense of urgency – the ACTU raised the solution of broad regulation to control exposures to silica dust in February 2018 and some affiliates submitted to the Review of the Model WHS laws the necessity for improved regulatory framework for work related exposures to dusts including silica – 4 years later we are considering such an option.

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