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.

Help

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

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

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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

Opira Group

2. Email used to log into Engage

[redacted]

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.

Yes we do agree. New high-silica engineering stone is coming into our country and the workers managing this product have no idea of the increased risks they face compared to low silica engineering stone alternatives. Microscopic silica shards are invisible to the naked eye and lodge deep in the lungs causing irreparable damage to the worker.

While clearly cautious about predictive modelling, the Curtin University study suggests we are at the front end of an epidemic curve, and it behoves government to act on this potential epidemic of RCS-induced silicosis before we start cases increasing at our hospitals.

https://www.curtin.edu.au/about/wp-content/uploads/sites/5/2022/07/FEFreport_formatted.pdf

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

We've read widespread reports resulting from the Qld coal mining silicosis spike that general practitioners do not recognise the symptoms of silicosis and this epidemic may be far worse than we are currently measuring.

https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/accidents-incidents-reports/mine-dust-lung-diseases

https://www.abc.net.au/news/2020-02-25/silicosis-and-black-lung-cases-rise-queensland-workers/11998404

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. The potential for a silicosis epidemic in Australia has many parallels with the increasing awareness of asbestos over the 1970s-1980s. Specifically in terms of repeating the potential failures in that sector related to moving too slowly and insufficient action by governments at the time resulting in a major, ongoing loss of human life.

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

Yes

What policy options are being considered? (Chapter 4)

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

We believe it would be prudent for the Federal government to regulate the importation of engineering stone and require the importer to declare the silica content of all imported stone. Any high-silica content stone must only be worked by licensed stonemason professionals with a registration scheme similar to the current arrangement for workers handling asbestos products. We also consider it appropriate for exposure monitoring in workplaces where there is a risk of high levels of airborne RCS with a regulatory scheme similar to one where workers are involved the removal of high-lead paints.

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

We are in strong support of Option 3 and 4 but consider that we allow business choosing not to undertake high-risk silica work or avoiding high-silica products to remain outside of a licencing scheme.

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.

Not qualified to comment.

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.

Not qualified to comment.

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.

Businesses should be given the opportunity to opt out of any licensing scheme if not handling high-silica materials or undertaking high-risk processes.

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.

Not qualified to comment.

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

No,

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.

Refer comments in section 4.1. SWA must strike a balance in being too heavy-handed in regulating the industry with a set of flexible policy tools that allow businesses to minimise their worker health risks through modified process and materials. We agree that an engineering stone ban may be counterproductive and result in no adoption of regulatory measures. Any representation to government should emphasis the potential for this epidemic to become much worse without government intervention (Fig. 1).

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?

Refer comments in 7.1.

Other comment

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

Thank you for the opportunity to comment.