

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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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.

I believe it does cover the problem quite well. However, I don't think there is enough of a focus on mining. The compliance Table 8 clearly indicates that there has not been any notices issued in Queensland for mining however the number of cases in Queensland indicates that there must be exceedances happening.

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

I implore there to be reportable 24 hour real time dust monitoring of all work groups by at least by two or more workers actually performing the work – this will provide a much clearer indication of the actual exposure to workers.

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 industry/s have clearly shown they are incapable of adequately managing it.

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

Yes but implore there to be reportable 24 hour real time monitoring to provide accurate data of exposures. This is not overly expensive and would provide a much clearer indication of actual exposure vs estimated.

What policy options are being considered? (Chapter 4)

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

4.8.2 – agree. HRCT should be the standard screening tool as they have consistently shown to be a fair superior screening tool than x-ray. From my experience, when a miner is sent for his coal board medical x-ray, they can usually to the HRCT at the same place. In addition, Queensland is about to launch a mobile screening bus which can do both. I believe the benefits to the individuals knowing they have access to better screening far outweighs any additional cost. At the moment many miners are concerned they are not being adequately screened but are reluctant to request a HRCT for themselves as they are wary of the result

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

Mandatory reporting of 24hour real time dust monitoring across the mine, not just in any one place. It should be at a minimum for each work group and preferably every worker.

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.

Have no opinion – other than I suspect if HRCTs are brought in as the standard screening tool, there will be a lot more cases of chronic silicosis found in Queensland miners and quarry workers.

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.

These are beyond my area of expertise

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.

Again, outside my area of expertise

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.

I believe that unless organisations are forced to do reportable 24 hour real time monitoring of air quality, they will not implement the necessary controls to reduce the exposure. They will continue to deny the problem exists without doing the actual the one thing that will provide the evidence that it does exist.

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

The costs on the public health system are hard to measure as these are latent diseases which may not have a physical impact on the individual for some time, but the psychological impacts are there and harder to measure. Once diagnosed, the individual must live with the knowledge of the unknown of how the disease will manifest itself down the track, and the impact that will have on their family. There needs to be greater psychological support provided once diagnosed. In addition the individual also has to begin fighting the employer/s where they have contracted the silicosis. Again, very stressful for the individual and their family. WorkCover only lasts for a little while and then they try and get you off their books also – what is the next step for the individual?

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.

Options 5a and 5b

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?

The mining industry and the Queensland Resources Council will fight any additional requirements because that is what they do. Mining executive bonuses should be tied to how many workers develop silicosis and reduced accordingly – or maybe they should receive a fine. These are diseases that the corporate staff will never develop, but the decisions that affect the workers on the ground are usually made by the corporate staff.

Other comment

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

My two dot points of significance are:

- Mandatory reporting of 24 hour real-time dust monitoring for all workers working at a known dust producing industry (or at a minimum – at least 2 workers from each work group).
- Introduction of HRCTs as the standard screening tool in place of x-ray.