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

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

Your details

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1. Name or organisation

[redacted]

2. Email used to log into Engage

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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.

There is little evidence to support the following quote from the “problem statement “under Problem Definition in 2.1 “The National Dust Disease Taskforce noted that silicosis is “entirely preventable”, largely driven by the increase in use of engineered stone in Australia.” Whilst we agree that silicosis is entirely preventable, this statement is misleading by stating that silicosis is largely driven by the increase in the use of engineered stone because a comprehensive screening program for silicosis across all at-risk workers in Australia has not been undertaken. Most cases currently reported may be as a result of dealing with engineered stone, because it is likely that more engineered stone workers have been scanned as a ratio compared to the broader at-risk population. However, there are likely to be many, as yet undiagnosed cases that have stemmed from cutting concrete, brick and other masonry materials. For the same reason the above problem statement is also partly at odds with the following statement “Workers in a broad range of industries are at risk of silicosis and silica related diseases” which appears in Table 3 under “Problem Definition”.

Overall, we don’t believe there is evidence to support the contention that silicosis is largely driven by the increase in use of engineered stone. Until mass screening is done across all at-risk populations, this statement is not supported.

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

In order to understand the true scope and scale of silicosis and related conditions, and therefore to draw conclusions about the current drivers, it is necessary to conduct coordinated health surveillance in workers across a broad range of industries.

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, we would support this.

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 would support further clarification and definition of Option 3. More specific requirements are needed around the use of silica dust generating power tools. This should include the banning of all uncontrolled cutting (tools with no engineering controls at all) across all industries and jurisdictions, not just for artificial stone in some jurisdictions. Also, a better understanding of the efficacy of existing engineering controls on power tools is required. Currently, regulations typically state that on-tool controls must be used and that best practise, where practicable, must be followed. However, there is little definition and direction on what best practice is despite a wealth of data available showing that engineered controls on power tools vary widely in their ability to control respirable silica dust and very often cannot keep dust below the Workplace Exposure Standard (WES). Defining best practice engineered controls and specifying what should be used as a minimum in different situations would provide more direction to the industry. See attached air monitoring showing the difference between 3 types of engineered controls on cutting tools (conventional water, vacuum and the [redacted] of water combined with vacuum). This data supports the case for stronger definition and direction on the use of different types of engineered controls in order to optimise dust suppression where it is used.

Engineered controls are a higher order control according to the hierarchy of control making them a high priority intervention. They are a preventative measure that removes dust at the source before it becomes airborne. This makes it much more effective than administrative controls or PPE that are designed to deal with dust once it is already airborne and respirable.

Furthermore, defining and specifying the use of best practice can prevent excessive cost burdens on industry associated with extensive ongoing air monitoring, heath surveillance and record keeping, if the efficacy of the best practice engineered controls are clearly established beforehand as keeping silica dust levels below the WES. As a preventative measure, because dust is removed at the source, further burdensome costs associated with management of the disease are avoided in the first place.

Regarding 4.8.1 – Ban on Engineered Stone, we agree that this should be excluded at this stage until more data is collected. In support of this, we have attached data that indicates this material can be cut safely if best practice engineering controls are used.

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

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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

Click or tap here to enter text.

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?

Click or tap here to enter text.

Other comment

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

Click or tap here to enter text.