To whom it may concern,

Engineered Stone and Silica have been a topic on the agenda for several years and I'm concerned the discussion has taken a momentum of its own, putting forward an unbalanced perspective. For this reason, I would like to share my perspective based on many decades of experience within the stone industry and working with materials containing silica.

As we know, silica is a mineral present in a multitude of materials from concrete to bricks and of course engineered stone containing the highest concertation. High concentrations of silica are present in sandstone but typically only 30% in granite. Of importance is silica is only a danger when pulverised and inhaled and finished products pose no risk to the end user.

With silica being so common across so many materials we can't ask for 0 silica, it's just not possible. We can however promote lower silica options like granite and slow silica manufactured stones while looking at manufacturing practices to manage the risk.

Silicosis is a disease caused by inhaling silica particles into the lungs where they become lodged and trigger this serious condition. From the discussion and reporting, it would be easy to assume that this has been a relatively new discovery, however this is not the case.

Within stonemasonry and the greater construction industry the risks associated with inhaling dust have been known for many years. Silicosis and the danger posed is not new and even in decades past, workers took steps to protect themselves from this. An example was the doctrine of drinking at least one pint of milk per day, many trades people to this day have the habit of drinking flavoured milk despite not knowing why this was done. You might think this an old wife tale, however, turns out milk stimulates the production of mucus in the lungs and this mucus helps to collect particles inhaled and prevent them from becoming lodged within the lung tissue. Far from a perfect solution but it highlights how old this problem is.

Its critical to educate future stonemason on the history, magnitude and nature of the risk, so they can have ownership in managing their work habits and future wellbeing.

From the limited information available to myself it appears Western Australian case numbers are notably lower than many states but, seemingly no consideration to understand why the disparity. I feel this is a lost opportunity to determine the primary causes of the spike in cases nationally. Based on my local knowledge I would like to put forward an explanation for this disparity.

Unlike other states the WA stone industry was for many years concentrated around the activities of a small number of established companies who, as part of the normal occupational health and safety requirements implemented dust suppression, water recycling and required the use of standard PPE within the workshop. This has been the case now for decades. East coast markets are far more decentralised and have a multitude of small to micro companies who work on a job-by-job basis with the smallest amount of capital investment. Larger companies in WA are regularly inspected for compliance and

enforce a higher standard whereas the small and micro entities are seldomly checked and tend to cut corners on safety. Visiting various workshops provides ample proof of the difference in standards.

The basic conclusion is existing OH&S measures implemented by the larger WA companies were effective in reducing the silica exposure resulting in several companies not having any reported cases. While companies not applying basic dust suppression, standard PPE and wastewater processing exposed people to the harmful levels of silica with the associated resulting consequences.

We can therefore deduce the precautions taken historically were mostly effective, but it was the failure to apply even historical precautions which created the situation we now currently find the industry in.

If I were to put forward a set of recommendations for the stone industry these would include the following:

- Manufactured products should reduce the silica content to 50%
- Companies should upgrade PPE equipment to a P3 particle filtration.
- Mandatory use of water to supress dust.
- Appropriate wastewater processing to remove dust and safe disposal.
- Automating the manufacturing process whenever possible.
- Ensure ventilation and a clean working environment.

In addition to the above, I would argue the most significant factor in creating this crisis has been the failure by relevant government bodies to consistently apply OH&S legislation across industries. I have first-hand accounts where companies were held to different standards depending on their perceived financial resources and this is unacceptable.

Enforcing the existing legislation consistently and not allowing fabricators to operate despite not meeting minimum standards would have had a significant effect in reducing the cases of silicosis. Therefore, my final recommendation is,

- **Government bodies should enforce the existing relevant legislation uniformly across an industry and not water down obligations based on the company size.**