

# Response ID ANON-3ZYE-Y6CX-N

Submitted to **Second phase open consultation for the National Dust Disease Taskforce**

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## Regulatory and Governance

### 1 From a regulatory perspective, what should be considered 'engineered stone'? Please provide the rationale for your recommendation.

#### From a regulatory perspective, what should be considered 'engineered stone'? Please provide the rationale for your recommendation:

Stone aggregates (Aggregates (also commonly referred to as chips and pebbles or crushed stone in the industry) are a particular material made up of crushed stone, sand, and / or gravel) (Crushed stone usually has more angled surfaces than gravel as a result of the crushing process. Crushed stone can also range in size from fine dust to large rocks) that are the major filler, A typical resin based material consist of 93% stone aggregates by weight and 7% resin (66% quartz and 34% resin by volume) . Different types of resins can be used by different manufacturers. Epoxy and polyester resin are the most common types. Chemicals such as UV absorbers and stabilizers are added. To aid curing, hydrogen peroxide is added.

Concrete Floors (which can contain up to 30% silica) - in buildings (this is instead of lino, tiles or carpets) and the floors are given a high polish - this is usually done on a regular basis to keep the floors looking good

Any man made manufactured stone that has silica in its base of a high volume that is being used as a product to be produced for the general public - such as jewellery, splash backs in kitchens, bathrooms and laundries

Ceramic Tiles - up to 45% silica, pavers, roof tiles, bricks - up to 15% silica

### 2 Various jurisdictions have already banned uncontrolled dry processing of engineered stone. What other practical measures could be introduced to reduce worker exposure to silica dust?

#### Various jurisdictions have already banned uncontrolled dry processing of engineered stone. What other practical measures could be introduced to reduce worker exposure to silica dust?:

No off site cutting - only cut in a registered licensed premises - licence the people who will be installing and handling it.

If you cannot ban this manufactured stone that is coming in from overseas then make it so expensive that it is cost prohibitive to use it. It currently is being used because it is cheaper than other products and fit for purpose.

### 3 Relevant to dust-related diseases, what mechanisms exist or could be further developed to ensure effective enforcement of regulations and codes of practice?

#### Relevant to dust-related diseases, what mechanisms exist or could be further developed to ensure effective enforcement of regulations and code of practice?:

Enforce suppliers and sellers (retailers) to contribute to the enforcement procedures

Licence the sellers

### 4 Hazard elimination sits at the top of the hierarchy of control measures (see <https://www.safeworkaustralia.gov.au/risk> for an example of a hierarchy of control measures). Do you consider a ban (either total or partial) of high silica content engineered stone material, a proportionate and practical response to the emergence of silicosis in the engineered stone benchtop industry in Australia?

#### Hazard elimination sits at the top of the hierarchy of control measures (see <https://www.safeworkaustralia.gov.au/risk> for an example of a hierarchy of control measures). Do you consider a ban (either total or partial) of high silica content engineered stone material, a proportionate and practical response to the emergence of silicosis in the engineered stone benchtop industry in Australia?:

We consider a total ban on any high silica content stone material coming into Australia - we know that if the board is not cut it is classed as not dangerous and cannot have a sticker placed on it saying it is a danger - but this product is dangerous to work with and certainly is hazardous to human health without many safety measures in place. We know through conversations we have had that even though there are bans on on dry cutting in Victoria since last year - we have been informed that dry cutting is still taking place especially with new installations of engineered stone board being fitted into new house kitchens and bathroom etc.

If you do not ban any high content man made stone then this will be a legacy like asbestos - used wrongly and not highly regulated and enforced you will always have workers and unsuspecting home renovators being exposed and made sick by this product.

In situ silica board is likely to be repurposed into the future and cutting will still be a problem to people who may be home renovators.

Our view is that even less silica in the board will gather an attitude of "Oh well there is not much silica in this board so we don't have to take that much care"

We have seen this view when white asbestos was classed not as dangerous as blue or brown - we all know that was rubbish - so in considering what constitutes less or not as dangerous becomes a point of contention - really it is all dangerous to human health

Have we not learnt from the past yet?

### 5 The Taskforce is aware some jurisdictions are considering a licensing scheme for engineered stone. Do you consider this a proportionate and practical response in relation to the following:a. restricted (under licence) or otherwise prohibited manufacture in Australia?b. restricted (under licence) or otherwise prohibited importation and distribution?c. fabrication and installation performed only under licence?d. licence required after installation modifications or repurposing of installed engineered stone?

**The Taskforce is aware some jurisdictions are considering a licensing scheme for engineered stone. Do you consider this a proportionate and practical response for: a. restricted (under licence) or otherwise prohibited manufacture in Australia? b. restricted (under licence) or otherwise prohibited importation and distribution? c. fabrication and installation performed only under licence? d. licence required after installation modifications or repurposing of installed engineered stone?:**

Licensed and Accredited

- a. Restricted under license - no manufacture in Australia
  - b. Ban it from import is the best option and the only way you know that it can do no harm now or into the future
  - c. Licensed to install
  - d. Same license for modifications or re-purposing
- Certificate updated on a regular basis for seller and installer

The scheme could be similar to ozone regs on A/C gases - only businesses can purchase who are properly equipped and have a trained workforce

**6 What learnings from the re-emergence of accelerated silicosis as an occupational health and safety risk can be applied to enhance workplace health and safety systems more generally?**

**What learnings from this issue of the re-emergence of an occupational health and safety risk can be applied to enhance workplace health and safety systems?:**

We all know that made stone with silica is a dangerous substance so only those accredited eg. Businesses should be the only ones able to purchase the product  
There work Force should be trained and licensed

## **Workforce Organisational Culture**

**1 Given the nature of the building and construction industry, and the increase in the number of smaller, often independent businesses and suppliers, what particular strategies and supports are needed to ensure that these businesses are able to provide adequate protection for workers?**

**Given the nature of the building and construction industry, and the increase in the number of smaller, often independent businesses and suppliers, what particular strategies and supports are needed to ensure that these businesses are able provide adequate protection for workers?:**

Smaller businesses without the equipment and trained personnel should not be allowed to handle said stone - They will need to engage someone who is trained and licensed to do so.

**2 What health and safety strategies can be improved?**

**What health and safety strategies can be improved?:**

Recommended improvements in our opinion would be that whoever is licensed and trained to handle to job need to notify WorkSafe if they are working on projects with man made stone just as those working in the industry with asbestos need to register a job - maybe even a clearance certificate to say the job site is clean of dust

**3 What return to work support is available or should be considered to assist workers following a diagnosis of silica-associated disease, including for those who are unable to return to the engineered stone industry?**

**What return to work support is available or should be considered to assist workers following a diagnosis of silica-associated disease, including for those that are unable to return to the engineered stone industry? :**

We agree if workers are able to work in other industries not related to dust then they should be retrained.

If they are not fit enough to work then they should receive a pension of some kind befitting and comparable to their trade/industry

Support groups (some asbestos support groups have taken on this challenge of supporting those with this disease) should be financed/funded to help with taking care of basic needs of those affected as is done with asbestos sufferers - basic counselling and day to day problems that they experience - having someone they can ring to help with questions and just listen or help them to turn a negative into a positive to help others like themselves. With support groups and other issues identified into the future for this special group.

Just like asbestos sufferers have had access to to decades.

Most of the support groups who have opened their doors to help silicosis sufferers do not get Government funding and raise money through sponsors, donations, grants etc. to survive - it would be a good use of gov funding to help support groups to look after the most vulnerable in the community

**4 What are examples of good dust exposure workplace monitoring processes? (Where possible please provide evidence to support the effectiveness of these processes).**

**What are examples of good dust exposure workplace monitoring processes? (Where possible please provide evidence to support the effectiveness of these processes):**

The Dust Diseases task force should be setting someone to the task of investigating all possibilities of good dust exposure workplace monitoring and processes by investigating in each state through the regulators - they surely should be able to provide examples of this working well with practices in place already with businesses that already do this to a high standard.

## **Resourcing and Capability**

**1 What specific resources (eg information, education, other supports etc.) are required, that are not currently available, for small to medium sized businesses, to ensure that owners and staff are fully informed of the availability and correct use of control methods, including by workers from non-English speaking backgrounds?**

**What specific resources are required, that are not currently available for small to medium sized businesses to receive information, education and support in order to be fully informed and to educate employers and employees on the availability of and correct use of control methods, including by workers from non-English speaking backgrounds?:**

Example of resourcing and education for medium and small business - would be the same way Freon & R12 gases are regulated to control who uses and educate them on how to control the environment.

Same process for silica can be used

This training and resourcing and licensing has been successful for this solution in closing the ozone

\* Similar to asbestos workers should have health checks / screenings - eg. asbestos regulations

**2 With a specific focus on dust related diseases, what mechanisms exist that could be used as a basis for providing a coordinated national system with representation across stakeholder disciplines for identifying and communicating emerging issues?**

**With a specific focus on dust related diseases, what mechanisms exist that could be used as a basis to provide a coordinated national system with representation across stakeholder disciplines for identifying and communicating emerging issues?:**

\* Awareness Campaign on the dangers of manufactured stone needs to explain what is manufactured stone and how to identify it for workers and home renovators

\* An industry body that oversees emerging issues

Those who should be on an industry body such as this should be:

Support groups - employer groups - unions - Product sellers / Suppliers

## **Research and Development**

**1 What industry mechanisms could be introduced to ensure workers have appropriate competencies for handling engineered stone or preforming processes that generate silica dust?**

**What industry mechanisms could be introduced to ensure workers have appropriate competencies for handling engineered stone or preforming processes that generate silica dust?:**

Again - as we have said earlier in this document - Ozone depleting substances standards:

\* Don't reinvent the wheel

\* substantial fines to those selling engineered stone who are unlicensed

\* substantial fines to unlicensed persons handling engineered stone

\* An industry approved training and licensing system (not the employer handling the training) stand alone entities

**2 What are the specific challenges related to linking workplace exposure with disease development (at a later date) and how should these be addressed?**

**What are the specific challenges related to linking workplace exposure with disease development (at a later date) and how should these be addressed?:**

We recommend Lawyers comments needed here

Our understanding is that it will be hard to prove exposure if the job was handled badly in several different places by several different companies - where other trades might be on site at the time of installation - the person was not a stone mason or trade person installing bench tops - meaning other trades such as plumbers, electricians, painting and decorating that come on site without knowing.

\* These trade persons will need proof of exposure

\* How will that work?

**3 What are three key pieces of information about dust disease that you would like to see collected at a national level? What are the three key uses of the information collected at a national level?**

**What are three key pieces of information about dust disease that you would like to see collected at a national level? What are the three key uses of the information collected at a national level?:**

\* Where it is presently being used

\* How many wet cut and dust extraction facilities are at this present moment out there in this space

\*How effective those premises are in preventing exposure - (seen as good practice)

**4 What alternative products are currently available which could replace high silica-content engineered stone? How could we drive innovation in relation to products?**

**What alternative products are currently available which could replace high silica-content engineered stone? How could we drive innovation in relation to products?:**

\*Laminex

\*Woods all sorts (not MDF) covered in epoxy lacquer

\* Wood covered in epoxy resin

\* Wooden inlays covered in polyester resin

\*The government could subsidize the following stones in some way

\*marble,

\*dolomite,

\*calcite,

\*onyx

that contain little to no silica in them - this would drive the price down and make them competitive and accessible for all.  
We also need to get architects and building companies on board to find something else more appealing and stop offering that in the first instance

There also could be an industry driven project to come up with another quality product that is fit for purpose and attractive and comparable in price. That can be marketed intensely to take the place of the manufactured man made stone.

**5 The interim advice identified immediate research priorities which has led to a research funding grant opportunity announced by the Medical Research Future Fund and National Health and Medical Research Council. Are there other research priority areas that have not been identified in the interim advice that should be considered, and why? What research areas should be a priority following this first round of research funding?**

**The interim advice identified immediate research priorities which has led to a research funding grant opportunity announced by the Medical Research Future Fund and National Health and Medical Research Council. Are there other research priority areas that have not been identified in the interim advice that should be considered, and why? What research areas should be a priority following this first round of research funding? :**

Maybe more priority around research and grants into how to cleanse lungs like the Lavage currently being practiced and more equipment funded for this if this is a good options for those with little recourse.

A project might be to find out - How effective are properties/businesses properly equipped and working at preventing silica exposure in the workplace

How effective is wet cutting and what residue is left behind after the process has been completed and the water has evaporated - particularly important with concrete polishing in buildings (as we said in other parts of this document - these floors are polished regularly to keep their shine)

Has there been a properly conducted study into how many people have been exposed to silica due to working with concrete, bricks, made man manufactured stone, ceramic tiles, roofing tiles and whatever else produces silica dust

Ultimately you need to be speaking to researchers that can make a difference to the lives of those effected by this dust.

WE THINK THAT IT WOULD BE EASIER TO BAN MAN MADE MANUFACTURED STONE AND THEN WE WOULD NOT HAVE TO DEAL WITH THE MOST TOXIC OF THESE PRODUCTS - THEY BANNED THE STONE IN ISRAEL AND THEY WERE ONE OF THE COUNTRIES MANUFACTURING IT - TOO MANY OF THEIR WORKERS WERE DYING OF THIS DEADLY PRODUCT - ISN'T THAT ENOUGH REASON TO BAN IT HERE!!!

## **Your submission**

### **1 Publishable version of your submission**

**Publishable submission:**

No file was uploaded

### **2 Full submission to be provided to the Taskforce**

**Full submission:**

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### **3 Upload your submission**

## **Privacy information and consent to publish**

### **1 Privacy and personal information**

### **2 Consent to publish on the internet**

I CONSENT to the submission being published in full on the webpage.

### **3 Third Party personal information and evidence of consent to publish**

**Third party consent:**

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## **Your details**

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