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**SUBMISSIONS OF THE AUSTRALIAN WORKERS' UNION TO  
THE NATIONAL DUST DISEASE TASKFORCE**

**SECOND PHASE OPEN CONSULTATION**

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## **INTRODUCTION**

### **The Australian Workers' Union**

1. The Australian Workers' Union (AWU) is Australia's oldest and most diverse union, owned and led by its members.
2. The AWU is made up of over 70,000 members employed in over 70 industries, including industries with exposure to high levels of respirable crystalline silica dust (silica dust), such as construction and associated industries, mining and quarries.
3. The AWU represents workers across numerous industries in Australia in improving workplace health and safety, defending workplace rights, wages, working conditions and building a fairer, just and stronger community across Australia.
4. AWU members are supported by dedicated teams of organisers, workplace health and safety specialists, legal officers and administrative staff across Australia.

### **National Dust Disease Taskforce**

#### Early recommendations

5. On 26 July 2019, the Commonwealth Chief Medical Officer, Professor Brendan Murphy, announced the establishment of the National Dust Disease Taskforce (taskforce) and released its terms of reference, which is broad and not restricted to specific industries or types of silicosis.
6. The AWU participated in the first phase of consultations by appearing in person with AWU members who have contracted silicosis at work and also provided written submissions.
7. The taskforce made 5 early recommendations (summarised below) on 20 December 2019 after its first phase of consultations:
  - i) Immediate targeted education and communication campaign.
  - ii) Staged establishment of a National Dust Disease Registry that is initially focussed on accelerated silicosis related to engineered stone for potential future expansion to cover other occupational lung diseases.
  - iii) Apply a strategic approach to research to better understand accelerated silicosis with the ultimate aim of improving prevention and treatment options.







## *Workers' Voice*

33. There is a significant power imbalance between workers and industry.
34. A way to bring some balance to the relationship is to broaden the powers of HSRs by providing them the same rights and powers as a SafeWork Inspector in addressing silica dust exposure in the workplace. Including the power for workers and their representatives to prosecute employers directly for non-compliance with minimum safety benchmarks.
35. This will also assist State Regulators, who are resource stricken and unable to attend most sites to carry out audits, enforce compliance with current WHS laws/regulations or prosecute repeated offenders.

## **Workforce Organisational Culture**

### What health and safety strategies can be improved?

36. A strong and collaborative workplace health and safety culture needs to be established at worksites to prevent dust disease. This means including workers in decision making and providing comprehensive face to face training.
37. The first step of establishing a strong health and safety culture is by prioritising workplace health and safety and doing more than just providing information.
38. The extent of consultation on WHS matters at workplaces is often only advising workers of a decision once it has been made. Workers must be consulted before a decision is made, workers must be provided with an avenue to express their views without fear of repercussions and finally workers and their representatives' views must be taken under consideration before any decisions are made.
39. A mandatory training program on silica dust and dust disease must also be developed and provided to all workers exposed to silica dust. The training must not only be left to the workplace and the employer. The development, content and delivery of the program must be consistent across the country and must include unions, as the workers' representative.
40. The training program must be made mandatory and can be structured, managed and delivered in the same way as the HSR training program in NSW.

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?

41. As the oldest and most diverse union in Australia, it has been the AWU's experience that there is no to very little support or assistance provided to workers following a diagnosis of silica associated disease at work.
42. Firstly, as per medical advice, workers who have been diagnosed with a silica related disease must not return to work in an area which exposes them to further dust, especially silica dust, as this will have severe consequences for their health and can result in accelerating their occupational dust disease.
43. However, it is crucial that workers diagnosed with a dust disease must be able to continue to contribute to society and live the rest of their life with dignity without having to put their health in further detriment.
44. Therefore, comprehensive return to work programs must be established for workers diagnosed with occupational dust related disease.
45. The return-to-work programs as a minimum must make it mandatory in the first instance for employers to provide alternative employment to workers. The alternative employment must ensure safety from dust, not result in the worker being financially worse off, allow for career progression and to be within a close proximity of workers' primary residence.
46. Under the current system AWU members who have contracted silicosis have not been able to return to work.
  - a) The AWU has members who after contracting silicosis have been refused alternative employment. These workers who are mostly from regional Victoria are now at home, without any clear pathway or future employment options. They describe what they are going through as a "*never ending dark tunnel for them and their families*".
  - b) An AWU member who works for a Boral quarry was advised by her superior that "*they were going to get rid of her*" after she contracted silicosis. The company has now offered her alternative employment, but the alternative employment is 2 hours' drive from her home, hence it will mean a 4 hour commute each day. This will make her life as a parent to 2 young children extremely difficult to manage.
47. In the event that the alternative employment offered is not suitable, workers must be provided with re-training into suitable industries and occupations i.e., where a worker is financially better off, has career progression and the employment is within close proximity of their primary residence.

48. The support and assistance provided to workers diagnosed with a silica related disease must not be limited to return to work programs. Workers, must also receive (i) financial compensation by industry for the damage that the industry has done to the workers' health and way of life and (ii) ongoing health and medical support, including mental health support. The mental health assistance must also be extended to a worker's immediate family.

## **Resourcing and Capability**

What specific resources (e.g., 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?

49. Information, education and training is not only lacking in small to medium sized businesses but across all businesses in Australia where workers are exposed to silica dust.
50. There is no compulsory training or education in place for workers who are exposed to silica dust.
51. We are aware of large quarries and mines where neither workers nor their direct managers have been provided with information, education or training in relation to silica dust exposure.
52. In response to this question, we also refer to paragraphs (36) to (40) of our submissions above.

## **Research and Development**

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

53. Please see above paragraphs (36) to (40) of our submissions above.

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

54. The establishment of a national dust disease register covering all workplaces where workers are exposed to silica dust will assist in linking workplace exposure with disease development at a later date.
55. The AWU has made submissions on this matter during the first phase of the consultation process. However, we are extremely disappointed that the

taskforce failed to recommend the establishment of a national dust disease register to cover all workers exposed to silica dust in its early recommendations.

56. We urge the taskforce to recommend for the establishment of a national dust disease register covering all workplaces exposed to silica dust in its final recommendations to the Federal Government.

**END**