

Professor Paul Kelly  
Acting Commonwealth Chief Medical Officer  
National Dust Disease Taskforce  
Department of Health

11th November 2020

Dear Professor Kelly,

Thank you for the opportunity to provide feedback on the Australian Government's National Dust Disease Taskforce Phase 2 Consultation Paper.

The WA Clinical Oncology Group (WACOG) was established in 1996 by Cancer Council WA (then known as Cancer Foundation WA) with funds from the WA Department of Health. The purpose of the program is to promote high quality clinical cancer services in Western Australia via the establishment of an ongoing program of medical education and to promote co-operation and maximum possible adherence to best practice in the care of cancer patients to advise the Cancer Council WA on all clinical aspects of cancer. WACOG also promotes and facilitates cooperative studies on cancer.

WACOG welcomes the establishment of the National Dust Disease Taskforce and the development of a national approach to the prevention, early identification, control and management of occupational dust diseases in Australia.

Consultation questions:

### **Regulatory and Governance**

**Q 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?**

- WACOG is pleased to note that all jurisdictions except Tasmania have implemented a Workplace Exposure Standard (WES) for respirable crystalline silica (RCS) of  $0.05\text{mg}/\text{m}^3$ . However, we continue to support a proposed health-based WES of  $0.02\text{mg}/\text{m}^3$  Time Weighted Average for RCS.
- Prohibition of dry cutting of manufactured stone, consistent with the Victorian Occupational Health and Safety Amendment (Crystalline Silica) Regulations 2019, should be considered as a universal regulation under all health and safety laws. This would prohibit the dry cutting of any engineered stone that contains silica content of greater than 80%.
- Consideration should be given to the prohibition of the importation of engineered stone products that contain silica content of greater than 80%.
- The banning of processing of engineered stone should also be considered.

### **Workforce organisational culture**

**Q 7: 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?**

- It has been identified that there is a concerning lack of awareness of the risks related to dust diseases in the building and construction industry. This is compounded by ignorance of compliance requirements, limited use of appropriate control measures and cultural barriers in ensuring adherence. WACOG believes there should be a focus on higher level engineering and administrative controls (such as more sophisticated dust extraction systems and exploration of different ways of working) rather than the sole reliance on the use of PPE to protect workers.

### **Resourcing and Capability**

**Q 11: 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?**

- Consistent, continued and compulsory education should be provided by employers, taking place at induction for new staff as well as in the workplace for existing staff. An appropriate training module should be developed by a central body that is mandated for business owners to provide. Resources should also be made available in different languages to target workers from culturally and linguistically diverse backgrounds.

**Q 12: 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?**

- Improved data collection and sharing of information is needed. WACOG supports the recommendation by the National Dust Disease Taskforce of the development of a national notifiable dust disease system which should include disease notifications from all jurisdictions together with available case finding data, exposure history and air sampling data.
- Opportunities for information sharing and data linkage across systems should be explored to facilitate monitoring of work-related hazards, and to gain a better understanding of workplace risks, to enable more sophisticated reporting on the incidence and trends in occupational disease.

### **Research and Development**

**Q 14: What are the specific challenges related to linking workplace exposure with disease development (at a later date) and how should these be addressed?**

- It should be noted this industry typically attracts a young, mobile and casual workforce, leading to difficulty tracking workers.

- It has been recognised that there is a lag between exposure and the development of lung disease. Identification of the relevant exposure and when that exposure occurred is necessary but difficult to trace.
- Many of the diseases caused by exposure can take years to develop. For example, there is already significant evidence that exposure to silica dust can cause silicosis and lung cancer, both diseases that may take several or many years to manifest.

**Q 17: 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 pathogenesis of engineered stone associated silicosis (exposure patterns and effect of particle size).
- Identify factors associated with disease severity and risk of progression (i.e. biomarkers).
- Best practice to minimise exposure, including engineering and technologies to eliminate or minimise risks for workers.
- Evaluation of the effectiveness of suggested prevention measures (i.e. wet cutting).
- Investigation into the incidence and prevalence of lung disease related to silica exposure.

WACOG and Cancer Council WA support the recommendations made by the National Dust Disease Taskforce. Thank you again for the opportunity to provide comment on this matter.

Yours sincerely



Melissa Ledger  
Cancer Prevention and Research Director



Melissa Treby  
WACOG Manager