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RACP Submission to the National Dust Disease Taskforce

Draft Vision, Strategies and Priority Areas for Action

May 2021

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

About the Australasian Faculty of Occupational and Environmental Medicine

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians is the peak medical body for Occupational and Environmental Physicians, comprising over 500 medical specialists in Australia and Aotearoa New Zealand.

The AFOEM specialist training programme is centred on combining high level clinical expertise with a strong work focus to develop specialist knowledge and skills in preventing and managing ill-health, injury and disability in workers; promoting safe and healthy workplaces; and reducing the impact of environmental hazards on the community.

Occupational and Environmental Physicians are specialist ‘work doctors’, with clinical skills and knowledge applicable to the worker, employers, organisations and government bodies. We provide independent, evidence-based knowledge using a worksite specific approach. We have expertise in the early identification and health risk assessment of workplace hazards. Through the design and application of heath surveillance and monitoring programs we can provide tailored advice and management for the individual worker and organisation to prevent and address identified work related health issues.

We work effectively and productively in multidisciplinary teams consisting of a broad range of stakeholders that includes, the worker, treating practitioners, allied health professionals, health and safety personnel, employers, unions, insurers, organisations and government regulatory authorities

About respiratory medicine

The RACP’s Adult Medicine Division (AMD) oversees the training and professional development of over 33 medical specialties including respiratory medicine. Respiratory medicine is concerned with the diagnosis, treatment and continuing care of adults of all ages who suffer from a wide range of respiratory conditions.

Lung disease is one of the commonest causes of hospital admission and illness in the community. Respiratory physicians diagnose and treat common conditions such as asthma, chronic bronchitis and emphysema, pneumonia and lung cancer, as well as important public health infections like SARS-COV-2, influenza and tuberculosis.

Respiratory medicine also includes diagnosis and treatment of occupational lung diseases such as silicosis, coal workers’ pneumoconiosis, and asbestosis and its scope ranges from rare genetic disorders such as cystic fibrosis to lung transplantation. Respiratory physicians have a long tradition of involvement in the community and workplace, and in epidemiology and preventive health.

RACP Submission

Thank you for the opportunity to make a submission to the National Dust Disease Taskforce's (the Taskforce) consultation on its draft Vision, Strategies and Priority Areas for Action. The RACP notes that the key purpose of this consultation round is to seek stakeholder views on whether the right priority areas for action have been identified, and any practical issues in the implementation of these priorities. This submission has been led by RACP expert Fellows in occupational and environmental medicine and in thoracic medicine.

Introduction

The RACP, the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and the Thoracic Society of Australia and New Zealand (TSANZ) have undertaken extensive work to build a foundation of knowledge on Accelerated Silicosis in Australia. The RACP commends the ongoing work of the Australian Government's National Dust Disease Taskforce established in July 2019. The Taskforce has a crucial role in driving the development of a national approach for the prevention, early identification, control and management of dust diseases in Australia and we welcome the extended timeframe it has been granted to submit its final report due to COVID-19 related disruptions and delays.

We remain deeply concerned by the current epidemic of accelerated silicosis, a preventable occupational lung disease, arising in young workers as a result of the manufacture and installation of artificial stone bench tops. Silicosis is preventable, and no cases should be occurring in Australia or Aotearoa New Zealand. We hope that the Taskforce's final report will provide a strong imperative and guidance on how best to achieve early identification, optimal treatment and management of workers suffering from accelerated silicosis and other dust diseases across all Australian jurisdictions.

Previous RACP submissions to the National Dust Disease Taskforce

In November 2019, the RACP, its AFOEM and TSANZ issued a joint submission[1] to the National Dust Disease Taskforce to inform its interim advice. The joint submission provided the Taskforce with recommendations to be implemented across all jurisdictions and nationally to address the current epidemic of accelerated silicosis and identify and control other new or emerging occupationally acquired lung diseases.

At the end of 2019, the Taskforce provided interim advice[2] to the Commonwealth Minister for Health on the prevention, early identification, control, and management of occupational dust diseases in Australia, particularly accelerated silicosis. That advice identified five immediate and short-term national actions to address specific issues related to the re-emergence of silicosis:

1. Developing a targeted education and communication campaign to raise awareness of the risks of working with engineered stone.
2. Ongoing staged development of a national dust disease registry, with specific data requirements recommended by the Taskforce.
3. Targeted investment in key research activities, to improve understanding of prevention, diagnosis and treatment.
4. Developing national guidance on screening workers working with engineered stone.
5. Development of a national approach to identify occupational silica dust exposure and other future occupational diseases.

These recommendations are supported by the RACP and its AFOEM and it is very encouraging that the Australian Government has accepted them all.

In November 2020 in consultation with TSANZ, AFOEM provided a submission[3] to the Taskforce's second consultation paper requesting feedback on the interim advice, with a particular focus on further investigating the initial findings and progressing the early recommendations, to inform the Final Report due to the Minister for Health by the end of June 2021. The submission made the following key recommendations to address the

[1] Available online: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-including-the-australasian-faculty-of-occupational-and-environmental-medicine-and-the-thoracic-society-of-australia-new-zealand-joint-submission.pdf?sfvrsn=a012e31a_12 [last accessed 26/4/2021]
[2] National Dust Disease Taskforce Interim Advice to Minister for Health (December 2019): https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/$File/nat-dusk-interimadvice-dec2019.pdf [last accessed 09/11/2020]
[3] Available online: https://www.racp.edu.au//docs/default-source/advocacy-library/pa-racpsubmission_nddt_secondconsultation.pdf?sfvrsn=c775f61a_8 [last accessed 26/4/2021]

prevention, early identification, control and management of dust diseases of accelerated silicosis and other occupationally acquired dust diseases:

- Establish a licensing scheme for engineered stone to complement all other appropriate hazard measures that follow the hierarchy of control approach to reduce exposure risk for engineered stone.
- Make national reporting of detected cases of dust related diseases to a national registry mandatory to ensure early awareness and warnings can be observed and acted upon.
- Require regular workplace respiratory and other relevant health monitoring and health surveillance of workers by specialist occupational and environmental or respiratory medicine physicians mandatory where there is potential risk of dust related diseases in at-risk industries.
- Increase and improve health and workplace monitoring, and regular health surveillance with national reporting for all workers in the industry.

A summary of recommendations made in the second consultation phase and new recommendations contained in this submission on the draft Vision, Strategies and Priority Areas for Action can be found at **Appendix A**.

Feedback on the consultation questions from the Taskforce's Consultation Paper

Vision

Does the Taskforce's Vision resonate with you and your agency? If not, what else should be captured in the Vision? Will the Vision drive a collective focus on the critical changes required? If not, what else needs to be included to inspire and drive collective effort?

The RACP strongly supports the inclusion of all occupational respiratory disease – not just diseases from exposure to Respirable Crystalline Silica (RCS) – in the Vision.

The RACP suggests that the following line of the Vision: '*Progress towards elimination of new cases of silicosis, and a significant reduction in the incidence of occupational respiratory diseases in Australia'* should be strengthened to: '*Eliminate silicosis, and significantly reduce the incidence of occupational respiratory diseases in Australia'*. The reason the RACP proposes this is because the vision should articulate the desired outcome that the Taskforce is seeking to achieve.

The Vision could further be enhanced by the inclusion of specific mention of the frontline health care system (including GPs and specialists in occupational and environmental medicine and respiratory medicine) not just public health, because this is where workers present when unwell and there have previously been gaps in communication. There needs to be active feedback from clinicians to public health (the registration system will assist with this).

Is the suggested timeframe for change achievable? If not, what timeframe do you suggest and why?

The RACP supports the implementation of an ambitious timeframe and believes many of the actions are achievable within the proposed three-year timeframe with the right leadership, resources, government support and oversight by experts in occupational respiratory health. However, we acknowledge that this timeframe will present challenges as obtaining agreement with jurisdictions and co-ordinating framework legislation and regulation is a lengthy process, as well as the development and implementation of educational and training programs, health screening, monitoring and surveillance. In addition, it needs to be made clear that due to the prolonged latency periods of some respiratory diseases, the data collection will need to occur over a much longer timeframe.

Strategies

Do the strategies identify the most critical areas where collective effort, resources and energy should be directed over the next few years to achieve the desired changes? If not, what other areas should be included?

The RACP supports the critical areas identified in the strategy. There is a clear need to establish a lead multi-agency group within the health sector who will have prime responsibility for driving the implementation of the Taskforce recommendations. This group should include representatives from: SafeWork Australia including representation from State WorkSafe agencies, industry and union representation, specialist medicine and health policy experts to drive it forward. It should have clear terms of reference, be properly funded and have a long timeframe to carry on the work of the taskforce. This group could sit within the Office of Health Protection in the Department of Health.

It is also essential that all jurisdictions commit to mutually progress the strategies for the prevention, identification, monitoring and treatment of occupational respiratory diseases, with the national registry being a critical component. This could be done through intergovernmental agreement or a similar process.

The RACP recommends that the strategy include an area on education. This should cover education and training for workers, businesses and consumers and extend to healthcare professionals who are likely to be involved in the diagnosis and management of those with occupational respiratory diseases. As outlined in our submission to the Taskforce's second consultation, we recommend that jurisdictions consider a component of licensing to facilitate better education and training. A licensing scheme should include the requirement to routinely sample airborne dusts for crystalline silica and silicates and confirmation that employees in businesses using engineered stone have been appropriately educated and trained in its safe use.

Every worker and every business should have access to appropriate educational resources and advice including online information, training courses, web-based training, and expert advice where appropriate (e.g. from an occupational hygienist, occupational and environmental physician, occupationally trained respiratory medicine physician) or an appropriately trained occupational health nurse.

Priority Actions

Will the key priority actions identified lead to the right recommendations, and deliver the desired outcomes? Are there any critical issues missing from the key priority actions? If so, please detail what else needs to be included.

The RACP is pleased to see the Priority Actions focused on engaging, inquiring, adapting and reinforcing good occupational health practice. The costing and financing of priority actions needs to be considered and agreed.

The RACP recommends that the Taskforce includes a Priority Action on assistance/alternatives for employers which includes assistance and training with appropriate cutting techniques, where to find suitable ventilation, how to prioritise the various tasks required for compliance and ways to combine them with their other work tasks.

Priority Area 3.8 '*Share information and analysis from the National Occupational Respiratory Disease Registry with medical practitioners'* should be made more specific to read *'Share information and analysis from the National Occupational Respiratory Disease Registry with relevant medical practitioners such as General Practitioners, occupational and environmental health physicians, occupational health nurses, occupational hygienists, the Australasian Faculty of Occupational and Environmental Medicine the Thoracic Society of Australia and New Zealand and the Australian and New Zealand Society of Occupational Medicine.'*

We note that some stakeholders have proposed that artificial stone products should be banned as a priority until further information is available which can quantify their real risks. As stated in our submission to the second consultation, [4] the RACP supports the implementation of a complete ban in all states and territories throughout Australia on dry cutting of any stones (engineered or natural) and no silica-containing substance should be cut or drilled without appropriate precautions. The use of methods other than water for dust suppression should be evidence-based to ensure they are safe and effective. All appropriate hazard control measures should be effectively implemented (i.e. substituting the hazard with a safer alternative, isolating the hazard from people, reducing the risks through engineered control, reducing exposure through administrative control) and using suitable PPE to reduce exposure risk for engineered stone workers. If once applied appropriately, these measures do not lead to safe work conditions, then a ban on engineered stone would be necessary to ensure the health of workers in the industry is safeguarded.

What key issues regarding the implementation of the key priority actions need to be considered?

The RACP has identified the following issues which the Taskforce should consider regarding the implementation of the key priority actions:

- Cultural aspects, including consideration of how implementation should be tailored towards different cultural groups, such as for Aboriginal and Torres Strait Islander peoples, and understanding how different cultures view occupational disease in a holistic context.

[4] RACP submission Australian Government's National Dust Disease Taskforce – Second phase of consultation. Available online: https://www.racp.edu.au//docs/default-source/advocacy-library/pa-racpsubmission_nddt_secondconsultation.pdf?sfvrsn=c775f61a_8 [last accessed 26/4/2021]

- As outlined above, identifying a responsible multi agency group to drive the actions, with appropriate resourcing, a clear governance structure and leadership, and commitment to the actions in all jurisdictions.
- Costs to all stakeholders – workers in the engineered stone sector mostly work for small businesses which have limited resources to conform with regulation. In particular, the implementation of health surveillance for all workers (Priority Area 3.1) should be adequately resourced. As outlined in our submission to the second consultation, we recommend compliance costs are minimised for employers and workers and the development of a mechanism to cover downstream costs of health monitoring, surveillance and compliance. The administrative burden of compliance on businesses should also be reduced, such as through the development of online portals.
- Access to advice – every worker and every business should have access to appropriate educational resources and advice including expert advice where appropriate (e.g. from an occupational hygienist, nurse and/or occupational and environmental physician or occupationally trained respiratory medicine physician).
- Educating stakeholders – Improving overall education and awareness so that all stakeholders (i.e. industry, consumers, kitchen providers) can make informed decisions about the dangers versus benefits of using engineered stone products.

To ensure the effectiveness of the proposed regulatory changes, it is important that various stakeholders work together to promote change. Do you have any suggestions to foster collaboration amongst the stakeholders, in particular (a) industry and regulators; (b) occupational hygienists and WHS regulators; (c) public health, WHS system and medical experts, and (d) overall collaboration to ensure worker safety?

The RACP is supportive of Priority Action Area 6.2 *'Establish an evaluation and review framework to monitor progress in the implementation of the Taskforce's recommendations and their impact'* to monitor the effectiveness of the proposed regulatory changes, including the establishment and performance of the national occupational lung disease registry. The RACP recommends that a lead multi agency group is established which has representation from all relevant stakeholders. An outcome based regular review would ensure that each member is contributing with feedback from their sector.

What mechanisms and arrangements need to be put in place to ensure the momentum generated by the Taskforce continues, and that responsible parties are held to account for the implementation of the recommendations?

The RACP recommends that responsible parties are held to account by a dedicated multi-agency group staffed with appropriate funding and strong government support. This multi-agency group should ensure regular assessment and reflection of progress against the actions.

Licensing schemes are usually accompanied by a suite of non-regulatory measures for improved effectiveness, for example, education, auditing and reporting. How can consistency be improved in relation to the development and delivery of education and awareness sessions to PCBUs?

The RACP recommends as outlined above that the multi-agency group leading the implementation of the Taskforce recommendations include representatives from SafeWork Australia and State based WorkSafe agencies, as well as clinician input. This would support consistent development and delivery of education and awareness measures.

Appendix A: Summary of Recommendations

RACP Recommendations: Draft Vision, Strategies and Priority Areas for Action
The Vision should be strengthened to: *'**Eliminate silicosis**, and significantly reduce the incidence of occupational respiratory diseases in Australia'.*
Establish a lead multi-agency group within the health sector who will have prime responsibility for driving the implementation of the Taskforce recommendations. The group should include representatives from key stakeholders, have a clear terms of reference, be properly funded and have a long timeframe to carry on the work of the taskforce.
An intergovernmental agreement or a similar process should take place which aims to ensure all jurisdictions commit to mutually progress the strategies for the prevention, identification, monitoring and treatment of occupational respiratory diseases.
The strategy should include an area on education which covers education and training for workers, businesses and consumers and extend to all healthcare professionals.
Include a Priority Action on assistance/alternatives for employers which includes assistance and training with appropriate cutting techniques, where to find ventilation, how to prioritise the various tasks required for compliance and ways to combine them with their other work tasks.
Priority Area 3.8 should be made more specific to read *'Share information and analysis from the National Occupational Respiratory Disease Registry with relevant medical practitioners such as General Practitioners, occupational and environmental health physicians, occupational health nurses, occupational hygienists, the Australasian Faculty of Occupational and Environmental Medicine the Thoracic Society of Australia and New Zealand and the Australian and New Zealand Society of Occupational Medicine.'*
Ensure that implementation of the key priority actions includes consideration of: cultural impacts, the costs of actions on all stakeholders, access to advice for every worker and business and stakeholder education and awareness.
RACP Recommendations: Consultation phase 2
Clearly label every engineered stone and have its constituents also labelled, including crystalline silicates, resins and metals with relevant percentages
Implement of a complete ban on dry cutting of any stones (engineered or natural) and no silica-containing substance should be cut or drilled without appropriate precautions. All appropriate hazard control measures should be effectively implemented to reduce exposure risk for engineered stone workers and these measures do not lead to safe work conditions, then a ban on engineered stone would be necessary.
Establish a licensing scheme for engineered stone to complement all other appropriate hazard measures that follow the hierarchy of control approach to reduce exposure risk for engineered stone.
Make national reporting of detected cases of dust related diseases to a national registry mandatory to ensure early awareness and warnings can be observed and acted upon.
Require regular workplace respiratory and other relevant health monitoring and health surveillance of workers by specialist occupational and environmental or respiratory medicine physicians mandatory where there is potential risk of dust related diseases in at-risk industries.
Increase and improve health and workplace monitoring, and regular health surveillance with national reporting for all workers in the industry.
Minimise compliance costs for employers and workers and development of a mechanism to cover downstream costs of health monitoring, surveillance and compliance.

Fund prospective epidemiological surveillance studies to allow appropriate evaluation of measures which have been implemented, including enhanced surveillance methods and efficacy of reduction in dust.