



Australian Government

ALL OF GOVERNMENTS' RESPONSE TO THE FINAL REPORT OF THE NATIONAL DUST DISEASE TASKFORCE

March 2022



Foreword

All Australian workers have the right to a healthy and safe working environment. The re-emergence of silicosis and the incidence of other occupational dust lung diseases is of deep concern and has raised questions about the adequacy of the systems in place to ensure the health and safety of workers working in dust generating industries.

In October 2018, the Council of Australian Governments' (COAG) Health Council discussed the increase in silicosis diagnoses resulting from the use of engineered stone benchtops. It was agreed that a National Dust Disease Register should be explored and that the Commonwealth Minister for Health would engage with Safe Work Australia, the national work health and safety (WHS) policy agency, on the actions being taken to improve the safety of working with engineered stone benchtops.

On 26 July 2019, the Commonwealth Government announced the establishment of a National Dust Disease Taskforce. The role of the Taskforce was to inform a national approach to the prevention, early identification, control, and management of dust diseases in Australia.

At the time the Taskforce was established there had been investment and activity by Safe Work Australia and its Members, including the Commonwealth and state and territory governments, representatives of employers and representatives of workers.

By the end of 2018, Safe Work Australia had commenced a review of the Workplace Exposure Standard (WES) for respirable crystalline silica and agreed on a comprehensive work plan for occupational lung diseases, including silicosis. WHS regulators had also commenced implementation of various measures to improve the management of risks of exposure to respirable crystalline silica. While continued investment and commitment is required, it is important to recognise the efforts underway and the progress being made.

The Commonwealth Government was pleased to receive the Taskforce's Final Report in July 2021. The report contains 7 recommendations that support a range of regulatory and non-regulatory actions designed to have an impact in the short to medium-term on improving worker health and safety and treatment and support for workers diagnosed with dust diseases.

The Taskforce found that nearly one in 4 engineered stone workers who have been in the industry since before 2018, are suffering from silicosis or other silica dust related diseases.

The Final Report was developed following an extensive three phase consultation process involving a broad range of stakeholders, as well as consideration of specifically commissioned research. More than 120 stakeholder submissions were considered, 146 individuals attended forums across the country, and 11 targeted sessions were held. Contributions were received from researchers, peak bodies, unions, legal firms, occupational hygienists, industry, governments, radiologists and people directly affected by silicosis.

Australian governments thank all who have contributed to the Taskforce's work. We particularly appreciate the involvement of affected workers and their families who shared information about their experiences, during these consultation processes. Thank you for your courage and strength in sharing your personal stories and concerns with the Taskforce to inform its deliberations on this important topic.

Australian governments support the Taskforce's view that further decisive action is required to better protect workers in dust generating industries and to support affected workers and their families. We recognise the inter-linked nature of the recommendations and the intention of the Taskforce to present a comprehensive program of work. Key to a number of the recommendations is establishing a National Occupational Respiratory Disease Registry (Registry) to enable an understanding of the prevalence and incidence of occupationally caused respiratory diseases in Australia and to support the elimination of these preventable diseases by facilitating earlier detection, intervention and prevention activities. The build of the Registry has commenced.

Joint deliberate action is required from all levels of government, industry, unions, and workers to drive change. Our shared objective is the elimination of silicosis amongst workers and increased quality of life for those already impacted, and their families.

We thank the members of the National Dust Disease Taskforce for their expertise, and significant commitment of time and effort to produce this important report.

Endorsed by the following states and territories¹

Commonwealth

The Hon. Greg Hunt MP, Minister for Health and Aged Care
Senator the Hon. Michaelia Cash, Attorney-General, Minister for Industrial Relations

Western Australia

The Hon. Bill Johnston MP, Minister for Mines and Petroleum; Energy; Corrective Services; Industrial Relations
The Hon. Amber-Jane Sanderson MLA, Minister for Health; Mental Health

New South Wales

The Hon. Bradley Hazzard MP, Minister for Health
The Hon. Elena Petinos MP, Minister for Small Business; Minister for Fair Trading

Queensland

The Hon. Grace Grace MP, Minister for Education; Minister for Industrial Relations and Minister for Racing
The Hon. Yvette D'Ath MP, Minister for Health and Ambulance Services

Victoria

The Hon. Ingrid Stitt MP, Minister for Workplace Safety
The Hon. Martin Foley MP, Minister for Health

South Australia

The Hon. Rob Lucas MLC, Treasurer
The Hon. Stephen Wade MLC, Minister for Health and Wellbeing

Northern Territory

The Hon. Selena Uiho MLA, Attorney-General and Minister for Justice
The Hon. Natasha Fyles MLA, Minister for Health

Tasmania

The Hon. Elise Archer MP, Attorney-General, Minister for Workplace Safety and Consumer Affairs
The Hon. Jeremy Rockliff MP, Deputy Premier; Minister for Health; Minister for Health and Wellbeing

Australian Capital Territory

Mr Mick Gentleman MLA, Minister for Industrial Relations and Workplace Safety
Ms Rachel Stephen-Smith MLA, Minister for Health

¹ Tasmania supports the response in principle, subject to formal approval being obtained.

Introduction

Dust diseases impact workers from a wide range of industries including construction, manufacturing, tunnelling, mining and quarrying. It is estimated that 230 people develop lung disease each year in Australia due to past exposure to respirable crystalline silica at work.² It is expected that this number will rise given workers' exposure to very high levels of respirable crystalline silica in the engineered stone industry since the early 2000s.

The rapid re-emergence of accelerated silicosis has raised concerns about the adequacy of, and compliance with, existing work health and safety (WHS) arrangements in Australia. Medical experts have warned that the latency of silicosis means the numbers of diagnosed cases will likely increase over the next few years. Substantial work has already been undertaken to address silicosis by Safe Work Australia. Jurisdictions have also taken immediate steps to address the increase in silicosis cases, including through legislative changes, development of Codes of Practice, education and awareness campaigns and compliance audits, and establishment of collaborative mechanisms such as the Heads of Workplace Safety Authorities (HWSA) working group on silicosis.

There is a need to maintain this momentum and ensure the safety of workers from exposure to harmful dusts, gases and fumes. The Taskforce has presented a comprehensive set of recommendations and their implementation will require a cohesive set of actions by all stakeholders, in particular, the Commonwealth, and state and territory governments.

The national framework of WHS laws

Commonwealth, state and territory governments are responsible for implementing and enforcing WHS laws in their jurisdictions. The vehicle for achieving national consistency in WHS regulation is through the model WHS laws developed and maintained by Safe Work Australia.

The model WHS laws comprise the model WHS Act, model WHS Regulations and model Codes of Practice. The model WHS laws are broadly applicable to all organisations regardless of their size or industry. They are principles-based and allows organisations the flexibility to tailor their approach to safety to suit their circumstances, as long as they meet the required safety standards.

The model WHS laws have been implemented in all jurisdictions except for Victoria and Western Australia, although those jurisdictions have similar laws in place. Western Australia recently announced that its new *Work Health and Safety Act 2020*, based on the model WHS laws, will commence on 31 March 2022.

Safe Work Australia

Safe Work Australia is a Commonwealth Government statutory body established in 2008 to develop national policy relating to WHS and workers' compensation.

Safe Work Australia is a tripartite body comprising 15 members, including a Chair, 9 members representing the Commonwealth and each state and territory, two members representing the interests of workers, two members representing the interests of employers and the Chief Executive Officer of the Safe Work Australia agency.

² Institute of Health Metrics and Evaluation (IHME) GBD Compare. Seattle, WA: IHME, University of Washington, 2015. (See. Population attribution fraction calculated by Cancer Council Tasmania; accessed 20 September 2017).

Key functions of Safe Work Australia are to develop and evaluate the model WHS laws, and national policy and strategies related to WHS and workers' compensation. The work of Safe Work Australia is overseen by Ministers for WHS in all jurisdictions, who must agree amendments to the model WHS laws. It is ultimately a matter for individual jurisdictions on whether to implement the model WHS laws, and each jurisdiction has its own regulator to monitor and enforce compliance.

The Commonwealth, states and territories also have jurisdiction over their own workers' compensation schemes, and benefits and coverage rules differ between jurisdictions. A function of Safe Work Australia is to develop proposals to improve workers' compensation arrangements and to promote national consistency in these arrangements.

Model WHS laws and respirable crystalline silica

Under the model WHS laws, a person conducting a business or undertaking (PCBU) must eliminate risks to workers so far as is reasonably practicable, or if this is not possible, minimise the risks to workers so far as is reasonably practicable. This includes the risks of exposure to hazardous airborne substances like respirable crystalline silica.

If the risks associated with respirable crystalline silica cannot be eliminated, a combination of control measures must be used to minimise the risk of exposure to respirable crystalline silica so far as is reasonably practicable. This may include a combination of substitution, isolation and engineering controls, administrative controls (such as work practices and procedures) and personal protective equipment (PPE). For example, a PCBU could consider a combination of water suppression, local exhaust ventilation, shift rotation and respiratory protective equipment to minimise the risks of respirable crystalline silica.

PCBUs must consult with workers on health and safety matters, provide information on the hazardous properties of a substance and how to use it safely, and provide appropriate instruction, training and supervision of workers.

Under the model laws, a PCBU must ensure that no person at the workplace is exposed to respirable crystalline silica at an airborne concentration above the prescribed workplace exposure limit, which is an eight-hour time weighted average (TWA) of 0.05 milligrams per cubic metre (mg/m^3). Air monitoring must be conducted if there is any uncertainty that the exposure limit is being exceeded or if it is necessary to determine whether there is a risk to a worker's health. PCBUs must also provide health monitoring for workers if they carry out ongoing work generating respirable crystalline silica, and there is a significant risk to the worker's health because of exposure.

WHS actions taken to date

Safe Work Australia has undertaken significant work to address the increase in silicosis cases, including through its Occupational Lung Diseases Work Plan. Much of this work already goes to addressing a number of the Taskforce's recommendations relating to the WHS framework.

In 2018, Safe Work Australia prioritised the review of the workplace exposure limit for respirable crystalline silica prescribed in the model WHS laws and in 2019, WHS Ministers agreed to halve the eight-hour time weighted average for workplace exposure for respirable crystalline silica from $0.1 \text{ mg}/\text{m}^3$ to $0.05 \text{ mg}/\text{m}^3$, commensurate with levels set internationally. All jurisdictions have implemented the reduced value. WHS Ministers also agreed that further work be conducted on solutions to measurement limitations of respirable crystalline silica with the aim to further reduce the workplace exposure limit to an eight-hour time weighted average of $0.02 \text{ mg}/\text{m}^3$.

In 2019, Safe Work Australia published a *Working with silica and silica containing products guide* and broader guidance on occupational lung diseases. More recently Safe Work Australia published a new model Code of Practice on *Managing the risks of respirable crystalline silica from engineered stone in the workplace*, which provides practical information for PCBU's, office bearers, manufacturers, importers and designers and workers on managing the risks of respirable crystalline silica when working with engineered stone. Jurisdictions may adopt the model Code under their WHS laws. Codes of practice provide practical guidance to duty holders on how they can meet their WHS duties in relation to the hazards and risks outlined in the Code.

Safe Work Australia Members have agreed to amend the model WHS Regulations to expressly prohibit uncontrolled dry cutting of engineered stone. Safe Work Australia is also conducting a regulatory impact analysis³ on regulatory and non-regulatory options to minimise the risk of respirable crystalline silica in a broad range of materials and processes and will include consideration of a licensing scheme for the use of engineered stone. Outcomes from the regulatory impact analysis will be provided to WHS Ministers for decision. This work directly addresses the Taskforce's recommendation (1c).

During 2021 Safe Work Australia conducted the *Clean Air, Clean Lungs* national education campaign to raise awareness of occupational lung diseases. The national campaign sought to educate duty holders, such as employers or small business owners, on how to eliminate or manage the risk of their workers developing an occupational lung disease, and concluded at the end of 2021.

Jurisdictional regulators have also individually implemented a broad range of measures to address the increase in silicosis cases, particularly amongst those working with engineered stone. These include monitoring, compliance and enforcement activities; awareness and education; code of conduct; prohibitions on uncontrolled dry cutting; and investment in research.

Further detail on activities being progressed by individual jurisdictions is at **Attachment A**.

Commonwealth Government Response to the Final Report

The Commonwealth Government, as a Member of Safe Work Australia, continues to work with state and territory governments, employer groups and unions to address the concerning increase in silicosis cases amongst engineered stone workers. It welcomes the targeted measures that have been implemented to improve worker safety. These reflect the specific risks and working environments for fabricators and installers of this material and the nature of the industry.

The Commonwealth Government also recognises that different approaches are likely to be required for the broader range of industries working with silica-containing materials beyond engineered stone. Safe Work Australia's regulatory impact analysis process will explore what additional measures may be required to better protect workers in other dust generating industries.

In addition to recommending regulatory reforms, the Taskforce made a number of non-regulatory recommendations.

The activities detailed in this Response, particularly in relation to the set of non-regulatory recommendations (recommendations 3-7), are directed to workers affected by dust diseases

³ Amendments to the model WHS laws are subject to the regulatory impact analysis requirements set out under the *Regulatory Impact Analysis Guide for Ministers' Meetings and National Standard Setting Bodies*, published by the Office of Best Practice Regulation, 11 June 2021.

more broadly, and include commitments to ensure an enhanced focus on prevention activities, improving supports for affected workers and their families, upskilling and improving the expertise and knowledge of medical professionals, strengthening the evidence base, and building research capability.

As part of its response to the Taskforce's Final Report, the Commonwealth Government is providing \$11m over 4 years for the following initiatives:

- **An enhanced focus on prevention:** Funding for communication and education activities to raise awareness of the risks to lung health in the workplace targeting high risk employees, high risk industries, carers and families of those impacted, and culturally and linguistically diverse (CALD) employees and employers. In addition, a protocol will be developed with experts to enable the early identification of and response to, emerging occupational respiratory risks and associated diseases.
- **Better support for affected workers and their families:** Funding to support the development of a silicosis care management plan for health professionals to use in consultation with their patients, and to deliver a support service for affected workers and their families to provide information, advice and referrals, and peer to peer virtual support groups.
- **Building the skills and knowledge of medical professionals:** Funding for training to support general practitioners to use the National Guidance to identify people at risk from respirable crystalline silica exposure, development of general training for a broad range of health professionals supporting people affected by occupational respiratory diseases, and development of training for those involved in occupational health screening, including radiologists, to improve accuracy in diagnosis of silicosis and other occupational respiratory diseases.
- **Strengthening the evidence base and taking a more strategic approach to research:** Funding for the continued operation of the National Occupational Respiratory Disease Registry (the Registry) (building on the election commitment of \$1.6 million provided through the 2019-20 Budget); and to support researchers focused on silicosis and other occupational dust diseases to share evidence and information; identify, collaborate and participate in research opportunities; and develop advice for the Australian Government to ensure available research funding is better coordinated and targeted at critical priority areas.
- **Overarching governance, and monitoring and evaluation strategies:** Funding to ensure a national and coordinated approach to reporting on the progress of activities arising from and related to the Taskforce's recommendations.

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1. Strengthen work health and safety measures to ensure workers are protected from exposure to respirable crystalline silica and its devastating consequences. Maintaining the status quo is not acceptable.

- a. Take immediate action to ensure that businesses working with engineered stone demonstrate that they:
- Effectively and continuously manage the risks for workers associated with working with engineered stone;
 - Regularly monitor and record silica dust levels in the workplace, and have these results validated by an appropriately trained occupational hygienist; and
 - Conduct regular health monitoring of all workers exposed to respirable crystalline silica.

Australian governments **support** this recommendation.

Under the model WHS laws, persons conducting a business or undertaking (PCBUs) have a duty to eliminate or otherwise minimise risks associated with respirable crystalline silica in the workplace, so far as is reasonably practicable, and have obligations to conduct air monitoring and health monitoring, and not exceed the workplace exposure limits.

Safe Work Australia and individual jurisdictions have undertaken significant work to address the increase in silicosis in workers, particularly in the engineered stone industry. Safe Work Australia's review of the workplace exposure limit for respirable crystalline silica was completed in 2019 and all jurisdictions, have implemented the reduced eight-hour time weighted average of 0.05 mg/m³. SWA has published a *Working with silica and silica containing products* guide and is currently developing additional guidance on the risks of occupational lung diseases.

WHS Ministers have approved a new model Code of Practice on *Managing the risks of respirable crystalline silica from engineered stone in the workplace*. Once adopted in jurisdictions, the code will provide businesses with practical guidance, which can be referred to by the courts, on how to work with engineered stone safely.

Some jurisdictions have already implemented their own Code of Practice to address the risks of respirable crystalline silica in the stone benchtop industry.

Safe Work Australia Members have agreed to amend the model WHS Regulations to expressly prohibit uncontrolled dry cutting of engineered stone. This work is underway.

Safe Work Australia has commenced regulatory impact analysis on regulatory and non-regulatory options to minimise the risks of respirable crystalline silica for a range

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of silica-containing materials and industries including consideration of a licensing scheme for engineered stone. Outcomes from the regulatory impact analysis will be provided to WHS Ministers for decision. WHS Ministers have asked Safe Work Australia to consider the Taskforce's findings in its regulatory impact analysis.

Jurisdictions have undertaken a wide range of education, awareness, compliance, and enforcement activities targeting businesses with risks of exposure to respirable crystalline silica to ensure they are meeting their WHS duties.

- b. Greater priority be given to **work health and safety monitoring and compliance** activities where workers are at risk of exposure to respirable crystalline silica. Specific consideration should be given to:
- Development and introduction of an industry funding model to support ongoing regulatory activities; and
 - Increased frequency and robustness of workplace inspections and better promotion of actions taken by WHS regulators.

Australian governments **support** this recommendation.

A comprehensive and robust compliance and enforcement regime plays an important role in ensuring businesses are complying with their WHS duties and implementing safe systems of work. WHS regulators have undertaken compliance and enforcement campaigns targeting businesses working with silica-containing materials, including engineered stone installation and fabrication, construction, mining, and quarrying, to ensure they are complying with their WHS duties and implementing safe work practices. In agreeing to this response, governments request that the Heads of Workplace Safety Authorities (HWSA) consider developing best practice compliance and enforcement principles in relation to the risks associated with respirable crystalline silica, taking into account work being progressed by Safe Work Australia in relation to the WHS regulatory framework.

Safe Work Australia's regulatory impact analysis includes consideration of a licensing scheme for engineered stone. WHS Ministers have asked Safe Work Australia to consider the Taskforce's findings in its regulatory impact analysis and outcomes from the process will be provided to WHS Ministers for decision. Any cost recovery arrangements for a licensing scheme, are a matter for individual jurisdictions to consider.

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- c. Urgently conduct a regulatory impact analysis (RIA) to identify and decide implementation of measures that provide the **highest level of protection to workers from the risks associated with respirable crystalline silica** generating activities in the engineered stone industry. The RIA must consider:
- A licensing scheme or equivalent to restrict access to the product to those businesses that can demonstrate the ability to effectively manage the risks; and
 - Strengthening the health monitoring requirements include contemporary methodologies such as low dose high resolution computerised tomography (HRCT) scans, and to cover all workers at risk of exposure to respirable crystalline silica.

Australian governments **support** this recommendation.

As noted, Safe Work Australia has commenced a regulatory impact analysis on options to minimise the risks of respirable crystalline silica. This will include consideration of a licensing scheme, as well as other regulatory and non-regulatory options. WHS Ministers have asked Safe Work Australia to consider the Taskforce's findings as part of the regulatory impact analysis. Outcomes from the regulatory impact analysis, including a cost benefit analysis of considered options, will be provided to WHS Ministers for decision, noting that any proposed amendments to the model WHS laws are subject to agreement by a two-thirds majority of WHS Ministers. Commonwealth, state and territory governments are individually responsible for implementation of amendments to the model WHS laws within their jurisdiction.

Under WHS laws, duty holders are required to provide regular health monitoring to their workers where there is a significant risk to the worker's health because of exposure to respirable crystalline silica. The model WHS Regulations prescribe a chest X-ray as a minimum requirement for health monitoring of workers exposed to respirable crystalline silica. The model WHS laws also allow alternative methods of health monitoring if it is equal to or better than that prescribed under the regulations and is recommended by a registered medical practitioner with experience in health monitoring.

The model Code of Practice: *Managing risks of respirable crystalline silica from engineered stone in the workplace* states that high resolution computerised tomography is more sensitive and effective than X-rays in the early detection of silicosis and may be used by the registered medical practitioner undertaking the health monitoring. Therefore, medical practitioners undertaking health monitoring may use high-resolution computerised tomography to monitor the health of workers.

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- d. Commence the processes required to implement a **full ban on the importation of some or all engineered stone products** if, by July 2024:
- There is no measurable and acceptable improvement in regulatory compliance rates for the engineered stone sector as reported by jurisdictions; and
 - Evidence indicates preventative measures are not effectively protecting those working with engineered stone from silicosis and silica-associated diseases.

Australian governments **note** this recommendation.

As noted above, substantial work has been undertaken by Commonwealth and state and territory governments and Safe Work Australia to address the increase in silicosis cases amongst engineered stone workers. Jurisdictions will continue to take action to minimise the risks of working with engineered stone. This includes supporting research on the use of engineered stone, and on the most effective control measures to protect those working with these products.

A ban will only be considered if there are no measureable improvements in compliance and/or preventative measures prove to be ineffective.

Consideration of a ban will require Commonwealth, state and territory governments to work together to develop a comprehensive framework to evaluate the effectiveness of compliance with WHS duties and the effectiveness of measures to protect workers, including any further measures implemented following Safe Work Australia's regulatory impact analysis process.

Any decision to ban engineered stone products will be dependent on an objective assessment of the requirements established under the framework, noting that more time than that proposed by the Taskforce may be required to make this assessment.

2. Building on the early recommendation from the Interim Advice **to develop national guidance to identify people at risk** from respirable crystalline silica exposure, **improve the quality, frequency and coverage of health screening assessments** for current and former workers.

Building on the early recommendation from the Interim Advice to develop national guidance to identify people at risk from respirable crystalline silica exposure, improve the quality, frequency and coverage of health screening assessments for current and former workers.

Australian governments **support** this recommendation.

The National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis (National Guidance) was released on 21 February 2022.

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The National Guidance provides advice on how to effectively identify and assess people at-risk of disease from silica dust exposure in the engineered stone industry and carry out surveillance. The document recommends shared decision-making processes for assessing the respiratory health of a person who has been exposed to silica dust, and identifies triggers for referral for additional testing or investigations to reflect the person's circumstances, subject to the medical practitioner's judgement and individual patient's preferences.

The Commonwealth Government will fund the development and implementation of resources to encourage and support General Practitioners to use the National Guidance. The Australian Government commits to undertaking regular review of the National Guidance in consultation with experts and medical colleges, to ensure it remains updated with the latest research and available evidence.

Under the model WHS laws, duty holders are required to provide regular health monitoring to their workers if there is a significant risk to the worker's health because of exposure to silica dust. Health monitoring is carried out or supervised by a registered medical practitioner. It involves examining and monitoring workers to see if exposure to crystalline silica at work is affecting their health. Health monitoring under the model WHS laws is different to health screening and does not include former workers.

A number of jurisdictions provide free or subsidised health screening for workers exposed to silica dust however, these programs vary in scope. For example, some assist employers in meeting their obligations under the WHS laws.

Health monitoring is a PCBU's responsibility for workers who are carrying out ongoing work using, handling, generating or storing respirable crystalline silica and there is a significant risk to the worker's health because of exposure. Health monitoring

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requirements only apply to current workers and is a tool for PCBUs to identify changes in the health status of their workers.

3. In addition to implementing the early recommendations from the Interim Advice that aim to **prevent the risk of exposure** to respirable crystalline silica and other hazardous dusts, prioritise investment in prevention activities.

- a. Finalise and implement the **National Silicosis Prevention Strategy (NSPS)** and associated National Action Plan.

Australian governments **support** this recommendation.

The Commonwealth Government is currently developing the National Silicosis Prevention Strategy (NSPS) and an accompanying National Action Plan (NAP) in recognition of the need for a more effective prevention system for silicosis in Australia. The NSPS and NAP aim to drive co-ordination and create linkages between existing and planned prevention activities being undertaken by Commonwealth, state and territory Health departments, WHS policy agencies and regulators, industry and unions. The NSPS and the NAP will promote information sharing, improve consistency in practice and information, avoid duplication and reduce gaps in prevention efforts. The NSPS and NAP is being designed in close consultation with relevant stakeholders including representatives of state and territory governments, and is expected to be finalised in 2022.

As part of the development of the NSPS and the NAP, stakeholders will identify and commit to progressing specific initiatives.

- b. Implement a **national, targeted education and communication campaign**, using lessons learned from jurisdictions and key stakeholders, by end 2021.

Australian governments **support** this recommendation.

The Commonwealth Government is currently funding specific education and awareness campaigns to prevent the risk of exposure to occupational lung diseases. This includes funding of \$1 million to the Lung Foundation Australia from 2020-21 to 2024-25 to improve awareness and understanding of lung conditions for population

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groups considered to be at an increased risk of experiencing poor lung health in Australia.

Additional Commonwealth funding will be allocated for further education and awareness raising activities targeting high risk employees, high risk industries, carers and families of those impacted and culturally and linguistically diverse employees and employers.

Safe Work Australia has completed a national education and awareness campaign for occupational lung diseases that targeted micro, small and medium-sized businesses in the construction, agriculture, manufacturing, and engineered stone industries. The *Clean Air. Clear Lungs*. Campaign ended in December 2021.

The Commonwealth Government is funding the development of training in silica safety awareness for inclusion in relevant national training products, such as those relating to demolition, bricklaying and stonemasonry. This work was commissioned by the Australian Industry and Skills Committee in August 2020 and is scheduled to be completed by mid-2022. The Construction, Plumbing and Services Industry Reference Committee, supported by the Commonwealth funded Skills Service Organisation Artibus Innovation is delivering the project.

Any further Commonwealth involvement in an education and communication campaign will be determined based on the outcomes of the NSPS development process.

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- c. Design and implement an **Early Detection and Rapid Response Protocol (RRP)** to identify emerging workplace risks using data from the National Occupational Respiratory Disease Registry when it becomes operational, and other relevant sources.

Australian governments **support** this recommendation.

The Department of Health will support the development of an Early Detection and Rapid Response Protocol (RRP) to identify emerging workplace risks. Consultation will be undertaken with state and territory governments, WHS and health experts to ensure the protocol is based on the best available qualitative and quantitative information and will achieve the desired outcomes.

4. **Better support workers** affected by dust diseases and their families through individually tailored programs of psychological, financial and return-to-work support.

- a. Develop an occupational dust disease management plan for use by health professionals and affected workers, to provide information about the diagnosed disease and what to expect, and the agreed management pathway including referrals for psychological and return-to-work support.

Australian governments **support** this recommendation.

To contribute to implementation of the *National Strategic Action Plan for Lung Conditions*, the Commonwealth Government has awarded 3 grants to the Lung Foundation Australia, totalling \$3.4 million, which aim to:

- improve awareness and understanding of lung conditions for population groups considered to be at an 'increased risk' of experiencing poor lung health in Australia,
- improve the wellbeing of people with lung conditions by increasing the availability of evidence-based information and to improve the awareness and understanding in the community about lung conditions and their early symptoms; and
- develop and deliver education and training resources for health professionals to improve diagnosis, management and care of people with lung conditions within Australia

This funding also supports delivery of:

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- a Lung Cancer Support Nurse telephone-based service to provide information and support to people with lung cancer, their families and carers,
- a Respiratory Care Nurse telephone-based service to support people with Chronic Obstructive Pulmonary Disease (COPD) and bronchiectasis; and
- work focusing on occupational lung diseases, including; development of an occupational lung disease national directory; research, design and implementation of a series of digital fact sheets with disease information, causal factors, preventative measures for conditions such as silicosis and mining-related disease; and development of an occupational lung disease online education training module targeting general practitioners and other health professionals.

Commonwealth Government funding will be allocated to develop a silicosis care management plan for health professionals to use in consultation with their patients, and to deliver a support service for affected workers and their families to provide information, advice and referrals, and peer to peer virtual support groups.

WHS Ministers have also agreed to request the Heads of Workplace Compensation Authorities (HWCA) to develop best practice workers' compensation principles for workers with silicosis and related diseases.

5. Better support medical, health and other related professionals to improve the diagnosis and management of workers affected by silicosis.

- a. Fund multi-disciplinary teams of medical professionals, to improve education of doctors and better manage the care of patients, including people with potential but yet to be accepted diagnoses of silicosis or other occupational respiratory diseases

Australian governments **note** this recommendation.

The Commonwealth Government is committed to ensuring that medical professionals are supported to better manage the care of patients through education on recommended treatment pathways and best practice approaches across assessment, treatment, and coordination of care for those affected by occupational respiratory diseases.

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Medical practitioners are able to use existing multidisciplinary care conference items available on the Medical Benefits Schedule (MBS). These items allow for a case conference to be organised to discuss a patient who has complex needs and requires care from a multidisciplinary team. Eligible allied health practitioners are also able to access new MBS items for General Practitioner-led multidisciplinary case conferences for patients with chronic disease.

The Department of Health will continue to work with relevant medical colleges and other stakeholders on whether specific changes to the MBS are required to improve the diagnosis, treatment and management of people with silicosis or other occupational respiratory diseases. These issues will also be considered in the context of the MBS Review Taskforce's recommendations relating to specialist and consultant physician attendances.

- b. Develop, implement and maintain Australian-based education and upskilling for medical professionals involved in occupational health screening including radiologists, to ensure that they are able to maintain and build expertise to report chest imaging for occupational health screening programs.

Australian governments **support** this recommendation.

Commonwealth Government funding will be allocated to develop a training package to support radiologists and other health professionals to continue to build their skills and expertise in relation to chest imaging to improve accuracy in diagnosis.

- c. Develop and disseminate information and education materials to health professionals and service providers who assess and support workers affected by dust diseases, as well as those who regulate businesses working with engineered stone.

Australian governments **support** this recommendation.

The Commonwealth Government has awarded a grant of \$1.4 million to the Lung Foundation Australia to develop and deliver education and training resources for health professionals to improve diagnosis, management and care of people with lung conditions within Australia. This includes developing a national, evidence-based Lung Health Competency and Education Framework for Primary Care Health Professionals

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(PCHPs) that supports best-practice care for people with lung disease and lung cancer.

Additional funding will be allocated by the Commonwealth Government to develop general training for a broad range of health professionals to support people affected by occupational respiratory diseases (see recommendation 5a).

6. Building on the early recommendations from the Interim Advice for a **strategic national approach to research** and the development of a national dust disease registry, and following initial investments, prioritise:

- a. Enhancing silica and occupational respiratory disease research expertise in Australia and the evidence base, by identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships.

Australian governments **support** this recommendation.

On 11 May 2021, the Commonwealth Government announced a \$6 million investment into silicosis research projects through the Medical Research Future Fund – Emerging Priorities and Consumer Driven Research Initiative – 2020 Silicosis Research Grant Opportunity (noting this includes \$1 million from the National Health and Medical Research Council (NHMRC)). Five grants have been provided valued at between \$645,000 and \$2.2 million each and results from these studies are expected in 2024.

These grants are to:

- The University of Queensland – \$2.216 million – this project aims to assess the potential of whole lung lavage to treat accelerated silicosis; test the ability of biologic markers to predict disease; and deploy cutting-edge technologies and innovations to bridge the 'kitchen bench-top to bedside' gap.
- University of Sydney – \$1.482 million – this project builds on a currently funded project establishing novel teaching tools to enhance silicosis diagnosis. The new work integrates artificial intelligence into the existing activity to achieve tailored education following clinicians' judgement of lung images; supported decision making for diagnosing silica-induced lung lesions; improved outcome predictions based on patient data.

- Monash University – \$645,764 – this project will identify new indications of disease risk, as well as anti-inflammatory drugs that can improve silicosis disease.
- University of Tasmania – \$665,843 – this project aims to identify the types of engineered stones that are most hazardous to lung health and why the dusts generated cause such severe disease.
- Monash University – \$994,642 – this research will use data from affected workers from Victoria, Western Australia and Queensland. The research will comprise a suite of projects to investigate many uncertainties related to radiological screening methods and investigating new methods to assess disease severity and identify indicators of progression to inform future practice.

The Commonwealth Government provides research block grants (RBGs) to eligible Australian higher education providers through the Research Support Program (RSP) and Research Training Program (RTP). This funding supports the systemic costs of university research and supports domestic and international research students to complete higher degrees by research. In 2021, the Commonwealth Government is providing \$3 billion in RBGs to universities, which includes a one-off \$1 billion injection to the RSP in recognition of the challenges arising from the COVID-19 pandemic.

The RTP is administered by individual universities who have autonomy over the process for selecting recipients, specifying research topics and granting RTP Scholarships. RTP funding is allocated to universities based on funding drivers, including a higher weighting for high-cost research degree completions. High-cost fields of education include science fields, medical studies and biomedical engineering

The Australian Research Council (ARC) administers the National Competitive Grants Program (NCGP), which supports the highest-quality fundamental and applied research and research training through national competition across all disciplines excluding clinical and pre-clinical health and medical research, which is primarily

supported by the NHMRC. ARC funding is awarded to Administering Organisations (universities) on the basis of a competitive and rigorous peer review process. Grant Guidelines for ARC grant opportunities are published on GrantConnect and outline the eligibility requirements and assessment criteria that applications must address. Universities have discretion to apply for NCGP grant funding for research into silicosis and occupational dust diseases.

In addition, Commonwealth Government funding will be allocated to support researchers focused on silicosis and other occupational dust diseases to share evidence and information; identify, collaborate and participate in research opportunities; and develop advice for the Australian Government to ensure available research funding is better co-ordinated and targeted at critical priority areas.

National Dust Disease Taskforce Final Report Recommendations

All of Governments' Response

- b. Operationalising the National Occupational Respiratory Disease Registry (Registry) as soon as possible, with an initial focus on mandatory reporting of silicosis, and voluntary reporting of other occupational respiratory diseases.

Australian governments **support** this recommendation.

The Commonwealth Government has committed funding to the establishment of the National Occupational Respiratory Disease Registry (Registry). The build of the Registry commenced in October 2021.

The Registry will improve understanding of the prevalence and incidence of occupationally caused respiratory diseases in Australia and support the elimination of preventable occupational respiratory diseases by facilitating earlier detection, intervention and prevention activities. Initially, the Registry will require mandatory notifications of silicosis by respiratory and occupational physicians and will allow for the voluntary notification of other occupationally caused respiratory diseases to enable the early detection of new and emerging occupational risks to the health of workers.

This recommendation is being progressed in consultation with state and territory governments. All jurisdictions have been invited to participate on the Registry Build Advisory Group to inform the Registry's design and agree information sharing arrangements. This group also contains researchers and representatives from the relevant medical colleges.

Legislation to support the establishment of the Registry is being drafted. State and territory governments will have the opportunity to comment on the legislation. The Registry is expected to be operational at the end of 2022, subject to the passage of legislation.

The information collected through the Registry will be a critical component of the Monitoring and Evaluation Framework currently being developed by the Commonwealth Government in consultation with state and territory governments. (See response to recommendation 7b) below).

National Dust Disease Taskforce Final Report Recommendations

All of Governments' Response

7. Establish a **cross-jurisdictional governance mechanism** to improve communication and information sharing, coordinate responses, and report on progress.

- a. By the end of 2021, the Commonwealth Government, in consultation with jurisdictions, will outline a clear plan for implementation of the Taskforce's recommendations with specific milestones, responsibilities of parties, and outcome measures identified.

Australian governments **support** this recommendation.

The Commonwealth Government will establish governance arrangements to develop an implementation plan, monitor progress and provide annual reporting to WHS and Health Ministers as per recommendation 7b) in consultation with state and territory governments.

- b. Annual reports should be provided to Health and WHS Ministers in all jurisdictions on the implementation of the recommendations and the effectiveness of measures in improving compliance to prevent dust disease in workers, with the first report due in July 2022.

Australian governments **support** this recommendation.

The Commonwealth Government will support the coordination and development of an annual report for submission to Health and WHS Ministers. The first progress report will be provided in 2023.

The Commonwealth Government is committed to measuring the progress and impact of individual initiatives as well as their collective impact on worker safety and related health outcomes to better understand the risks associated with exposure to silica dust and the possible need for a product ban as outlined in Recommendation 1. The Commonwealth Government is currently leading the development of a Monitoring and Evaluation Framework (Framework). It is consulting with state and territory governments and key stakeholders on the Framework and expects it to be completed by mid-2022.

Commonwealth, state and territory government agencies will utilise existing funding to support their respective data collection and reporting activities under the Framework. Activities are expected to commence in the 2022-23 financial year and updates on the progress and outcomes of activities will be captured in the Annual Report.

Attachment A: ACTIVITIES OF STATE AND TERRITORY GOVERNMENTS

A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
<p>1a</p> <p>Strengthen work, health and safety measures</p> <p>Take immediate action to ensure that businesses working with engineered stone demonstrate that they:</p> <ul style="list-style-type: none"> Effectively and continuously manage the risks for workers associated with working with engineered stone; Regularly monitor and record silica dust levels in the workplace, and have these results validated by an appropriately trained occupational hygienist; and Conduct regular health monitoring of all workers exposed to respirable crystalline silica. 	<p>NEW SOUTH WALES</p> <p><u>SafeWork</u></p> <p>NSW has already taken action to strengthen its laws and protect workers from exposure to respirable crystalline silica.</p> <p>On 1 July 2020, NSW introduced a regulatory reform package to better protect workers from silica dust and the lung disease silicosis. This package included:</p> <ul style="list-style-type: none"> Halving the workplace exposure standard (WES) to 0.05mg/m³ On the spot fines for uncontrolled dry cutting of engineered (manufactured) stone On the spot fines for persons conducting a business or undertaking (PCBUs) for failing to notify of an adverse health monitoring report; and Making silicosis a scheduled medical condition under the <i>NSW Public Health Act</i> with the effect that medical practitioners in NSW are now required to notify NSW Health of cases of silicosis (and NSW Health then shares that information with SafeWork NSW). <p>SafeWork NSW developed a Dust Disease Register which captures all notifications shared by NSW Health about diagnoses of silicosis, asbestosis and mesothelioma as per the requirements of the Work Health and Safety Amendment (Information Exchange) Act 2020 and has published its first <i>NSW Dust Disease Register Annual Report 2020-21</i>.</p> <p>A partnership with iCare NSW has provided free health monitoring for engineered stone businesses for their first health monitoring assessment when issued a notice by SafeWork NSW under the <i>2017-2022 Hazardous Chemicals and Materials Exposures Baseline and Reduction Strategy</i> (2017-22 Strategy) and the <i>NSW Dust Strategy 2020-2022</i>.</p> <p>SafeWork NSW continues to conduct educational, compliance and enforcement activities to ensure PCBUs at engineered stone fabrication sites are fulfilling their WHS duties, including air monitoring where appropriate.</p> <p>Delivery of an industry-specific engineered stone safety rebate worth \$1000 for businesses to purchase safety items to protect against silica exposure (an additional \$1000 small business rebate remains available).</p> <p>All known engineered stone businesses in NSW have been visited through two rounds of compliance visit programs since 2018.</p>

Attachment A: ACTIVITIES OF STATE AND TERRITORY GOVERNMENTS

A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p>In total, more than 6500 silica-related business interactions (comprising visits, presentations) in engineered stone, construction, infrastructure and manufacturing and events) have been undertaken by SafeWork NSW Inspectors since the start of the 2017-22 Strategy.</p> <p>SafeWork NSW delivered a local version of the national <i>Clean Air. Clear Lungs.</i> Campaign during October, November and December 2021 via social media advertising and direct marketing to stakeholders via subscriber newsletters, following mass awareness campaigns in NSW during 2018 and 2019. In 2020, concrete supply company Boral delivered a 12-month NSW advertising campaign with delivery trucks branded with silica awareness messaging as part of an Enforceable Undertaking.</p> <p>SafeWork NSW has supported Safe Work Australia's development of the model <i>Code of Practice: Managing the risks of respirable crystalline silica from engineered stone in the workplace</i>, due to be adopted in NSW and rolled out to industry in early 2022 via online webinars, training resources and translated materials in key languages.</p> <p>A real-time silica dust detector has been developed through a research partnership between the NSW Government's Centre for Work Health and Safety and Trolex Pty Ltd. This world-first technology has been tested and independently verified in both laboratory and workplace environments to be able to measure well below the revised exposure standard of 0.05 mg/m³. Phase 2 of the project is to move to commercialisation of a fixed and transportable unit, with the device expected to be commercially available in June 2022; and a miniature (wearable) real time respirable crystalline silica detection unit and accessories is anticipated to be market ready by 2023.</p> <p><u>iCare</u></p> <p>iCare has partnered with SafeWork NSW to assist with its Roadmap 2022 program which includes visits to about 9,000 businesses in NSW over the next 5 years to reduce worker risks and eliminate injuries and silicosis disease associated with exposure to respirable crystalline silica. iCare's role is to provide occupational health screening services to those businesses identified by SafeWork NSW whose workers are most at risk. Screening is fully subsidised for employers in manufactured stone. Employers in other silica related industries who have been issued with a SafeWork NSW notice are also entitled to subsidies. These subsidies prevent cost being a factor in meeting these obligations.</p> <p>Workers who are no longer employed in silica related industries do not pay for screening when approaching iCare directly.</p>

Attachment A: ACTIVITIES OF STATE AND TERRITORY GOVERNMENTS

A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>SafeWork NSW plans to continue its work with the engineered stone industry, including:</p> <ul style="list-style-type: none"> • Continued reporting on the NSW Dust Diseases Register and contribution to the development of the national register. • Reviewing every notification of silicosis and pursuing to investigation where appropriate. • Continued compliance checks for engineered stone businesses beyond the two rounds of visits undertaken as part of the WHS Roadmap. • Inspector response for every silica-related Request for Service involving engineered stone. • SafeWork NSW has also started a project to undertake air monitoring at 30 engineered stone businesses in 2022 to further assess compliance. <p>Further detail on how SafeWork NSW will continue to focus on silica will be developed through planning for the next WHS Roadmap (currently underway), following evaluation of the current strategy and the programs of work within.</p> <p>NORTHERN TERRITORY</p> <p>The Northern Territory is strongly collaborating in the national initiatives recommended in the Final Report, including national Codes of Practice, amended regulation, and improved guidance and assistance in the workers compensation/health area. Collaboration is also occurring in the non-occupational setting to ensure that people who may come into contact with manufactured stone or other silica containing products are aware of the risks.</p> <p>In response to Recommendations from the Final Report, NT WorkSafe conducted a silica awareness and compliance campaign in 2019-2020.</p> <p>The campaign identified 37 businesses that may have been using respirable crystalline silica containing products. However, during visits to those businesses, 16 were either found not to be using respirable crystalline silica containing products or were no longer operating. Thus, the campaign found only 21 businesses using respirable crystalline silica containing products.</p> <p>During the campaign's 35 visits (in total) to those 21 businesses, 2 businesses were found to be non-compliant with 2 Improvement Notices issued to one business and one Improvement Notice issued to the other. However, while 19 businesses were compliant, only 2 were operating to industry best practice, even though awareness of respirable crystalline silica issues was high in the businesses visited.</p>

Attachment A: ACTIVITIES OF STATE AND TERRITORY GOVERNMENTS

A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p>The Northern Territory has no accepted claims for work related silicosis.</p> <p>The NT Worksafe awareness and compliance campaign found that overall there was a very high level of compliance with the requirements to manage the risks from respirable crystalline silica but that more work could be done by the businesses visited during the campaign to achieve industry best practice – especially with regards to air monitoring.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>NT WorkSafe will continue to reassess the need for further compliance work and monitor increased health screening to see if evidence suggests a need for regulatory settings change.</p> <p>The Northern Territory Government will continue to consider any national policy developments in relation to minimising the risks of silica in workplaces and non-occupational settings.</p> <hr/> <p>QUEENSLAND</p> <p><u>State-wide enforcement and compliance campaign</u></p> <p>A key element of Queensland’s response to the emergence of silicosis in the engineered stone industry has been its robust and ongoing compliance and enforcement campaign which commenced in October 2017.</p> <p><u>Air monitoring</u></p> <p>Section 6.2 of Queensland’s <i>Managing respirable crystalline silica dust exposure in the stone benchtop industry Code of Practice 2019</i> (the Stone Benchtop Code) requires regular (6 monthly for the first 2 years) and ongoing (annual) air monitoring which should be conducted by an independent competent person (certified occupational hygienist, or a recognised equivalent competency under an international certification scheme, e.g. certified industrial hygienist) not involved in the business or undertaking of fabricating stone benchtops. <i>The Stone Benchtop Code</i> also provides guidance on the technical information the air monitoring report should contain (including the results of the measurements taken during the air monitoring).</p> <p><u>Health monitoring</u></p> <p>Section 9 of the <i>Stone Benchtop Code</i> identifies a range of workers who must be provided with health monitoring. Health monitoring under the <i>Work, Health and Safety Regulation 2011</i> (Qld) (WHS Regulation) is required when significant risk to workers’ health exists due to ongoing risk of exposure to respirable crystalline silica (amongst others</p>

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A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p>listed in the WHS Regulation). The Stone Benchtop Code identifies that the range of workers are at significant risk, and provides guidance on when health monitoring should be provided, including before a worker starts work, periodically during employment and upon exiting employment.</p>
	SOUTH AUSTRALIA
	<p>The South Australian Government is undertaking a number of activities to strengthen work health and safety measures including:</p> <ul style="list-style-type: none"> • Effective 1 July 2020, SafeWork SA has implemented, and is continuing to monitor, the nationally agreed reduced workplace exposure limit for respirable crystalline silica to an 8-hour time weighted average of 0.05mg/m³. • SafeWork SA undertook a compliance and audit campaign between October 2020 and early April 2021 targeting the following industries/occupations: <ul style="list-style-type: none"> ➢ manufacturers of stone products (fabrication work with natural and engineered stone) ➢ installers of engineered stone ➢ monumental stone (where there is work with granite) ➢ construction where there is high risk of close proximity exposure, during construction fit-out and refurbishment, and ➢ mining and quarrying activities with high respirable crystalline silica exposure (e.g. crushing). • Data from this campaign has been compiled into <i>the Respirable Crystalline Silica Campaign Report 2020-21</i>, which contains 4 key recommendations to guide SafeWork SA's current and future prevention and compliance activities. <p>In addition, the objectives and targets being pursued through the SA Government <i>Strategy for Respirable Crystalline Silica Exposure Awareness and Reduction 2020</i> are closely aligned with several of the Taskforce's recommendations. The Strategy represents a long-term government commitment to support business, industry, workers and the wider community, and guides government activities and compliance systems towards achieving a future free from silica-related diseases. The Strategy Working Group, comprising representatives from the departments, agencies, and committees that developed the Strategy, continues to meet regularly to share information and discuss emerging issues and progress.</p>

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A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	TASMANIA
	<p>Through Safe Work Australia, WorkSafe Tasmania is actively participating in the national initiatives recommended in the Final Report, including developing and implementing Codes of Practice, amending regulations, and improving guidance material.</p>
	<p>The workplace exposure limit for respirable crystalline silica has been reduced to an eight hour time-weighted average of 0.05mg/m³. This change took effect in Tasmania on 22 December 2021.</p>
	<p>Tasmania has adopted the new <i>model Code of Practice: Managing the risk of Respirable Silica from Engineered Stone in the Workplace</i>. The new code took effect in Tasmania on 19 January 2022.</p>
	<p>WorkSafe Tasmania responds to routine complaints that may be related to respirable crystalline silica in the workplace. Investigations are also undertaken where workplace exposures are proven to exceed the maximum exposure standard. Prosecution is also undertaken where it can be proven a duty holder has not satisfied their statutory obligations in respect to silica exposure.</p>
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p>
	<p>Tasmania will continue to actively participate in the national initiatives being progressed through Safe Work Australia.</p>
	<p>Tasmania will identify and implement other opportunities to improve safety and injury outcomes in Tasmania.</p>
	VICTORIA
	<p>The Victorian Government has engaged closely with the Taskforce and its members. Given this, many of the recommendations within the Final Report align with work undertaken in Victoria.</p>
	<p><u>Silica Action Plan</u></p>
	<p>In May 2019, the Victorian Government launched a comprehensive Silica Action Plan to ensure workshare protection from exposure to respirable crystalline silica and provide support to those affected.</p>
	<p><u>WorkSafe Victoria-Silica Field Team</u></p>
	<p>WorkSafe Victoria established a dedicated Silica Field Team in 2019 to implement a compliance and enforcement program for the stonemason industry. This included an industry wide audit of stonemason workplaces focusing on</p>

Attachment A: ACTIVITIES OF STATE AND TERRITORY GOVERNMENTS

A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p>adequate control measures and health monitoring. This team continues to inspect workplaces both in response to complaints and as part of a strategic inspection program to proactively assess compliance in high-risk workplaces.</p> <p>WorkSafe Victoria enquiries in relation to duty holders managing the risk of employee exposure to silica are made utilising Part 4.1 Hazardous Substances Division 3 Duties of employers and self-employed person. This Division includes the requirements for duty holders to undertake air monitoring and health monitoring.</p> <p><u>Managing exposure to crystalline silica: Engineered stone compliance code (2020)</u></p> <p>In February 2020, WorkSafe Victoria published the <i>Managing exposure to crystalline silica: Engineered stone</i>. This compliance code outlines practice guidance to support duty holders when complying with their obligations under the Occupational Health and Safety Acts and Regulations (including the interim silica regulations). For example, it outlines that to confirm that respirable crystalline silica exposure standard is not being exceeded, air monitoring needs to be conducted ongoing every 6 months.</p> <p><i>The Engineered Stone Compliance Code</i> also provides details on when health monitoring is required for this industry.</p> <p><u>Silica-related diseases added to Victoria's proclaimed disease list</u></p> <p>As of 17 June 2021, lung cancer with silicosis and scleroderma with silicosis were included on Victoria's list of proclaimed diseases. This means workers, or their dependents, can claim compensation without proving that their silica related disease is a result of their employment</p> <p><u>Occupational Health and Safety Regulations 2017 (Interim regulations)</u></p> <p>In August 2019, the Victorian Government introduced temporary regulations to impose controls on cutting, grinding or abrasive polishing of engineered stone as well as a ban on uncontrolled dry cutting. The regulations were introduced as an interim measure to provide immediate protections in response to the emerging health crisis associated with engineered stone.</p> <p><u>Managing exposure to crystalline silica: Engineered stone (2020)</u></p> <p>In February 2020, WorkSafe Victoria published the <i>Managing exposure to crystalline silica: engineered stone</i>. This compliance code outlines practice guidance to support duty holders when complying with their obligations under the Occupational Health and Safety Acts and Regulations (including the interim silica regulations). For example, it outlines that to confirm that respirable crystalline silica exposure standard is not being exceeded, air monitoring needs to be conducted ongoing every 6 months. The <i>Engineered Stone Compliance Code</i> also provides further details on when health monitoring is required for this industry.</p>

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A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p><u>Silica health screening and The Alfred Occupational Respiratory Clinic</u></p> <p>In September 2021, the Minister for Workplace Safety announced Australia’s only dedicated public hospital occupational respiratory clinic (The Alfred Occupational Respiratory Clinic). The clinic builds on WorkSafe Victoria’s free silica health screening program that was launched in May 2019 as part of the Victorian Government’s Silica Action Plan. It provides stonemasons with a free full health assessment for silicosis as well as treatment plans.</p> <p><u>Occupational Health and Safety Amendment (Crystalline Silica) Regulations 2021</u></p> <p>Victoria has had regulations covering crystalline silica since August 2019, first with interim regulations, then replaced in November 2021 with new permanent silica regulations which come into effect in tranches (see below). The new regulations continue to impose a ban on uncontrolled dry-cutting of engineered stone and seek to eliminate (so far as is reasonably practicable) health and safety risks associated with crystalline silica across all industries.</p> <p>The full regulations:</p> <ul style="list-style-type: none"> • Introduced Australia’s first licensing regime for engineered stone <ul style="list-style-type: none"> • Require engineered stone license holders to ensure that job applicants are provided with information about health risks associated with crystalline silica dust exposure and risk control measures • Require specialised information, instruction and training for employees • Expand manufacture and supplier duties • Implement a permanent ban on the uncontrolled dry-cutting of engineered stone and, • Add additional regulatory oversight of “high risk crystalline silica work” outside of engineered stone across all industries including the construction and earth resources industries. <p>The regulations commence in tranches:</p> <ul style="list-style-type: none"> • 15 November 2021 - licensing application and transition to licensing scheme commences as well as specific risk control duties when working with engineered stone (including the continued prohibition on dry-cutting) • 15 May 2022 - high risk crystalline silica work duties commence as well as additional manufacturer and supplier duties. • 12 November 2022 - licensing requirement apply to all businesses working with engineered stone and suppliers supplying engineered stone.

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A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The Managing exposure to crystalline silica: Engineered stone compliance code is being reviewed and updated to reflect changes to the Occupational Health and Safety Regulations 2017 introduced by the Occupational Health and Safety Amendment (Crystalline Silica) Regulations 2021. Public commence will take place during 2022. New guidance is being created to support duty holders comply with their duties under the new regulations. Specifically, WorkSafe Victoria will publish new guidance on high-risk crystalline silica work and supplier duties, existing guidance on the construction and extractive industries and health monitoring are being revised in line with the new regulations.</p> <p>WorkSafe Victoria will continued to monitor compliance with OHS obligations. Further legislative duties will come into effect on 15 November 2022 for engineered stone license holders, which includes that health monitoring must be undertaken by a specialist occupational and environment physician or a specialist respiratory and sleep medicine physician. Also, any health monitoring or air monitoring results must be provided to WorkSafe Victoria within 30 days of receiving them.</p> <p>Applications for engineered stone licenses open on 15 May 2022 and applicants will need to satisfy WorkSafe Victoria that they have met all licensing requirements under Chapter 6 – Licencing and registration of the Occupational Health and Safety Regulations in addition to new obligations set out in the silica regulations (Part 4.5).</p> <hr/> <p>WESTERN AUSTRALIA</p> <p>The Western Australian Government has conducted a significant compliance project in the engineered stone sector, including 150 inspections and over 1000 notices issued. Unfortunately, while the compliance project undertaken was robust and targeted, this industry had not consistently improved their practices to meet the standards required.</p> <p>In 2020, the Western Australian Government reduced the exposure standard for respirable crystalline silica by half, consistent with the approach in other jurisdictions. The exposure standard was set at 0.05 milligrams per cubic metre to reduce the risk of workers contracting deadly lung diseases.</p> <p>Furthermore, <i>the Work Health and Safety (General) Regulations 2022 (Western Australia)</i> prohibit the use of power tools for cutting, grinding or the abrasive polishing of engineered stone at the workplace unless the use is controlled in a prescribed manner. Duty-holders must also ensure that controls are properly designed, installed, used and maintained to reduce exposure to airborne crystalline silica dust.</p>

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A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p>The Western Australian Government has produced a range of guidance material to assist duty holders meet their obligations with respect to managing risks associated with respirable crystalline silica, including:</p> <ul style="list-style-type: none"> • Commission for Occupational Safety and Health – <i>Guidance note – Working with stone: Product fabrication and installation</i> (also available in simplified Chinese) • WorkSafe – <i>Checklist – Stone benchtop fabrication and installation</i> • WorkSafe – <i>Dust hazards in assay labs</i> • WorkSafe – <i>Safety alert 11/2018 - Stone benchtop workers at risk of silicosis</i> • WorkSafe – <i>Silica Dust (respirable crystalline) – Health Surveillance – Guide for medical practitioners 2021</i> • WorkCover WA Fact Sheet for Workers <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>WorkSafe Western Australia is conducting verification inspections to check compliance with work health and safety laws throughout 2021-22.</p> <hr/> <p>AUSTRALIAN CAPITAL TERRITORY</p> <p>The ACT has committed to introducing work health and safety measures to protect workers from silica dust under the <i>Parliamentary and Governing Agreement for the 10th Legislative Assembly of the ACT</i>. This includes adopting any nationally agreed silica dust reforms to the model work health and safety laws.</p> <p>From 1 July 2020, the ACT adopted a reduced workplace exposure standard for respirable crystalline silica (silica dust) of 0.05 mg/m³ under the work health and safety laws in the Territory. This halved the exposure standard in the Territory. In doing so, the ACT Government has acknowledged however that the recommended health-based exposure standard for silica dust is closer to 0.02 mg/m³ and efforts would be made to consider reducing the exposure standard to be closer to the health based standard.</p>

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A TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
	<p>The ACT has, through its work health and safety regulator WorkSafe ACT, undertaken targeted compliance with engineered stone companies in the ACT and has, since 2019, visited each of the territory's 39 engineered stone fabrication and kitchen installation businesses and reviewed and enforced on-going health monitoring programs for all exposed workers.</p> <p>The Minister for Industrial Relations and Workplace Safety issued the Government's 2021-22 Statement of Expectations for WorkSafe ACT which identifies continued work targeting risks arising from silica dust exposure in the workplace as an ACT Government priority.</p> <p>WorkSafe ACT's Statement of Operational Intent for 2021-22 also reflected this priority. In addition, crystalline silica is an identified priority substance under WorkSafe ACT's Strategic Plan for 2020-24.</p> <p>On 17 January 2022, WorkSafe ACT released its Strategy for Preventing Occupational Lung Diseases 2021-2023, which aims to prevent exposures across industries to a range of hazardous dusts, including silica dust, and chemicals. Part of this Strategy is to connect with and educate duty holders about preventing exposures that result in harm to workers and developing and communicating resources that will enable elimination or minimisation of exposure risks.</p> <p>In addition, WorkSafe ACT has released a Guidance Note: Managing silica dust at constructions sites which was developed in collaboration with industry. The Guide supports businesses in the residential and commercial construction industry to effectively and continuously manage the risks associated with working with engineered stone. It includes information about exposure risks to silica dust, control measures that are available to manage exposure risks, and obligations for personal protective equipment and health monitoring.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The ACT is currently considering a range of reforms to work health and safety legislation to strengthen the protection of workers exposed to silica dust in 2022.</p> <p>WorkSafe ACT will continue its targeted campaigns across ACT industries that have a risk of exposure to silica dust and implement and evaluate its Occupational Lung Diseases Strategy over the coming 3 years.</p>

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A	TASKFORCE RECOMMENDATION	INITIATIVES UNDERWAY AND/OR PROPOSED
1b	<p>Greater priority be given to work health and safety monitoring and compliance activities where workers are at risk of exposure. Specific consideration should be given to:</p> <ul style="list-style-type: none"> • Development and introduction of an industry funding model to support ongoing regulatory activities; and • Increased frequency and robustness of workplace inspections and better promotion of actions taken by WHS regulators. 	NEW SOUTH WALES
		<p><u>SafeWork:</u></p> <p>SafeWork NSW has already taken steps to increase the frequency and robustness of workplace inspections and to promote its activities. Examples of recent workplace inspections, compliance and awareness activity is outlined above (rec 1a).</p> <p>The awareness component of the 2017-2022 Strategy includes video safety alerts and radio advertisements in multiple languages, social media posts, targeted industry presentations, distribution of over 3,000 safety factsheets to identified businesses, a Silica Symposium and state-wide roadshow, and an on-demand webinar series – which has provided an avenue for promoting action taken by the regulator.</p> <p>SafeWork NSW is planning to undertake a full evaluation of the current Strategy to inform the development of the next Roadmap.</p> <p><u>NSW Resources Regulator:</u></p> <p>The NSW Resources Regulator has implemented a targeted assessment program of inspections focusing on silica exposure at mines and quarries. The program has been supported by an industry awareness campaign including the release of a video, guidance and fact sheets that focus on the management of risks associated with silica in mines and quarries:</p> <p>www.resourcesregulator.nsw.gov.au/safety/health-and-safety-management/airborne-contaminants-and-dust</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Further detail on how SafeWork NSW will continue to focus on silica will be developed through planning for the next WHS Roadmap (currently underway), following evaluation of the current strategy and the programs of work within.</p>
		QUEENSLAND
		<p><u>Workplace inspections</u></p> <p>The Office of Industrial Relations has seen positive behavioural change in the stone benchtop industry as a result of its state-wide compliance campaign. In August 2020, Stage 3 of the campaign commenced, with inspectors assessing industry compliance with the Stone Benchtop Code. In total, in the Stage 3 workplace assessments and the 72 revisits,</p>

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	<p>inspectors took a total 368 enforcement actions, including 12 immediate compliance actions to secure compliance with the code. This compares to the 598 notices issued under the Stage 1 and 2 audits assessments undertaken by Workplace Health and Safety (WHSQ) from 2017 to 2019.</p> <p>This compliance campaign continues Office of Industrial Relation's efforts to manage the serious health risks faced by stone benchtop industry workers.</p> <p><u>Silica in the Construction Industry:</u></p> <p>The Office of Industrial Relations is leading development of a code of practice for managing the risks of respirable crystalline silica in the construction industry. The scope of this code of practice will include the manufacturing of construction elements. As was the case for the Stone Benchtop Code, it is anticipated that Queensland's Silica in Construction Code will be the first of its kind in Australia.</p> <p><u>Resources safety and health</u></p> <p>Resources Safety and Health Queensland implemented compliance mechanisms to support reforms in the mining and quarrying sectors, including inspections and audits of dust control, monitoring and quality of medical examinations. These are already funded by an industry levy.</p> <hr/> <p>TASMANIA</p> <p>WorkSafe Tasmania has a silica compliance program in place. This program targets engineered stone users and quarries incorporates both education and enforcement activities within the program. In 2022, it will also focus on the construction, manufacturing, and agriculture sectors.</p> <p>In 2022, WorkSafe Tasmania successfully prosecuted a stonemasonry business for breaches of WHS duty. This was the first successful prosecution in Tasmania for engineered stone silica-related WHS offences and only the second prosecution in Australia. The \$500,000 fine was the highest awarded under the current Act. A prosecution has also been commenced against a Tasmanian sand quarry.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Tasmania will continue to actively participate in the national initiatives being progressed through Safe Work Australia. Tasmania will identify and implement other opportunities to improve safety and injury outcomes in the state.</p>

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	VICTORIA
	<p>WorkSafe Victoria established a dedicated Silica Field Team in 2019 to implement a compliance and enforcement program for this industry. This team has visited all known stonemason workplaces and have undertaken compliance and enforcement activities where required. Information from these visits is presented to stakeholder groups including employer, employee, industry and union groups to foster a shared understanding of visit activity and trends where breached are identified.</p>
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>New licensing and specific risk control requirements for employers and self-employed persons were implemented in November 2021. WorkSafe Victoria continues to support implementation of these duties. Additional duties will take effect over the course of 2022 including the commencement of high-risk crystalline silica obligations and manufacturer and supplier duties. By the end of 2022 all businesses working with engineered stone must have obtained an engineered stone license and supplier will be banned from supplying engineered stone to unlicensed businesses.</p>
	WESTERN AUSTRALIA
	<p>The Western Australian Government has conducted significant proactive work across 2018-21 – see WorkSafe Western Australia silica compliance project report.</p> <p>This compliance work is ongoing, with verification inspections currently being completed to ensure that improvements are being maintained by industry.</p> <p>In the mining industry, in instances where there is an exceedance of the workplace exposure limit, the regulator must be notified so that any required compliance action can be taken by the inspectorate.</p> <p>The Western Australian Government has extensive records of mine worker exposures to respirable crystalline silica, collected over the last 35 years. The data has been subject to external, independent review, which has resulted in the publication of a peer-reviewed academic paper that assessed the health outcomes of worker exposure to respirable crystalline silica. The paper, <i>Trends in exposure to respirable crystalline silica (1986-2014) in Australian mining – Peters – American Journal of Industrial Medicine</i> is available through the following link: https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.22740</p>

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	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The proposal for a funding model will be a matter for decision by the Western Australian Government. Further consideration of the scope of the model, the work required to audit, administer and regulate the model, and its cost effectiveness, is required. It is noted that the Western Australian Government has significantly increased funding to WorkSafe Western Australia.</p> <p>The Western Australian Government has initiated a major work health and safety awareness campaign.</p> <hr/> <p>AUSTRALIAN CAPITAL TERRITORY</p> <p>In 2019 the ACT's work safety regulator, WorkSafe ACT, launched its Silica Dust Project to raise awareness on silica dust exposure, measure existing compliance and reduce workplace exposures to hazardous chemicals and materials. The project delivered a range of- outcomes, including the site visits to all ACT engineered stone fabrication and kitchen installation businesses.</p> <p>WorkSafe ACT has also expanded on the capability in the area of Occupational Hygiene and has a dedicated team that focusses on compliance and enforcement for all workplace exposures. WorkSafe ACT regularly report on the silica compliance campaigns at a local and national level.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>WorkSafe ACT will continue its targeted campaigns across ACT industries that have a risk of exposure to silica dust and implement and evaluate Its Occupational Lung Diseases Strategy over the coming 3 years.</p> <p>WorkSafe ACT will also continue targeted silica dust inspections both in manufacturing and across the construction industry to promote and enforce the WHS requirements and those outlined in the Guidance note: Managing silica dust at constructions sites.</p>

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<p>1c Urgently conduct a regulatory impact analysis (RIA) to identify and decide implementation of measures that provide the highest level of protection to workers from the risks associated with respirable crystalline silica generating activities in the engineered stone industry. The RIA must consider:</p> <ul style="list-style-type: none"> • A licensing scheme or equivalent to restrict access to the product to those businesses that can demonstrate the ability to effectively manage the risks; and • Strengthening the health monitoring requirements include contemporary methodologies such as low dose high resolution computerised tomography 	<p>NEW SOUTH WALES</p> <p><u>SafeWork:</u></p> <p>Regulatory Impact Analysis</p> <p>NSW is supporting the development of the regulatory impact analysis through Safe Work Australia and has been consulted on the proposed approach to the Consultation Regulation Impact Statement (CRIS). In discussions at the national level, NSW has emphasised that it is important that the licensing proposal be subject to a rigorous cost/benefit analysis as part of the regulatory impact analysis.</p> <p>SafeWork NSW is able to obtain information about the location of engineered stone fabrication sites by issuing notices to the importers of engineered stone. As a result, SafeWork NSW is aware of, and has visited, the location of all engineered stone fabrication sites in NSW.</p> <p><u>Health monitoring</u></p> <p>As outlined in the NSW Government response to the <i>2019 Dust Diseases Review – Silicosis in the manufactured stone industry</i>, the NSW Government supports the use of high-resolution CT (HRCT) scans as a replacement for, or as an adjunct to, chest x-rays for workers with a significant level of exposure to respirable crystalline silica.</p> <p>These CT scans are now a routine part of the health monitoring process facilitated by iCare for workers with significant exposure to respirable crystalline silica, or for workers who show potential abnormalities on other respiratory function testing.</p> <p>HRCT is preferred over the low dose high resolution CT as the sensitivity and clarity is considered superior for baseline screening. HRCT scanning is also recommended in the <i>Safe Work Australia Crystalline Silica Health Monitoring Guide</i>.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>SafeWork NSW will continue to engage with work at the national level on the regulatory impact analysis.</p>

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	(HRCT) scans, and to cover all workers at risk of exposure to respirable crystalline silica.	QUEENSLAND
		<p><u>Licensing scheme</u></p> <p>Queensland does not currently operate a licensing scheme for the engineered stone industry, focus has been on compliance through the Stone Benchtop Code and a comprehensive auditing program of stone benchtop manufacturing workplaces in Queensland.</p> <p><u>Health monitoring</u></p> <p>The existing <i>WHS Regulation (Qld)</i> prescribes x-ray as part of health monitoring requirements but allows the use of an equal or better type of health monitoring if a medical practitioner recommends it. Queensland's Stone Benchtop Code provides additional requirements that chest x-rays are to be taken and read consistent with International Labour Organisation guidelines (i.e. classified by a B reader or a radiologist who has undertaken Royal Australian and New Zealand College of Radiologists approved training equivalent to the B Reader accreditation).</p> <p><u>Resource safety and health</u></p> <p>Queensland's coal, metalliferous and quarrying safety and health legislation requires compulsory respiratory health surveillance for all mine and quarry workers. Chest X-rays (CXRs) are required and are conducted to a high quality with reporting to the International Labour Organisation international classification by at least two B-reader qualified radiologists. Spirometry testing is also undertaken. Doctors, clinics and radiologists are registered by Resources Safety and Health Queensland and images and reports are audited for quality. Any abnormal screening results on CXR must be investigated, including by HRCT or other testing as determined, in accordance with a <i>Clinical Pathway Guideline</i> that doctors must follow.</p>
		TASMANIA
		<p>Tasmania has adopted the <i>Code of Practice: Managing risks of respirable crystalline silica from engineered stone</i> in the workplace which states that high resolution computerised tomography is more sensitive and effective than X-rays in the early detection of silicosis and may be used by the registered medical practitioner undertaking the health monitoring. Therefore, medical practitioners undertaking health monitoring may use high-resolution computed tomography to monitor the health of workers.</p>

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	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Tasmania will continue to contribute to the development of the regulatory impact analysis on regulatory and non-regulatory options to minimise the risks of respirable crystalline silica through Safe Work Australia.</p>
	<p>VICTORIA</p>
	<p><u>Victoria has introduced the Occupational Health and Safety Regulations (Interim regulations) and Occupational Health and Safety Amendment (Crystalline Silica) Regulations 2021</u></p>
	<p>See above Victorian position regarding recommendation 1a) for further information.</p> <p><u>Licensing scheme</u></p> <p>Employers and self-employed persons must hold an engineered stone license if undertaking engineered stone processes at their workplace. Only licence holders or their employers are permitted to undertake engineered stone process.</p> <p>Applicants must satisfy WorkSafe Victoria that all licence requirements under Chapter 6: Licensing and registration of the Occupational Health and Safety Regulations have been met as well as additional specific information such as including a copy of the proposed engineered stone control plan, description of risk control measures and information training and instruction provided by the employer.</p> <p>The WorkSafe Victoria website provides information to duty holders on the engineered stone licence scheme, as well as information in relation to how licence applications for working with engineered stone can be lodged.</p>
	<p><u>Health monitoring</u></p> <p>Employers who engineered stone license holders who must undertake health monitoring must ensure that health monitoring is carried out under the supervision of a specialist occupational and environmental physician; or a specialist respiratory and sleep medicine physician. In addition, an engineered stone license holder must provide WorkSafe Victoria a copy of employee health monitoring reports and atmospheric monitoring results within 30 days of the results being received by the license holder.</p>

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	WESTERN AUSTRALIA
	<p>The Western Australian Government has been proactive in taking action to address the matter, through conducting a compliance project, offering a group of high risk workers a free low dose high resolution computerised tomography scan (LDCT), requiring improved diagnostic practices to screen at-risk workers by amending the occupational safety and health legislation, and by actively participating in relevant working groups and steering committees.</p>
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p>
	<p>The Western Australian Government is supportive of a regulatory impact analysis being undertaken on these issues.</p> <p>In conducting the regulatory impact analysis, it should be noted that the resources required to administer a licensing scheme are substantial and there is insufficient evidence at this time to determine that a licensing approach will achieve the desired outcomes, such as improved compliance. The regulatory impact analysis should also consider that a licensing scheme would take more than a year to establish, causing any benefit from observing or assessing the compliance of the industry to not be realised prior to July 2024. Furthermore, a licensing scheme is likely to impose a substantial cost on industry. Licensing does not automatically lead to compliance within industry.</p>
	AUSTRALIAN CAPITAL TERRITORY
	<p>WorkSafe ACT guidance material outlines health monitoring requirements for workers involved in silica dust work. This includes alerting businesses to follow specialist medical advice which may include the use of lung function tests and a chest x-ray and/or a high-resolution computed tomography depending on the individual worker's exposure, work and medical history.</p>
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p>
	<p>The ACT is currently considering a range of reforms to work health and safety legislation to strengthen the protection of workers exposed to silica dust in 2022.</p>

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1d	<p>Commence the processes required to implement a full ban on the importation of some or all engineered stone products if, by July 2024:</p> <ul style="list-style-type: none"> There is no measurable and acceptable improvement in regulatory compliance rates for the engineered stone sector as reported by jurisdictions; and Evidence indicates preventative measures are not effectively protecting those working with engineered stone from silicosis and silica-associated diseases. 	NEW SOUTH WALES
		<p>SafeWork:</p> <p>NSW is not currently undertaking work towards a ban on manufactured stone products. It continues to focus on the educational, compliance and enforcement activities to protect workers from exposure to crystalline silica by undertaking proper practices in handling silica products as outlined above.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The sampling project to conduct air monitoring at 30 engineered stone workplaces during 2022 will further inform SafeWork NSW's understanding of exposure in engineered stone businesses.</p>
		TASMANIA
		<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>A ban on the importation of engineered stone is a matter for the Commonwealth Government. The Tasmanian Government will work with all jurisdictions to determine whether a ban is necessary.</p> <p>As noted above, substantial work has been undertaken by all jurisdictions through Safe Work Australia to address the increase in silicosis cases amongst engineered stone workers. Tasmania will continue to progress this work.</p>
		VICTORIA
		<p>Victoria notes the Commonwealth Government will lead future work in relation to this recommendation.</p>
		WESTERN AUSTRALIA
		<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The Western Australian Government welcomes the focus on this question. Further consideration of the need for the implementation of the ban can be considered at a later stage.</p>

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		<p>This recommendation should reference the silica content of the products which could be banned. It may not be necessary to implement a ban if the silica content of engineered stone is reduced significantly by industry in the interim.</p> <hr/> <p>AUSTRALIAN CAPITAL TERRITORY</p> <p>The ACT notes that this is dependent on a review of the effectiveness of progress against the other recommendations of the report.</p>
2	<p>Building on the early recommendation from the Interim Advice to develop national guidance to identify people at risk from respirable crystalline silica exposure, improve the quality, frequency and coverage of health screening assessments for current and former workers.</p>	<p>NEW SOUTH WALES</p> <p><u>SafeWork:</u></p> <p>In February 2020, iCare instituted a policy of routinely recommending a CT scan for workers with a significant level of exposure to respirable crystalline silica. As part of this annual requirement of the health monitoring process, iCare prompts employers to return their workers for screening. Employers who do not comply can receive an Improvement Notice from SafeWork NSW to have their workers screened.</p> <p>Health screening is currently free for engineered stone workers of small NSW businesses with less than 30 employees when a notice is issued by SafeWork NSW and is subsidised for medium and large employers most at risk to crystalline silica exposure.</p> <p>The NSW Government continues to promote the screening program through iCare's website, brochures and collateral material, and via SafeWork NSW events, forums and workplace visits. Screening for workers exposed to any respirable crystalline silica dust remains an annual requirement of the health monitoring process.</p> <p><u>iCare:</u></p> <p>As outlined above, iCare provides a specialised health monitoring service for employers whose workers have been exposed to hazardous dusts such as silica in the workplace. iCare's health monitoring (screening) program assists employers in meeting their work health and safety obligations by following Safe Work Australia's guidance for screening workers exposed to hazardous dusts including respirable crystalline silica. Screening tests are performed to assist in the early detection of disease in a population considered to be at risk and are typically non-invasive, quick and simple to perform.</p>

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	<p>Workers exposed to silica dust are screened every year in accordance with SafeWork Australia's recommendations. The screening consists of an x-ray, lung function or spirometry and consultation with physician. CT scans are provided, via a third party, to all workers exposed to silica dust in the manufactured stone industry. CT scans are offered to other workers where clinically required. The CT scans are provided free of charge to the worker, and iCare can arrange the appointment on their behalf at the time of their health monitoring screening.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Further detail on how SafeWork NSW will continue to focus on silica will be developed through planning for the next WHS Roadmap (currently underway), following evaluation of the current strategy and the programs of work within.</p> <hr/> <p>QUEENSLAND</p> <p>WorkCover funded an initial health screen for workers and former workers in the engineered stone benchtop industry to assist employers with ensuring their workers undergo appropriate health monitoring. This is providing exposed workers with timely screening, diagnosis and support.</p> <p>Ongoing health monitoring is an employer's responsibility for workers who are carrying out ongoing work using, handling, generating or storing respirable crystalline silica and there is a significant risk to the worker's health because of exposure. A key focus on the state-wide enforcement and compliance campaign for the stone benchtop industry has been on ensuring employers meet their requirements to provide health monitoring of employees.</p> <p>Standardised clinical guidance material was developed by the Office of Industrial Relations through the establishment of the Practitioner Guidance for Silicosis Reference Group (the Reference Group), including key health specialists from the Thoracic Society of Australia and New Zealand (TSANZ), the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), the Australian and New Zealand Society of Occupational Medicine, the Royal Australian and New Zealand College of Radiologists (RANZCR), and the Australian College of Rural and Remote Medicine.</p> <p><u>Resources safety and health</u></p> <p>Respiratory health surveillance is mandatory for Queensland mine and quarry workers at commencement in the industry and at least every 5 years thereafter. Retiring workers can also have the right to access an exit assessment through their employer. Requirements for examinations, frequency and medical providers are prescribed under regulation and statutory guidelines. Resources Safety and Health Queensland also offers free, ongoing screening for former and retired Queensland mine and quarry workers.</p>

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	<p>Medical providers must first be approved by Resources Safety and Health Queensland which undertakes audits to ensure quality screening assessments.</p> <p>A clinical pathway guideline documenting the recommended process for follow-up investigation and referral to appropriate medical specialists is in place for workers who have abnormal screening results.</p> <p>Queensland's screening program for mine and quarry workers is further enhanced this year by the commencement of the Mobile Health Unit, a partnership between the Queensland Government and Heart of Australia. The Unit provides Queensland's regional mine and quarry workers greater access to important health monitoring services, with respiratory examinations including HRCT and complex lung function testing if required.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The Clinical Pathway Guideline for Queensland's mine and quarry workers is currently under review to incorporate learnings since its first publication in 2017.</p>
	TASMANIA
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>WorkSafe Tasmania's educational activities promote community awareness. The compliance program will extend into other at-risk sectors and assist in identifying workers at risk by reinforcing PCBU responsibility to undertake air monitoring and provide health monitoring (organisational level).</p> <p>Tasmania supports the development of nationally consistent guidance for doctors assessing workers exposed to respirable crystalline silica dust.</p>
	VICTORIA
	<p>WorkSafe Victoria has worked closely with the Taskforce over the last 18 months. The focus has been on sharing findings from Victoria's silicosis health screening and research program; a joint initiative between WorkSafe Victoria and Monash University.</p> <p>WorkSafe Victoria has implemented silica regulations and developed the <i>Managing exposure to crystalline silica: Engineered stone compliance code</i>. The Regulations cover any person who may be exposed to crystalline silica dust in</p>

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	<p>the course of their work. Victoria also has a dedicated crystalline silica information page on the WorkSafe Victoria website with 11 pieces of guidance including: Crystalline silica: safety basics, Stonemasons: Preventing crystalline silica exposure and Engineered stone process checklist Worksafe.vic.gov.au/crystalline-silica.</p> <p>Employers are required to undertake health monitoring for their employees if the exposure of the employee to silica is reasonably likely to have an adverse effect on the employee's health under the particular conditions of work at the workplace. Through the dedicated compliance and enforcement program by the Silica Field Team this legislative requirement has been communicated during visits. WorkSafe Victoria has also run a marketing campaign to increase awareness of employees in the industry around what health monitoring is. This information has been translated into multiple languages to reflect the diversity of CALD workers in the industry. In the initial health assessment program WorkSafe Victoria offered free health assessment to all current and past stonemasons working with engineered stone through a network of occupational physicians. The recent introduction of the occupational repository clinic at The Alfred Hospital further builds on improving quality of health assessments for this industry.</p> <p>In September 2021, the Minister for Workplace Safety announced Australia's only dedicated public hospital and occupational respiratory clinic – The Alfred Occupational Respiratory Clinic. The clinic builds on WorkSafe Victoria's free silica health screening program that was launched in May 2019 as part of the Victorian Government's Silica Action Plan. The 2019 program was developed in partnership with the Monash Centre for Occupational and Environmental Health and the Royal Australasian College of Physicians and it is considered the gold standard in silicosis screening. Victoria was the first only jurisdiction to screen for autoimmune diseases related to silica exposure.</p> <p>WorkSafe Victoria's partnership with The Alfred Hospital to establish The Alfred Occupational Respiratory Clinic provides eligible workers in the stonemason industry with free silicosis health assessments and if needed, a treatment plan which will be created for them.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Stonemasons had been the initial focus for compliance and enforcement activities. With the introduction of the new silica regulations, additional industries where persons are exposed to crystalline silica dust will be targeted. Victoria, through WorkSafe Victoria will continue to undertake targeted workplace compliance inspections to support, for example, implementation of the new licensing system, engineered stone control plan and high risk crystalline silica obligations as the new regulations are phased in. Information and education campaigns including tailored guidance and assistance for duty holders and workers will continue to be developed to support the introduction of new duties.</p> <p>Victoria will continue to deliver the free silica health screening program in partnership with The Alfred Occupational Respiratory Clinic, Australia's only dedicated public hospital and occupational respiratory clinic to ensure workers have</p>

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	access to comprehensive health assessments for silicosis as well as treatment plans.
	WESTERN AUSTRALIA
	<p>WorkSafe WA regularly engages with medical practitioners who provide health surveillance/health monitoring in Western Australia. A webinar for these medical practitioners was most recently held on 4 March 2022. These webinars include discussion of case studies and allow the medical practitioners to ask questions of WorkSafe WA's occupational physicians.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>WorkSafe WA will continue to engage with medical practitioners who provide health monitoring, by providing occupational physicians to respond to enquiries, providing online guidance, and by providing a webinar or forum periodically.</p>
	AUSTRALIAN CAPITAL TERRITORY
	<p>The ACT's work safety regulator, WorkSafe ACT, has published a range of materials to support the effective and ongoing management of exposure risks associated with silica dust, this includes:</p> <ul style="list-style-type: none"> • WorkSafe ACT – Managing Silica Dust at Construction Sites • WorkSafe ACT – Crystalline Silica Dust Guidance Note • WorkSafe ACT – Strategy for Preventing Occupational Lung Diseases 2021-2023 <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>In delivering its anticipated legislative reform program for silica dust, the ACT Government will, together with WorkSafe ACT, review and update guidance materials to support workers involved in silica dust work.</p>

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<p>3 In addition to implementing the early recommendations from the Interim Advice that aim to prevent the risk of exposure to respirable crystalline silica and other hazardous dusts, prioritise investment in prevention activities.</p> <p>a. Finalise and implement the National Silicosis Prevention Strategy and associated National Action Plan.</p> <p>b. Implement a national, targeted education and communication campaign, using lessons learned from jurisdictions and key stakeholders, by end 2021.</p> <p>c. Design and implement an Early Detection and Rapid Response Protocol to identify emerging workplace risks using data from the National Occupational Respiratory Disease Registry when it</p>	<p>NEW SOUTH WALES</p> <p>3a SafeWork NSW is actively participating in the development of the National Silicosis Prevention Strategy and National Action Plan.</p> <p>3b SafeWork NSW has developed and implemented a number of education and awareness raising initiatives, such as:</p> <ul style="list-style-type: none"> • Silica safety video alerts - Two Silica Video Safety Alerts promoted on YouTube covering silica dust, controlled cutting of bricks using water, and controlled cutting using concrete on-tool capture. <ul style="list-style-type: none"> ◦ Silica dust – controlled cutting of bricks and concrete using water ◦ Silica dust – controlled cutting of bricks and concrete using on-tool capture - (available in English, Mandarin and Vietnamese) • Mass awareness campaigns in 2018-2019 across radio, online, mainstream and in-language media • Industry symposium event and regional roadshows in 2019 • 2020 – 12-month awareness advertising via BORAL enforceable undertaking. Branded delivery trucks promoting silica safety messages • 2021- NSW version of <i>Clean Air. Clear Lungs.</i> Campaign • Industry rollout of engineered stone code of practice via online webinar sessions and guidance checklist <p>Further information can be found by searching the SafeWork NSW website.</p> <p>3c SafeWork NSW currently administers the NSW Dust Diseases Register. SafeWork NSW and NSW Health are continuing to engage with the Commonwealth on the development of a national registry.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Further detail on how SafeWork NSW will continue to focus on silica will be developed through planning for the next <i>WHS Roadmap</i> (currently underway), following evaluation of the current strategy and the programs of work within.</p>

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becomes operational, and other relevant sources.	QUEENSLAND
	<p>The Office of Industrial Relations has been nominated as the Queensland member for an inter-agency working group to develop this strategy. The Office of Industrial Relations can share learnings from the implementation of the Stone Benchtop Code.</p>
	<p><u>Resources Safety and Health</u></p> <p>All Queensland mine and quarry sites are required to report dust sampling results to Resources Safety and Health Queensland (RSHQ). The de-identified data is published online for transparent reporting to industry stakeholders on exposure and compliance performance. Digital data capture of coal mine workers' medical records enhances group health surveillance capability to detect emerging health trends.</p> <p>The Miners' Health Matters website was developed to provide accessible advice on mine dust lung disease to current and former workers and their families in a variety of media, including video. In addition, RSHQ has a range of printed collateral that explains respirable dust, disease and the examinations required to detect disease early. RSHQ has also undertaken social media campaigns and targeted communication with key stakeholders.</p>
	SOUTH AUSTRALIA
	<p>The South Australian Government is undertaking a number of activities to strengthen work health and safety measures including:</p> <ul style="list-style-type: none"> • SA Health is engaging in community risk communication about silica, with a focus on communities located adjacent to quarries. • SA Health is also working closely with the Environment Protection Authority and the Department for Energy and Mining on adequate protection limits for silica in dust. <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>South Australia is guided by its Strategy for Respirable Crystalline Silica Exposure Awareness and Reduction 2020 and the recommendations contained in the Respirable Crystalline Silica Campaign Report 2020-21. Innovative focus areas include:</p> <ul style="list-style-type: none"> • Targeting the wider community in prevention and education campaigns to raise awareness of public exposure reference levels (ground level pollution concentration).

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	<ul style="list-style-type: none"> Establishing partnerships between businesses, industry groups and other key stakeholders to achieve a collaborative state-wide approach to drive cultural and operational changes relating to silicosis prevention and compliance. Conducting a review of data to identify stone benchtop industry trends associated with exposure to respirable crystalline silica.
	TASMANIA
	<p>Tasmania is participating in the development of the National Silicosis Prevention Strategy (NSPS) and an accompanying National Action Plan (NAP) in recognition of the need for a more effective prevention system for silicosis in Australia. It notes the importance of consultation with state and territory governments to inform the development of these products. The NSPS and the NAP need to be flexible to allow state-level implementation to meet different needs in different jurisdictions.</p>
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Tasmania will engage with the work being led by the Commonwealth Government to support the development of a Rapid Response Protocol that can be implemented consistently across the country within the context of different legislative settings of states and territories.</p>
	VICTORIA
	<p>WorkSafe Victoria participated in a workshop to discuss the National Silicosis Prevention Strategy and associated National Action Plan. Further, WorkSafe Victoria has also been invited to be a member of the National Silicosis Prevention Strategy Reference Group to inform the development of the National Silicosis Prevention Strategy and associated National Action Plan.</p> <p>In addition, WorkSafe Victoria implemented an education and communication campaign to both prevent and respond to silica exposure in the workplace, which ensures all workers and employers could access information in a number of different languages, including Mandarin, Cantonese, Italian and Vietnamese.</p>

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		<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>WorkSafe Victoria’s communication campaign associated with silica will continue with the implementation of the crystalline silica regulations, including the delivery of a webinar for industry around the new legislative requirements.</p> <p>WESTERN AUSTRALIA</p> <p>Occupational physicians in Western Australia have been actively engaging with key stakeholders, providing presentations on silica and conducting regular forums and webinars with appointed medical practitioners who conduct health surveillance. As part of these sessions, silicosis health surveillance has been summarised and workshopped.</p> <p>The Western Australian Government also has a number of publications and guides relating to silicosis available on WorkSafe Western Australia websites.</p> <p>AUSTRALIAN CAPITAL TERRITORY</p> <p>The ACT WHS Regulator, WorkSafe ACT, has conducted targeted stakeholder engagement and compliance activities to promote and enforce prevention of silica dust exposure.</p> <p>On 17 January 2022, WorkSafe ACT released its Strategy for Preventing Occupational Lung Diseases 2021-2023, which aims to prevent exposures across industries to a range of hazardous dusts, including silica dust, and chemicals. Part of this Strategy is to connect with and educate duty holders about preventing exposures that result in harm to workers and developing and communicating resources that will enable elimination or minimisation of exposure risks.</p>
4	Better support workers affected by dust diseases and their families through individually tailored programs of psychological, financial and return-to- work support.	<p>NEW SOUTH WALES</p> <p><u>iCare</u></p> <p>Workers with a disability resulting from a silica related dust disease are entitled to compensation under the <i>Workers Compensation (Dust Diseases) Act 1942</i>. Entitlements include compensation payments and reimbursement of medical and related expenses.</p> <p>iCare works with vocational rehabilitation providers located across New South Wales to support workers with silicosis with return to work. The entitlement and options for vocational rehabilitation supports are discussed with a worker when</p>

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<p>a. Develop an occupational dust disease management plan for use by health professionals and affected workers, to provide information about the diagnosed disease and what to expect, and the agreed management pathway including referrals for psychological and return-to-work support.</p>	<p>their claim is accepted, and they are assigned an iCare case manager as a single point of contact to support their vocational rehabilitation, medical treatment and other aspects of their compensation claim. Vocational rehabilitation supports workers to identify suitable work options and obtain viable employment in an occupation where they will not be exposed to silica dust. Workers who obtain suitable employment in an occupation that pays less than their silica industry employment, are entitled to receive “make-up” compensation payments.</p> <p><u>State Insurance Regulatory Agency (SIRA)</u></p> <p>SIRA notes that the 2018 Review of the <i>Dust Diseases Scheme</i> by the Standing Committee on Law and Justice recommended that the NSW Government make a regulation that the payment of reasonable funeral expenses in the <i>Workers Compensation (Dust Diseases) Scheme</i> be increased to not exceed \$15,000, in line with the <i>Workers Compensation Scheme</i> statutory maximum. The recommendation from the 2018 Review of the <i>Dust Diseases Scheme</i> has been implemented, via the <i>Statute Law (Miscellaneous Provisions) Act (No 2) 2019</i> (The Act) commenced in December 2019. The Act amended the <i>Workers Compensation Act 1987</i> and the <i>Workers’ Compensation (Dust Diseases) Act 1942</i> increasing the amount of funeral expenses compensation payable in respect of the death of a worker resulting from a dust disease from \$9,000 to \$15,000. Information on this change was issued in the 20 December 2019 edition of <i>the SIRA Workers Compensation Regulation Bulletin</i>.</p>
	<p>QUEENSLAND</p>
	<p>WorkCover Queensland and self-insured employers continue to progress Queensland workers’ compensation claims and provide vital support for workers with occupational dust lung diseases, including financial, psychological support and support for return to work.</p> <p>The Queensland workers’ compensation scheme is a no-fault scheme that provides injured workers with statutory benefits that enable them to receive medical treatment, weekly payments of compensation (for lost wages) and rehabilitation during their recovery and return to work. Workers who are permanently impaired due to their injury may also be entitled to a lump sum payment of compensation. Queensland workers with pneumoconiosis also have the ability to receive an additional lump sum based on the severity of their disease up to \$130,310.00. Workers are also able to re-open their workers’ compensation claim if they experience progression of their disease.</p> <p>Queensland recently released expert medical guidelines to assist with decisions on safe return to work after a mine dust lung disease (MDLD) diagnosis. This includes recommendations on what levels of dust exposure are appropriate for workers with disease and ongoing health monitoring. The guidelines provide a best practice and evidenced-based</p>

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	<p>framework which considers the individual circumstances of the worker's MDLD, including its severity and the best outcome that can be achieved.</p>
	<p><u>Resources safety and health</u></p> <p>The Mine Dust Health Support Service (MDHSS) (a joint initiative between Resources Safety and Health Queensland, Office of Industrial Relations and WorkCover Queensland) has been effective in supporting current and former mine and quarry workers who are affected by disease and their families. The service provides confidential access to counselling, and guidance regarding respiratory health screening, community support and compensation entitlements. Learnings from the MDHSS could be applied to establishing similar support services for affected workers from other industry sectors.</p> <p>Queensland's retired and former mining and quarrying workers can access free respiratory health surveillance for life, paid by Resources Safety and Health Queensland.</p>
	<p>TASMANIA</p>
	<p>The Tasmanian Workers' Compensation Scheme provides all reasonable medical and rehabilitation expenses and income support for impacted workers.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Tasmania will continue to actively participate in the national initiatives being progressed through the Heads of Workplace Compensation Authorities.</p> <p>Tasmania will identify and implement other opportunities to improve safety and injury outcomes in Tasmania.</p> <p>Tasmania supports further consultation with the health and medical industry to understand education and resources needs of practitioners working in this area.</p>
	<p>VICTORIA</p>
	<p>Victoria through WorkSafe has created guidance addressing the emotional toll associated with undertaking health assessment for exposure to crystalline silica. This guidance provides workers within information about visiting a general practitioner, psychologist, employee assistance program and other services that may be available.</p>

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	<p>Additionally, Victoria reviewed the proclaimed diseases for stonemasons and those working with engineered stone. Following this review, two new diseases, lung cancer with silicosis and scleroderma with silicosis, have been proclaimed.</p> <p>This means where a worker is exposed to silica dust at work, these diseases are now automatically deemed to be caused by the nature of that work unless WorkSafe Victoria or a self-insurer proves that the disease was not due to employment.</p> <p>Furthermore, workers will not need to prove their injury has stabilised in order to claim their WorkCover entitlements including lump sum payments.</p> <p>WorkSafe Victoria has partnered with The Alfred Hospital to assist with The Alfred Occupational Respiratory Clinic. The clinic builds on WorkSafe Victoria's free silica health screening program that was launched in May 2019 as part of the Victorian Government's Silica Action Plan. The 2019 program was developed in partnership with the Monash Centre for Occupational and Environmental Health and the Royal Australasian College of Physicians, and it is considered the gold standard in silicosis screening. Victoria was the first and only jurisdiction to screen for autoimmune diseases related to silica exposure.</p> <p>WorkSafe Victoria's partnership with The Alfred Hospital to establish The Alfred Occupational Respiratory Clinic provides eligible workers in the stonemason industry with free silicosis health assessments and if needed, a treatment plan which will be created for them.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Victoria will continue to deliver the free silica health screening program in partnership with The Alfred Occupational Respiratory Clinic, Australia's only dedicated public hospital and occupational respiratory clinic to ensure workers have access to comprehensive health assessments for silicosis as well as treatment plans.</p>

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		<p>WESTERN AUSTRALIA</p> <p>In terms of developing an occupational dust management plan for use by health professionals and workers, the Western Australian Government supports this recommendation in principle and notes that most aspects of recommendation 4 are currently met, or able to be met through the existing Western Australian workers' compensation scheme for eligible workers.</p> <p>WorkCover WA has published a Fact Sheet for Workers setting out the process for making a compensation claim for workers with a provisional or confirmed diagnosis of silicosis, and the responsibility of insurers where a claim has been made.</p> <p>AUSTRALIAN CAPITAL TERRITORY</p> <p>The ACT's private sector <i>Workers Compensation Act 1951</i> responds to work-related silicosis claims and provides no-fault access to a range of statutory benefits including reasonable medical treatment, weekly payments, rehabilitation and return to work and permanent impairment lump sum payments.</p>
5	<p>Better support medical, health and other related professionals to improve the diagnosis and management of workers affected by silicosis.</p> <p>a. Fund multi-disciplinary teams of medical professionals, to improve education of doctors and better manage the care of patients, including people with potential but yet to be accepted diagnoses of</p>	<p>QUEENSLAND</p> <p>The Queensland Government identified early the need to provide clear guidance for health practitioners for the assessment and diagnosis of diseases related to respirable crystalline silica exposure.</p> <p>As a result, the Office of Industrial Relations established the Practitioner Guidance for Silicosis Reference Group (the Reference Group), including key health specialists from the Thoracic Society of Australia and New Zealand, the Australasian Faculty of Occupational and Environmental Medicine, the Australian and New Zealand Society of Occupational Medicine, the Royal Australian and New Zealand College of Radiologists, and the Australian College of Rural and Remote Medicine.</p> <p><i>The Guideline for assessing engineered stone workers exposed to silica</i> was finalised in November 2019 (the Guideline), received in-principle support from members of the Reference Group, and has been disseminated to the Reference Group for circulation to their members. The Guideline was also published on the WorkSafe website in January 2020.</p>

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<p>silicosis or other occupational respiratory diseases.</p> <p>b. Develop, implement and maintain Australian-based education and upskilling for medical professionals involved in occupational health screening including radiologists, to ensure that they are able to maintain and build expertise to report chest imaging for occupational health screening programs.</p> <p>c. Develop and disseminate information and education materials to health professionals and service providers who assess and support workers affected by dust diseases, as well as those who regulate businesses working with engineered stone.</p>	<p><u>Resources safety and health</u></p> <p>A register of qualified and experienced doctors, spirometry practices, spirometry training providers, X-ray imaging clinics and B-readers is available to the public through the Resources Safety and Health Queensland website. Medical providers who perform functions under the Coal Mine Workers' Health Scheme (CMWHS) are required to be listed on this register and undergo accreditation by a third party prior to being approved. These providers are also referenced in guidance material available for operators of mineral mines and quarries when implementing respiratory health surveillance for their workers. Registered radiologists must be certified B-readers by the US National Institute for Occupational Safety and Health.</p> <p>A training program for doctors within the CMWHS commenced in 2017. Training is a requirement of accreditation for inclusion on the register. Resources Safety and Health Queensland also provides online information about the screening program.</p> <p>Approved medical providers operating within the CMWHS are required to comply with the <i>Clinical Pathway Guideline</i>, which documents the recommended process for follow-up investigation and referral to appropriate medical specialists for workers who have abnormal screening results.</p> <p>The Queensland Minister for Resources has established a Resources Medical Advisory Committee (RMAC) to consider and provide advice on medical matters relating to the occupational health of Queensland resource sector workers. RMAC is comprised of experts from the fields of occupational medicine, respiratory medicine, radiology and epidemiology. RMAC will engage with stakeholders to guide the development of policy and protective measures that evolve with advances in medical knowledge, technology, best practice and changes to occupational health risks.</p> <p>TASMANIA</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Tasmania notes that much of this work requires national coordination by the Commonwealth Government and consultation with key health and medical sector stakeholders. Tasmania is committed to working with the Commonwealth Government and other state and territory governments to ensure appropriate support for medical, health and other related professionals, in line with Tasmania's local needs.</p>

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	<p>VICTORIA</p> <p>WorkSafe Victoria initiated comprehensive support for persons diagnosed with a silica related disease through the claims process including support with lodging claims, support to retain for alternative careers and ensuring mental health support for workers and their families.</p> <p>Further, online training was provided to GPs to ensure their understanding of silicosis to allow for early detection/diagnosis. Doing the training provided GPs with professional development points ensuring a high level of participation.</p> <p>In addition, awareness raising activities were held for the medical sector, including a Medical Providers Summit in collaboration with the Lung Foundation Australia to educate health practitioners in best practice approached in diagnosis and treatment.</p> <p>Following WorkSafe Victoria review of proclaimed diseases, lung cancer with silicosis and scleroderma with silicosis will be automatically deemed to be caused by the worker's employment. This means workers exposed to silica dust who contract either of these conditions, will no longer have to prove that they were injured at work to be eligible for compensation. The change will not only apply to new and existing silicosis claimants but will allow any affected worker or their dependents to retrospectively submit a new claim for injuries suffered since Victoria's workplace injury compensation scheme commenced in 1985.</p>
	<p>WESTERN AUSTRALIA</p> <p>WorkSafe WA regularly engages with medical practitioners who provide health surveillance, and has published guidance to assist them in conducting health surveillance for respirable crystalline silica: <i>Silica Dust (respirable crystalline) – Health Surveillance – Guide for medical practitioners</i>.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The Western Australian Government supports this recommendation in principle, subject to the provision of further details.</p> <p>WorkSafe WA will continue to engage with medical practitioners who provide health monitoring, by providing occupational physicians to respond to enquiries, providing online guidance, and by providing a webinar or forum periodically.</p>

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6	<p>Building on the early recommendations from the Interim Advice for a strategic national approach to research and the development of a national dust disease registry, and following initial investments, prioritise:</p> <p>a. Enhancing silica and occupational respiratory disease research expertise in Australia and the evidence base, by identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships.</p> <p>b. Operationalising the National Occupational Respiratory Disease Registry as soon as possible, with an initial focus on mandatory reporting of silicosis, and</p>	<p>NEW SOUTH WALES</p> <p><u>SafeWork</u></p> <p>The NSW Government, through the Centre for Work Health and Safety have engaged Trolex Nome Australia to develop a silica sensor that provides real time feedback to workers who are at risk of exposure. The Trolex Air XS, has been developed through a research partnership between the NSW Government's Centre for Work Health and Safety and Trolex Pty Ltd. This world-first technology has been tested and independently verified in both laboratory and workplace environments to be able to measure well beneath the revised exposure standard of 0.05 mg/m³. The final phase of the project to move to commercialisation with the device being commercially available in June 2022; and a miniature (wearable) real time respirable crystalline silica detection unit and accessories anticipated to be market ready by 2023.</p> <p>SafeWork NSW delivered a <i>Case Finding Study Report on RCS Exposure in the NSW Manufactured Stone Industry</i> in May 2021. The report triangulated the data and information available from SafeWork NSW (inspector visit program), iCare Dust Diseases cases (lung screenings) and NSW Health (hospital admissions and deaths) to produce a report on silicosis cases for the engineered (manufactured) stone industry during 2017-2020, prior to the introduction of the NSW Dust Disease Register.</p> <p>SafeWork NSW is maintaining the NSW Dust Diseases Register to capture notifications shared by NSW Health about diagnoses of silicosis, asbestosis and mesothelioma as per the requirements of the <i>Work Health and Safety Amendment (Information Exchange) Act 2020</i> and has published its first <i>NSW Dust Disease Register Annual Report 2020-21</i>. SafeWork NSW continues to contribute to the development of the National Occupational Respiratory Disease Registry, sharing insights from the NSW register.</p> <p><u>iCare</u></p> <p>NSW Government's <i>Work Health and Safety Roadmap for NSW 2022</i> has a target of a 50% reduction in serious injuries and illnesses by 2022, including reducing exposures to priority hazardous chemicals and materials by 3 per cent. Through the implementation of the <i>Hazardous chemicals and materials exposures baseline reduction strategy</i>, the level and impact of workplace exposures will be identified and reduced.</p> <p>The Dust Diseases Board (DDB) has been providing funding for research into dust diseases since 1983. Projects undertaken have investigated exposure risk identification, disease prevention and diagnosis, treatment and endeavour to find ways to enhance quality of life for those impacted by a dust disease. Grants awarded by the DDB cover asbestos-related diseases such as mesothelioma and silica-related diseases including silicosis.</p>

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voluntary reporting of other occupational respiratory diseases.	<p>In 2019, the DDB launched its' Focus grant funding stream which specifically targeted silica exposure awareness, prevention, silica-related disease incidence and support, in response to the rising numbers of silicosis cases being identified in Australia. Silica-related disease research was maintained as a key priority area for the FY2019/20 through to FY2021/22 funding calls. From 2019- 2022, over \$999,000 has been awarded to 6 research grants under this funding stream, with 4 of these conducted at NSW-based research institutions.</p> <p>Since 2017, the DDB has offered PhD Scholarships and Post-doctoral or Clinical Fellowships to support the next generation of dust disease researchers. Two Fellowships, totalling \$480,000, are investigating improvements in work practices to reduce silicosis and therapeutic interventions to treat silicosis.</p> <p>Funding from each of the DDB's research-based funding streams (i.e., Ideas to Action grants and Fellowships and Scholarships which cover all scheduled dust diseases covered under Dust Diseases Care; Focus grants addressing Dust Diseases Care problem statements) are offered on an annual basis. DDB funded researchers disseminate their study findings via various forums including academic publications and contributes to our understanding of dust diseases.</p> <p>As part of the iCare Dust Diseases Board FY23 Focus funding call, submissions were sought from researchers to investigate the unique care needs of younger people with silicosis, with a particular focus on psychosocial health, health literacy and long-term chronic care to optimise quality of life. Assessment of applications received will commence shortly.</p> <p>NSW Government's <i>Work Health and Safety Roadmap for NSW 2022</i> has a target of a 50% reduction in serious injuries and illnesses by 2022, including reducing exposures to priority hazardous chemicals and materials by 3 per cent. Through the implementation of the <i>Hazardous chemicals and materials exposures baseline reduction strategy</i>, the level and impact of workplace exposures will be identified and reduced.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p><u>SafeWork</u></p> <p>NSW is working with the Commonwealth on the development of the National Occupational Respiratory Disease Registry. SafeWork NSW continues to administer the NSW Dust Diseases Register while the national registry is being developed.</p>

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	<p>QUEENSLAND</p>
	<p>Queensland is continuing to support research into treatment for occupational dust lung disease. This includes a Queensland Government commitment of \$5 million for medical research to improve the health and wellbeing of workers suffering from occupational dust lung disease. This work builds upon other Queensland led initiatives which includes commissioning research to inform return to work and vocational rehabilitation support for workers diagnosed with silicosis.</p> <p>During 2020-21, Queensland Health, Resources Safety and Health Queensland and the Office of Industrial Relations has contributed to the high-level design and development of the National Registry.</p> <p>Queensland's Notifiable Dust Lung Disease Register, established under the <i>Public Health Act 2005 (Qld)</i>, is now in its third year of operations, having commenced on 1 July 2019. Annual reports of the Notifiable Dust Lung Disease Register, which outlines the number and types of notifiable dust lung diseases recorded in the Register, are available on the Register's website: https://www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/annual-report</p> <p><u>Resources safety and health</u></p> <p>Resources Safety and Health Queensland's research program includes a recently completed study of prevalence of coal mine dust lung diseases in Queensland by the Cancer Council QLD and, with the National Health and Medical Research Council, is partnering with Monash University to study cancer and mortality among Queensland coal mine workers. Entities undertaking approved research can request access to coal mine worker medical data from Resources Safety and Health Queensland.</p> <p>Queensland now has an electronic health records system, ResHealth, which allows coal mine workers, doctors and employers to engage directly in an online platform. ResHealth will enhance individual and group health surveillance and research into mine dust lung disease, by providing more ready access to higher quality data.</p>
	<p>SOUTH AUSTRALIA</p>
	<p>Ahead of the operationalisation of the National Occupational Respiratory Disease Registry, SA Health (Wellbeing) is currently developing the South Australian Silicosis Registry. This will be a disease-based registry, established under an ethics approval framework and aligned with the latest proposed National Dust Disease registry data specifications. Clinician engagement has been sought to inform the registry's design and reporting mechanisms, an ethics application</p>

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	is currently being finalised, and final testing of the registry application has commenced.
	TASMANIA
	<p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>Tasmania is committed to contributing to the national discussion to build a better understanding of silicosis.</p>
	VICTORIA
	<p>WorkSafe Victoria has worked closely with the Taskforce over the last 18 months. The focus has been on sharing findings from Victoria's silicosis health screening and research program; a joint initiative between WorkSafe Victoria and Monash University.</p> <p>Since 2019, WorkSafe Victoria has worked closely with Monash University to establish a Screening and Disease Registry to report on Victorian stonemason workers' health, treatment and recovery outcomes. The research aims to improve understanding of the effectiveness of current health screening and treatment options. Moreover, the research improves knowledge about exposure to crystalline silica dust by collecting work and task information from participants. Creation of the Alfred occupational Respiratory Clinic has been extremely helpful to assist with the streamlining and consistency of data collection. There is now a great amount of data and insights from this work, the final reports are on the WorkSafe Victoria website for viewing.</p>
	WESTERN AUSTRALIA
	<p>Occupational physicians in Western Australia conduct regular forums and webinars with appointed medical practitioners who conduct health surveillance. As part of these sessions, silicosis health surveillance has been summarised and workshopped. Presentations on silica have also been provided to a range of stakeholders.</p> <p>The Western Australian Government conducted a Silica Recall Project, providing free low dose HRCT scans to a group of high risk workers who had also previously had silica health surveillance with a chest X-ray. The Western Australian Government also collaborated with the Institute for Respiratory Health to provide free health surveillance including low dose HRCT scans to eligible workers. These projects are noted in the Silica Compliance Project Report.</p>

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	<p>The Western Australian Government has extensive records of mine worker exposures to respirable crystalline silica, collected over the last 35 years. The data has been subject to external, independent review, which has resulted in the publication of a peer-reviewed academic paper that assessed the health outcomes of worker exposure to respirable crystalline silica. The paper, <i>Trends in exposure to respirable crystalline silica (1986-2014) in Australian mining – Peters – American Journal of Industrial Medicine</i> is available through the following link: https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.22740</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>The Western Australian Government is supportive in principle and the Government will give consideration to legislative amendments to enable information sharing across jurisdictions as required.</p> <p>WorkSafe WA will continue to engage with medical practitioners who provide health monitoring, by providing occupational physicians to respond to enquiries, providing online guidance, and by providing a webinar or forum periodically.</p>
<p>7 Establish a cross-jurisdictional governance mechanism to improve communication and information sharing, coordinate responses, and report on progress.</p> <p>a. By the end of 2021, the Commonwealth Government, in consultation with jurisdictions, will outline a clear plan for implementation of the Taskforce's</p>	<p>NEW SOUTH WALES</p> <p><u>SafeWork:</u></p> <p>Support subject to design of national reporting framework and information-sharing arrangements. SafeWork NSW would want to continue to have access to the information captured in the Silicosis Notification Form used by NSW medical practitioners.</p> <p>SafeWork NSW is represented at the Heads of Workplace Safety Authorities (HWSA), made up of representatives from WHS regulators across Australia and New Zealand. HWSA maintain a silica working group for WHS and workers compensation regulators across jurisdictions.</p> <p>7a. NSW is engaging with the Commonwealth on this work.</p> <p>7b. SafeWork NSW already reports to the Minister for Small Business and Fair Trading through the annual report on the Dust Diseases Register.</p> <p><u>Proposed activities/actions supporting intent of the recommendations</u></p> <p>SafeWork NSW will continue to engage with the Commonwealth on implementation of Taskforce recommendations.</p>

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<p>recommendations with specific milestones, responsibilities of parties, and outcome measures identified.</p> <p>b. Annual reports should be provided to Health and WHS Ministers in all jurisdictions on the implementation of the recommendations and the effectiveness of measures in improving compliance to prevent dust disease in workers, with the first report due in July 2022.</p>	<p>QUEENSLAND</p>
	<p>Queensland remains committed to transparency in its actions to address occupational dust disease and already provides online updates on dust monitoring, workers compensation claims and dust disease cases across the stone benchtop, mining and quarrying industries.</p>
	<p>TASMANIA</p>
	<p>Tasmania is actively participating in the implementation of the Taskforce's recommendations and will continue to actively participate in national coordination efforts.</p>
	<p>VICTORIA</p>
	<p>Victoria notes the Commonwealth Government will lead future work in relation to this recommendation.</p>
	<p>WESTERN AUSTRALIA</p>
	<p>The Western Australian Government supports a cross-jurisdictional coordination mechanism and supports the provision of information to Ministers on an annual basis. The Western Australian Government notes the tightness of the proposed timeframe and will work with the Commonwealth to achieve the best outcome.</p>
	<p>AUSTRALIAN CAPITAL TERRITORY</p>
	<p>The ACT participates in a number of national fora for work safety policy and regulatory matters through which information is shared about approaches and activities for managing silica dust exposures and conducting air and health monitoring outcomes.</p> <p>The ACT notes that this recommendation is for national reporting on progress for implementing and welcomes a collaborative approach by the Commonwealth Government in communicating progress against the report.</p>