Submission No 1

INQUIRY INTO 2018 REVIEW OF THE DUST DISEASES SCHEME

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This is a personal comment based on observations associated with my role as the National Lead Physician - Silicosis, for the Royal Australasian College of Physicians.

In NSW, the official statistics are fundamentally flawed.
1. Accelerated silicosis particularly in its early stages can be very difficult to distinguish from sarcoidosis and other lung diseases. Significant false negative spirometry and CXR findings means case detection is sub-optimal when following guideline developed for chronic silicosis not accelerated silicosis. Case detection has been further confounded by unreliable statutory reporting compliance by PCBUs and workers. It is highly recommended (i) revised diagnostic criteria algorithm be adopted that incorporates Lung Diffusion Capacity and High Resolution CT scanning, (ii) silicosis becomes a clinician responsible notifiable disease, with (iii) obligatory investigation of any associated employer.
2. By combining all business sectors that "might be" exposed to respirable crystalline silica, the horrendous levels associated with dry processing of engineered stone to which workers in NSW have been exposed, was inadvertently diluted and hidden by the reporting process. Stratification into high risk industry sub-sectors is highly recommended.
3. While there is an increasing utilisation of wet processing techniques, adoption of these techniques has been and continues to be incomplete and are still being used with suboptimal respiratory protection. When combined with the rapid growth of this sub-sector of the building and construction industry over the last decide, there has been a dramatic expansion in the number of exposed workers. (i) An immediate ban on dry processes when using engineered stone, combined with (ii) active audits of both fabrication and installation sites, and (iii) at minimum 1/2 face Powered Air Purified Respirators is highly recommended.
4. The hazardous exposure that has caused harm in the existing and former work group occurred 3-10+ years ago. The emerging epidemic of accelerated silicosis will occur over the next decade. Active health screening of the past and existing workforce is highly recommended. Identifying these workers before they become symptomatic may afford an opportunity to treat affected workers with new anti-fibrotic drug therapies before they need a lung transplant. Lung transplantation is the only treatment available and currently in Australian has a 69% 5-year survival. Many of these workers will die before may be able to receive a lung transplant.

Significant literature and case reports exist and can be provided upon request.