

Submission
No 9

INQUIRY INTO 2024 REVIEW OF THE DUST DISEASES SCHEME

Organisation: The Thoracic Society of Australia and New Zealand

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The Thoracic Society of Australia and New Zealand's response to the New South Wales Review of the Dust Diseases Scheme.

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Consultation Topic

The TSANZ is submitting a response to the 2024 Review of the Dust Diseases Scheme in New South Wales (NSW). We continue to advocate for evidence-based practice and policy to improve respiratory health for all.

Under the oversight of the Law and Justice Committee (the Committee), this year's review delves into two critical areas impacting the scheme's efficacy. First, the Committee examines the support mechanisms available to younger workers, specifically how they can access resources to maintain or extend their working lives in suitable duties. Additionally, the Committee explores the financial and medical assistance provided by the scheme when dust disease hinders their ability to work. The Committee will also investigate emerging risk areas for silicosis, particularly in industries such as tunnelling and quarrying. Together, these focal points aim to enhance the protective measures and support systems for New South Wales Australians affected by dust diseases.

The TSANZ's recommendations

This submission response addresses the review of the Dust Diseases scheme, as mandated by section 27 of the State Insurance and Care Governance Act 2015. The TSANZ's recommendations are set out under each of the two proposed inquiry considerations:

- 1. Support mechanisms and medical and financial assistance for workers impacted by dust disease.*
- 2. Emerging areas of risk for silicosis in industries, including, but not limited to, tunnelling and quarrying.*

As a professional membership organisation for respiratory clinicians, academics, scientists, allied health professionals, and researchers, the TSANZ's response to the inquiry will focus on the existing medical support mechanisms for workers impacted by dust disease and emerging areas of risk for silicosis.

1. Medical support mechanisms and assistance for workers impacted by dust disease, and emerging areas of risk for silicosis.

Screening (respiratory surveillance):

The TSANZ published evidence-based recommendations for [Respiratory Surveillance in coal mine dust and artificial stone exposed workers in 2020](#).

The TSANZ has several concerns with the existing screening programme in place for workers who are regularly exposed to dust in their workplace. The main areas of concern are listed below:

Respiratory surveillance in NSW is patchy and not standardised. There is no central repository of data, system for quality control, or access to results by workers or healthcare practitioners. Screening is provided by many different providers (which includes iCare), selected at the discretion of the individual employer. There is no system for ensuring that such providers follow the recommended clinical pathway or are adequately trained.

Contrary to the TSANZ recommendations, iCare uses insensitive technologies (chest X-ray rather than CT) to detect dust disease in workers who have a high risk of disease (e.g., those exposed to engineered stone). Spirometry (a basic lung function test) is relied on to detect disease and determine disability in workers with silicosis, however, [medical evidence has demonstrated that spirometry is insensitive](#), meaning that early-stage disease can be missed. Early diagnosis is critical for the optimal management of respiratory diseases including silicosis to enable removal from further dust exposure and decreasing the rate of progression of such diseases.

The feedback loop between iCare and SafeWork NSW is inadequate, leaving workers exposed to further workplace risk. There is no mechanism to ensure that workers are obliged to be followed up by a healthcare practitioner, nor given appropriate resources and support. Additionally, workers at the place of exposure continue to be at risk because the outcomes of screening results are not shared with WorkCover to ensure that adequate risk assessments and health and safety mechanisms are implemented to stop further dust exposure.

Current support mechanisms and medical and financial assistance for workers impacted by dust disease are inadequate. There are limitations on access to appropriate medical care, especially in rural areas, which can prevent rapid diagnosis and management of disease. TSANZ acknowledges that this links in with the difficulties in the wider healthcare environment, but support of a centralised expert network would assist in this regard.

Disablement awards are often financially inadequate in enabling workers to transition to a safer job. The TSANZ recommends the introduction of a reduced earnings allowance i.e., a payment to make up the balance in wages for workers transitioning to a new job. The allowance should also apply during retraining. This would remove the financial disadvantage which currently deters workers from moving into a safer environment. The TSANZ also recommends continuation of awards until such time as employment on an equivalent wage is achieved, rather than the existing time limitations on payments.

Health and Safety mechanisms:

In addition to the implementation of lower dust levels at source, regulating a cap on working hours for dust-exposed workers should be considered. Over the last 20 years, workplaces have gradually increased shift length, which is documented to be detrimental to lung health. Long shifts do not provide sufficient time for the natural clearance mechanisms of the lungs to clear inhaled particles. Many workers are now working 12-hour shifts which results in higher lung dust accumulation.

Reducing the length of shift would be a simple and effective way of improving lung health and would also assist with reducing workers' fatigue and bettering general health and wellbeing.

The National Occupational Disease Registry limitations:

Members of the TSANZ have noted the NSW Department of Health has contacted health professionals about notification requirements for silicosis since the National Occupational Disease Registry (NORDR) went live in recent months. The email states that since implementation of the NORDR, health care professionals no longer need to notify NSW Health about new silicosis diagnoses. This is premature because not all physicians have registered with the NORDR and there is no mechanism for feedback to state regulatory agencies to trace exposures back to individual workplaces. As a result, total cases are likely be underestimated and workers will continue to be exposed to dangerous dusts.

The TSANZ recommends that iCare and other respiratory surveillance bodies continue to register cases with NSW Health to ensure that no new diagnoses are missed. To avoid incorrect reporting statistics, duplicate notifications can be cross-checked between state and federal health systems. Over-notification is unlikely but is preferable to missed notifications impacting on the provision of care and support for workers.

2. Emerging areas of risk for silicosis in industries, including, but not limited to, tunnelling and quarrying.

The TSANZ is aware of a high number of cases of silicosis which are increasingly being diagnosed after silica exposure during tunnelling. We commend the Council for closely monitoring the emerging situation.

The Thoracic Society considers that the total number of cases of silicosis and other silica-related diseases is currently likely to be under-recognised in NSW. The true prevalence of these disorders will only be revealed after implementation of appropriate respiratory surveillance for all silica-exposed workers and optimal notification of cases into state and national registries.

The TSANZ notes that although engineered stone has been banned, alternative products may still contain significant quantities of respirable crystalline free silica (RCS) dust, and that other constituents may also be hazardous e.g., feldspar and glass. Substitutes for engineered stone used for benchtops may still be hazardous. For example, porcelain contains between 14-18% RCS and *Caesarstone Minera ITM* contains minerals such as feldspar, recycled

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materials and resin, with a crystalline silica content of less than 40%, and in some cases, less than 10%.

The TSANZ notes that there is no safe level of exposure to RCS and that silicosis has been documented to occur in workers after exposure to products with “low” levels of RCS where poor occupational hygiene exists.

Also, other components of engineered stone such as resins, metals, and pigment are implicated in the pathogenesis of rapidly progressive silicosis, and these components may still be in the newer stones. The TSANZ therefore recommends that appropriate precautions should be used, and every stone benchtop should be clearly labelled with the exact constituents of the product. This should also be clearly specified in the material safety data sheet (MSDS), which should be given to relevant workers.

[TSANZ notes that silicosis has been described in a wide variety of industries](#) (e.g., jewellery making, dentistry) and therefore a high index of suspicion is required for every silica-containing product.

Better understanding disease progression

The TSANZ recommends that additions and updates are made to the existing silica respiratory questionnaire. The updated questionnaire should allow for the collection of information on additional hazards that may act in combination with RCS in the development of lung and autoimmune diseases due to the same target organs. Mixed exposures could include chemicals like solvents, epoxy resins and adhesives, physical hazards such as vibration, noise, and thermal changes (heat and cold). This additional information could potentially help scientists and researchers to better understand some of the other factors that can influence rapid or slower disease progression.

Additional matters

The TSANZ recommends that the list of diseases included in the scheme should be regularly reviewed considering advances in medical research. For example, laryngeal cancer after asbestos and silica exposure is compensated in some international jurisdictions. The establishment of an independent Expert Advisory Committee (similar to the committee established in Queensland) would assist in this regard. This measure would ensure that workplace dust disease compensation in NSW is on par with other Australian jurisdictions and with international best practice.

The Thoracic Society also considers there to be a compelling case to include occupational COPD in the list of diseases covered under the scheme.

About TSANZ

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. The TSANZ is the only peak body in Australia that represents all health professionals working in all fields of respiratory health.

The TSANZ has a membership base of over 1,800 individual members from a wide range of health and research disciplines. The TSANZ is a leading advocate and provider of evidence-based policy for the

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prevention and management of respiratory conditions in Australia and New Zealand, and undertakes professional education and training, and is responsible for significant research administration.

As leaders in lung health, we promote the:

- Highest quality and standards of patient care.
- Development and application of knowledge about respiratory health and disease.
- Highest quality air standards including a tobacco smoke-free society and effective regulation of novel nicotine delivery systems.
- Collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community.
- Professional and collegiate needs of the membership.

Concluding remarks

The TSANZ applauds the Select Committee for its commitment to the lung health of Australians. We welcome the opportunity to engage with you further on this topic.

As a health professional membership organisation, we stress the importance of effective regulation and implementation of the legislated ban on engineered stone. The ban was a significant win for the lung health of Australians, but passing the legislation is only the first part of the puzzle. Stringent operational measures and continual improvement to the monitoring and surveillance of new and upcoming threats need to be ongoing.

Members of the TSANZ's Occupational and Environmental Lung Disease Working Party (OELD WP) are renowned Australian experts in occupational and environmental lung health with wide-ranging expertise. Co-convenor of the OELD WP and TSANZ Board Secretary, Professor Hubertus Jersmann has worked in Alice Springs in the Northern Territory for more than a decade, giving him a deep understanding of the unique barriers to health faced the region. Co-convenor Professor Deborah Yates and Member Director of the RACP Board has been at the forefront of leading the recently operationalised national ban on engineered stone for the protection of stone workers in Australia. Members of the OELD WP can be called upon as key experts for a future hearing.

Professor Anne E. Holland
President
Thoracic Society of Australia
and New Zealand