

**Submission  
No 12**

## **INQUIRY INTO 2024 REVIEW OF THE DUST DISEASES SCHEME**

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**Submission to the NSW Legislative Council Standing  
Committee on Law and Justice's *2024 Review of the  
Dust Diseases Scheme***

**Insurance and Care NSW (icare)**

**October 2024**

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## INTRODUCTION

icare's Dust Diseases Care Scheme provides support to workers who have a disability as a result of exposure to hazardous dust in a NSW workplace, and their eligible dependants. There are around 1,500 workers and 3,500 dependants receiving support under the Scheme, and of these, 334 are impacted by a diagnosis of silicosis or other silica-related disease.

Prior to FY2018-19, the Scheme accepted an average of nine claims a year for silica related diseases. Claims increased to 107 in the 2020 calendar year following an extensive awareness campaign and increased testing, and numbers have continued on an upward trajectory since then. Data on silica-related disease cases and claim numbers, including a breakdown by age range, is provided at [Appendix A](#) (tables 1 to 6), as well as information on expected future claim numbers (graphs 1 to 3).

People diagnosed with silica-related diseases while still of working age are encouraged by medical professionals to leave hazardous industries, to eliminate their exposure to silica dust. icare created a vocational assistance program to help partially impaired workers with exploring their employment options through vocational assessments and counselling, and with transitioning to a new industry if they choose to do so. The program provides a range of support services depending on a worker's needs, including retraining and skill enhancement opportunities, and assistance with job seeking, interview preparation and securing work trials. Eligible workers can access financial assistance via fortnightly income payments while they undertake retraining.

Workers with a reduced capacity for suitable duties due to their dust disease are entitled to financial compensation for loss of income via fortnightly payments, and those who earn less after transitioning to new employment may receive 'make-up' payments to supplement their income.

Medical treatment and support related to workers' dust diseases is also provided under the Scheme, as well as psychological support for workers and where appropriate, their families.

The NSW legislative framework for dust diseases provides the criteria for eligibility and entitlements available to workers and their families under the Scheme. The application of the *Workers Compensation (Silicosis) Act 1942* is challenging for silica-related claims, as it is designed to support workers with asbestos-related diseases who are fully incapacitated for work and/or older and already retired. Also, its provisions must be applied in conjunction with those of the principle legislative instruments it sits under - the *Workers Compensation Act 1987*, and for some definitional matters, the *Workplace Injury Management and Workers Compensation Act 1998*.

The 1942 Act stipulates that a worker must be at least partially incapacitated for work as a result of their dust disease to be eligible for any support under the Scheme. However, due to the nature of most silica-related diseases, which have a shorter latency period than diseases caused by asbestos dust, many workers will not yet have an incapacity for work at the time of their diagnosis. Over 70 per cent of new silica-related cases have no symptoms or impairments at the time of diagnosis, and it is anticipated that some cases will not show symptoms for another 10 to 20 years.

To allow Scheme applicants who are still of working age to access support, almost all are given a notional one per cent disability. As at March 2024, only around 10 per cent of workers with one per cent disability have had their disease progress beyond that level.

For workers with silica-related diseases accepted into the Scheme, the 1987 and 1998 acts do not allow flexibility to provide tailored support to meet their individual needs. For example, income support payments under the 1987 Act step down over time, as it is focused on promoting injured workers' recovery and return to work. In many cases, the provisions do not allow a reasonable living wage to be provided for workers with dust diseases who have incurable conditions that will result in reduced capacity over time; who are often diagnosed at a younger age when they are still building their career, and have many years of supporting families and paying mortgages ahead of them; and who often have a material life expectancy due to slow disease progression.

These workers require access to vocational assistance to allow them to remain in the workforce and support their families. In addition, better long-term outcomes in terms of their health, wellbeing and work capacity may be achieved if they have access to medical treatment, and psychological support for them and their families, in the early stages of their disease.

There is an opportunity to undertake a holistic review of the legislative framework to enable simpler pathways into the Scheme, and facilitate optimal outcomes for the changing cohort of workers impacted by dust diseases and for the Scheme.

The reemergence of silicosis in recent years is largely due to the popularity of high silica -containing manufactured stone products. Following the ban on these products, there are still significant risks to workers in a number of industries who are exposed while handling natural stone, including those involved with the production and installation of natural stone benchtops, tunnelling, stonemasonry, mining and quarrying, and other construction work. icare will continue monitoring developments to ensure Scheme supports are aligned with the needs of those we serve as they change over time.

In addition to providing support to people impacted by a dust disease diagnosis, icare provides lung screening and health monitoring services help to facilitate early identification of disease, including detecting early signs of silica-related disease before affected workers start to exhibit symptoms. These services also facilitate monitoring of disease progression and provide a pathway to compensation and treatment. In FY2023-24, we conducted lung screening on a total of 3,151 workers who have been exposed to silica dust in the course of their employment. Further information and data on screening for silica-related diseases is provided at [Appendix B](#) (including tables 7 and 8).

Through our Dust Diseases Board, we also provide funding grants to support initiatives that aim to reduce the risk of people developing work-related dust diseases and optimise health and care outcomes for people living with a disease. Information on silica-related disease research and initiatives is provided at [Appendix C](#).

There is also an opportunity for greater collaboration between Safework NSW, icare, the State Insurance Regulatory Authority (SIRA), and the Dust Diseases Board, to share information, data and insights, enabling better prevention and treatment outcomes for workers diagnosed with a dust disease.

Overall Scheme data on claims numbers and costs, and screening services generally, and Scheme funding, is provided at [Appendix D](#) (tables 9 to 15) and [Appendix E](#) respectively.

We welcome the opportunity to discuss these matters further at the Committee's upcoming hearing.

## **PART 1: SCHEME SUPPORT FOR YOUNGER WORKERS**

When a worker is first accepted into the Scheme, they are assigned an appropriately trained case manager at icare as a single point of contact. Case managers ensure workers, and where appropriate their families, are aware of the support available to them and help to identify the most effective support for each worker based on best practices.

Case managers provide guidance to workers and their families in understanding the claims pathway, and on what to expect in order to be able plan for the future, and provide practical assistance with accessing entitlements and support as their needs change over time.

### **Support to maintain or extend working life in suitable duties**

#### ***Vocational assistance***

There are no legislative requirements for workers or the Scheme regarding return to work. However, icare recognised this as an issue and created a vocational services program to support workers who are partially impaired due to dust-related issues, and still of working age.

For these workers, the decision to seek different employment can be challenging, and many who express a desire to leave their industry are hesitant or anxious about doing so. Many lack knowledge about alternative job opportunities, have limited transferrable skills, may be of non-English speaking background and have traditionally relied on word-of-mouth job searches.

icare provides vocational assessments and counselling to empower workers to explore potential career options and understand the support available, should they decide to make the transition away from a hazardous industry. Several workers who have taken advantage of this program have indicated they found it instrumental in boosting their confidence about future employment prospects.

Vocational support and rehabilitation is delivered through a number of providers across NSW. Workers leaving, or contemplating leaving, their industry are referred to a provider to undergo a vocational assessment and counselling to assist them with identifying transferrable skills and suitable alternative work options, and developing a plan to achieve their work goal with guidance from their treating doctors.

Eligible workers can be provided with retraining, certification and skill enhancement opportunities. They can also receive assistance with resume and job application preparation, developing job seeking and interviewing skills, as well as securing work trials to help them obtain suitable and viable employment.

However, due to the nature of most silica-related diseases, many workers will not yet have an incapacity for work at the time of their diagnosis. Despite these workers needing support, including transitioning out of a hazardous industry, they are not eligible under the Scheme until their capacity deteriorates. There is an opportunity for clearer, simpler pathways into the Scheme, and a robust legislative framework to support return to work, where appropriate.

#### ***Financial assistance during transition to new employment***

Financial compensation for loss of income is provided for workers receiving vocational assistance to transition to a new industry. However, it can only be paid in accordance with the legislated provisions, and there is no flexibility to tailor support according to individual workers' situations. Section 38 of the 1987 Act allows workers to receive 52 weeks of special payments while they undertake retraining.

However, irrespective of when their special payments commence, they end after 52 weeks and cannot be paused or extended. There is no flexibility to pause or extend payments to accommodate holiday periods, significant life events or unexpected situations that may arise in a worker's life.

Case study 1 at [Appendix F](#) provides an example of a worker impacted by this limitation.

Also, a strict reading of the legislation is that a person receiving any income from work cannot receive the special payments, even if the income is negligible. This situation can prevent workers from taking on limited paid employment while they are retraining that could lead to them securing full time employment, due to the financial impact of being without sufficient income for the duration of their training.

Case study 2 at [Appendix F](#) provides an example of a worker affected by this provision.

## Financial assistance due to incapacity for work

### *People of working age*

All workers with a reduced or total incapacity for work due to their work-related dust disease are entitled to financial compensation for loss of income via fortnightly payments, including people transitioning from a hazardous industry. Those who obtain suitable employment in an occupation that pays less than what they had been earning in their previous employment are entitled to receive 'make-up' compensation payments to supplement their income.

However, the current legislation stipulates limits on workers' fortnightly payments and it is often not possible to provide them with a reasonable living wage, with consideration of their individual circumstances and financial needs.

Workers' payments must be calculated in accordance with the provisions under the 1942 and 1987 acts, and in SIRA's *Workers compensation benefits guide*. For the first 26 weeks of incapacity, they may receive salary replacement equivalent to what they had been earning at work. After 26 weeks, payments are capped at a maximum statutory rate, which varies based on the number of dependants a worker has. After 52 weeks, those with some capacity for work may be paid the gap between what they had been earning at work and what they could reasonably earn in 'suitable employment', capped at the statutory rate of \$1,175 per fortnight.

Payments are also impacted by workers' level of disability and the proportion of its relationship to their employment in NSW, and any compensation payments they are receiving for dust disease from another source, and any income they are receiving through paid employment. Payments are not affected by common law lump sums from the Dust Diseases Tribunal.

Case study 3 at [Appendix F](#) provides an example of a worker who completed retraining to allow him to seek work outside his hazardous industry, and whose payments became increasingly insufficient to provide a reasonable standard of living for him and his dependants.

Case study 4 at [Appendix F](#) provides an example of a worker who no incapacity when diagnosed and was not actually eligible for the Scheme, but who required support to assist him in transitioning out of the work that led to his dust disease.

### *Retired workers*

Under the 1942 Act, workers are still entitled to receive financial assistance when they are diagnosed after reaching retiring age and are no longer receiving income through paid employment.

People in this situation can access medical and other support under the Scheme, do not require vocational support, are being appropriately supported with income payments, such as the aged pension. The purpose of weekly compensation is to compensate for loss of income, and for a worker in retirement there is no loss of income.

Consideration should be given to removing fortnightly payments for retired workers and their dependants, and exploring other forms of compensation for them in addition to ongoing access to appropriate medical and other support.

Case study 5 at [Appendix F](#) provides an example of a worker receiving support after being diagnosed with a dust disease post-retiring age.

## Medical treatment and care

Under the current legislation, workers with silica-related diseases, who often have no impairment for years following their diagnosis, are not eligible to receive medical, care and treatment support until their disease progresses.

For workers with entitlements under the Scheme, icare provides reasonable and necessary medical expenses for treatment and care related to their dust disease, including cover for travel to medical appointments and for hospital admissions and pharmacy costs.

A dust disease diagnosis can have a debilitating impact on a worker, and affects every part of both the diagnosed worker and their loved ones' lives. Impacts to their physical health, financial sustainability, relationships and planning for the future can affect their mental health. Even when a dust disease has minimal symptoms, the psychological impacts can be severe. The medical advice always includes eliminating exposure to silica in each case, and the prospect of a career change can be daunting for these workers.

Severe progressive forms of silicosis result in reduced life expectancy, and coming to terms with life-changing consequences and/or a shortened life span can be particularly challenging at a young age for workers and their families.

icare funds psychosocial support for workers eligible for the Scheme whose diagnosis has impacted their mental health. This can include psychological support such as counselling and psychotherapy. We also engage with external service providers to facilitate access to additional support for workers and their dependents.

Workers and their families can access the CancerAid app and Coach Program developed by AIA Australia, which offer digital tools, dedicated health coaching and educational resources designed to promote improved health and lifestyle outcomes for people impacted by cancer. They are also connected with peer support organisations that specialise in dust diseases and lung health.

To support families of workers diagnosed with a dust disease, the Wecare program has been developed in partnership with Carers NSW and is designed to inform, empower and support the health and wellbeing of families and carers who are supporting someone with a serious injury or illness. Carers, whether providing episodic, unpredictable or regular care, report significantly higher psychological distress than the overall Australian population. Wecare recognises the experiences and challenges of informal family carers and aims to improve their capacity to provide support and foster their own wellbeing, in turn benefiting those to whom they provide care. The program encourages knowledge development and translates evidence into practical applications through a mentoring model.

As a worker's disease and incapacity progresses, the worker and their family/dependants can access a range of additional entitlements under the Scheme, including domestic assistance, personal care, home modifications, and end-of-life planning and support.



## PART 2: SILICOSIS - OTHER RISK AREAS

### Manufactured stone

The re-emergence of silicosis is largely due to the popularity of manufactured (or engineered) stone benchtops and other products, which SafeWork NSW advises has a crystalline silica content of 93 per cent or higher.

Following the ban on the use, supply and manufacture of these products effective from 1 July 2024, there is a transition period for contracts entered into before 31 December 2023 that include installation prior to 31 December 2024. When processing work is required in relation to the removal, repair or minor modification or disposal of legacy stone products, persons conducting a business or undertaking (PCBUs) are required to notify SafeWork NSW in accordance with its *Engineered stone prohibition - Guidance for PCBUs*.

There is potential for cross-exposures from adjacent trades within the construction industry, such as carpenters, electricians and plumbers. However, there is insufficient data to allow us to understand the level of exposure to silica dust and the risks associated with limited indirect exposure to silica.

The Scheme provides ongoing support over the lifetime of affected workers and their dependants. Workers within the manufactured stone silicosis cohort are expected to be accepted into the Scheme at much younger ages compared to the rest of the Scheme, so a longer portion of life expectancy is being estimated. Actual future mortality rates may not reflect the assumed improvement factors as it is difficult to predict the timing and impact of medical advancements, changes to lifestyle, or other trends which may impact mortality. As a result, the worker and population mortality remains a significant uncertainty in terms of their future lifetime and benefits.

It should also be noted that a significant portion of benefits are associated with workers' spouses. With emerging changes in family choices, there is uncertainty regarding the proportion of workers with dependants and the proportion of working spouses, which could reduce the Scheme's dependant liabilities.

### Natural stone

Based on SafeWork NSW guidance, workers in a number of industries are exposed to respirable crystalline silica. These industries include natural stone, production and installation of benchtops, tunnelling, mining and quarrying, stonemasonry, demolition, excavation and earthmoving, and other construction work.

The guidance indicates workers are at risk of developing diseases when dust is generated in the cutting, trimming, grinding, drilling, crushing, sanding or abrasive polishing of materials containing varying levels of crystalline silica, and in particular: sand and sandstone (70 to 100 per cent); granite (20 to 45 per cent, but typically 30 per cent); concrete and mortar (25 to 70 per cent); calcium-silicate bricks (50 to 55 per cent); slate (20 to 40 per cent); brick (up to 30 per cent); fibre cement sheets (10 to 30 per cent); demolition dust (3 to 4 per cent); marble (2 per cent); and limestone (2 per cent).

Projections in relation to silicosis exposure are not reliable due to insufficient information being available. They are based on historic exposures from sources such as mining and tunnelling, but more recently there have been several large infrastructure projects within NSW, including the construction of the Sydney Metro, which may result in additional silicosis claims.

There is an increasing trend by employers in the tunnelling industry to use the services of private medical providers, which limits our ability to systematically collect demographic, workplace and health data and understand disease prevalence.

In FY2021-22 and FY2022-23, icare screened 502 workers employed by John Holland in the tunnelling industry, who were involved in the Rozelle Interchange project. In FY2023-24, the number of workers

screened reduced to 93 due to the project having been completed. We approached John Holland to continue providing screening on other projects, but they declined as they are now working with a private screening organisation that offers an online booking portal.

In FY2024-25, Virtus Infrastructure has committed to having 50 of its tunnelling workers screened by icare.

icare is not yet seeing a trend for increased screening in these industries. From 1 September 2024, there are additional requirements in relation to the processing of crystalline silica substances that contain at least one per cent crystalline silica. PCBUs are required to undertake assessments of their workplaces for any high-risk tasks or materials, which will determine whether they need to provide health monitoring for their workers. With these new requirements, icare is expecting to see an increased demand for screening services.

## APPENDIX A: SILICA-RELATED DISEASE CASES & CLAIMS DATA

*Table 1: New entrants into the Scheme with silica-related diseases*

Financial year	New Scheme entrants
2018-19	33
2019-20	93
2020-21	35
2021-22	32
2022-23	54
2023-24	77
2024-25*	14
<b>Total</b>	<b>338</b>

\* As at 31 August 2024.

*Table 2: Silica-related claims*

Financial year	New claims received each year	Cumulative total at end of each year
2018-19	37	37
2019-20	106	143
2020-21	36	179
2021-22	32	211
2022-23	56	267
2023-24	81	348
2024-25*	25	373

\* As at 30 June 2024.

*Table 3: Silica-related claims – by age range\**

Age range	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25**	Total
18-30 years	2	5	-	-	3	2	3	<b>15</b>
31-40 years	5	20	2	8	12	6	6	<b>59</b>
41-50 years	14	26	11	2	11	23	1	<b>89</b>
51-60 years	4	47	10	8	10	19	5	<b>103</b>
61-70 years	6	6	4	4	10	14	4	<b>48</b>
71–80 years	5	-	6	6	6	8	4	<b>35</b>
80 years +	1	2	3	4	4	9	2	<b>25</b>

\* Includes claims still in application phase for workers who already have a diagnosis of silica-related disease.

\*\* As at 15 September 2024.

**Table 4: Silica-related claims accepted under Scheme – by disease type**

Claim status	Disease	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25*	Total
<b>Closed</b>	ARPD/silicosis	-	2	-	-	-	-	-	<b>2</b>
	Diffuse dust-related pulmonary fibrosis	-	-	-	-	-	1	-	<b>1</b>
	Lung cancer in association with silica exposure	-	-	-	1	1	1	-	<b>3</b>
	Lung cancer/silicosis	-	1	-	-	1	-	-	<b>2</b>
	Silicosis	6	12	4	2	2	4	-	<b>30</b>
	Silicosis/scleroderma	1	-	-	-	-	-	-	<b>1</b>
	<b>Total</b>	<b>7</b>	<b>15</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>-</b>	<b>39</b>
<b>Open</b>	ARPD/lung cancer/silicosis	1	-	-	-	-	-	-	<b>1</b>
	ARPD/silicosis	1	-	2	2	-	1	1	<b>7</b>
	Asbestosis/silicosis	1	1	-	-	2	5	-	<b>9</b>
	Diffuse dust-related pulmonary fibrosis	-	-	-	-	1	3	-	<b>4</b>
	Lung cancer in association with silica exposure	-	-	-	2	2	-	-	<b>4</b>
	Lung cancer/silicosis	-	-	1	1	-	2	-	<b>4</b>
	Silicosis	27	90	29	24	47	64	24	<b>305</b>
	<b>Total</b>	<b>30</b>	<b>91</b>	<b>32</b>	<b>29</b>	<b>52</b>	<b>75</b>	<b>25</b>	<b>334</b>
<b>Grand Total</b>		<b>37</b>	<b>106</b>	<b>36</b>	<b>32</b>	<b>56</b>	<b>81</b>	<b>25</b>	<b>373</b>

\* Year-to-date as at 15 September 2024.

**Table 5: Claim costs – all silicosis claims in FY2023-24**

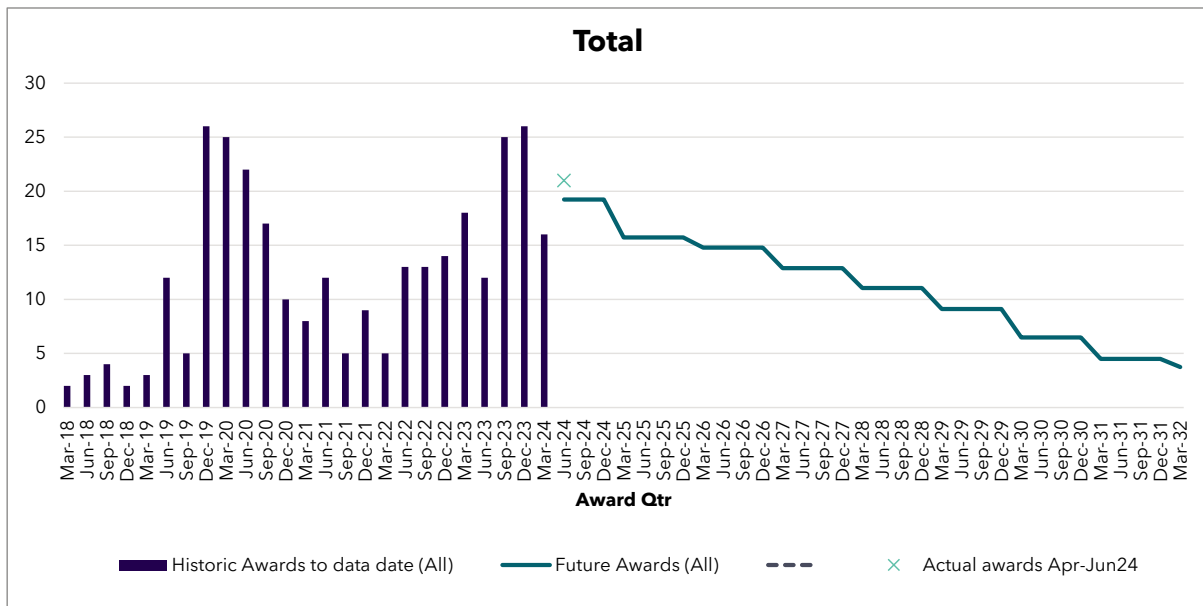
Benefit type	Expense	Amount Paid
<b>Workers</b> (already accepted into the Scheme)	Ambulance expenses	\$422.48
	Comp recoveries - workers	<b>-\$6,714.24</b>
	Domestic assistance	\$38,490.92
	Equipment	\$11,595.59
	External medical consultants	\$4,816.90
	Funeral	\$20,000.00
	GST	\$6,288.74
	Home nursing	\$371.44
	Lung function testing fees	\$4,005.00
	Medical expenses	\$17,693.79
	Medical investigations & clinical notes	\$5,888.49
	Non-medical professional	\$27,614.59
	Oxygen	\$5,409.17
	Past health care (public and private) benefits reimbursement	\$29,241.00
	Pharmaceutical	\$1,420.86
	Post & delivery charges	\$788.00
	Radiology fees	\$11,001.55
	Rehabilitation	\$7,854.15
	Tax	\$1,021.54
	Travel to/from treatment	\$4,513.96
Worker fortnightly payment	\$712,309.73	
Worker travelling & wages	\$88.00	
<b>Total</b>	<b>\$904,121.66</b>	

**Table 6: Life expectancy of workers with dust diseases**

	Silicosis	Asbestosis	Mesothelioma
Average age at time of acceptance into Scheme in 2024*	58	80	77
Expected remaining life expectancy	17	7	2

\* As at 31 August 2024.

**Graph 1: Expected number of future workers with silicosis entering the Scheme**



The expected number of future workers with silicosis entering the Scheme, as indicated by line, includes the manufactured stone cohort which has emerged in recent years. This data should be treated with caution, as the numbers are too low to provide accurate modelling and the impact of the changing policy environment, such as the manufactured stone ban and implementation of a register to track workers exposed to silica, is yet to be understood.

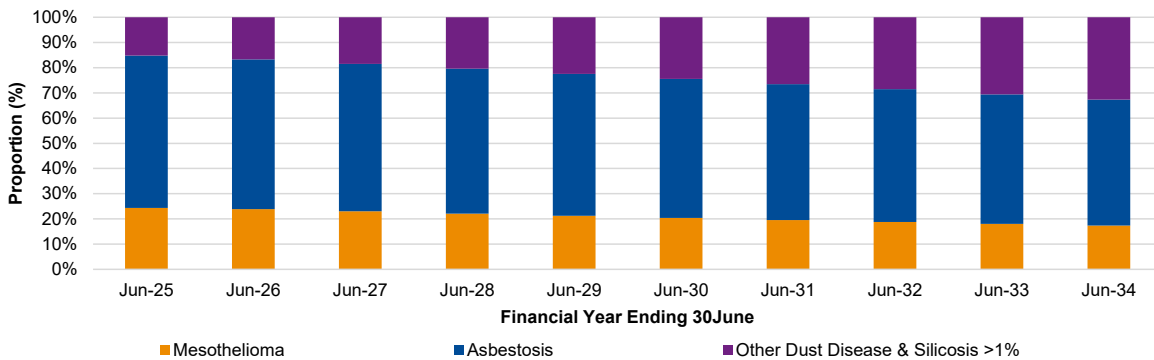
**Proportion of open claims related to silicosis & other disease**

The number of open claims reflects the average time a claimant is expected to live over the course of the year, *not by claim status*. For example, a claimant who is expected to live for half of the year is equivalent to 0.5 open claims.

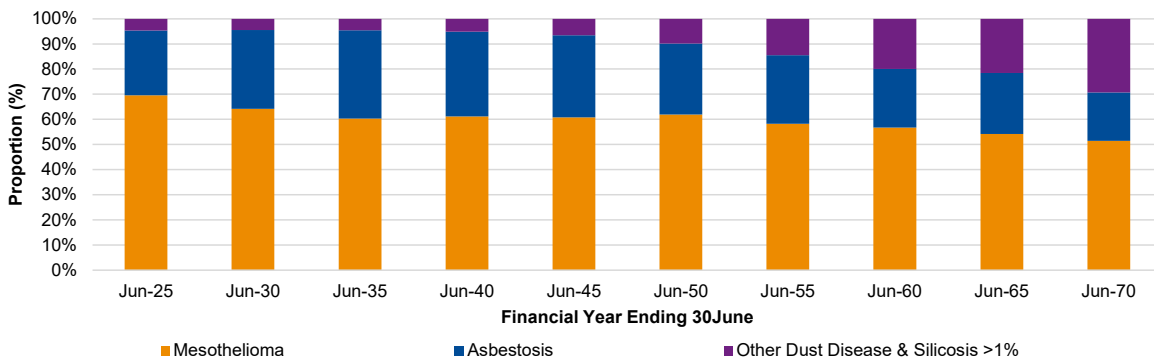
It is expected the proportion of worker claims from silicosis, as indicated by purple bars, will increase over time, as workers impacted by more severe disease and who are older from the mesothelioma and asbestosis cohorts pass away over time; while the silicosis cohort, which tends to be younger and of lower severity, have a longer life expectancy.

This data should be treated with caution, as the current numbers are too low to provide accurate modelling and the impact of the changing policy environment (manufactured stone ban and worker register) is yet to be understood.

**Graph 2: Open claims - workers**



**Graph 3: Open claims - dependants**



This trend flows onto future silicosis dependants entering the Scheme as denoted by [Graph 3](#) (note figures are presented for every five years). Progression for dependent claims will be slower as dependants have longer life expectancy and remain in the Scheme longer.

Workers impacted by Silicosis tend to be younger workers and disease progression has been lower and slower. More than half of workers with silicosis enter the Scheme on one per cent disability, a notional level which enables them to benefit from the Scheme. Almost all working age applicants enter the Scheme on one per cent disability. As at March 2024, only about 10 per cent of those workers on one per cent disability have had their disease progress beyond that level.

Workers impacted by silicosis are expected to have longer life expectancy compared to other dust diseases, which results in them being in the Scheme for longer periods. Dependants are also expected to stay in the Scheme for a material time frame.

However, the form of silicosis linked to manufactured stone dusts is markedly different from traditional forms of silicosis and is characterised by shorter latency periods, thus impacting younger workers, and, in a small subset of cases, rapid progression to progressive massive fibrosis, the most severe form of dust-related pneumoconiosis.

## APPENDIX B: SILICA-RELATED DISEASE SCREENING – SERVICES & DATA

### Services

icare's lung screening services are provided free of charge for workers at risk of being exposed to harmful levels of silica through working in the manufactured stone industry. It is also free for people who are retired or no longer working in a dusty environment, and believe they were exposed to hazardous dust in a NSW workplace. A subsidised screening service is provided to those NSW employers who are obligated to provide health monitoring to their workers who might be exposed to hazardous dusts in their workplace.

A number of options are offered to ensure people across NSW can access screening services and facilitate faster diagnoses. Workers can be screened on site at icare's specialised clinic in our Kent Street Clinic, or in our mobile lung screening clinic, known as the 'Lung Bus'. The Bus travels to regional and remote areas and is equipped with a digital chest x-ray room, advanced lung-function testing equipment and a medical practitioner to conduct physical examinations.

Alternatively, people can choose to be examined by a doctor close to their home, and where they are unable to leave their home, home lung function testing can be arranged.

icare prompts employers every year to have their workers return for annual screening, and employers who don't comply can receive a compliance breach through SafeWork NSW. Individuals who access screening due to possible dust exposure, either in their current or a past workplace, are recalled on a recurring basis for further monitoring once exposure to a hazardous dust has been confirmed.

icare has also partnered with large employers in the manufactured stone industry, in order to reach as many people as possible who have had potential exposure to silica dust in the workplace. In 2023 and 2024, the Stakeholder Engagement team worked closely with Caeserstone to bring its installers and other workers through the health monitoring program. The work with Caeserstone and other large employers will continue to ensure we reach as many workers in NSW as possible, particularly those working with products that have high levels of silica. Work is underway to strengthen our communications and engagement plans for employers to increase awareness of our screening services.

In addition to identifying current cases, the screening exercises with large employers ensured that workers dealing with their products undergo regular screenings. They also presented an opportunity to systematically collect demographic, workplace and health data, to allow us to better understand workers in the industry.

Collaboration with SafeWork on the silica worker register will be fundamental in identifying employers that have not yet been screened by icare.

Increased awareness relating to the exposure to silica dust and dust from cutting engineered stone has led to more people accessing screening and health monitoring services, and icare now conducts 5,000 lung screening tests each year.

### Lung Bus

icare's Lung Bus helps to ensure accessibility of health screening assessments for all workers, including in regional and rural areas across NSW. After 13 years, the current Bus is reaching the end of its operational life, and we are in the process of building a new state of the art mobile lung screening clinic that will offer continued health monitoring services for workers exposed to hazardous dust.

The new mobile clinic will ensure the continuity and sustainability of our lung screening services well into the future.



Data

**Table 7: Screening numbers - FY2023-24**

Mode	Screening (for those no longer working with dust or who have a diagnosis of a dust disease)	Employer Health Monitoring (for those working with dust)		TOTAL appointments (does not include employer count)
		Workers	Employers participated	
Lung bus	327	2697	83	3024
Clinic	693	766	124	1459
External	284	45	4	329
Screen Review to reassess degree of disability	54	n/a	n/a	54
<b>TOTAL</b>	<b>1358</b>	<b>3508</b>	<b>211</b>	<b>4866</b>

**Table 8: Silica screening numbers - FY2023-24**

Dust exposure	Screening facility	Count
<b>Asbestos and silica*</b>	Lung Bus	1,682
	Sydney CBD clinic	220
	External to icare	39
	<b>Total</b>	<b>1,941</b>
<b>Silica**</b>	Lung Bus	812
	Sydney CBD clinic	392
	External to icare	6
	<b>Total</b>	<b>1,210</b>
<b>Grand total</b>		<b>3,151</b>

\* Workers screened for silica and asbestos-related diseases in same appointment.

\*\* Workers screened for silica-related diseases only.

## APPENDIX C: SILICA-RELATED DISEASE RESEARCH & INITIATIVES

### *Support for research and support organisation grants*

The Dust Diseases Board has provided 62 grants between 2016 to 2024, totalling \$14.9 million. These grants cover funding into research investigating exposure risk identification, disease prevention, diagnosis, treatment and quality of life; development and capacity building of researchers through fellowships and scholarships; and optimising the wellbeing of victims and their families through support services and programs offered by organisations that provide support for victims of dust diseases or their families.

Since 2019, the Board has provided \$2.8 million in grant funding with a focus on silica exposure and related diseases. Fellowships make up four of 13 grants provided with this focus, and cover investigations into improving workplace practices and therapeutic interventions to treat silicosis.

In 2022-23, funding was focused on grants into research to investigate the unique needs of younger people with silicosis, particularly in relation to psychological health, health literacy and long-term chronic care to optimise quality of life.

From 2023-24, \$5 million in funding is being provided to the Asbestos and Dust Diseases Research Institute over the next three years, to support research into the prevention of silica-related diseases and improve outcomes for people diagnosed with silicosis.

The grant, administered by icare, delivers on the Government's election commitment to support research that centres firmly on silica dust-related disease diagnosis, treatment and care. As well as research into disease prevention, the funding will enable research on diagnosis, and therapeutic procedures and treatments for those affected by exposure to silica dust.

It will also facilitate a patient support program that will provide a respiratory nurse specialist and social work support for patients and families navigating silicosis.

### *Artificial intelligence tool for early identification of silicosis*

icare is developing an artificial intelligence algorithm designed to help physicians identify signs of silicosis in chest X-rays. The algorithm has been prepared for validation by our clinical teams, who will assess the algorithm's accuracy and helpfulness in detecting signs of silicosis. If successful, the algorithm will be integrated into icare's systems to complement the existing processes for screening workers for dust diseases. High-resolution computed tomography will remain the gold standard for the diagnosis of silicosis.

## APPENDIX D: OVERALL SCHEME DATA

As at FY2023-24

*Table 9: Participants - by benefit type*

Benefit type	Number supported
Workers	1,781
Dependants	3,248
Deceased (incl. workers and dependents)	439
<b>Total supported during financial year</b>	<b>5,468</b>
<b>Total being supported as at 30 June 2024</b>	<b>5,029</b>

*Table 10: Participants - by geographic location*

Participant type	NSW	Other state	Overseas	Not stated	Total
Dependant	2,662	530	39	17	3,248
Worker	1,534	226	10	5	1,775
<b>Total</b>	<b>4,196</b>	<b>756</b>	<b>49</b>	<b>22</b>	<b>5,023</b>

*Table 11: New scheme participants & benefits paid - all disease types*

Financial year	New Scheme applicants with eligibility for benefits	Total benefits paid (incl. workers & dependants)
2020-21	357	\$119.4 million
2021-22	292	\$161.2 million
2022-23	316	\$118.28 million
2023-24	382	\$118.78 million

*Table 12: Scheme applications and entrants in FY2023-24*

	Number
<b>Medical Assessment Panel (MAP) decisions</b>	1,535
<b>Workers accepted into the Scheme</b>	390
<b>Dependants accepted into the Scheme</b>	183
<b>New applications received</b>	643
<b>MAP meetings held</b>	42
<b>Average business days from application to entering the Scheme</b>	35.6
<b>Workers accepted into the Scheme by disease type:</b>	
<i>Asbestosis/ARPD</i>	142
<i>Lung cancer</i>	14
<i>Mesothelioma</i>	141
<i>Silicosis</i>	78
<i>Silicosis and Asbestosis/ARPD**</i>	5
<i>Other***</i>	10

\* Average based on application date to date of entry into the Scheme.

\*\* Participants cannot be categorised due to exposure to both dusts - compensation payments are based on overall disability percentage.

\*\*\* Includes diffuse dust-related pulmonary fibrosis and pneumoconiosis.

## Screening and health monitoring

*Table 13: Services delivered in 2023-24*

Screening service	Individuals no longer working with dust or who have a dust disease diagnosis	Employer Health Monitoring (for those working with dust)		Total appointments (not incl. 'employers participated' count)
		Workers	Employers participated	
Lung bus	327	2,697	83	3,024
Clinic	693	766	124	1,459
External	284	45	4	329
Review to reassess degree of disability	54	N/A	N/A	54
<b>Total</b>	<b>1,358</b>	<b>3,508</b>	<b>211</b>	<b>4,866</b>

*Table 14: Lung Bus - locations visited*

Locations	Count
Sydney metropolitan	10
Regional NSW	41
<b>TOTAL</b>	<b>51</b>

## APPENDIX E: SCHEME FUNDING & SUSTAINABILITY

The Scheme is funded on a pay-as-you-go basis, through a levy paid by employers as part of their workers compensation insurance premiums. The employer contribution for the year covers the outgoing costs for that year, offset by any investment income from the Scheme's assets.

SIRA determines how to apply the contribution by setting a percentage rate to be applied to each dollar of wages paid, with different rates based on business activity and associated risk, and consideration of claims experience.

The average employer contribution is 0.03 per cent of wages.

**Table 15: Scheme funding overview**

	Annual amount
<b>Current estimated cost of Scheme operation</b>	\$160 million
<b>Funding collected from Nominal Insurer employers via pay-as-you go contributions</b>	\$75 million (0.03% of wages)
<b>Funding collected from returns on invested Scheme assets</b>	Remainder of Scheme operating cost

## APPENDIX F: WORKER CASE STUDIES

The following case studies illustrate some of the challenges under the current legislative framework, which limit icare's ability to provide tailored support to meet the needs of workers with silica-related diseases, including younger workers.

### *Case study 1 – 52-week limit on special payments during vocational assistance*

A worker was undertaking a TAFE course and asked to postpone its completion until February due to the Christmas period. However, his special payments were due to end in January and there is no provision in the legislation that allowed the 52-week period to be paused or extended so the worker could receive payments in February.

In some cases, the inflexibility of the 52-week period limits icare's ability to provide support that can be tailored to allow workers reasonable participation in family activities and events, while also achieving an optimal return to work outcome.

### *Case study 2 – Supplementing workers' negligible income during retraining*

A worker was undertaking unpaid training at a gym to become a personal trainer. He was offered six hours of paid work per week, which would become full time work after a period of time.

The worker could not earn a reasonable living wage from his six hours of paid work and was still reliant on his special payments, which were substantially higher than the amount he received from his work. However, the legislation does not allow a worker to receive special payments if they are earning any income, even if it is negligible.

If the worker had to turn down the six hours of paid work for financial reasons, he would not have been able to transition to full time work, thus defeating the purpose of the retraining. In this case, icare was able to argue that the six hours of paid work was part of the worker's retraining, but there are many occasions where it is difficult to reconcile the facts with the legislation.

### *Case study 3 – Supplementing workers' reduced income during/after retraining*

Mr R is a 48-year-old stonemason who has silicosis and a 10 per cent impairment to his capacity for work. He lives in Sydney and has two teenage children to support.

When Mr R stopped working to retrain, he received a salary replacement of \$4,000 per fortnight for the first 26 weeks, which was equivalent to what he had been earning as a stonemason. This payment reduced to \$3,200 per fortnight in the second 26 weeks.

After the first 52 weeks, as he had not yet found employment following his retraining, he was paid the gap between his income as a stonemason and what he could earn in 'suitable employment', capped at the statutory rate of \$1,175 per fortnight.

Mr R has had a 70 per cent reduction in income and has no other sources of income to provide for his family.

### *Case study 4 - Vocational assistance for workers with no/minimal incapacity*

A 56-year-old non-English speaking stonemasonry worker was referred for health monitoring by his employer. In his initial screening in 2018, he was found to have no abnormality. In October 2019, he attended a second health monitoring screen through icare's Lung Bus at his employer's work site and showed abnormal results. His application for compensation was received in December 2019.

icare's Dust Diseases Medical Assessment Panel (MAP) found that he had silicosis, and he was given one per cent disability and a recall was set for one year. He was allocated to a case coordinator for further ongoing support and his eligibility for the Scheme was approved. Given his diagnosis, it was highly recommended by his treating specialists and our respiratory physician that he leave the stonemasonry industry and find suitable employment with no exposure to hazardous dust.

The worker was referred to a vocational rehabilitation provider to identify suitable employment. Forklift driving was identified as being of interest to him, was suitable according to his treating doctors, and the labour market was also deemed to be relatively strong in this field, making it an ideal vocational goal.

icare funded a forklift licence course, which the worker completed in 2020. Through the assistance of the rehabilitation provider, he was able to secure employment as a packer/forklift driver in a warehouse in May 2021 and has been there since.

He has been reviewed three times since then with no change in his disability level. He has said that he has been very happy with his experience with screening to now, and is still working and keeping well.

This worker, like many workers, had no incapacity when diagnosed and was not actually eligible for the Scheme. However, he was given one per cent incapacity by the MAP to allow icare to provide support to assist him in transitioning out of the work that led to his dust disease.

#### ***Case study 5 - Support for retired workers***

Mr S is an 87-year-old whose last exposure to workplace dust happened in 1985. He retired in 1999 and was diagnosed with mesothelioma in 2023.

His salary replacement for the first 26 weeks was based on his average weekly earnings in 1985 (modernised). He received \$4,487.20 in salary replacement for his first 26 weeks.

After the first 26 weeks, his payments changed to the statutory rate of \$1,175 per fortnight, plus an extra allowance of \$309.80 for his dependent spouse. His total fortnightly payment from DDC is \$1,484.80. His Centrelink benefit was also reduced because of his dust disease payment, but he still gets a small pension.

Mr S is in retirement and does not require compensation for loss in income as his income was never actually impacted by his dust disease.