

Silica
National
Strategic Plan
2024–30
Companion



Taking action to save lives

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Introduction

The Silica National Strategic Plan 2024-2030 (SNSP) has been developed in response to the re-emergence of silicosis in Australia.

Silicosis is a debilitating and often fatal occupational lung disease caused by the inhalation of silica dust particles. It is entirely preventable.

There are several other diseases, including lung cancer, which can be caused by silica exposure and are under-recognised and under-compensated in Australia.¹

This SNSP Companion provides context for the priorities outlined in the SNSP to assist with measuring progress over time. It is based on advice provided to the Department of Health and Aged Care by Lung Foundation Australia, with input from an Expert Steering Committee and Reference Group who researched and consulted on a national silicosis prevention strategy.

The SNSP Companion is structured to align with the priorities in the SNSP. It covers silica safety and silica-related diseases in Australia, contextual information on the problems, and measures already in place including laws and related strategies.

The Asbestos and Silica Safety and Eradication Agency (ASSEA) has added summaries of new initiatives underway in 2024 for each domestic focussed priority and a chronology tracking the work to address silica-related diseases to date is included at *Appendix A: Origin and development of the Silica National Strategic Plan*. The SNSP Companion also benefited from input provided through targeted consultation on the SNSP.

A small number of matters in the SNSP are not addressed in the companion. Advice on international efforts to address silica safety or silica-related diseases, and on national targets to measure progress was not included in the scope of the project undertaken by Lung Foundation Australia and was subsequently not provided in their advice. The Lung Foundation Australia's advice did not address the role of support groups, thus the Companion focuses on health screening only under Priority 3. Additionally, some matters actioned by government have been omitted, such as mechanisms for governance and reporting for the plan, and operationalisation of the National Occupational Respiratory Disease Registry.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples and pay respects to their Elders, past and present. We do so in a spirit of reconciliation, recognising that Aboriginal and Torres Strait Islander peoples across Australia are significantly overrepresented in lung disease and lung cancer.

We commit to partnering with communities to address this and Close the Gap.

Silica and silica-related diseases

What is respirable crystalline silica and why is it a risk?

Silica, or silicon dioxide, is a naturally occurring and widely abundant mineral that is a major component of most rocks and soils. Natural stones, like granite and sandstone, contain varying amounts of silica. For example granite contains approximately 30% silica, slate contains 40% and sandstone is almost pure silica.²

Engineered stone is an artificial product typically comprised of crushed natural stone such as quartz, a resin binder, and pigments. It may also be known as artificial, composite, reconstituted, manufactured, or agglomerate stone. Depending on the product and manufacturer, engineered stone can contain less than 10% silica or up to 97% silica.

There are non-crystalline and crystalline forms of silica. Inhalation of silica in its crystalline form is associated with a spectrum of diseases, collectively termed silica-related diseases. Silica dust is generated through mechanical processes such as crushing, cutting, drilling, grinding, sanding, sawing, or polishing of natural stone or man-made silica containing products. The nature of these activities means that most silica-related diseases occur in workers as a result of workplace exposure.

Silica dust has a range of sizes, from very small (less than 10 micrometres [μm] in diameter) to larger particles that can be seen with the naked eye. Silica particles that are

less than 10 μm in diameter are known as respirable crystalline silica (RCS) as they are small enough to breathe in and penetrate deep into the lungs. These dust particles can be so small that they cannot be seen under normal lighting or with the naked eye and stay airborne for long periods of time.

When inhaled, RCS dust particles can travel deep into the lungs causing permanent damage that can lead to serious illness or death. The non-crystalline or amorphous forms of silica are less toxic but can also cause similar lung damage at high exposure levels.

Who is at risk?

It is estimated up to 600,000 Australian workers are potentially being exposed to silica dust each year across a wide range of industries.³

Generally, workers are at risk of silica exposure if crystalline silica is liberated from materials in the natural environment (for example, through mining and quarry work), or when silica is used in industrial and manufacturing processes. Silica is used in many industrial processes and products due to its inherent chemical properties, its abundance, and its low cost.

Workers exposed to high levels of silica dust are at greater risk of silicosis and other silica-related diseases, however workers are also at risk in industries where relatively low amounts of RCS is present.

In one study⁴, occupations with the highest exposure, in order of average exposure, were:

- miners
- construction workers
- engineers
- plumbers
- handypersons
- heavy vehicle drivers
- farmers
- machine operators
- animal and horticultural workers
- scientists
- metal workers
- electrical workers.

Workers are also at risk in industries where relatively low amounts of crystalline silica are present, such as:⁴

- jewellery polishing
- dental prosthesis production
- ceramics production.

Due to the identification of numerous Australian workers developing silicosis in the stone benchtop fabrication and installation industry, the very high risk of exposure to silica dust from engineered stone has been revealed.⁵⁻¹¹ A complete, up to date, understanding of which industries currently expose workers to harmful levels of silica dust in Australia is needed.

A 2012 survey of the Australian working population found that 6.6% of the Australian workforce (329,000 workers) were exposed to RCS and 3.7% were exposed to high levels when carrying out tasks at work, with exposure particularly common among miners and quarry workers (91.7% exposed), and construction workers (80% exposed).⁴

Silicosis: Re-emergence of an old disease

Silicosis is one of the oldest known occupational diseases^{8,9} and it remains a risk in many Australian workplaces.^{4,13} The significant rise in cases of silicosis has been associated with the increased importation and use of engineered stone in Australia¹⁴, particularly associated with the engineered stone benchtop industry.^{4,7}

Silicosis is caused by inhalation and deposition of RCS particles that leads to fibrosis (scarring) in the lungs. Although there are likely to be individual levels of susceptibility due to genetic factors, the cumulative dose of silica exposure (the level of silica dust exposure and exposure duration) is the most important factor in the development of silicosis.¹⁵⁻¹⁷

In the absence of comprehensive national health monitoring data on silicosis, Australia is very reliant cause-of-death statistics and on workers' compensation statistics to monitor disease trends, a source which has well known limitations.^{9,18} Between 2000 and 2019, accepted silicosis workers' compensation claims recorded by Safe Work Australia were predominantly in the manufacturing and construction industries (41% each), followed by mining (8%), and electricity, gas, water and waste services (5%), with other industries accounting for the remainder.³

The full-scale impact of silicosis in Australia is unknown as there has not been comprehensive data capturing the prevalence, incidence, and outcomes of silicosis in Australia. However, available data indicates the incidence of silicosis is increasing in all states and territories and across several industries.^{9,18} Furthermore, the actual rate is likely to be higher due to undiagnosed and unrecorded cases.

Australians with silica-related disease

Silica dust particles can travel deep into the lungs when inhaled and lead to a range of respiratory diseases, including:

- acute, accelerated, and chronic silicosis
- Chronic Obstructive Pulmonary Disease (COPD), including chronic bronchitis
- lung cancer.

Silicosis

There are three described forms of silicosis primarily related to the characteristics of occupational exposure and radiological characteristics:

1. **Acute silicosis** (also known as silicoproteinosis), associated with very high intensity exposure and may present within a range of weeks to five years from the time of initial exposure¹⁹

2. **Accelerated silicosis**, develops within ten years of moderate to high level exposure
3. Chronic silicosis, occurs after ten or more years typically at a low to moderate exposure dose.
 - a. **Chronic simple silicosis** (also known as nodular silicosis): characterised by multiple discrete lung nodules 1-10mm in size
 - b. **Chronic complicated silicosis** (also known as progressive massive fibrosis or PMF): coalescence of lung nodules causing conglomerated masses 10mm or more in size

Table 1 provides further detail on each silicosis form. The *NSPS Scientific and Evidence Report - Silicosis in Australia* (from which Table 1 is derived) reports that, of the forms, chronic silicosis is the most common form and has typically been associated with long latency, often over 20 years, therefore may only become apparent after workers leave employment.¹⁹

Table 1: Forms of silicosis

Form	Duration of RCS Exposure	Radiological features
Acute silicosis (silicoproteinosis)	Weeks to 5 years	<ul style="list-style-type: none"> • Numerous bilateral, multi-focal nodular ground-glass opacities • Areas of consolidation
Accelerated silicosis	Less than 10 years	<ul style="list-style-type: none"> • Variable features • May include combination of features of acute silicosis, simple silicosis and complicated silicosis
Chronic simple silicosis	Over 10 years	<ul style="list-style-type: none"> • Multiple discrete lung nodules 1-10mm • Predominance in upper lobes • Enlarged mediastinal/hilar lymph nodes, sometimes with calcification
Chronic complicated silicosis	Over 10 years	<ul style="list-style-type: none"> • Conglomerated masses (coalescence of nodules) over 10mm • Upper lobe predominance • Distortion of surrounding lung parenchyma • Cavitation of masses • Emphysema • Pleural thickening • Enlarged mediastinal/hilar lymph nodes, sometimes with calcification

Other silica-related diseases

Silica dust also increases an individual's risk of developing chronic kidney disease, autoimmune disorders, and other adverse health effects including increased risk of activating latent tuberculosis, as well

as fungal infections, eye irritation and eye damage.¹³ Table 2 provides further information. Altogether, these conditions can be termed silica-related diseases or SRDs.

Table 2: Diseases apart from silicosis associated with RCS exposure²⁰

Pulmonary conditions

Lymphadenopathy	With or without co-existent parenchymal silicosis Calcification may be present
Chronic Obstructive Pulmonary Disease (COPD)	Association with chronic bronchitis, emphysema and airflow obstruction COPD association independent of smoking and silicosis ^{21,22}
Pulmonary fibrosis	Case control studies have demonstrated association between silica exposure and pulmonary fibrosis ^{23,24}
Sarcoidosis	May be difficult to differentiate from complicated silicosis
Lung cancer	Close to multiplicative increased risk if co-existent smoking May develop in absence of silicosis
Caplan's syndrome	Combination of rheumatoid arthritis or elevated rheumatoid factor with pneumoconiosis

Mycobacterial disease

Pulmonary tuberculosis 2.8–39 times higher risk of TB, depending on silicosis severity

Autoimmune disease

Rheumatoid arthritis	3 times increased risk compared to non-RCS exposed, especially males
Systemic lupus erythematosus	Dose-response associations with increasing intensity or duration ²⁵
Scleroderma (Erasmus syndrome)	Development of systemic sclerosis with or without silicosis Risk Ratio 3.02 for males with RCS exposure Greater prevalence of anti-DNA topoisomerase 1 autoantibodies
Antineutrophilic cytoplasmic antibody (ANCA)-associated vasculitis	Exposure to RCS associated with Odds Ratio 2.56 (95% Confidence Interval 1.51–4.36) ²⁶

Renal disease

Chronic renal disease Histopathology varies from focal to crescentic and necrotizing glomerulonephritis with aneurysm formation^{24,27}
May occur without pulmonary disease²⁸
Suggested to be a result of a direct nephrotoxic effect by the microcrystalline silica particles and immune-mediated processes in the context of autoimmune disease^{29,30}

Incidence of silicosis and silica-related disease in Australia

Health screening conducted by some jurisdictions in recent years indicates that nearly one in four engineered stone workers who have been in the industry since before 2018, are suffering from silicosis or other silica dust related diseases.³

An Australian study suggests a sharp rise in levels of exposure, with approximately 584,050 Australian workers occupationally exposed to RCS in 2016.

Between 83,090 and 103,860 silicosis cases and 10,390 lung cancers are expected to result from this RCS exposure.³¹ Insurers are now adjusting their forecasts due to the predicted increase in cases of silicosis.³²

The number of identified silicosis cases in Australia associated with work in the stone benchtop industry as of May 2022 is provided in Table 3.²⁷ However, reports indicate the potential for widespread undiagnosed disease in the engineered stone industry.⁷

Table 3: Silicosis cases in the Australian engineered stone industry as of May 2022³³

Jurisdiction	Number of silicosis cases
Queensland	238
Victoria	175
New South Wales	121
Western Australia	24
South Australia	18
Tasmania	3
Northern Territory	No publicly available data
Australian Capital Territory	No publicly available data

And while a 1992 study predicted that 1,010 silicosis cases would occur over 40 years in Australia³⁴, this is likely to be an underestimate given increases in use of silica containing products, such as engineered stone, since this study was done.

As of May 2024, WorkCover Queensland had completed the health screening of 1,054 stonemasons exposed to RCS from engineered stone.³⁵ Two hundred and seventy six (276) of those screened were diagnosed with a work-related lung condition. Of the workers screened, 223 (21.1%) have silicosis, including 37 with a diagnosis of progressive massive fibrosis (PMF). A total of 16 have a respiratory condition that is not silicosis. A similar pattern of silicosis prevalence has been found in the Victorian stonemason screening registry.³³

Silicosis causes permanent disability and can be fatal

Silicosis is a serious, irreversible occupational lung disease that causes permanent disability. Damage to the lungs from silica dust may not appear for many years, with a long latency period (the lag between the first exposure to the hazard and when the disease is diagnosed clinically).

Australians living with silicosis and their carers report physically and psychologically debilitating symptoms as well as significant unmet needs.^{3,36}

Although there is no effective treatment for the disease, and it is often fatal³⁷, there is good progress being made in the treatment of occupational lung diseases. Early detection offers the best chance of long-term survival.¹⁶

“[At the] end of every day I am buggered. My chest is sore, it hurts to breathe, my feet and hands hurt... that’s my daily life.”

Former geologist
48 years old
Living with chronic silicosis and sarcoidosis

“It’s like a black cloud over your head every day.”

Former tiler
61 years old
Living with silicosis

Priority 1 – Workplace risk reduction

The re-emergence of silicosis and silica-related diseases suggests systemic failures and low compliance with existing WHS regulation is putting Australian workers' health and safety at risk. In particular, the National Dust Disease Taskforce (Taskforce) noted that non-compliance in the stone benchtop industry is evident.³ Examples of non-compliance include:

- use of a high silica content material and the failure to identify the hazard of crystalline silica
- failure to manage the risk of, or control exposure
- failure to provide the correct respiratory protective equipment
- failure to provide training in the use, maintenance and storage of personal protective equipment
- failure to conduct personal air monitoring
- failure to provide health monitoring for workers.³⁸

The apparent low-compliance rate is not limited to one industry or occupation. Unacceptable exposures to RCS are also occurring in other industries such as mining, quarrying, construction and tunnelling, and workers from industries not associated with engineered stone are being diagnosed with silicosis.³⁹ One example of this is shown in the NSW Dust Disease Register where at least 10 workers in heavy and civil engineering construction and site preparation services/earthmoving work were diagnosed with silicosis in 2021.⁴⁰ The prior year approximately 43% of workers who were diagnosed with silicosis in NSW were from industries outside of engineered stone.

At the NSW Budget Estimates, SafeWork NSW disclosed that 21 workers have silicosis from tunnelling work in NSW in the last 5 years.⁴¹ Controlling the dust at the source is necessary regardless of whether it is artificial stone, natural stone, concrete, or other silica-containing products.

Air monitoring

Very few businesses in the stone benchtop industry have undertaken the necessary air monitoring.³⁸ This is due to a number of factors including perceived cost as a barrier, confusion about how to meet WHS obligations, and lack of access to appropriately qualified or certified occupational hygienists.³ Measures to enhance air monitoring and reporting in relation to RCS will help to ensure employers regularly carry out air monitoring to assess RCS exposure.

The Taskforce heard the validity of air monitoring relies on the capabilities of qualified occupational hygienists. This was attributed to a disparity in the level of experience and qualifications of those conducting air monitoring and inspections by medical professionals, support groups and certified occupational hygienists. The Taskforce's final report notes that mining safety laws in Queensland more clearly define the required qualifications of occupational hygienists. A similar approach will help to standardise air monitoring to promote data integrity and ensure the effective implementation of WHS obligations by competent professionals.

Planning

The Safe Work Method Statement (SWMS) for high-risk construction work may provide a model for ensuring the risk of RCS are managed in a planned and deliberate way. This could be achieved at the workplace by extending requirements for a SWMS or similar statement to be completed before carrying out any work that includes a risk of exposure to RCS (e.g. manufacturing). This would be like WorkSafe Victoria's Engineered Stone Control Plan, and more generally asbestos management plans.

Information

A recent NSW review recommended a mandated, consistent format for product labels and Safety Data Sheets (SDS) for manufactured stone products.⁴² Designers, manufacturers, importers, and suppliers do not currently have a duty to provide information such as a SDS for solid products that contain crystalline silica, such as engineered stone. However, SDS are an effective way to communicate information downstream about the risks of a product, and it is considered good practice to make them available.¹³ The implementation of this recommendation would provide point-in-time information on safety to influence if and how the product is used. This should be accompanied by a national compliance education and awareness campaign targeting product and chemical suppliers and SDS for silica-containing products.

Workforce

A suitably trained, resourced, and distributed workforce is needed to reduce RCS exposure and eliminate silicosis and silica-related disease in Australia. A workforce plan to increase the supply of qualified workers in Australia should be developed in collaboration with higher education providers, states and territories, peak bodies, and workplaces.

The workforce plan should cover those involved in preventing, identifying, assessing, and treating silica-related diseases including:

- occupational hygienists who undertake air monitoring and recommend suitable control measures
- the WHS workforce, including inspectors
- medical and healthcare practitioners including general practitioners (GPs), consultant physicians in occupational and environmental medicine, respiratory physicians, radiologists and B-readers with special expertise in occupational lung disease, and allied health professionals.⁴³

Objectives

Further regulatory reform is urgently needed, along with increased and sustained compliance and enforcement by regulators to ensure businesses are complying with their WHS duties and implementing safe practices.

The workplace risk reduction priority will need to eliminate hazardous RCS exposure in Australian workplaces by:

- strengthening work health and safety measures to give greater protection to workers
- supporting employers to effectively manage the risks posed by RCS exposure in the workplace, comply with WHS duties and implement safe systems of work
- ensuring the multi-sector and multidisciplinary workforce required to eliminate silicosis in Australia is suitably trained, resourced, and distributed.

Current system

In Australia, the Commonwealth, states, and territories set, regulate, and enforce WHS laws in their respective jurisdictions. Safe Work Australia is a national policy body, established under the *Safe Work Australia Act 2008* that works on behalf of governments, business, and workers to improve work health and safety outcomes and workers' compensation arrangements in Australia.

To support nationally consistent work health and safety laws, Safe Work Australia has developed policies and model WHS laws that include:

- the model WHS Act⁴⁴
- the model WHS Regulations⁴⁵
- model Codes of Practice⁴⁶
- the National Compliance and Enforcement Policy⁴⁷, and
- a range of guidance material on ways to comply with the model WHS laws.

The model WHS laws have been adopted in all jurisdictions except Victoria, which has similar laws in place.

Under the model WHS laws, duty holders must eliminate or minimise risks to workers and others, so far as is reasonably practicable, including the risks from exposure to hazardous airborne contaminants, such as RCS.

Where businesses operations might expose workers and others to airborne contaminants, duty holders must also:

- comply with the prescribed maximum Workplace Exposure Standard (WES)* for hazardous airborne chemicals
- conduct air monitoring if there is any uncertainty that the WES of airborne contaminants is being exceeded or to find out if there is a risk to a worker's health.

Section 22 to 25 of the model WHS Act also assigns duties to designers, manufacturers, importers and suppliers, including testing of plant, structures or substances that will or could be used in a workplace to ensure they are without risks to health and safety.

Box 1 / Hierarchy of control measures

Controlling exposure to workplace hazards is vital to protecting workers and others.

The hierarchy of control measures involves first attempting to eliminate risks. If it is not reasonably practicable to eliminate a risk, the risks are minimised as far as is reasonably practicable using one or more of the following:

- substituting the hazard with something safer such as using a different product
- isolating the hazard such as by enclosing and area and restricting access

- engineering control measures such as dust suppression or capture systems

If risks remain, they are minimised using administrative control measures such as air and health monitoring, labels and warnings, written procedures or policies, and training. Finally, any remaining risks are minimised with suitable personal protective equipment such as a well-fitting, appropriately selected respirator.

A combination of controls from the hierarchy is usually necessary to minimise risks as far as reasonably practicable.

* Note, the WES will be replaced with Workplace Exposure Limits (WEL) from 1 December 2026.

They must also provide current and adequate information with the item to ensure its safe use, including:

- the intended purpose and use of the item,
- the results of testing including any hazardous properties identified, and
- any conditions necessary to ensure the item is without risk to health and safety when handled, stored, assembled, constructed, demolished, and disposed.

Hazardous chemicals used for work purposes have WHS regulations that set out how to meet the duty on provision of information, including requirements for labelling and safety data sheets. However, these do not apply to solid silica-containing products, such as bricks, tiles or engineered stone.

Product Safety Standards issued by the Australian Competition and Consumer Commission, or Australian Industry Standards developed by Standards Australia may apply depending on the item.

The harmonisation of mining and resource laws progressed differently to the broader model WHS laws. Specifically, mining and resource laws in NSW, Queensland and Western Australia are based on the model WHS Regulations for mining, as well as additional tri-state mining provisions agreed by these governments. Queensland has separate pieces of legislation for each resource sector that are not based on the model WHS laws. Mining and resource legislation is enforced by a sector-specific regulator in these states.

Box 2/ Safe Work Australia Occupational Lung Disease Work Plan

Safe Work Australia has undertaken substantial work to address the increase in silicosis cases through its Occupational Lung Diseases Work Plan.⁴⁹

This has included the following completed projects:

- The WES for RCS was halved to 0.05mg/m³ (eight-hour time weighted average over five working days) in the model WHS laws [50]. Research into the feasibility of lowering the WES to 0.02 mg/m³ was also carried out.
- The model WHS Regulations were amended to expressly prohibit uncontrolled processing of engineered stone. This clarifies existing obligations under the primary duty of care, the WES, and the hierarchy of control (Box 1).
- The model Code of Practice: Managing the risks of respirable crystalline silica from engineered stone in the workplace¹⁰, and the revised Working with silica and silica containing products guidance material¹³ were issued. These include information on the competency of occupational hygienists conducting air monitoring.
- Regulation impact analysis on options to minimise exposures to RCS was progressed and amendments agreed by WHS ministers including stronger regulation of high-risk crystalline silica processes for all materials (including engineered stone) across all industries, through additional training requirements and a requirement to conduct air monitoring and report WES exceedances to the relevant regulator.⁵¹

Initiatives

In 2021, the Taskforce recommended nationally coordinated measures to strengthen WHS laws to ensure workers are protected from exposure to RCS and its consequences. All Australian Governments support in principle the Taskforce's recommendations.⁴⁸ Most of these recommendations are being actioned by Safe Work Australia, WHS regulators, and worker and industry representatives.

In addition to their Occupational Lung Diseases Work Plan (Box 2), Safe Work Australia has completed other silica projects, including:

- The *Australian Work Health and Safety Strategy 2023-2033*. It has two targets related to RCS; 'No new cases of accelerated silicosis by 2033', and 'A reduction in the frequency rate of work-related respiratory disease by 20 per cent'⁵²
- An interactive Safe Work Method Statement (SWMS) tool which can assist duty holders to meet obligations for high-risk construction work involving RCS has been made available on Safe Work Australia's website⁵³
- A further regulation impact analysis to inform a decision by WHS Ministers on prohibition of engineered stone⁵⁴
- Advice to WHS Ministers on sintered stone, and that any emerging evidence of health risks associated with processing sintered stone and other alternatives to engineered stone will be considered as part of a review of amended model WHS regulations to be completed by 31 July 2025.⁵⁵

Ongoing projects

Ban on certain engineered stone products

In December 2023, WHS Ministers considered Safe Work Australia's Decision Regulation Impact Statement on the prohibition of engineered stone.⁵⁴ They agreed unanimously to prohibit the use of engineered stone under the model WHS laws.⁵⁶ At the WHS Ministers meeting in March 2024, it was agreed the prohibition would apply to engineered stone bench tops, panels and slabs⁵⁷, along with a framework setting out the process for exempting products from the prohibition. At their May 2024 meeting, WHS ministers endorsed amendments to the model WHS Regulations to give effect to the prohibition on the use of engineered stone and the exemption framework.⁵⁵

The prohibition will commence on 1 July 2024 in most jurisdictions, though some are providing a transition period to 31 December 2024. The prohibition applies to manufacture, supply, processing and installing engineered stone products. It does not apply to repair, minor modification, removal, or disposal of engineered stone installed prior to the prohibition (legacy products). A stringent National Exemption Framework with criteria for granting, refusing or varying exemptions on products will also apply.⁵⁷ It will apply in only exceptional circumstances, where there is compelling evidence that a product can be worked with safely.⁵⁵

WHS Ministers also noted the Australian Government's intention to put in place a complementary customs prohibition on engineered stone benchtops, panels and slabs.⁵⁶

Framework for working with legacy products

The Taskforce recommended development and implementation of a national licensing framework to support the introduction of jurisdictional licensing schemes for businesses continuing to work with engineered stone; this should effectively achieve many prevention goals.³ They considered licensing would

restrict work on engineered stone products to those businesses that can demonstrate the ability to effectively manage the risks associated with engineered stone, by implementing necessary controls and educating their employees.

At their December 2023 meeting, WHS Ministers considered advice on ways to better manage working with legacy engineered stone products. A national licensing framework was not recommended. Instead, WHS Ministers agreed that arrangements for working with legacy products, involving removal, modification, repair and disposal, be managed by jurisdictions on the basis of a National Notification Framework developed by Safe Work Australia.⁵⁶ The framework was provided to WHS Ministers at the end of February 2024 for consideration at their March meeting. At this meeting, WHS Ministers agreed, by majority, to policy parameters for a notification framework under the model WHS laws for undertaking permitted work with legacy engineered stone products.⁵⁷

At the May 2024 meeting, WHS Ministers endorsed model WHS regulations giving effect to the National Notification Framework. They also agreed to revoke the existing model Code of Practice: *Managing the Risks of Respirable Crystalline Silica from Engineered Stone* in the workplace on 30 June 2024, and noted a new Code of Practice reflecting the prohibition and frameworks will be developed.⁵⁵

Stronger regulation of crystalline silica substance processing

There is strong evidence demonstrating the reduced exposures associated with controlled cutting.⁵⁸⁻⁶¹ Recent modelling conducted by Curtin University modelled the impact of various interventions, one of which was the use of wet cutting methods during all concrete cutting and grinding tasks. The modelling showed that the use of wet cutting methods was estimated to result in a reduction of between 5,090 and 6,360 cases of silicosis, in addition to 640 cases of lung cancer.³¹

At their meeting in March 2024, WHS Ministers agreed to prohibit uncontrolled processing of all crystalline silica substances across all industries.⁵⁷ They set policy parameters for high-risk crystalline silica processes including requirements to:

- develop a Silica Risk Control Plan
- provide additional training for workers and others likely to be exposed to RCS
- undertake air and health monitoring for workers
- report workplace exposure exceedances to relevant regulators.

Ministers agreed all crystalline silica processes are high risk unless the PCBU has undertaken a risk assessment. Minimum requirements for the risk assessment will be in WHS regulations.⁵⁷ At their May 2024 meeting, WHS ministers endorsed amendments to the model WHS Regulations to give effect to a stronger regulation of all crystalline silica processes commencing from 1 September 2024.⁵⁵

Workplace Exposure Standard

Safe Work Australia Members agreed in March 2023 to recommend to ministers a further reduction to the WES for RCS to 0.025 mg/m³ with a three-year transition period; and for Safe Work Australia to engage with relevant organisations within the transition period to resolve measurability issues. For this change to have effect, it must be agreed by WHS Ministers. WHS Ministers have requested Safe Work Australia carry out a regulation impact analysis on the proposal so they may better consider the implications for government, industry and the community when deciding on the proposed reduction.⁵¹

Priority 2 – Education and awareness

Targeted silicosis prevention education, awareness and behaviour change initiatives will be a key factor in enabling Australia to eliminate silica-related diseases, including silicosis.

Education and awareness activities must address significant gaps in knowledge relating to silicosis, and its prevention and management, evident among Australian businesses, workers, and the broader community. There is a lack of understanding and awareness of the hazardous nature of working with silica-containing products, including engineered stone. Some workers had never heard of silicosis before their diagnosis.³

The importance of education and awareness to prevent silicosis by raising awareness of effective control measures has been highlighted by findings that most early cases of engineered stone-associated silicosis occurred in small businesses with deficiencies in workplace control measures.⁶ These measures include inadequate ventilation, lack of provision of appropriate respiratory protection, and dry processing of engineered stone. A lack of knowledge of the control measures, and how to implement them, is also evident.

A recent editorial noted that, “Of the few reports on silicosis... most circle back to education as a tool in the fight against the disease”.⁶² There is strong support among all stakeholders, including government, for effective education, awareness and behaviour change initiatives.^{3,48}

Targeted education and awareness

Education, awareness, and behaviour change initiatives must be targeted at a range of different stakeholders in order to achieve meaningful change and eliminate silicosis in Australia. A deep understanding of core audiences is needed to ensure silicosis prevention education and awareness activities are tailored to the audience and effective at influencing behaviour.

Behavioural insights research with the range of core stakeholders is required to build on the research by Quantum Market Research commissioned by the Taskforce.³⁶ Education and awareness activities targeting a range of different stakeholders are required and should educate and inform:³

- workers and families about risks, workers’ rights, and preventive measures, including the stories of workers previously exposed to silica dust and retired workers (due to the latency period of the disease)
- businesses, including employers and WHS duty holders about risks, control measures and legislative requirements
- manufacturers, suppliers, importers and designers to ensure compliance with WHS duties including promoting safe practices through labelling, provision of SDS for each stage of the supply chain and taking a lead role in product stewardship

- the housing and construction industry (e.g., architects, engineers, designers, builders), as well as home renovators of kitchen and bathrooms and the general public, about the risks associated with using silica-containing products when they are not handled safely, and to encourage consideration of safer alternatives
- consumers about the risks associated with silica-containing products when appropriate control measures are not used and to encourage consideration of safer alternatives
- WHS inspectors about risks and control measures, and their role in providing advice, assisting workplaces to resolve health and safety issues, and enforcing legislative requirements.

Medical and healthcare practitioners will also need education and training about occupational risk, symptoms, presentation, and evidence-based diagnostic techniques to improve diagnosis of silicosis. The avenues to support those affected and to enable referral for support should be addressed.

Features of awareness and education programs

Tailored strategies and messages based on the insights, needs and roles of stakeholders provide the best option for increased understanding of silica-related diseases.

Education, communication, and awareness activities should:

- target industries where workers are at risk of silicosis due to RCS exposure
- align with existing WHS duties and legislative requirements
- account for various levels of literacy as well as culturally and linguistically diverse audiences
- consider and apply existing behavioural insights to ensure a focus on the best ways to prevent or reduce behaviours that increase risk of workplace RCS exposure
- include content on the legal rights and responsibilities of different stakeholders

- include the development of practical guidance and tools for use in workplaces in a variety of modalities.

Education, communication, and awareness activities need a strong focus on workers and businesses at each step of the supply chain in order to reduce the risk of RCS exposure. For example, activities targeting the engineered stone industry would include extraction, crushing and grinding, manufacturing, import, packaging and labelling, transport, storage, sale, fabrication, installation, and demolition.⁶³ Education, communication, and awareness activities should also target consumers and other professionals (e.g., architects, builders) to raise awareness about the risks associated with silica and available control measures.

Silicosis prevention and silica management education and training to be provided to workers at risk of RCS exposure is critical to better protecting Australian workers.

Different measures are required to ensure that silicosis prevention education and awareness activities are available for businesses in at-risk industries, such as education and training subsidies to increase access and affordability, and better overall awareness of training requirements and opportunities. The opportunity to provide self-guided options and scale up existing activities need to be explored.

Objectives

To address gaps in knowledge and improve compliance safety measures, activities should:

- increase awareness and knowledge of the risks of RCS exposure in all sectors
- increase knowledge of safe work practices, available controls, and compliance with WHS duties
- increase consumer awareness of the risks when choosing a high silica content product, such as engineered stone, to inform consumer choice
- influence stakeholder behaviours across the supply chain to reduce RCS exposure and better protect workers.

Current system

Under the model WHS laws, duty holders must eliminate or minimise risks to workers, so far as is reasonably practicable, that arise from work, including the risks from exposure to hazardous airborne contaminants like silica dust. The primary duty of care at section 19(3)(f) of the model WHS Act also requires duty holders provide any information, training, instruction necessary to protect all persons from risks to their health and safety arising from work carried out by business or undertaking. The model WHS regulations may specify the form and content of the information or training for particular activities or hazards.

Public awareness campaigns are an important and effective way for government to improve health or prevent illness and injury. Relevant to the above, these can target consumers and those planning home renovations to empower better decisions and change behaviour.

Initiatives

In April 2021, the Taskforce recommended the implementation of a national, targeted education and communication campaign, using lessons learned from jurisdictions and key stakeholders, by the end of 2021.³ In the All of Governments' Response, Australian governments supported the Taskforce's recommendation.⁴⁸ Several silicosis education and awareness campaigns have been delivered by federal, state and territory governments and non-government organisations (Box 3).

In February 2023, WHS ministers also agreed to implement "delivery of national awareness and behaviour change initiatives, in partnership with employers and unions".⁵¹

Box 3/ Education and awareness campaigns

Safe Work Australia and WHS regulators have undertaken education and awareness raising campaigns targeting businesses with risks of exposure to RCS to ensure they are meeting their WHS duties.

These include:

- Safe Work Australia conducted two campaigns to increase worker and duty holder awareness about the risks of RCS and how to eliminate or manage

them; 'Clean Air, Clear Lungs'⁶⁴ in 2021 and 'Be Silica Smart'⁶⁵ in 2023.

- The Australian Government has funded the development of silica safety awareness training and competency frameworks 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 was completed in September 2022.⁶⁶

Ongoing projects

The Australian Government provided \$1 million funding to Lung Foundation Australia from 2020-21 to 2024-25 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.⁴⁸

Australian Government funding of \$11 million over 4 years was allocated in the 2022-23 Budget to assist with implementing Taskforce recommendations, including measures 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.⁴⁸

The Australian Government's 2023-24 Budget supported further education and training activities to be delivered through Safe Work Australia's social partners, the Australian Council of Trade Unions, the Australian Chamber of Commerce and Industry

and Ai Group. They were collectively provided with \$1.2 million over two years from 2023-24⁶⁷ to support the decision by WHS ministers in February to deliver national awareness and behaviour change initiatives, in partnership with employers and unions.⁴⁸ Funding is aimed at WHS duty holders and workers, to improve their understanding of the risks arising from silica dust and to support better work practices relating to managing silica dust in the workplace.⁶⁷

Safe Work Australia also has ongoing communications projects underway to raise awareness about work health and safety risk related to silica, including how to identify and manage these risks. Throughout 2024, Safe Work Australia will raise awareness to support the implementation of the ban on engineered stone and the new regulations for crystalline silica processes. This was approved by WHS Ministers in March 2024 as part of Safe Work Australia's Agency Silica Work Plan.⁵⁷

Priority 3 – Health Monitoring, Screening and Surveillance

Health screening involves tests, examinations or other procedures that can be applied rapidly across a population to identify risk markers for a disease that may warrant further investigation.⁶⁸ The World Health Organization defines health surveillance as “the continuous systematic collection, analysis and interpretation of health-related data”.⁶⁹ Health monitoring involves both screening and surveillance, but is typically limited to the employment relationship.

Health monitoring involves using medical tests to monitor and protect a worker’s health because of exposure to specific hazardous chemicals (e.g. lead, asbestos etc).¹⁴ The purpose of occupational health monitoring is to detect adverse effects from workplace hazards exposure at an early, pre-clinical stage. This allows interventions to protect the health of the worker. Health monitoring is required in WHS laws, but is referred to as health surveillance in Western Australia and is also known as respiratory surveillance in some medical literature.

The identification of any worker with an adverse health effect is an indicator of failure to control the exposure at the workplace, thereby putting other workers at risk. The aim is to have zero adverse health effects. Even one affected worker requires a thorough review of preventive measures to protect other workers at the workplace.

In recent years, several jurisdictions in Australia have provided health screening programs for workers in the stone benchtop industry. These free or subsidised programs have been extremely important as a means

of identifying workers with silica-related disease (who are often asymptomatic) and providing appropriate management, but would benefit from wider, and more consistent application.³

Lifetime health monitoring and ongoing respiratory surveillance of workers who currently have, or previously had, exposure to RCS will help to identify the disease earlier, prevent further RCS exposure and play an important role in reducing the adverse consequences of a diagnosis. Importantly, the symptoms of silicosis may not appear for many years after exposure, which is why continued health surveillance beyond workers currently employed in at-risk industries is critical.^{70, 71}

Ongoing respiratory screening and monitoring also provides an opportunity to raise awareness of the risks of silica and to educate workers about the need to correctly apply protective controls to reduce their risk of developing silicosis. Despite convincing evidence regarding the prevalence of occupational RCS exposure in Australia, and internationally, the evidence base for screening methods requires enhancement. This includes further research into the role of modern lung function testing and radiological techniques.

Health monitoring is required under the model WHS laws, however, the National Dust Disease Taskforce’s Final Report noted low compliance with this requirement. The report called for nationally consistent and frequent health screening and surveillance of workers to enable early detection of

occupational respiratory diseases, to assist to identify deficiencies in workplace controls, and increase understanding of dust diseases progression.³

Objectives

To address issues with health monitoring, screening and surveillance measures should:

- improve the quality, frequency and coverage of health monitoring and surveillance for current and former RCS-exposed workers
- implement a nationally consistent workplace health monitoring and surveillance program for silicosis supported by a national information system
- enhance evidence-based screening and surveillance to optimise health outcomes for Australian workers.

Current system

Under the model WHS regulations, duty holders have a legal obligation to “provide health monitoring for workers if they carry out ongoing work using, handling, generating or storing crystalline silica, and there is a significant risk to the worker’s health because of exposure”.⁷² RCS is identified under Schedule 14 of the model WHS regulations to be a hazardous substance requiring provision of health monitoring.

Under the model WHS laws, duty holders must determine if significant risk is present and to decide if health monitoring is necessary. This requires knowledge of the product and its risks, and judgement by the duty holder. Significant risk decisions are made taking into consideration the likelihood of exposure to a hazardous chemical, including air monitoring results, in conjunction with the known health effects of the chemicals. In the case of RCS, the likelihood of exposure when working with silica-containing materials is high and the known health risks are many and serious.³

Initiatives

In April 2021, the Taskforce made a number of recommendations relating to health monitoring, screening and surveillance.³ In the All of Governments’ Response, Australian governments supported the following Taskforce recommendations:⁴⁸

- Urgently conduct a regulatory impact analysis that must consider strengthening the health monitoring requirements to include contemporary methodologies such as low dose high resolution computerised tomography (HRCT) scans, and to cover all workers at risk of exposure to RCS (Recommendation 1c)
- Develop national guidance to identify people at risk from RCS exposure and improve the quality, frequency, and coverage of health screening assessments for current and former workers (Recommendation 2)
- Design and implement an Early Detection and Rapid Response Protocol to identify emerging workplace risk using data from the National Occupational Respiratory Disease Registry when it becomes operational, and other sources (Recommendation 3c)^{3, 48}
- Regarding Taskforce recommendation 5 (Better support medical, health and other related professionals to improve the diagnosis and management of workers affected by silicosis), Australian governments supported recommendation 5b and 5c, noting recommendation 5a.

A comprehensive review of current evidence regarding the optimal health monitoring methodology for workers exposed to RCS in all industries is needed for the development of evidence-based national guidelines, with reference to the role and methodology of HRCT imaging. The provision of specific health monitoring recommendations for workers will be informed by further development of the *National Guidance for doctors assessing workers exposed to RCS dust* (National Guidance).⁴³

The All of Governments' Response states the Australian Government's commitment to funding the development and implementation of resources to encourage and support general practitioners to use the National Guidance.⁴⁸ The 2022-23 Australian Government Budget allocated funding for training to support use of the National Guidance.

Regular review of the National Guidance, translation of the National Guidance into evidence-based clinical guidelines, and the national dissemination of the clinical guidelines, including education and training of health and medical professionals, is needed to provide specific health monitoring recommendations for works exposed to RCS.

Safe Work Australia released two guides with information on health monitoring; *Health monitoring - Guide for medical practitioners*⁷² and *Health monitoring - Guide for crystalline silica*⁷³. WHS ministers' agreed that health monitoring must be undertaken for all processing of crystalline silica substances that is high risk.^{55, 57}

A competency-based Silica Health Monitoring Accreditation Program for medical professionals who undertake health monitoring will ensure high quality screening is undertaken and improve the diagnosis, management, and care of people with silica-related disease in Australia. Establishment of the accreditation program should:

- be accompanied by a requirement for continuing professional development, in collaboration with the relevant professional colleges and societies, and development and maintenance of a public register of accredited medical professionals
- complement existing initiatives, such as the work of Lung Foundation Australia to develop a national, evidence-based Lung Health Competency and Education Framework for primary health care professionals that supports best practice care for people with lung disease and lung cancer.

Following the recommendations of the National Dust Disease Taskforce and the 2021 Review of the Dust Disease Scheme in NSW, it will be important for Australia to implement measures to enhance the health monitoring of all current and former RCS exposed workers.^{3,42} These include:

- provision of access to ongoing health monitoring for RCS exposed workers who are retired or have left employment where RCS exposure occurred
- implementing processes to promote best practice health monitoring to all current and former exposed workers and employers
- outreach services to increase access to best practice monitoring in regional, rural and remote communities across Australia
- developing processes to identify and reach all workers exposed to RCS, and to follow up on screening or treatment drop out
- establishing a nationally consistent system to ensure ongoing delivery of best practice health monitoring for RCS exposed workers.

Screening services should be supportive, accessible, and free to workers, and offer a streamlined pathway to treatment and compensation where applicable.

Ongoing projects

Health screening

The Australian Government is investing \$263.8 million over four years from 2023-24 to establish and maintain a new national lung cancer screening program.⁶⁷ The program will maximise prevention and early detection of lung cancer for at-risk Australians. The feasibility to extend such program to include workers in high-risk industries could be considered.

It is critical that data is captured, centrally collected, and reported publicly on the number of workers who have developed occupational respiratory disease. Under a new National Occupational Respiratory Disease Registry (National Registry) legislative framework, respiratory and occupational physicians will be required

to notify all diagnoses of silicosis through the National Registry from May 2024.

Emerging risks

The All-of-Governments' Response supports the development of the Early Detection and Rapid Response Protocol to enable the early identification of and response to, emerging occupational respiratory risks and associated diseases. Additional federal funding was identified in the 2022-23 Budget to support this activity.

Priority 4 – Research and development

Silicosis is not a new disease yet major gaps in silicosis knowledge exist which hinder our ability to act effectively and protect workers from exposure to RCS and its consequences.

A strategic national approach to research relating to silica and silica-related diseases through an internationally relevant and nationally coordinated silicosis prevention research strategy would help to address identified gaps in silicosis knowledge and build the evidence base. Such a strategy would encompass:

- disease surveillance and population health research
- basic science and clinical research
- behavioural and market research
- implementation science and knowledge translation
- research and development (product redesign and development).

Funding for research into occupational respiratory disease prevention would help to close data gaps, build the evidence base as well as the capability of the research sector, and support collaboration and information sharing. This could be achieved through funding by the Medical Research Future Fund, the National Health and Medical Research Council, the Australian Research Council, or industry research. Relevant funded research may include:

- epidemiology, including health monitoring and surveillance
- data including registries, patient reported outcomes and behavioural insights
- product design, development, and handling across the silica supply chain

- prevention, risk reduction and use of control measures, including air monitoring and adaptive new technologies
- research workforce capability, education, and translation.

Development of a comprehensive National Silicosis Profile as per global best practice is necessary to enable a full understanding of the current scale and impact of silicosis in Australia and enable monitoring of change over time. The Profile should report at a minimum all 16 data recommended by the joint ILO/WHO Global Programme for the Elimination of Silicosis (GPES).^{75, 76} Some of this data is not currently available, and additional work to establish data collection and reporting mechanisms will be required.

Objectives

To build an evidence-base for effective action on RCS and silica-related diseases activities should include effort to:

- develop a strategic national approach to silicosis prevention research and development
- build the evidence base for silicosis prevention as well as the capability of the research sector.
- enhance the capabilities of population-level monitoring and surveillance of silicosis and other occupational lung diseases in Australia
- translate silicosis knowledge into WHS policy, practices, behaviours, and information to better protect workers from RCS exposure.

Current system

In recognition of the gaps in silicosis knowledge and the lack of available data, in 2021 the Taskforce recommended enhancing the silica and occupational respiratory disease evidence base and research expertise in Australia, as well as operationalising the Registry as soon as possible; this was supported in the All-of-Governments response.^{3,48}

The Taskforce also recommended identifying additional priority areas for further research funding, supporting collaboration and information sharing, and funding fellowships and scholarships. All governments also support this recommendation.⁴⁸

Health and medical research is typically funded by the Australian, state and territory governments via competitive grants schemes. The aim is to advance knowledge about human health and improve health care for Australians.

The Australian Government funds health and medical research through:

- Medical Research Future Fund
- National Health and Medical Research Council
- grants to eligible Australian higher education providers
- other research organisations.⁷⁷

Box 4/ National Occupational Respiratory Disease Registry

The Australian Government funded the development of a National Occupational Respiratory Disease Registry (National Registry) that will:

- capture and share data on the incidence of respiratory diseases thought to be caused or exacerbated by work, and their causes, and
- capture respiratory health data to aid the detection of new and emerging

threats to worker's respiratory health, inform incidence trends, and assist in targeting and monitoring the effectiveness of interventions and prevention strategies.

Under the new National Registry legislative framework, respiratory and occupational physicians are required to notify all diagnoses of silicosis through the National Registry from May 2024.

Initiatives

To enable research into silica-related diseases it is critical that data is captured, centrally collected, and reported publicly on the number of workers who have developed occupational respiratory disease (Box 4).

Safe Work Australia's 2022 work plan included investigation of opportunities to commission research into the effectiveness of engineering controls to minimise RCS exposures in workers processing engineered stone, particularly in newer products that have lower crystalline silica content.⁵²

Ongoing projects

The Australian Government committed \$6 million to silicosis research in the 2021-22 Budget. Five grants for silicosis research projects were funded through the Medical Research Future Fund including projects on early diagnosis, silicosis treatment and management.⁷⁸ Results are expected mid-2024.

At their March 2024 meeting, WHS Ministers agreed Safe Work Australia undertake a review of the prohibition on engineered stone to ensure it is working effectively to protect workers from exposure to RCS and to identify and assess any unintended consequences. This review will consider the health risks posed to workers from processing slabs, panels and benchtops made from alternative products which may contain or be free from crystalline silica.^{55, 57}

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Appendix A: Origin and development of the Silica National Strategic Plan

The Silica National Strategic Plan was recommended by the National Dust Disease Taskforce in its Interim and Final Reports. The below table sets out the origin and development of the plan.

Other recommendations of the Taskforce were progressed at the same time; most notably on WHS laws across all jurisdictions and to establish the National Occupational

Respiratory Disease Register. A forthcoming progress report on activities by Australian governments on actions agreed in the *All of governments' response to the final National Dust Disease Taskforce Report (Response)* will outline work undertaken between the release of the Response and December 2023. This progress was considered when developing the Silica National Strategic Plan.

Action	Partners
July 2019	The Australian Government Department of Health established a National Dust Disease Taskforce to develop a national approach to the prevention, early identification, control, and management of occupational lung diseases in Australia.
December 2019	National Dust Disease Taskforce provided an interim report to the Australian Government, including a recommendation to develop a national silicosis prevention strategy.
June 2021	National Dust Disease Taskforce delivered its final report to the Australian Government, including a recommendation to finalise a national silicosis prevention strategy.
February 2022	Lung Foundation Australia was contracted by the Department of Health to assist with developing a draft National Silicosis Prevention Strategy and accompanying National Action Plan.
April 2022	The Australian, and state and territory governments released the All of governments' response to the final report of the National Dust Disease Taskforce.

Action	Partners
March 2022 – January 2023	<p>Lung Foundation Australia developed draft National Silicosis Prevention Strategy and National Action Plan in consultation with stakeholders including affected workers and their families, governments, industry, unions, workers, employers, regulators, medical and health professionals, researchers, and peak bodies.</p> <p>The process was overseen by a multi-disciplinary and sector Expert Steering Committee with advice and input from a Reference Group.</p>
February – March 2023	Lung Foundation Australia release the draft National Silicosis Prevention Strategy and National Action Plan for public consultation.
June 2023	Lung Foundation Australia provided final draft National Silicosis Prevention Strategy and National Action Plan to the Department of Health and Aged Care.
September 2023	<p>Legislation to expand the functions of the Asbestos and Silica Safety and Eradication Agency in relation to silica safety and silica-related diseases, was introduced to the Australian Parliament in Schedule 2 of the Fair Work Legislation Amendment (Closing Loopholes) Bill 2023.</p> <p>The bill was referred to the Senate Education and Employment Legislation Committee for consideration and report in February 2024.</p>
October – November 2023	<p>The National Silicosis Prevention Strategy and National Action Plan were renamed as the Silica National Strategic Plan to align with the bill.</p> <p>Department of Health and Aged Care began work to convert the National Silicosis Prevention Strategy and National Action Plan to a Silica National Strategic Plan and sought state and territory feedback.</p>
December 2023	<p>Select measures from the Fair Work Legislation Amendment (Closing Loopholes) Bill 2023) were passed by both houses of the Australian Parliament, including Amendment of the <i>Asbestos Safety and Eradication Agency Act 2013</i>.</p> <p>On 15 December 2023, functions of the Asbestos Safety and Eradication Agency were expanded to include silica consistent with these amendments, including responsibility for developing the Silica National Strategic Plan.</p> <p>The agency's name changed to the Asbestos and Silica Safety and Eradication Agency.</p>
January – May 2024	<p>Asbestos and Silica Safety and Eradication Agency continued work on the draft Silica National Strategic Plan to meet new legislative requirements and address the previously provided state and territory feedback.</p> <p>This work was carried out with the assistance of the Department of Health and Aged Care to ensure continuity.</p>

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