

Silica National Strategic Plan 2024–30



Taking action to save lives

Foreword

We are proud to present the first Silica National Strategic Plan, which sets out how we will work together to prevent exposure to respirable crystalline silica in Australian workplaces so we can eliminate silica-related diseases.

This plan has been informed by findings of reviews, including Senate and Ministerial inquiries^{1,2,3} and work of the National Dust Disease Taskforce⁴, as well as research, and extensive consultation. It reflects the fundamental right of all Australians to a healthy and safe working environment, as recognised nationally and internationally.

With up to 1.45 million Australians working in industries where they may be exposed to respirable crystalline silica⁵, urgent and focussed action is needed to improve safety standards and increase our understanding of the risks and how to address them.

Many people and organisations are making concerted efforts to improve crystalline silica safety and health outcomes for workers and others. We look forward to supporting our partners and all governments to continue this work, and to implement the Silica National Strategic Plan.

Acknowledgement

We acknowledge the work of those who contributed to the initial draft of this plan, including the Lung Foundation Australia, members of the multi-disciplinary and multi-sector Expert Steering Committee and Reference Group, as well as the Department of Health and Aged Care. We also extend our thanks to those who generously provided their time and contributed their expertise throughout consultations on the plan. The Silica National Strategic Plan 2024-2030 is better as a result of your involvement.

Paul Bastian

Chairperson

Asbestos and Silica Safety
and Eradication Council



Australian Government

**Asbestos and Silica Safety
and Eradication Council**

Jodie Deakes

Chief Executive Officer

Asbestos and Silica Safety
and Eradication Agency



Australian Government

**Asbestos and Silica Safety
and Eradication Agency**

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.

Crystalline silica is a common, naturally occurring mineral found in most rocks and soils⁶



Respirable crystalline silica (RCS) is generated when crystalline silica products are subjected to **mechanical processing**⁷

RCS particles are typically **100 times smaller** than a grain of beach sand^{8,9}



Exposure to RCS can cause serious lung disease leading to permanent disability and death¹⁰

A 2022 study estimated **584,000** Australian workers are **exposed to RCS** in 2016¹¹



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If uncontrolled, this exposure could result in up to **103,000** silicosis cases and **10,000** lung cancers¹¹

Globally, silicosis accounts for **90%** of all **pneumoconiosis cases** and is a serious public health issue¹²



Silica-related diseases are preventable

About the Silica National Strategic Plan

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

The SNSP is based on a draft National Silicosis Prevention Strategy and associated National Action Plan¹⁰ developed by the Lung Foundation Australia for the Department of Health and Aged Care, under the guidance of an Expert Steering Committee across 2021 and 2022. It actions recommendation 3A in the National Dust Disease Taskforce's Final Report⁴ which called for finalisation of a strategy to drive coordinated national action to address increasing rates of silicosis. This recommendation is supported by all Australian governments.

The SNSP represents the commitment of the Commonwealth, state and territory governments, along with experts and support groups, to address and ultimately eliminate silica-related disease in Australia. It incorporates many elements of the National Silicosis Prevention Strategy and extends these to cover all silica-related diseases and international leadership.

The SNSP also supports work to achieve the *Australian Work Health and Safety Strategy 2023–2033* target of no new cases of accelerated silicosis by 2033.¹³

Scope

To meet the aims of the SNSP a broad scope has been set, that includes:

- Primary prevention (preventing and reducing workplace exposure and risk) and secondary prevention (early detection and screening of at-risk workers)
- All forms of silicosis (acute, accelerated, and chronic) and silica-related diseases
- All industries, occupations and tasks where workers are at risk of silicosis and silica-related diseases
- Workplaces of all sizes, including micro businesses, small to medium enterprises, and larger businesses
- Each step in the supply chain of crystalline silica substances (e.g., importing, supplying, manufacturing and disposal of engineered stone benchtops)
- Opportunities for intervention across the health care system.

Our challenges

Silica, or silicon dioxide, is a naturally occurring mineral that forms the major component of most rocks and soils.

There are non-crystalline and crystalline forms of silicon dioxide. Common crystalline silica products include natural and manufactured stone, bricks, pavers, cement, grout, mortar, tiles, foundry castings, and some plasterboard and plastic materials.¹⁴ Crystalline silica is dangerous to health when released as a fine airborne dust.⁶ This is known as respirable crystalline silica (RCS). Tasks such as cutting, sawing, drilling, scabbling, grinding or polishing crystalline silica materials and products can generate RCS.

If inhaled, RCS can penetrate deep into the lungs, causing irreversible lung damage and diseases including all types of silicosis (i.e. acute, accelerated, and chronic), chronic bronchitis, emphysema, lung cancer, kidney damage and autoimmune disorders.⁵

It can also activate latent tuberculosis, cause fungal infections, and damage eyes. Silica-related diseases can have a long latency and are often fatal.⁵ The mental health, wellbeing and finances of people with silica-related diseases and their families are also impacted.

Workers affected include those involved in construction, demolition, tunnelling, mining, manufacturing, stonemasonry, agriculture, or electricity, gas, water and waste services.¹⁶ This includes miners, construction workers, engineers, handypersons, heavy vehicle drivers, farmers, machine operators, animal and horticultural workers, scientists, metal workers, plumbers and electrical workers.¹⁶

In recent years, there has been a major reemergence of silicosis in Australia. Evidence suggests there are approximately 579 Australians living with silicosis¹⁷, however, this is likely to be understated due to methods of data collection.¹⁶ A recently published (2022) Australian study found there has been a sharp rise in silica exposure, with approximately 584,050 workers estimated to have been exposed to RCS in 2016.¹⁸ This is compared with 6.6% of workers, or 329,000 people, in 2012 who self-reported exposure.²¹ Between 83,090 and 103,860 silicosis cases, and up to 10,390 lung cancers could result from the estimated exposures if not controlled.¹¹

Another study found that, despite silicosis being one of the oldest described lung diseases, over 20,000 new cases of silicosis are reported globally each year indicating the disease remains very present. High incidence of silicosis is found in Asia, Africa and South America, however recent silicosis cases linked to engineered stone clearly demonstrate safety issues in high-income countries as well. The study concluded that “despite countries around the world dealing with similar issues related to RCS exposure, there is an absence of sustained global public health response including lack of consensus of an occupational exposure limit that would provide protection to workers.”¹⁹

Several important advances to improve protections for workers at risk of exposure to RCS have been made, however, crystalline silica products will continue to be processed in Australian workplaces. Additionally, significant gaps exist in our knowledge of epidemiology, prevention and management of silica-related diseases.²⁰

Our main challenge will be to maintain momentum and national consistency across diverse systems using the Silica National Strategic Plan.

The SNSP Companion contains further information on our challenges.

Principles

1

Healthy and safe working environments

All Australian workers have a fundamental right to a healthy and safe working environment. Such rights are recognised both nationally and internationally.

2

Coordination

Actions are coordinated across and within all tiers of government to ensure they are effective, targeted, and consistent.

3

Working in partnership

Governments work together with non-government organisations to extend the reach and impact of our actions.

4

Robust scientific evidence-base for silica-related disease prevention

Action is evidence-informed, where knowledge exists, focusing on the highest risk. New knowledge is generated to address gaps.

5

Transparency

Roles and responsibilities are acknowledged, and actions and outcomes are shared and publicly reported.

Working together

A coordinated, national approach, involving governments, businesses, unions, health and medical professionals, researchers and the community, is essential to stop people developing silica-related diseases. This includes working towards effective preventive measures, strong legislation that is consistently enforced, coordinated health surveillance and monitoring, expanded air monitoring programs and improved health screening methods.

The SNSP is designed to ensure that:

- The Commonwealth, state and territory governments are working to a shared purpose using an all-of-government approach. This includes nationally consistent priorities to meet agreed aims.
- Government agencies with silica-related responsibilities in each jurisdiction work together to provide a whole of governments' response to address silica safety issues and silica-related diseases.
- Business and non-government organisations facilitate, support and influence implementation, and take action for greatest impact.
- Australians have confidence that action is being taken to prevent silica-related diseases and the devastating impacts they have.

Many stakeholders from diverse fields must work together if we are to improve silica safety and eliminate silica-related diseases in Australia.

Implementation

Commonwealth, state, and territory governments are responsible for implementing the SNSP actions and achieving its targets.

Effective implementation of the SNSP is dependent on each jurisdiction establishing an interagency coordination group and using the SNSP to guide development of its own action plan to meet national targets. The interagency coordination group can set relevant jurisdictional implementation timeframes and goals according to their respective baseline and needs, which are consistent with the national aims, priorities and targets.

Partners

The SNSP will be most effective if implemented in collaboration with others who support, influence, and facilitate action on silica safety and silica-related diseases.

Partners contribute important knowledge from their direct experience, and can bring practical, innovative, and person-centred solutions to difficult problems. It is particularly important that the implementation of the SNSP actions is informed by those with silica-related diseases, their families and the organisations that provide emotional and practical assistance to them. This can lead to more equitable, sustainable and effective solutions for our community.

Coordination and governance

The [Asbestos and Silica Safety and Eradication Agency](#) (ASSEA) is the custodian of the SNSP. ASSEA is the national body responsible for coordinating, monitoring, and reporting on implementation of the SNSP by the Commonwealth, state and territory governments. ASSEA also reviews and updates the SNSP.

The [Asbestos and Silica Safety and Eradication Council](#)—a multi-disciplinary, multi-jurisdictional, tripartite body—provides guidance, advice and recommendations to assist in successfully meeting the SNSP's aims.

ASSEA's Chief Executive Officer may convene additional advisory bodies to support implementation of the SNSP.

The Silica Safety System

Successful implementation of the SNSP involves collaboration between:

- The implementers:** Commonwealth, state and territory governments are responsible for implementing the SNSP actions and achieving its targets. A range of agencies have an overarching role to develop policy or to enforce compliance with silica-related laws.
- The partners:** Local governments (including regional and land councils) as well as non-government groups play an important role in facilitating, supporting and influencing action.



The Strategy



The strategy has three aims and five priority areas.

<h2>Outcome</h2>	Sustained elimination of silicosis and other silica-related diseases in Australia	
<h2>Aim 1</h2> <p>Eliminate silica-related diseases in Australia</p> <p>Improved worker health and wellbeing</p>	 Priority 1	Workplace risk reduction
	 Priority 2	Education and awareness
<h2>Aim 2</h2> <p>Support workers and others affected by silica-related diseases</p> <p>Continued improvements in diagnostic and therapeutic systems and methods</p>	 Priority 3	Health monitoring, screening, surveillance and support
	 Priority 4	Research and development
<h2>Aim 3</h2> <p>Be an international leader</p> <p>Leverage global effort to improve silica safety and silica-related disease outcomes</p>	 Priority 5	International collaboration

Priority enablers



Improve awareness, skills and resources



Strengthen and align relevant legal frameworks



Support and enforce compliance with silica-related laws



Innovate and inspire action and collaboration



Grow the evidence base to inform decisions

For each aim, the barriers and enablers have been listed, along with a national action plan.

Aim 1

Eliminate silica-related diseases in Australian workplaces

Priority Areas



Priority 1

Workplace risk reduction



Priority 2

Education and awareness

Barriers to achieving change

- Low compliance with silica safety measures at all stages of the supply chain
- Poor air monitoring practices
- Poor knowledge and understanding of respirable crystalline silica as a risk
- Perception silica-related diseases are only associated with engineered stone
- Incomplete information and data on RCS exposure

Enablers



Improve awareness, skills and resources



Strengthen and align relevant legal frameworks



Support and enforce compliance with silica-related laws



Innovate and inspire action and collaboration



Priority 1 Workplace risk reduction

Why is it a priority?

Preventing exposure to RCS, consistent with the hierarchy of controls, to meet the aim of eliminating workplace silica-related diseases.

What will success look like?

A strong national framework that eliminates and minimises exposures to RCS, that is reviewed periodically to ensure effectiveness over time. Duty holders and workers understand and are supported to consistently apply silica safety measures. Where this does not occur, regulators are actively enforcing compliance.

The SNSP Companion outlines further context for Priority 1.

Action	Lead	Partners
1-A Adopt and implement amended model WHS laws for: <ul style="list-style-type: none"> i. Crystalline silica substances, including the prohibition on uncontrolled processing and additional requirements for high-risk processing such as Silica Risk Control Plans. ii. The prohibition on engineered stone, including the national framework to work with legacy engineered stone products. 	All governments and regulators	Industry Professional associations Unions Duty holders
1-B Review the effectiveness of model WHS laws for the prohibition on engineered stone, and any other model WHS laws for respirable crystalline silica agreed by Safe Work Australia members and WHS Ministers.	Safe Work Australia	All regulators Industry Unions Duty holders
1-C Develop and implement nationally consistent measures to improve the quality of air monitoring carried out and reported to assist with prevention of exposure to RCS including by: <ul style="list-style-type: none"> i. Securing duty holder compliance with requirements for carrying out air monitoring to assess exposure to RCS. ii. Defining the level of knowledge, skills and experience needed to undertake air monitoring for potential RCS exposure. iii. Taking appropriate regulatory action in response to exceedances of Workplace Exposure Standards (WES) for RCS reported to the relevant regulator in accordance with the WHS regulations. 	Safe Work Australia All regulators	ASSEA Duty holders Research bodies Australian Institute of Occupational Hygienists

Action	Lead	Partners
<p>1-D Implement measures to ensure that the WES for RCS protects workers from adverse health effects, including by:</p> <ul style="list-style-type: none"> i. Reviewing WES for RCS every five years to ensure it reflects available health evidence. ii. Reviewing WES methodology. iii. Undertaking further research to enable lower WES for RCS to be effectively measured. 	<p>Safe Work Australia</p>	<p>All governments Industry Occupational hygiene sector</p>
<p>1-E Examine the availability and visibility of product label and warning information, such as Safety Data Sheets, across the supply chain by:</p> <ul style="list-style-type: none"> i. Investigating current requirements for product labels and warnings on crystalline silica substances. ii. Using investigation results, develop and implement a nationally consistent requirement for product labels and warnings for crystalline silica substances. iii. Implementation should include nationally consistent compliance, education and awareness campaigns on product labels and warnings targeting product and chemical suppliers. 	<p>ASSEA</p>	<p>Safe Work Australia All governments Industry</p>
<p>1-F Assess industry capacity to eliminate silica-related diseases and develop and implement a workforce plan to ensure the multi-sector and multi-disciplinary workforce is suitably trained, resourced, and distributed, including occupational hygiene, health and medical workforce, and inspectors.</p>	<p>ASSEA All governments</p>	<p>Health and medical peak bodies All regulators Industry Unions</p>
<p>1-G Develop and implement best practice regulatory compliance and enforcement principles for laws associated with RCS, including in response to reports of WES exceedance.</p>	<p>Heads of Workplace Safety Authorities</p>	<p>Safe Work Australia All regulators</p>



Priority 2 Education and awareness

Why is it a priority?

Targeted and nationally consistent education and awareness is essential to change behaviours around silica risks and safety in the workplace. The National Dust Disease Taskforce found significant gaps in knowledge of silica as a risk, or effective methods to prevent exposure to RCS.

What will success look like?

A deep understanding of core audiences informs nationally consistent and targeted education and awareness activities which successfully change behaviour.

The SNSP Companion outlines further context for Priority 2.

Action	Lead	Partners
2-A Undertake behavioural insights research to inform the development of targeted education, awareness, and behaviour change initiatives.	ASSEA	Unions and workers Duty holders Industry Professional associations Support Groups
2-B Develop and deliver targeted education, awareness, and behaviour change initiatives to prevent exposure to RCS. Use behavioural insights research once available. Initiatives should, at all stages of the supply chain, increase awareness and knowledge of: RCS exposure risks; control measures including equipment and its correct use; health and safety duties including use of Silica Risk Control Plans; and any other relevant topics.	ASSEA Safe Work Australia	Jobs and Skills Councils Industry Unions Duty holders Support Groups and other Non-Government Organisations

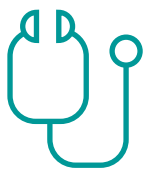
Action	Lead	Partners
<p>2-C Improve silica awareness training for all industries where workers are at risk of RCS exposure, including by:</p> <ul style="list-style-type: none"> i. Implementing the model WHS regulations for those undertaking high-risk crystalline silica processes to complete nationally accredited training, or training approved by the applicable regulator. ii. Investigating the effectiveness of nationally recognised training at driving behavioural change. iii. Raising duty holder awareness of the obligation to provide training across all industries with a risk of exposure to RCS. iv. Investigating current and potential subsidies for undertaking nationally recognised training for workers at risk of RCS exposure and developing options to increase access and affordability. 	<p>All governments ASSEA</p>	<p>Unions Industry Registered Training Organisations Jobs and Skills Councils</p>

Note: Additional education and training actions are listed under other priorities, where the actions are topic- or audience-specific.

Aim 2

Support workers and others affected by silica-related diseases

Priority Areas



Priority 3

Health monitoring, screening, surveillance and support



Priority 4

Research and development

Barriers to achieving change

- Incomplete data and information on silica-related diseases
- Variable approaches to health monitoring and screening delaying diagnosis
- Low compliance with health monitoring requirements in WHS laws
- Low employee participation in health monitoring arising from, among other things, fear of job loss
- Insufficient knowledge of silica-related diseases among medical and other health professionals

Enablers



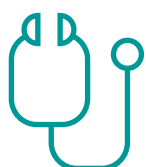
Improve awareness, skills and resources



Innovate and inspire action and collaboration



Grow the evidence base to inform decisions



Priority 3 Health monitoring, screening, surveillance, and support

Why is it a priority?

Regular, systematic, and longitudinal health monitoring of workers at risk of exposure to RCS is required as development of adverse health effects can take months or years.

What will success look like?

Increased detection of pre-clinical effects of exposure to RCS, to inform efforts to reduce further exposure and workplace risk. Better support for workers affected by silica-related disease and their families.

The SNSP Companion outlines further context for Priority 3, including the difference between monitoring, screening and surveillance.

Action	Lead	Partners
3-A Conduct a rapid desktop review of current health monitoring, screening and surveillance requirements and practices for RCS exposed workers across all jurisdictions and at-risk sectors.	Department of Health and Aged Care Safe Work Australia	All regulators Research bodies Health and medical peak bodies
3-B Undertake a comprehensive review of current evidence to establish the optimal health surveillance methodology for workers exposed to RCS in all industries, with particular reference to the role and methodology of high-resolution computed tomography imaging, to inform relevant laws and guidance.	Department of Health and Aged Care Safe Work Australia	All regulators Research bodies Health and medical peak bodies
3-C Based on the outcomes of the review of evidence at 3-B, investigate the feasibility of: <ul style="list-style-type: none"> i. Extending the national lung cancer screening program to include workers in high-risk industries. ii. A Medical Benefits Scheme item for the health monitoring of current and former RCS exposed workers. 	Department of Health and Aged Care	Lung Foundation Australia Health and medical peak bodies Researchers

Action	Lead	Partners
<p>3-D Provide specific health surveillance recommendations for workers in the engineered stone sector through the National Guidance for doctors assessing workers exposed to respirable crystalline silica dust with specific reference to engineered stone related silicosis (National Guidance). Measures to include:</p> <p>i. Undertaking regular review of the National Guidance in consultation with experts and medical colleges.</p> <p>ii. Translating the National Guidance into evidence-based clinical guidelines.</p> <p>iii. National dissemination of clinical guidelines, including education and training of health and medical professionals.</p>	<p>Department of Health and Aged Care</p> <p>Thoracic Society of Australia and New Zealand (TSANZ)</p>	<p>National Health and Medical Research Council</p> <p>Health and medical peak bodies</p> <p>Lung Foundation Australia</p> <p>Safe Work Australia</p>
<p>3-E Develop and implement a competency-based Silica Health Monitoring Accreditation Program for medical professionals.</p>	<p>Department of Health and Aged Care</p>	<p>Royal Australasian College of Physicians and TSANZ</p> <p>All governments</p>
<p>3-F Implement measures to improve compliance with and enhance the health monitoring of all current and former RCS exposed workers, including:</p> <p>i. Government support to develop systems and provide access to ongoing health monitoring of RCS exposed workers who are retired or have left employment where RCS exposure occurred.</p> <p>ii. Implementing processes to promote optimal health monitoring to all current and former exposed workers and employers.</p> <p>iii. Delivery of outreach services to increase access to optimal health monitoring (as determined by activity 3-B) in regional, rural, and remote communities across Australia.</p> <p>iv. Establishing a nationally consistent system to ensure ongoing delivery of optimal health monitoring for RCS exposed workers.</p>	<p>All governments</p>	<p>Safe Work Australia</p> <p>Professional associations</p> <p>Industry</p> <p>Unions</p>
<p>3-G Design and implement an Early Detection and Rapid Response Protocol to identify emerging workplace risks using silica-related disease data from the National Occupational Respiratory Disease Registry, and other relevant data.</p>	<p>Department of Health and Aged Care</p>	<p>Lung Foundation Australia</p> <p>Health and medical peak bodies</p>

Action	Lead	Partners
3-H Support the work of advocacy and support groups around Australia in providing assistance to those affected by silica-related diseases and their families.	All governments	Support Groups Unions Workers



Priority 4 Research and development

Why is it a priority?

Gaps in knowledge exist which hinder efforts to educate people about RCS safety and silica-related diseases, as well as to diagnose and treat them.

What will success look like?

Targeted and reliable research is conducted to address information gaps in a coordinated manner.

The SNSP Companion outlines further context for Priority 4.

Action	Lead	Partners
4-A Develop, implement, and maintain a National Silica-Related Diseases Research Strategy to identify gaps and priority areas for research that will enhance understanding of related risks, effective prevention measures, and treatments across all cohorts including Culturally and Linguistically Diverse (CALD) and Indigenous peoples.	Department of Health and Aged Care Safe Work Australia	Health and medical peak bodies Lung Foundation Australia ASSEA
4-B Invest in, collaborate on and support research projects consistent with the National Silica-Related Diseases Research Strategy, including sharing information and research outcomes.	All governments	Research bodies Health and medical peak bodies ASSEA
4-C Engage with Australian Research Council (ARC), National Health and Medical Research Council (NHMRC), Medical Research Futures Fund (MRFF) and any other relevant bodies to establish funding for research on prevention and treatment consistent with the National Silica-Related Diseases Research Strategy.	Department of Health and Aged Care ASSEA	ARC NHMRC MRFF
4-D Improve existing data and develop additional data on RCS exposure, including exposure sources and levels, to inform preventive actions including by: <ul style="list-style-type: none"> i. Leveraging regulator data on RCS reporting, notification and enforcement actions. ii. Investigating systems to enable visibility, insight and use of national data. 	ASSEA Safe Work Australia All governments	Research bodies Health and medical peak bodies Unions

Action	Lead	Partners
4-E Ongoing investment to maintain and enhance the National Occupational Respiratory Disease Registry to build the capabilities of occupational dust diseases data collection in Australia.	Commonwealth government	Contributing state and territory governments
4-F Develop and maintain a comprehensive National Silicosis Profile, consistent with the format suggested in the World Health Organization (WHO) and International Labour Organization’s (ILO) Global Programme for the Elimination of Silicosis.	Department of Health and Aged Care	Safe Work Australia ASSEA Department of Employment and Workplace Relations

Note: Additional research and development actions are listed under other priorities, where the actions are topic- or audience-specific.

Aim 3

Be an international leader

Priority Area



Priority 5

International collaboration

Barriers to achieving change

- Varying awareness and acceptance of RCS exposure as a health issue
- Under-diagnosis and under-reporting of silica-related diseases, especially in developing countries
- Exposure standards vary between countries

Enablers



Improve awareness, skills and resources



Innovate and inspire action and collaboration



Grow the evidence base to inform decisions



Priority 5 International Collaboration

Why is it a priority?

The high prevalence of silicosis and other silica-related diseases all over the world makes it a global disease. Millions of workers continue to be exposed to hazardous levels of RCS across a wide range of occupational settings.

What will success look like?

Learning from and sharing knowledge with other countries to build our collective capability and capacity.

Action	Lead	Partners
5-A Develop relationships with relevant international organisations, researchers, governments, and industry.		
5-B Facilitate effective collaboration and coordination with relevant international organisations, including the WHO and the ILO, encouraging participation in global silica-related disease elimination programmes.	Commonwealth Government	Researchers Health and medical peak bodies Unions Industry
5-C Monitor international developments and share knowledge, research and best practice approaches on prevention, diagnosis, and treatment of silica-related diseases.		
5-D Support improvements to international standards relating to RCS exposure and health monitoring.		

Measuring Performance

All jurisdictions will monitor, evaluate and report their progress under the SNSP to ASSEA. Consistent with requirements in the *Asbestos and Silica Safety and Eradication Agency Act 2013* (the Act), ASSEA will develop an annual progress report using input from jurisdictions and information on silica safety and silica-related diseases. This will be provided to all relevant ministers and published on ASSEA's website.

The first progress report

The transitional arrangements under the Act set the content of the first annual report on the SNSP. The report must be prepared by ASSEA and include:

- information relating to the matters covered in the SNSP, and
- activities undertaken by the Commonwealth, state and territory governments in relation to implementation of the SNSP during the period commencing on the day the SNSP commences and the end of financial year 2024/25.

This report is due to ministers by 31 December 2025.

National targets and subsequent progress reports

The Act requires all subsequent progress reports cover progress made by the Commonwealth, state and territories in implementing the SNSP during each financial year after the first reporting period.

National targets on the priorities of the SNSP, also required by the Act, will be developed during 2024–2025 in consultation with implementors and partners, and be informed by advice from ASSEC.

The national targets, once endorsed by relevant Ministers, will be added to the SNSP and used to measure progress in subsequent reporting periods.

Review

The SNSP will be reviewed by ASSEA at least once during the Plan's operation, and at its expiration. An SNSP Evaluation and Monitoring Framework will be developed to establish the parameters for these reviews. The reviews will include opportunity for stakeholders, including implementors and partners, to reflect and comment on the effectiveness of the SNSP.

Where improvements are identified, ASSEA will recommend appropriate amendments to relevant ministers for their consideration.

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**Silica National
Strategic Plan**

2024-30