

11 November 2020

National Dust Diseases Taskforce
Department of Health

By Online Submission

Dear Sir/Madam,

We welcome the opportunity to provide feedback in relation to the second phase open consultation for the National Dust Disease Taskforce.

Please do not hesitate to contact me and my colleagues on (07) 3014 5073 or at JWalsh@mauriceblackburn.com.au if we can further assist with the Taskforce's important work.

Yours faithfully,



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MAURICE BLACKBURN



**Maurice
Blackburn**
Lawyers
Since 1919

**Submission in Response
to the Second Phase Open
Consultation for the
National Dust Disease
Taskforce**

November 2020

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Introduction

Maurice Blackburn Pty Ltd is a plaintiff law firm with 33 permanent offices and 30 visiting offices throughout all mainland States and Territories. The firm specialises in personal injuries, medical negligence, employment and industrial law, dust diseases, superannuation (particularly total and permanent disability claims), negligent financial and other advice, and consumer and commercial class actions.

Maurice Blackburn employs over 1000 staff, including approximately 330 lawyers who provide advice and assistance to thousands of clients each year. The advice services are often provided free of charge as it is firm policy in many areas to give the first consultation for free. The firm also has a substantial social justice practice.

Our Asbestos and Dust Diseases practise assists clients who have developed diseases as a consequence of being exposed to noxious substances, including dusts, gases, and fumes, usually in respirable form. We assist clients who have suffered exposure across a variety of contexts, including occupationally (such as workers who manufactured or worked with toxic substances) and non-occupationally (such as home owners who performed home renovations with building products which contained asbestos).

Our submissions are based on the lived experience of those we represent, and the stories of Maurice Blackburn staff that work with the victims.

Our Submission

Maurice Blackburn believes that the establishment of the National Dust Diseases Taskforce (the Taskforce) is an important step for the health of Australians – especially for those who are exposed to airborne silica as part of their work. We appreciate the opportunity to contribute to the ongoing work of the Taskforce, and offer our congratulations on their commitment to consultation.

Maurice Blackburn was grateful for the opportunity to participate in the roundtable consultation on 19 October 2020. This submission reinforces the main points we made during that roundtable.

As consumer advocates for those suffering the career and life ending impacts of silicosis, we were surprised and disappointed by the Taskforce's first interim report.

While we didn't disagree with any of the recommendations – research and data collection are important long-term strategies – the report, in our view, failed to reflect the urgency required to achieve meaningful change. Change that needs to happen now.

Victims of silicosis are relying on the Taskforce to recommend urgent action to stop the deadly silicosis crisis gripping the engineered stone industry. Rightly, it is the Taskforce that the federal government is listening to on matters of dust diseases. If the Taskforce fails to communicate the urgency of required change, the government will not act with the pace required to stop workers dying and/or developing debilitating and chronic diseases.

Maurice Blackburn believes that a timeline based around the Taskforce handing over a report mid next year is unacceptable. It's likely that some workers will die of silicosis between now and when the Taskforce is next required to provide information or recommendations to the federal government.

We need the Taskforce to urgently recommend:

- The immediate complete and total legislative banning of all forms of dry cutting of engineered stone across all states and territories;
- The immediate adoption of mandatory forms of wet cutting;
- The immediate adoption of an exposure standard for respirable crystalline silica of 0.025 milligrams per cubic metre (per 8 hour shift).
- The immediate adoption of mandatory minimum forms of PPE when dealing with engineered stone, including but not limited to oxygen fed, fully enclosed respirator masks;
- The immediate adoption of mandatory usage of approved vacuum fed cutting and grinding equipment;
- The immediate adoption of mandatory forms of dust extraction and ventilations systems in all workplaces¹ where stone is cut; and
- Immediate consideration for a ban on imported engineered stone products and the manufacture and supply of locally made engineered stone.

In our experience, the major factor underlying the increasing rates of accelerated silicosis in Australia is not just the proliferation of manufactured stone but more critically, the abominable work practices which have underpinned its use. We are pleased that recent widespread media attention to the dangers of working with engineered stone are leading to increased scrutiny on the industry.

The heightened public and media concern is borne of the fact that workers are dying now. Failure to impose vastly more stringent exposure standards and other basic engineering controls immediately will simply lead to more workers being excessively exposed.

Maurice Blackburn is concerned that the tone of Taskforce advice to date seems to be more concerned with the economic impacts on business of taking strong actions, than on the health and wellbeing of workers.

We submit that the largest gap in the protection of workers lies in the diversity and inconsistency of laws, rules and guidelines in relation to the prevention of silicosis in the workplace that exist from state to state.

Whilst we recognise that some positive initiatives have been introduced at state level, there is no state that has achieved a 'gold standard', holistic suite of regulations and requirements related to the safe use of engineered stone. We believe that the Taskforce has an important national leadership role to play in rectifying this.

We are concerned that many of the jobs that involve exposure to silica are low-skilled roles, often filled by some of the more marginalised workers, including those from non-English speaking backgrounds. This vulnerability often places them at a distinct status disadvantage in negotiating appropriate employment conditions or indeed to flag poor workplace conditions and behaviours when it comes to cutting and shaping stone. Maurice Blackburn encourages the Taskforce to consider ways to proactively reach out to these workers to ensure they understand their workplace rights and protections.

We recognise that our call for greater accountability, through increased consequences for reckless and negligent breaches of workplace laws, will only be as effective as the reinforcement regime. It is important that regulatory bodies are well equipped to fulfil this important, life-saving function.

¹ It is important to recognise here that a "workplace" for a stonemason is both a workshop and also on sites, whether they be domestic homes or units and commercial buildings, where engineered stone must necessarily be cut and shaped to size immediately prior to installation.

Industry already knows what is causing the extraordinary rise in silicosis and what needs to be done to address it, but we are still waiting for a sense of urgency and national leadership on this issue.

We urge the Taskforce to place a far higher weight on the immediate health needs of workers, rather than the needs of those who seek to profit from the industry. The Taskforce's processes risk being bogged down by obfuscations around precise definitions and negotiating carve-outs. The initial focus must be on stopping workplace deaths and illnesses now, and longer term risk reduction strategies later.

The first interim report of the Taskforce will not have any practical impact in terms of on-the-ground activity for workers at all. We urge the Taskforce to ensure future advice is not as impractical and inconsequential.

Our responses to the consultation questions appear below.

Responses to Consultation Questions

Regulatory and Governance

1. *From a regulatory perspective, what should be considered 'engineered stone'? Please provide the rationale for your recommendation.*

Maurice Blackburn notes the lack of a current, nationally agreed definition of 'engineered stone' or 'manufactured stone'.

Maurice Blackburn encourages the Taskforce to adopt as broad a definition of 'engineered stone' as possible, to ensure that any product containing silica which can be cut and thereby lead to the risk of silicosis is included.

Changes to Victorian regulations in 2019² define engineered stone as:

... manufactured composite stone that contains resins and has a crystalline silica content of at least 80 per cent.

The problem with such definitions is that any stone containing silica, be it natural or engineered stone, is dangerous if it is cut, shaped or changed in any way where there are no appropriate engineering controls in place. Any release of free silica particles and dust raises the risk of silicosis.

Maurice Blackburn believe it would be appropriate for the Taskforce to recommend a definition. In doing so, we suggest the Taskforce:

- Look to other jurisdictions for definitions which may fit Australian circumstances,
- Favour a broad definition, which is more likely to capture all engineered stone products which contain silica thereby capturing borderline dangerous products than not, and
- Ensure that the definition supports worker safety over the profit margins of manufacturers, importers and those who employ people to fabricate and install the product.

2. *Various jurisdictions have already banned uncontrolled dry processing of engineered stone. What other practical measures could be introduced to reduce worker exposure to silica dust?*

Maurice Blackburn thoroughly supports the banning of uncontrolled dry processing of engineered stone. We acknowledge the leadership of those states which have already moved to implement such regulations, and encourage the Taskforce to identify the 'best of breed' provisions, and recommend their adoption nation-wide.

Maurice Blackburn submits that the largest gap in the protection of workers, via engineering controls, lies in the diversity and inconsistency of laws, rules and guidelines in relation to the prevention of silicosis in the workplace that exist from state to state.

² <https://www.worksafe.vic.gov.au/changes-protect-victorians-working-engineered-stone>

We have long argued that there needs to be implementation and regulation of national standards/benchmarks for what are very basic engineering controls, including:

- The adoption of mandatory minimum forms of PPE when dealing with engineered stone, including but not limited to oxygen fed, fully enclosed respirator masks;
- The complete and total banning of all forms of dry cutting of engineered stone across all states and territories;
- The adoption of mandatory forms of wet cutting;
- The adoption of mandatory usage of approved vacuum fed cutting and grinding equipment;
- The adoption of mandatory forms of dust extraction and ventilations systems in all workplaces where stone is cut; and
- Serious consideration for a ban on imported engineered stone products and the manufacture and supply of locally made engineered stone.

Maurice Blackburn urges the Taskforce to require that the Commonwealth identify and then insist on the 'gold standard' in engineering controls. Whichever state is determined by the Taskforce to have the best worker protections in place, that should become the minimum standard for others. The states with the worst protections for workers should be required to come up to speed, not drag all other jurisdictions down to their level.

As new technologies aimed at reducing worker exposure to silica dust are developed, implemented and tested, it is important that these successes become the new minimum requirements. A process for fast-tracking innovations which save workers lives and livelihoods would be a good outcome.

3. *Relevant to dust-related diseases, what mechanisms exist or could be further developed to ensure effective enforcement of regulations and codes of practice?*

Maurice Blackburn urges the Taskforce to resist calls for an industry-led code of practice or licensing/regulation regime. Such regimes only work to the benefit of the major players within the industry. If the experience in other industries is any guide, the implementation of an industry-led code of practice now will probably lead to a Royal Commission sometime down the track.

Effective enforcement of organisational behaviours can only happen if:

- Tough, national benchmarks are agreed and implemented
- Clear consequences are imposed for breaches of those benchmarks, to provide sufficient incentive for employers to comply
- Well-resourced and independent regulation are place.

Critical to any enforcement regime is the capacity and presence of the policing body. Vastly increasing the number of inspections of workplaces will contribute enormously to better workplace behaviours. The importance of adequately resourcing the inspectorate to achieve this cannot be understated. Maurice Blackburn believes that a dedicated inspectorate, with specific expertise in workplace dust diseases and their causes, would be the gold standard – and should therefore be the preferred outcome for the Taskforce.

Maurice Blackburn further submits that there should be an increased role for unions in identifying poor workplace processes. Many workplaces rely on a highly vulnerable worker cohort, where workers are wary of identifying poor workplace practices due to fear of

retaliation by the employer. We encourage the Taskforce to consider how workplaces should better engage workers and their representatives, and reduce the power imbalances which can lead to dangerous workplace practices.

4. Hazard elimination sits at the top of the hierarchy of control measures. Do you consider a ban (either total or partial) of high silica content engineered stone material, a proportionate and practical response to the emergence of silicosis in the engineered stone benchtop industry in Australia?

Maurice Blackburn believes that a ban (either total or partial) of high silica content engineered stone may become the only practical step to mitigate the emergence of silicosis in the engineered stone benchtop industry in Australia. If workplace based solutions (see our response to Question 2) continue to fail to stem the tide of workplace silicosis cases, then the imposition of a ban may become the only meaningful way of preventing deaths and instances of severe chronic lung diseases.

It is worth noting that asbestos was banned in Australia a little over 80 years after it was first produced here³. It has caused the deaths of tens of thousands of Australian workers⁴. Even after the ban, it is still claiming hundreds of lives each year due to exposure decades earlier.

It is also worth noting that, in the lead up to the ban on asbestos, the asbestos industry argued passionately that a ban was unnecessary, too expensive to implement, and a disproportionate response to the issues at hand.

It should be noted that a ban will not provide a panacea for ending workplace silicosis. Even the cutting of a lower silica content product (or a natural stone), in a workplace with poor controls has and will lead to poor health outcomes for its workers.

Public attitudes toward a ban vary greatly. Whilst some laud engineered stone as an affordable alternative to real stone or marble, we believe that large numbers of consumers would be horrified with the thought that an essentially decorative product in their kitchen could have led to serious illness and death in its production and installation in their homes.

It is not difficult to believe that, should a ban be imposed, market forces would drive innovation and alternative products would be created to replace those silica-based products that are subject to the ban. This would be a very acceptable outcome.

Maurice Blackburn would prefer for the Taskforce to invest its energies and influence on:

- The immediate complete and total banning of all forms of dry cutting of engineered stone;
- The immediate adoption of mandatory forms of wet cutting; and
- The adoption of an exposure standard for respirable crystalline silica of 0.025 milligrams per cubic metre (per 8 hour shift).

The consideration of a ban or partial ban should come after that.

³ <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/asbestos-toc~asbestos-when-and-where>

⁴ The Asbestos Council of Victoria estimates that asbestos related disease costs over 4,000 Australian lives every year. <https://gards.org/asbestos-related-disease-facts-and-figures-australia-2018/#>

5. *The Taskforce is aware some jurisdictions are considering a licensing scheme for engineered stone. Do you consider this a proportionate and practical response in relation to the following:*
- a. restricted (under licence) or otherwise prohibited manufacture in Australia?*
 - b. restricted (under licence) or otherwise prohibited importation and distribution?*
 - c. fabrication and installation performed only under licence?*
 - d. licence required after installation modifications or repurposing of installed engineered stone?*

Maurice Blackburn endorses the need for a licensing scheme for engineered stone.

We believe this would be a simple and cost effective means for:

- Embedding worker safety as paramount amongst all considerations,
- Perceiving engineered stone as a controlled substance,
- Tracking who is purchasing/importing engineered stone,
- Tracking who is producing engineered stone locally,
- Tracking who is fabricating and installing the product,
- Tracking who is removing and disposing of the product,
- Tracking sub-contractors who are engaged to perform any of the above tasks.

We believe that a licensing scheme would also give consumers confidence in their purchasing decisions that the importer / fabricator / installer have proper systems and processes in place to ensure the product's safety.

Akin to a licensing system, we note that a NSW Parliamentary Committee, charged with reviewing the state's Dust Diseases Scheme, made the following recommendation in their final report⁵:

*That the NSW Government introduce a legislative amendment to **ensure all manufactured stone fabrication sites and employers are registered with SafeWork NSW** and will maintain such registration every 12 months, and are conducting regular air monitoring and regularly providing the results to SafeWork NSW.*

Disappointingly, the NSW government rejected this recommendation⁶ on the basis that:

The Government does not support this recommendation as SafeWork NSW is aware of the location of all manufactured stone fabrication sites in NSW and has visited them. SafeWork NSW is able to obtain information about the location of manufactured stone fabrication sites by issuing notices to the importers of manufactured stone.

SafeWork NSW will continue to support Safe Work Australia's development of a model Code of Practice for the manufactured stone industry, which will provide guidance on the content of health and safety duties at manufactured stone sites, including existing obligations to conduct air monitoring under the Work Health and Safety Regulation 2017 (cl 50).

⁵<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2538/Report%2073%20%E2%80%93%20202019%20Review%20of%20the%20Dust%20Diseases%20Scheme%20%E2%80%93%2024%20March%202020.pdf>; Recommendation 8 (our emphasis)

⁶ <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2538/Government%20Response%20-%20202019%20review%20of%20the%20Dust%20Diseases%20scheme.pdf>

In accordance with the 2017-2022 Hazardous Chemicals and Materials Exposures Baseline and Reduction Strategy SafeWork NSW will also continue to conduct educational, compliance and enforcement activities to ensure that persons conducting a business or undertaking (PCBUs) on manufactured stone fabrication sites are fulfilling their work health and safety duties, including air monitoring where appropriate.

Maurice Blackburn was disappointed that the NSW government chose not to support the proposal to introduce a registration system for all manufactured stone fabrication sites and employers as a way of ensuring safe work practices.

It does, however, highlight that if the need for a licensing system is clearly identified through this consultation process, the work of the Taskforce and the Minister in implementing it nationally may be more difficult than one might imagine.

In summary, Maurice Blackburn would support the introduction of a licensing scheme which covers off ALL of options a), b), c) and d) in question 5.

6. *What learnings from the re-emergence of accelerated silicosis as an occupational health and safety (OH&S) risk can be applied to enhance workplace health and safety systems more generally?*

The main learnings from the re-emergence of accelerated silicosis as an OH&S risk revolve around the need for urgency in a national response:

- The immediate complete and total banning of all forms of dry cutting of engineered stone;
- The immediate adoption of mandatory forms of wet cutting;
- The immediate adoption of an exposure standard for respirable crystalline silica of 0.025 milligrams per cubic metre (per 8 hour shift).
- The immediate adoption of mandatory minimum forms of PPE when dealing with engineered stone, including but not limited to oxygen fed, fully enclosed respirator masks;
- The immediate adoption of mandatory usage of approved vacuum fed cutting and grinding equipment; and
- The immediate adoption of mandatory forms of dust extraction and ventilations systems in all workplaces where stone is cut.

We do not know if Australia has reached its peak in silicosis diagnoses.

What we do know, however, is that silicosis is a problem which will not simply go away. It will continue to evolve, and impact more and more lives. Even if stone benchtops go out of fashion, economic imperatives will ensure that manufacturers will find new uses for engineered stone. Markets respond to regulation by innovating. We have no reason to believe this won't happen with engineered stone.

Australians have heard a lot about the dichotomy around 'health impacts' and 'economic impacts' in relation to the COVID crisis. There seems to be a growing understanding that you can't fix one without impacting the other.

In the case of engineered stone, we would argue that a primary focus on the economic impacts of regulation / licensing / a product ban, or the costs of risk mitigation will not curb the re-emergence of accelerated silicosis. A focus on health and safety might.

Workforce Organisational Culture

7. Given the nature of the building and construction industry, and the increase in the number of smaller, often independent businesses and suppliers, what particular strategies and supports are needed to ensure that these businesses are able to provide adequate protection for workers?

Maurice Blackburn submits that it is more than likely that some businesses simply will not be able to provide adequate protection for workers. That is unfortunate, but the protection of the worker is vastly more important than whether that employer can continue to offer that product.

In order to keep workers safe while working with engineered stone, businesses will need to invest in machinery and systems that meet required standards. If a business cannot or will not do this, it should not be in that business.

A licensing system, as described in question 5, would help to weed out operators who cannot achieve minimum standards. That is exactly what a licencing system should do.

It is also important that we have a regime in place which weeds out operators who underpay staff, rely on sham contracting arrangements, and cut corners on OH&S requirements. This places such firms at a competitive advantage to those who are doing the right thing by their workers. This is an intolerable situation.

Maurice Blackburn believes that there is a clear onus on the government to provide simple, unapologetic information and advice to small businesses about their requirements when working with products or in environments that expose workers to risk of silicosis.

This information must take into account the current lack of uniformity in laws and regulations, and prevent firms from jurisdiction-shopping, in order to take advantage of lax regulation in some states and territories.

The size of a stonemasonry business is irrelevant to the need to ensure the health and wellbeing of employees.

8. What health and safety strategies can be improved?

As mentioned elsewhere in this submission, Maurice Blackburn encourages the Taskforce to invest its energies and influence on ensuring consistency in the regulation of what are very basic engineering controls, including:

- The adoption of mandatory minimum forms of PPE when dealing with manufactured stone, including but not limited to oxygen fed, fully enclosed respirator masks;
- The complete and total banning of all forms of dry cutting of engineered stone;
- The adoption of mandatory forms of wet cutting;
- The adoption of an exposure standard for respirable crystalline silica of 0.025 milligrams per cubic metre (per 8 hour shift).
- The adoption of mandatory usage of approved vacuum fed cutting and grinding equipment; and

- The adoption of mandatory forms of dust extraction and ventilations systems in all workplaces where stone is cut.

9. What return to work support is available or should be considered to assist workers following a diagnosis of silica-associated disease, including for those who are unable to return to the engineered stone industry?

Maurice Blackburn submits that workers who have contracted a silica-associated disease should not, for the sake of their health, return to the workplace where they contracted it. Further, such workers should not, in accordance with current medical advice, work in any other environment which exposes them to dust, whether that be in construction, mining or manufacturing.

Such workers need retraining - the provision of a new skill set. They simply cannot return to cutting engineered stone or any other workplace which exposes them to dust. We need to ensure that any system removes the financial imperative for the worker to return to that workplace – or feel like they have to return to that workplace.

Importantly, such workers should be retrained into an industry where there are jobs available. This is especially important in regional areas.

It is also important that such workers are retrained into industries where they can compete for positions of commensurate income and entitlements.

Our experience in representing workers, and assisting them in returning to work, tells us that the current expectations on Workcover authorities when assisting such clients are inadequate. The mere requirement that return to work has been *offered* is insufficient. There needs to be greater accountability to ensure that appropriate alternatives have been sourced and implemented for each individual worker.

In considering return to work support, the Taskforce must remain aware of the dreadful physical and psychological impacts that a silica-associated disease has on a worker. We understand the positive benefits that come from re-engaging with the workforce for many injured workers. However, we also understand the need for a system which properly recognises the significant impact (and potential death) of these insidious diseases, and seeks to provide the worker with the supports they need now and into the future.

The psychological impacts that follow a diagnosis of silica-associated disease are rarely discussed, but a critical point in discussions on return to work. We urge the Taskforce to include this in their ongoing research and considerations.

10. What are examples of good dust exposure workplace monitoring processes? (Where possible please provide evidence to support the effectiveness of these processes).

Maurice Blackburn is confident the Taskforce will receive feedback on good monitoring technologies from a range of reputable sources.

We encourage the Taskforce to continue to prioritise worker health as the most critical criteria when weighing up the relative effectiveness of these technologies.

Resourcing and Capability

11. *What specific resources (eg information, education, other supports etc.) are required, that are not currently available, for small to medium sized businesses, to ensure that owners and staff are fully informed of the availability and correct use of control methods, including by workers from non-English speaking backgrounds?*

Maurice Blackburn suggests that the proprietors of small to medium sized business would benefit from information and educative resources on:

- Minimum training requirements/qualifications for workers
- Compliance certification
- What inspectors will be checking for – especially in relation to PPE, worker permits etc
- The implications of failing to satisfy regulated requirements.

It is important that these resources are available for culturally and linguistically diverse communities and workplaces.

We also suggest that a range of information and educative resources would be useful for workers within small to medium sized businesses. These resources might cover:

- What minimum training requirements/qualifications workers should have before working in dust-prone workplaces
- The compliance certification that their employer must satisfy
- Who WorkSafe is and what their inspectors will be checking for – especially in relation to PPE, worker permits etc
- That Australia's approach to OH&S is based on a culture of 'see something, say something'; and how whistleblowers are protected under Australian law
- How some employers use visa requirements as a means for discouraging people from identifying unsafe workplaces
- Unions' role in ensuring workers' rights and entitlements are respected

Maurice Blackburn suggests that solely relying on safety information to be made available to workers via the workplace would be too narrow a focus. Consideration should also be given to using unions, community advocacy agencies, community newspapers etc.

12. *With a specific focus on dust related diseases, what mechanisms exist that could be used as a basis for providing a coordinated national system with representation across stakeholder disciplines for identifying and communicating emerging issues?*

Maurice Blackburn acknowledges the Taskforce's ongoing commitment to providing a coordinated national system. We believe the following are critical mechanisms for developing, authorising and implementing a national focus:

- The meetings of state and federal Health Ministers and their respective departments
- The National Health and Medical Research Council
- The meetings of the heads of Workcover schemes
- The meetings of the heads of Safe Work Australia and state/territory equivalents
- Medical forums with specialist expertise in silica and dust related diseases

Research and Development

13. What industry mechanisms could be introduced to ensure workers have appropriate competencies for handling engineered stone or performing processes that generate silica dust?

Maurice Blackburn believes that a specific qualification needs to be developed for people working in industries where the threat of workplace silicosis is most prevalent.

Such a TAFE level qualification or card could become one of the bases for any licensing scheme (requiring employers to ensure that all of their employees have current and relevant qualifications), and workplace inspections.

We understand the TAFE sector in Western Australia has developed a course in relation to the identification and safe handling of asbestos containing materials. Maurice Blackburn suggests the Taskforce look at whether this might be adapted for nation-wide use, including in relation to silica containing products.

14. What are the specific challenges related to linking workplace exposure with disease development (at a later date) and how should these be addressed?

As you would be aware, Maurice Blackburn is one of Australia's largest providers of legal support and advice to those who have suffered work-derived silicosis.

To date our experience has been is that we've had little challenge linking workplace exposure with disease development.

In a case where a worker's exposure may have happened across a number of workplaces, it is up to those employers, as defendants in the case, to sort out their individual contribution to that exposure between themselves.

In our experience, there are always clear linkages between the medical diagnosis and causality.

The main issue here, then, is the capacity for defendants to slow the process down, whilst negotiating fault. As with all matters related to work related silicosis, time is of the essence when assisting such a worker to plan for the next stage of their life.

One issue we do occasionally come across is the destruction of records and documentation by employers. It is important that an employer's attitude to record keeping forms part of any licencing or inspection regime.

It should also be noted that dust and silica related diseases are not currently notifiable diseases in all states and territories. The development and implementation of the National Register will assist greatly in negating the impacts of this lack of consistency.

15. What are three key pieces of information about dust disease that you would like to see collected at a national level? What are the three key uses of the information collected at a national level?

In no particular order, we believe the following three pieces of information about individuals who have received a diagnosis of a workplace silica-associated disease should be collected:

i. Where the worker worked.

We believe that a list of workplaces where the worker was engaged would be useful:

- For use by inspectors
- For ensuring that all workers in those workplaces are properly screened
- For assessing what types of workplaces are particularly susceptible to, for example, accelerated silicosis

ii. What products the worker was exposed to.

We believe that a list of the products the worker engaged with would be useful:

- In assessing what, if anything, makes an individual product safe
- In assessing whether current warnings about that product are adequate
- In assessing whether it should be banned.

iii. Return to work

We believe that a record of that worker's experience of RTW processes would be useful in determining which strategies work, and which do not work, for workers in similar circumstances.

16. What alternative products are currently available which could replace high silica-content engineered stone? How could we drive innovation in relation to products?

The most obvious alternative products that are currently available which could replace high silica-content engineered stone, would be the products that engineered stone was invented to replace – for example, marble and granite.

Engineered stone came into existence to provide a cheap alternative to these natural products. Perhaps the desire for cheaper alternatives isn't worth the human cost.

The removal of substitutes for natural products would not cause the collapse of the market – people will still have benchtops. If engineered stone is made too expensive, or banned, or too complex to fabricate, then kitchen designers will find something that isn't.

As noted earlier, even the cutting of a lower intensity product (such as a natural stone), in a workplace with poor controls will still lead to poor health outcomes for its workers.

Maurice Blackburn encourages the Taskforce to look to alternative products that causes no risk for:

- Workers involved in its manufacture
- Workers involved in its fabrication or installation
- Workers in the future who may need to adjust it or remove it.

17. The interim advice identified immediate research priorities which has led to a research funding grant opportunity announced by the Medical Research Future Fund and National

Health and Medical Research Council. Are there other research priority areas that have not been identified in the interim advice that should be considered, and why? What research areas should be a priority following this first round of research funding?

Maurice Blackburn suggests that the Taskforce should promote the following as important areas for study in relation to silica related diseases:

- Scleroderma
- Lung cancer
- Rheumatoid Arthritis
- Kidney disease
- Any other autoimmune disease associated with silica exposure.

Each of the above may present first, as a precursor to silicosis. Research into the cause/effect relationship between silicosis and the above would be potentially beneficial.