

25 November 2020

National Dust Disease Taskforce
Department of Health
GPO Box 9848
Canberra ACT 2601

Sent via email: dust.consultation@health.gov.au

Dear Sir/Madam,

SUBMISSION TO NATIONAL DUST DISEASE TASKFORCE CONSULTATION PAPER – SECOND PHASE

The Chamber of Minerals and Energy of Western Australia (CME) appreciates the opportunity to comment on the National Dust Disease Taskforce (Taskforce) Interim Advice.

CME is the peak resources sector representative body in Western Australia (WA). CME is funded by member companies responsible for more than 86 per cent of the State's mineral and energy workforce employment.¹

In 2019-20, the WA's mineral and petroleum industry reported a record value of \$172 billion.² Iron ore is currently the State's most valuable commodity at \$103 billion. Petroleum products (including crude oil, condensate, liquefied natural gas, liquefied petroleum gas and natural gas) followed at \$37 billion, with gold third at \$16 billion.

The value of royalties received from the sector totalled \$9.3 billion in 2019-20,³ accounting for 28.8 per cent of general government revenue.⁴ In addition to contributing 40 per cent of the State's total industry Gross Value Added,⁵ the sector is a significant contributor to growth of the local, State and Australian economies.

Summary of Recommendations

A summary of recommendations is included below with further supporting detail outlined in the following submission. CME:

- welcomes the Taskforce's recognition of workforce organisational culture being a critical aspect of preventing occupational dust disease and recommends the Taskforce acknowledge the importance of driving an organisational culture which seeks to drive exposure to ALARP levels;
- supports state regulators continuing to play a role in educating workplaces on their regulatory obligations for managing occupational exposure risks;
- considers health monitoring practices must be risk based and supports comprehensive screening practises for high risk workers, in line with this approach;
- recommends the Taskforce considers engaging with industry and state regulators for relevant data from the Australian mining industry on the rates of silicosis and other occupational dust diseases;
- supports the Taskforce taking a holistic approach in their identified research priority areas, and recommends the Taskforce consider including a certified occupational hygienist as a member to provide a perspective from individuals with technical expertise managing exposures;
- supports the development of a targeted education and communication campaign and recommends the Taskforce consider partnering with trusted bodies, such as AIOH and state regulators, who have relevant expertise and, in many cases, existing education programs;

¹ Full-time employees and contractors onsite in 2019-20, excludes non-operating sites. Government of Western Australia, *2019-20 Economic indicators resources data*, Safety Regulation System, Department of Mines, Industry Regulation and Safety, 25 September 2020.

² Government of Western Australia, Latest statistics release: Mineral and petroleum review 2019-20, Department of Mines, Industry Regulation and Safety, September 2020.

³ Government of Western Australia, *2019-20 Economic indicators resources data*, Safety Regulation System, Department of Mines, Industry Regulation and Safety, September 2020.

⁴ Government of Western Australia, *2019-20 Annual report on State finances*, Department of Treasury, 25 September 2020.

⁵ Duncan, A. and Kiely, D., *BCEC Briefing note: WA Economic update*, Bankwest Curtin Economics Centre, November 2019, p. 4.

- supports maintenance of a skilled state regulator to support education and regulatory compliance activities; and
- recommends that the Taskforce considers mechanisms to bridge the knowledge gap between occupational hygiene and occupational medicine.

Background

The WA resources sector is committed to the health and safety of its workforce. CME's members seek to apply continuous improvement in best practice with regards to the prevention, identification, and mitigation of exposure to the workplace contaminants that have the potential to cause occupational illness.

These matters are a priority for our members, and CME previously lodged a submission in November 2019 in response to the Taskforce's Consultation Paper. CME also engages closely on several related projects through the CME Health and Hygiene Working Group which is made up of representatives with technical expertise in this area. In recent years, CME has lodged industry submissions at a national level to Safe Work Australia's (SWA) significant project reviewing over 700 workplace exposure standards (WES) and worked closely with the WA regulator, the Department of Mines Industry Regulation and Safety (DMIRS) to progress leading research into nano diesel particulate matter.⁶

The WA resources sector is a world leader in health and safety management. As with all health and safety hazards, industry take a risk-based approach to the management of occupational health hazards. The sectors comprehensive and effective response to managing health risks associated with the recent COVID-19 global pandemic is a good example of the effectiveness of this approach. The wide-spread suite of controls proactively implemented helped ensure the health and safety of the sectors workforce and surrounding communities during a period of immense uncertainty.

Dust can be generated through the mining, crushing, and handling of ores. Therefore, occupational exposure to dust can occur in the WA resources sector and companies have advanced systems in place to manage these and other health exposure risks. Under WA work health and safety (WHS) legislation, every site is required to have a detailed site-specific health and hygiene management plan outlining how their risks of worker exposure to contaminants will be managed to as low as reasonably practicable (ALARP) levels through a suite of preventative and mitigative tools as appropriate to each operation.

The establishment of the Taskforce is a significant commitment by the Australian Government and CME appreciates the opportunity to have the views of the WA resources sector considered as a part of the national conversation regarding the prevention of occupational dust diseases.

1. Workforce and Organizational Culture

CME welcomes the acknowledgement by the Taskforce that workforce organisational culture is a critical aspect of managing occupational dust disease. As noted above, the WA resources sector takes a risk-based, continuous improvement, approach to managing occupational health hazards. In line with this approach, the industry's focus is on ensuring the risks associated with contaminant exposure are minimised to as low as reasonably practicable (ALARP) levels. This approach aims to achieve the highest possible level of protection by focussing on a range of preventative and mitigative tools as opposed to simply complying with regulatory requirements (a set exposure standard).

The ALARP approach is strongly supported by the Australian Institute of Occupational Hygienists, Inc. (AIOH) as outlined in the Respirable Crystalline Silica and Occupational Health Issues Position Paper (AIOH Position Paper) published in December 2018. AIOH is Australia's premier professional association representing the interests of occupational hygienists. They aim to promote and preserve the health and wellbeing of Australian workers through application of the knowledge, practice and standing of occupational health and occupational hygiene and are a highly regarded body in the occupational health space.

⁶ Black, Silvia & Mullins, Ben. Curtin University, *A study of nano diesel particulate matter (nDPM) behaviour and physico-chemical changes in underground hard rock mines of Western Australia*, 13 June 2019

CME has previously raised concerns that an unbalanced and overly conservative approach in this area may undermine efforts to improve the management of risks to occupational health hazards - for example, in relation to exposure standards. Exposure standards play an important role and are commonly used to assess exposure to contaminants and to review the effectiveness of controls. WES values however are not considered a cut-off between safe and unsafe values. An unnecessarily conservative WES value or approach to screening or prohibition risks driving a compliance-based culture whereby the focus is simply on complying with an exposure standard and not striving for continuous improvement to reduce exposures to ALARP levels. A compliance-based culture with respect to exposure standards may lead to an over focus on measurement and not enough focus on implementing controls that will protect workers.

To prevent against driving a culture which may be harmful to management of exposure to hazardous contaminants, CME considers it is important that the Taskforce acknowledges that a culture which focuses on a range of factors is required. This includes for example on measuring exposures, implementing engineering controls to reduce exposure levels and workforce education, in line with the ALARP approach. It is important that the Taskforce recognises the benefit of placing an emphasis on control and prevention in the place of a complete focus on WES values.

CME welcomes the Taskforce's recognition of workforce organisational culture being a critical aspect of preventing occupational dust disease and recommends the Taskforce acknowledge the importance of driving an organisational culture which seeks to drive dust exposure to ALARP levels.

2. Regulatory Framework

The Taskforce has identified that workplaces with poor health and hygiene practices often had poor understanding of requirements under WHS laws. CME has long expressed support for the WHS regulator playing an educational role, in addition to their regulatory compliance activities, noting the known benefits this has to improving health and safety outcomes. For example, in WA the mining WHS regulator within DMIRS has a state-wide health team made up of inspectors with technical expertise in the field.

Understanding of legislative requirements is particularly relevant in the context of the WHS legislative reforms currently occurring in WA. CME notes that following the release of the Taskforce's Interim Advice to Minister of Health document, *The Workplace Health and Safety Act 2020 (WA)* (WHS Act) has passed WA Parliament and received Royal Assent. The WHS Act is based on the 'model' WHS laws. While the WHS Act has passed through Parliament, it cannot be proclaimed and become law until the corresponding WHS regulations are in place. This is anticipated to occur in 2021. Therefore, it is important to consider how workplaces understanding of their requirements will be impacted by the introduction of new WHS laws.

The WA Government has identified the requirement of training as a priority and has allocated \$500,000 to DMIRS to fund an advertising and campaign strategy, which will include an awareness campaign to highlight the implications of the new Act. It would therefore be valuable for the Taskforce to engage with state regulators, such as DMIRS, to ensure where relevant there are synergies in educational priorities.

CME supports state regulators continuing to play a role in educating workplaces on their regulatory obligations for managing occupational exposure risks.

CME notes the Taskforce's finding that employers are required to provide health monitoring for workers under WHS laws so far as is reasonably practicable, including where there is significant risk to health. CME supports a risk-based approach to health monitoring. In WA, regulations proposed under the current reform process requiring health monitoring to be conducted if there "is a significant risk of an adverse effect on the workers' health because of the worker exposure's exposure". CME supports this risk-based approach.

The mining industry in WA has experience with prescriptive health surveillance regulations with the Mine Employee Health Surveillance System which commenced in 1996. This required health assessments to be conducted when any worker entered the WA mining industry, and then periodically or as directed. Two comprehensive epidemiological studies of the database conducted in 2010 and 2012 showed that these assessments neither prevented nor detected ill health at an early stage. These regulations were subsequently repealed in 2013 to allow the industry to apply a more risk-based approach to health surveillance.

CME is aware of requests for greater prescription with respect to health monitoring. CME would be concerned if any changes in this regard were progressed in the absence of detailed consultation on the risk-basis of each specific proposal to ensure any change are effective in preventing occupational illness.

Health monitoring has an important role in monitoring exposure risk however the focus must remain on keeping exposures to as low as practicable levels.

CME considers health monitoring practices must be risk based and supports comprehensive screening practises for high risk workers, in line with this approach.

3. Research Methodology

CME has previously stressed the importance of quality review processes in this area. For example, in our submission in response to SWA's proposed reduction of WES value for respirable crystallin silica, CME expressed concern with the methodology in that the recommendations was based on a small number of health-based academic papers. No data from the Australian mining industry on the rates of silicosis were used. The lack of consideration to existing data available through state regulators was highlighted as a fundamental flaw in the review methodology as consideration of this data would provide valuable insights about the relationship between exposure standard values and recorded rates of silicosis.

CME notes that the Taskforce has engaged with leading researchers and academics in the field of dust diseases, with the agreement of further collaboration at a national level. CME recommends that the Taskforce does not limit this collaboration of research to those in the academic field and consider engaging with industry and state regulators for relevant data on the rates of silicosis and other occupational dust diseases. Early engagement with state regulators will streamline the process of research outcomes informing WHS policy and regulated approaches.

CME recommends the Taskforce considers engaging with industry and state regulators for relevant data from the Australian mining industry on the rates of silicosis and other occupational dust diseases.

CME welcomes the Taskforces acknowledgement that a holistic approach to silicosis research is needed. It is significant that the Taskforce has not limited their scope to toxicological projects; increasing the scope to include process engineering, measurement tools, PPE, and technology to minimise airborne dust levels. CME strongly supports this approach.

In this regard, CME considers the Taskforce could also benefit from a broadened range of expertise. For example, CME is concerned at the current absence of a certified occupational hygienist from the AIOH on the Taskforce. While the current Taskforce members have well-respected expertise and can provide great insight into the physiological effects of dust, occupational hygienists provide the link between the workplace, safeguards, and personnel engagement.

Within the resources sector, there are some identified controls and safeguards that have been put in place by occupational hygienists to reduce worker exposures. As an example, an area that has been highlighted by members as requiring further research is the use of ventilation systems for the control of airborne contaminants. The development of a national standard and accredited training courses for ventilation systems and assessments with a peer-reviewed foundation has the potential to be a highly beneficial research area for the Taskforce to consider. Engagement of industry and in particular occupational hygienists through this process will be crucial in ensuring the approach is effective on the ground.

CME supports the Taskforce taking a holistic approach in their identified research priority areas, and recommends the Taskforce consider including a certified occupational hygienist as a member to provide a perspective from individuals with technical expertise managing exposures to these contaminants.

4. Training and Education

CME welcomes the recommendation of the National Dust Disease Taskforce to develop a prevention strategy with an initial focus on a targeted education and communication campaign and supports the Taskforces proposal to connect with the existing efforts of Safe Work Australia.

CME considers there is also benefit in connecting with a broader range of trusted expertise. For example, AIOH, state regulators and industry associations, who have relevant knowledge and, in many cases, existing education programs.

AIOH's Breathe Freely Campaign is a good example of this. The [Breathe Freely](#) program was launched in 2019 and focussed on dust-related occupational lung disease prevention. Breathe Freely utilises education and awareness programs to share safe work practices to control exposures. Breathe Freely has been adapted from the [UK Breathe Freely](#) initiative (developed by the British Occupational Hygiene Society). This UK initiative has been active for five years and is considered to be highly successful, with industry-specific road shows and targeted campaigns. By connecting with Breathe Freely (Australia), the Taskforce can gain lessons learned from previous activities.

State regulators are also well placed to be involved in educational campaigns. For example, as noted above the state government has recently committed \$500,000 to DMIRS for education programs. WorkSafe WA also commenced a proactive inspection program in 2018, looking at stone benchtop fabricators where RCS is generated during work activities. "State inspectors have visited 113 workplaces and issued a total of 890 improvement notices and 12 prohibition notices, with information, guidance material and workplace checklists provided to all workplaces visited."⁷ Although this initiative has a focus on manufactured stone benchtops, it highlights that the proactive approach of the state government has provided data and insight to areas that require further education and inspection. State regulators are therefore well placed to identify focus areas for these education campaigns given their regular engagement with industry.

CME supports the development of a targeted education and communication campaign and recommends the Taskforce consider partnering with trusted bodies, such as AIOH and state regulators, who have relevant expertise and, in many cases, existing education programs.

CME has consistently expressed support for a skilled regulator containing technical expertise in their required fields. In this regard, CME supports the Taskforce's finding that the structured integration of epidemiology, occupational hygiene, occupation physician expertise, and work representation, to complement the policy and regulatory expertise across and within departmental structures. For example, in WA the mining WHS regulator DMIRS has a state-wide health team containing inspectors with technical expertise in the field.

CME also suggests that the Taskforce consider the knowledge gap between occupational hygiene and occupational medicine. A bridge between the two areas could be established through the creation of a pathway for certified occupational hygienists to become occupational physicians. With consideration to both professions being critical in the prevention of occupational illnesses, a training pathway would be valuable in the disciplines of exposure assessment, exposure control, and occupational medicine.

CME supports a skilled state regulator to support education and regulatory compliance activities and recommends that the Taskforce considers mechanisms to bridge the knowledge gap between occupational hygiene and occupational medicine.

Conclusion

The WA resources sector is committed to the health and safety of its workforce. As with all health and safety hazards, industry takes a risk-based, continuous improvement, approach to the management of occupational health hazards. An ALARP approach with a focus on control and prevention will maintain a healthy workplace organisational culture in respect to workplace safety and occupational health and hygiene.

CME welcomes the establishment of the Taskforce and considers it vital that the Taskforce continue to consult stakeholders, giving consideration to engaging a broader range of expertise in subsequent

⁷ Department of Mines, Industry Regulation and Safety, Proactive inspection program continues to look at silica, October 2019: <https://www.commerce.wa.gov.au/announcements/proactive-inspection-program-continues-look-silica>

recommendations. Given that research and policy has previously had a focus on exposure standards and silicosis, it is important that the Taskforce continues to take a holistic approach to dust disease.

CME looks forward to the opportunity to continue to engage with the Taskforce on this important matter. Should you have questions regarding this letter, please contact Laila Nowell, Policy Adviser – Workplace Health and Safety on +61 419 712 053 or via email at L.Nowell@cmewa.com.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'RCarruthers', with a long horizontal flourish extending to the right.

Robert Carruthers
Director – Policy & Advocacy