

19 December 2019

**Australian Competition and Consumer
Commission**

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To whom it may concern,

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

TSANZ has a membership base of approximately 1700 individual members from a wide range of health and research disciplines. TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand, undertakes a large amount of professional education and training, is responsible for significant research administration, and coordinates an accredited respiratory laboratory program.

TSANZ thanks the ACCC for the invitation to respond to this issue.

TSANZ is not in a position to provide fully informed commentary on the competition aspect of the application for authorisation issued by AESAG. However, the risks and dangers associated with the manufacture and installation of artificial stone through exposure to silica dust were originally raised by TSANZ members and have subsequently become well documented. This issue requires urgent action.

As a result, the National Dust Diseases Taskforce has been formed. The Terms of Reference for the Taskforce are as follows:

The National Dust Disease Taskforce will inform a national approach by undertaking an independent review of the systems in place to protect Australians who are at risk from occupational dust disease. This will include providing advice on:

- 1. Actions that have been taken to date to address occupational dust disease across all Australian jurisdictions.*
- 2. Existing policy and regulatory arrangements in Australia to protect those at risk from occupational dust disease, more specifically reviewing what controls are in place; and how these are applied and monitored by the system.*
- 3. Opportunities for improvement across the system to ensure protection of those at-risk populations.*
- 4. Options for sustainable approaches for the future prevention, detection and management of occupational dust diseases, including the consideration of the establishment of a National Dust Disease register, including its scope and outcomes to be achieved.*

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5. *Options for potential new research required to support understanding, prevention and treatment of preventable occupational lung disease.*
The taskforce will engage with a broad range of stakeholders including key health and medical professionals, relevant state and territory governments and regulators, consumers, industry and workplace health and safety stakeholders, including Safe Work Australia.

TSANZ supports the establishment of the Taskforce and looks forward to its report and to implementation of change in this area.

Given that the role of Safe Work as the regulator is to ensure appropriate management of workplaces and that Safe Work is represented on the Taskforce, we would encourage Safe Work in continuing in its leadership role in ensuring that workplaces are appropriately managing silica exposure. We are, however, concerned that the response from the regulators has not been nationally consistent nor responsive enough to date. We note that poor dust control has regrettably contributed towards a large number of cases of preventable respiratory diseases and several fatalities in young men. We are seeking a substantial response from the regulators after the imminent Taskforce interim report is delivered.

In 2019, the Queensland Government released a Code of Practice for *Managing respirable crystalline silica dust exposure in the stone benchtop industry* (see: https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0005/181940/Managing-respirable-crystalline-silica-dust-exposure-in-the-stone-benchtop-industry-Code-of-Practice-2019.pdf).

It is regrettable that, to date, Queensland is the only state or territory to have laid down these minimum requirements for a workplace managing artificial stone products. We note that Safe Work is currently developing a national guidance document and reviewing exposure limits, and we look forward to this being urgently completed and implemented.

We commend the applicants for their current attention towards safe work practices and towards a reduction in the risk of silicosis in workers using artificial stone products. We note, however, that there will be several cost implications and difficulties for small businesses who attempt to conform to this accreditation process.

We also note that occupational hygiene best practice is to make the product safe using the hierarchy of control, i.e. to reduce the potential hazard at source before other measures. Currently, many artificial stone products contain more than 80% silica, and it would certainly be possible to reduce this in order to make the product safer. In our view, this would be better practice than accreditation standards.

Should the ACCC grant the application we would argue that any accreditation process must at least be as stringent as that laid down in the Queensland Code of Practice and also any newly released National Safe Work Standards. We note that applicants were represented in the development of the Queensland Code of Practice and therefore should be supportive of its implementation. We note that there are many examples of failed industry voluntary self-regulation in the public health area. As such we fully support the concept of centralised governmental regulatory processes that are independent of industry. Should the application be approved, we would argue strongly for an

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independent overview of the accreditation process as managed by the applicants. This issue is addressed in the application. We would also note that the accreditation process should in no way be seen as releasing the regulators from their responsibilities to ensure safe working arrangements in these workplaces.

Work Safe is currently responsible for regulating the safety of workplaces that use artificial stone. We note the inconsistent way in which the various jurisdictions have responded to, and managed, the many excessive levels of respirable crystalline free silica which have occurred. However, we support the view that the role of the regulator is a key and important one. TSANZ submits the regulator's role should have increased prominence in the management of workplaces utilising artificial stone products in the future.

There is an urgent need for research to establish dose response levels in silica exposure from artificial stone and to clarify the exact agents which are causing progressive disease. There have been concerns that artificial stone products are simply not safe and should be banned, maybe temporarily only, until safety can be assured. Although crystalline free silica levels generated from artificial stone processing have been documented to be very high, we note that there are other constituents in artificial stone including resin and metals which may play a role in toxicity. Further research in this area is urgently needed. We note a recent report through New South Wales Parliament (which we have not verified) that the artificial stone industry now finds itself unable to obtain suitable insurance cover for workers due to the health risks posed by exposure to artificial stone dusts.

TSANZ members are very concerned about the re-emergence of silicosis and other totally preventable occupational lung diseases, which have high human and health care costs both now and into the future. We appreciate your time and consideration regarding this matter and hope to continue the conversation about preventable occupationally acquired lung diseases.

Yours faithfully,



Professor Bruce Thompson
President