Public Health Association of Australia submission on Workplace exposure standards review – Release 1: Respirable Crystalline Silica and Respirable Coal Dust

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
PHAA Response to the review

Respirable crystalline silica (RCS)

Please provide technical comment on the recommendation and basis for the workplace exposure standard

Since cases of silicosis began being documented in Australia in 2015,¹ the increase in numbers of workers diagnosed has confirmed this as a significant public health issue. RCS is a known carcinogen and occupational risk factor, and is recognised as such globally.² Every effort must be made to minimise known risks, in line with Section 17 of the WHS Act requiring risks to health and safety be eliminated so far as is reasonably practicable, and if it is not reasonably practicable to eliminate the risk, it must be minimised. Currently, Australia’s exposure limits of 0.1mg/m³ do not meet international standards of 0.025mg/m³ over an 8 hour day.³

PHAA supports the recommendation for the proposed health-based workplace exposure standard of 0.02mg/m³ Time Weighted Average for respirable crystalline silica (RCS).

Please provide any comments on the measurement and analysis information provided in the evaluation report

PHAA notes that accurate measurement of the exposure limit will be essential for the new standard to translate into reduced risk in practice. An independent evaluation of occupational exposure to RCS should be conducted, with the results informing evaluation of the new standards and their measurement and enforcement, as well as future responses to remaining risks associated with RCS.

Respirable coal dust (RCD)

Please provide technical comment on the recommendation and basis for the workplace exposure standard

The health impacts of exposure to coal dust are now well known and documented,⁴ with resulting calls for Australia to catch up with global moves to limit exposure through appropriate and enforced standards.⁵ Inaction on this issue represents a public health failure in Australia. As long as coal mining continues in Australia, greater efforts much be made to reduce the known risks.

Every effort must be made to minimise known risks, in line with Section 17 of the WHS Act requiring risks to health and safety be eliminated so far as is reasonably practicable, and if it is not reasonably practicable to eliminate the risk, it must be minimised.

PHAA supports the recommended proposed health-based workplace exposure standard of 0.9mg/m³ for bituminous and lignite coal, and 0.4mg/m³ for anthracite coal, which would bring the limits into line with previous recommendations and international standards.⁵

Please provide any comments on the measurement and analysis information provided in the evaluation report

PHAA notes that accurate measurement of the exposure limit will be essential for the new standard to translate into reduced risk in practice.
Conclusion

PHAA supports the reduction of the workplace exposure limits for RCS and RCD. The risks of exposure to these carcinogens are well known, and Australia has a legislative responsibility under the WHS Act to minimise or eliminate such risks. While our exposure limits do not meet international best practice, we are failing to meet this responsibility and address this public health need.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improving workplace safety in Australia through reduced exposure to RCS and RCD.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin
Chief Executive Officer
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30 April 2019
References