

29<sup>th</sup> August 2005

The Secretary  
Senate Community Affairs References Committee  
Parliament House  
Canberra ACT 2600

Dear Sir / Madam,

**RE: INQUIRY INTO WORKPLACE EXPOSURE TO TOXIC DUST**

In response to the request for submissions relating to your inquiry into workplace exposure to toxic dust, Jotun Australia Pty Ltd has the following contribution. Please note that Jotun Australia Pty Ltd is only involved in the manufacture and distribution of protective coatings for steel, aluminum and concrete and has no direct involvement in the application of these products. All comments made by Jotun Australia Pty Ltd must be taken in this context.

Each term of reference listed in your letter is written in *italics*, with our response detailed below each one.

*a) the health impacts of workplace exposure to toxic dust including exposure to silica in sandblasting and other occupations.*

The Dimet organisation in Australia was sold in a number of parts by ACI in 1985 - at that time the company had closed all sandblasting and spray painting activities.

The coatings division of Dimet which was only involved in paint manufacture was liquidated by Ferrier Hodgson in 1988 and the assets sold to Denso (Winn and Coales UK).

Jotun acquired the coatings manufacturing activities in 1990. At no time has Jotun Australia Pty Ltd carried out sandblasting and spray painting. As such, we have no contribution to any enquiry into activities we have never participated in.

In relation to other toxic dusts there has been a continuing campaign to identify and address toxic dusts and remove them from the workplace. We are not aware of substances (with the exception of asbestos) that have produced adverse effects on the scale reported by recent articles and believe that these materials are being adequately controlled in our industry.

There are no reported or implied health effects due to exposure to other dusts in our industry.

*b) the adequacy and timeliness of regulation governing workplace exposure, safety precautions and the effectiveness of techniques used to assess airborne dust concentrations and toxicity.*

The general principle of the control hierarchy (elimination => substitution => engineering control => administrative controls => personal protective equipment) is to remove exposure to harmful materials by using safer alternatives which is then followed in sequence by other measures with a last resort being the use of personal protective equipment.

This is the foundation of control to harmful materials and we believe the general understanding of this is well developed in our industry.

Other measures to control the industry include (but are not limited to);

- Risk Assessments
- Specific substance Codes of Practice
- Requirements for company safety committees.
- Training for designated Safety Representatives
- Workplace Monitoring for specific substances or circumstances.

All the above are applied either by specific Federal or State legislation and the adequacy of these processes are inspected by Government agencies relevant to these activities (Workcover etc).

*c) the extent to which employers and employees are informed of the risk of workplace dust inhalation.*

Many substances are classified as benign and of no significant concern for exposure but in what is a generally conservative industry approach it is standard practice that all materials should be excluded from ingestion, inhalation or skin contact as much as is practical. This information is routinely provided to all employees and it is generally accepted in the chemical industry that no substance should be handled carelessly.

*d) the availability of accurate diagnosis and medical services for those affected and the financial and social burden of such conditions.*

Routine medical surveillance is carried out to assess the macroscopic effects of workplace activities. This is able to be performed at moderate and acceptable cost. This is a practice that has been encouraged for many years and is well understood.

*e) the availability of accurate records on the nature and extent of illness, disability and death, diagnosis, morbidity and treatment.*

The availability of personal records is subject to issues related to privacy and this has complicated a more robust use of the available data. There are also other complicating factors such as smoking and alcohol consumption which make accurate diagnosis difficult but in general terms the medical profession appears well equipped to monitor the health of employees at risk of exposure. This is one area where clearer guidance on what information may be used would be helpful as while the records are kept the various parties are not able to share or access the information readily.

*f) access to compensation, limitations in seeking legal redress and alternative models of financial support for affected individuals and their families.*

We do not have sufficient experience with this issue to make a meaningful contribution.

*g) the potential of emerging technologies, including nanoparticles, to result in workplace related harm.*

In the light of the items listed under "b)" above it would be expected that suitable assessment would be carried out prior to new materials being adopted. There are a number of materials that have been excluded from use by the chemical industry due to suspected or proven harm and the procedures which have evolved to address this should provide a suitable framework for assessment. The emergence of more accurate and sophisticated monitoring detection instrumentation have and will continue to assist in the management of existing and emerging technologies.

If you have any enquiries in relation to the above, please contact the undersigned on (03) 9314 0722.

Yours Faithfully,



Steve Bamford  
General Manager