

Australian Medical Association Limited

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AMA

Senator Claire Moore
Chair
Senate Community Affairs References Committee
Parliament House
Canberra ACT 2600



Dear Senator Moore

Re: Inquiry into workplace exposure to toxic dust

Inquiry Terms of Reference

- a) the health impacts of workplace exposure to toxic dust including exposure to silica in sandblasting and other occupations;
- 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;
- c) the extent to which employers and employees are informed of the risk of workplace dust inhalation;
- d) the availability of accurate diagnoses and medical services for those affected and the financial and social burden of such conditions;
- e) the availability of accurate records on the nature and extent of illness, disability and death, diagnosis, morbidity and treatment;
- f) access to compensation, limitations in seeking legal redress and alternative models of financial support for affected individuals and their families; and
- g) the potential of emerging technologies, including nanoparticles, to result in workplace related harm.

The AMA, as a medico-political body, is not expert in the area of workplace exposure to toxic dust and as such does not intend to respond formally to the Terms of Reference of this Inquiry. However we believe that there is strong scientific evidence that inhaling any kind of foreign material damages health. Only time, good data collection and long-term research will tell how toxic any particular component of the inhaled substances are but the precautionary principle requires that all reasonable efforts should be made to minimize the inhalation of any particulate matter whether it is asbestos (which we already know has a number of severe effects on the health of a person), soot (carbon particles) from fires, noxious fumes from vehicles, silica and other components of sand from sand blasting or designer nanoparticles.

The evidence for the health impacts of any particular particulate may be limited but those where the data has been collected and analysed have never been found to be benign, some are worse than others but all are detrimental to health. The AMA does not believe it is necessary to be able to prove unequivocally that a particular component of dust can and, in a certain percentage of people, will cause health problem X for it to be necessary to minimize inhalation.

At present there are regulations and safety standards that address these issues but it is clear that these, even now with our level of understanding of the effects of asbestos in particular, are not protecting workers adequately. Therefore adequate protection for those working in

industries which will expose them to dust and fumes must be legislated, the legislation must be implemented and implementation monitored.

It must be made clear to all industries in which workers will be exposed to potentially toxic dust and fumes that they will be held responsible for the long term health of their employees and that they will be required to make adequate compensation payments to those damaged by working for them, even if all safety standards of the day are met, if at a later date these have not proven to be sufficient protection.

Only when the industries believe they will be held to account will they take the necessary action to ensure their workers comply with legislation/regulation and safety standards.

An industry should know that if their workers are exposed to fumes/dust of any kind they are responsible for ensuring that exposure is minimized and that only acceptable levels of risk occur. The definition of "acceptable levels of risk" will be hard to define in some areas, particularly new areas such as where nano technology is being developed, but each industry needs to define such levels with health experts in the field.

Legislation must require implementation of exposure minimization strategies in both old and new industries, proper data collection on exposure and long term health status of those with significant exposure to inhaled dust and fumes, industry monitoring of this data and that this data is available to independent external researchers.

The sooner such legislation/regulation is implemented the sooner adequate precautions will be implemented. All evidence at the moment would suggest that workers continue to be exposed to particulate matter in an unacceptable fashion.

We look forward to your report reflecting a precautionary approach to this issue and one that recognises that we cannot reduce risk to people's health to zero but we can take reasonable precautions and hold industry responsible for providing long-term support to those inadvertently damaged by exposure.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mukesh Haikerwal', written over a large, loopy flourish that extends across the width of the signature area.

Dr Mukesh Haikerwal
President

7 September 2005