Submission to Safe Work Australia

Review of the Workplace Exposure Standard
Draft Evaluation Report Respirable Chrystalline Silica

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ABOUT THE HOUSING INDUSTRY ASSOCIATION

The Housing Industry Association (HIA) is Australia’s only national industry association representing the interests of the residential building industry, including new home builders, renovators, trade contractors, land developers, related building professionals, and suppliers and manufacturers of building products.

As the voice of the industry, HIA represents some 60,000 member businesses throughout Australia. The residential building industry includes land development, detached home construction, home renovations, low/medium-density housing, high-rise apartment buildings and building product manufacturing.

HIA members comprise a diversity of residential builders, including the Housing 100 volume builders, small to medium builders and renovators, residential developers, trade contractors, major building product manufacturers and suppliers and consultants to the industry. HIA members construct over 85 per cent of the nation’s new building stock.

HIA exists to service the businesses it represents, lobby for the best possible business environment for the building industry and to encourage a responsible and quality driven, affordable residential building development industry. HIA’s mission is to:

“promote policies and provide services which enhance our members’ business practices, products and profitability, consistent with the highest standards of professional and commercial conduct.”

The residential building industry is one of Australia’s most dynamic, innovative and efficient service industries and is a key driver of the Australian economy. The residential building industry has a wide reach into manufacturing, supply, and retail sectors.

The aggregate residential industry contribution to the Australian economy is over $150 billion per annum, with over one million employees in building and construction, tens of thousands of small businesses, and over 200,000 sub-contractors reliant on the industry for their livelihood.

HIA develops and advocates policy on behalf of members to further advance new home building and renovating, enabling members to provide affordable and appropriate housing to the growing Australian population. New policy is generated through a grassroots process that starts with local and regional committees before progressing to the National Policy Congress by which time it has passed through almost 1,000 sets of hands.

Policy development is supported by an ongoing process of collecting and analysing data, forecasting, and providing industry data and insights for members, the general public and on a contract basis.

The association operates offices in 23 centres around the nation providing a wide range of advocacy, business support including services and products to members, technical and compliance advice, training services, contracts and stationary, industry awards for excellence, and member only discounts on goods and services.
1. INTRODUCTION

The Housing Industry Association (HIA) welcomes the opportunity to make a submission to Safe Work Australia (SWA) in relation to the Draft evaluation report respirable crystalline silica (draft evaluation report).

Specifically SWA seeks feedback on the proposal to lower the workplace exposure standard (WES) for Respirable Crystalline Silica (RCS), in particular, comments of a technical nature regarding:

- the toxicological information and data that the value is based upon, and
- the measurement and analysis information provided.

HIA recognise there is significant industry concern regarding the recent spike in diagnosis of silicosis in workers exposed to RCS in the engineered stone benchtop industry. It is clear that prolonged breathing in of RCS at concentrations in excess of the current WES value of 0.1 mg/m³ presents a significant risk of contracting silicosis and that more can be done to protect workers in this industry against the impairment of their health.

In considering a change to the WES, it is important that SWA recognise that RCS is a component in a much broader range of building materials and products used to construct and renovate buildings and structures. This includes the use of sand, concrete and concrete products, autoclaved aerated concrete blocks and panels, clay and concrete roof tiles, bricks, ceramic tiles, pavers, fibre cement products and other products. Yet the reality of how these various products are ‘manufactured’ and used both in factories and on site varies significantly and this impacts on the actual exposure of workers using these materials, in comparison to the indoor manufacture of stone benchtops.

To increase awareness of the need for safety practices when dealing with products containing RCS, HIA has prepared information for HIA members on how to prevent exposure of workers to RCS.

HIA is concerned that the proposed lowering of the WES for RCS may occur without due regard or understanding of the consequences of that change. HIA’s key concerns with the proposal in its current form include that:

- the proposed lower WES is unrealistic and may not be feasible or practical to apply to the various work practices and locations involved in undertaking construction work;
- SWA’s draft evaluation report does not address the important issues and impacts associated with lowering the WES on a broader range of building materials and work locations; and
- there are a number of deficiencies in the draft evaluation report including sources quoted in the draft evaluation report on which conclusions are based appearing to be selective and that do not include other more comprehensive reviews of exposure to RCS.

The Australian Government’s approach to regulation is clear in that before any regulatory change is proposed the impacts need to be ascertained and assessed, and a range of viable alternatives considered in a transparent and accountable way through a regulatory impact assessment.

HIA considers that the real risks and impacts of lowering the WES need to be comprehensively explored via a regulatory impact assessment and that a range of options need to be considered in that assessment rather than just a blanket one size fits all approach.

Any such proposals need to be pragmatic and proportional and focussed on where there has been a demonstrated deficiency in the regulations. Where there are current requirements in place that are not well understood, it would be more appropriate as a first step to have dedicated awareness activities.
undertaken by all safety regulators, and to work cooperatively with the building industry to improve current levels of compliance.

HIA recommends retaining the current WES time weighted average (TWA) value for RCS of 0.1 mg/m\(^3\) of air and that workplace health and safety regulators should nationally work with industry bodies, such as HIA, to develop practical information on the hazards, risks and methods to mitigate hazardous exposures to RCS through publications and regular state/territory government information sessions when working with stone benchtops and with all other building materials that contain RCS.

2. **COMMENTS ON THE TOXICOLOGICAL INFORMATION AND BASIS FOR LOWERING OF THE WES**

The draft evaluation report recommends lowering the current WES from a time weighted average (TWA) of 0.1 mg/m\(^3\) to a TWA of 0.02 mg/m\(^3\). This is recommended to protect workers from fibrosis and silicosis, and consequently minimise the risk of lung cancer in workers exposed to respirable crystalline silica at the workplace. This recommendation is solely based on toxicological data that ostensibly suggests that exposure to RCS above 0.02 mg/m\(^3\) poses health risks.

SWA do not appear to have commissioned or conducted any Australian toxicological or epidemiological studies to support this recommendation. The recommendation is made on the basis of the findings or conclusions of studies carried out overseas and contained in the sources quoted in the draft evaluation report.

However these publications have not been made available by SWA so that we can readily ascertain the veracity of the evidence presented to justify the proposed lowering of the WES. Some of the publications quoted as ‘primary sources’ are not readily accessible. No report appears to be available for one of the primary data sources listed – the OARS/AIHA source - and no summary or data pertaining to this source has been included\(^1\). For another key data source, a report is not available at all\(^2\). It is therefore difficult for anyone to establish the veracity of the evidence presented or the appropriateness of SWA’s recommendations.

Despite these limitations, some observations can be made and HIA would like to draw attention to areas we believe are particular deficiencies in the draft evaluation report:

- The draft evaluation report does not discuss or explain the rationale on which the proposed WES is based. There is no assessment of the currency or quality of the data. Instead, conclusions are drawn on the basis of selected second hand summaries by others.
- The sources quoted in the draft evaluation report on which conclusions are based appear to be selective and do not include other more comprehensive reviews of exposure to RCS, such as that undertaken by the US Occupational Health and Safety Administration\(^3\) leading to their setting of a permissible exposure limit of 0.05 mg/m\(^3\) in 2016\(^4\).
- The summaries quoted in the draft evaluation report carry significant uncertainties, yet the uncertainties are not considered or addressed in moving to a recommendation to reduce the WES.

\(^1\) See page 4 of the draft evaluation report
\(^2\) In page 4 of the draft evaluation report, the HCOTN primary source is quoted as “Report not available”
\(^3\) Occupational Exposure to Respirable Crystalline Silica -- Review of Health Effects Literature and Preliminary Quantitative Risk Assessment (Docket OSHA-2010-0034). Occupational Safety and Health Administration (OSHA); 2013
• The draft evaluation report has only considered the toxicology. The technical feasibility and other impacts of the proposed lower WES have not been considered.

The evidence presented to justify the proposed WES does not appear to be compelling without further analysis of the rationale, the uncertainties and the impacts. Without such assessments it cannot be considered as reliable for the purposes of making a change to regulation.

The draft evaluation report cites a number of sources to infer that chronic exposures at above a TWA of 0.02 mg/m$^3$ carry a risk of contracting silicosis. However, the issue of whether there is an actual objective risk of silicosis at levels above the proposed WES of 0.02 mg/m$^3$ is controversial internationally and no consensus appears to have been reached on a WES for RCS.

This is evidenced by the wide variations in exposure standards adopted by other countries, some of which are detailed in the sources quoted in the draft evaluation report.$^5$

The draft evaluation report claims that chronic exposures above 0.02 mg/m$^3$ are ‘indicative’ of an ‘association’ with changes in the lung, rather than a risk of known magnitude. Under the heading Discussion and Conclusions, the draft evaluation report states that:

‘All data sources indicate that chronic exposures above 0.02 mg/m3 are associated with radiographic changes in the lungs.’

While the data might be ‘indicative’ of changes that may be associated with silicosis, this may not necessarily be so. The association could be due to other factors, such as exposure to other lung damaging agents and smoking. It is also not clear that all data sources quoted indicate such an ‘association’.

One key source quoted, the Netherlands HCOTN report, is quoted as “not available” yet it is listed as one of the primary sources used to draw inferences. As the report is not available, we cannot ascertain the veracity of the conclusions drawn from it. HIA notes that WES of the Netherlands HCOTN is a TWA of 0.075 mg/m$^3$ – a more realistic exposure standard than that proposed.

The recommendation of the draft evaluation report do not appear to be based on an objective assessment. It is unscientific and inappropriate to base a WES on ‘indicative’ factors. Robust evidence is needed. In our view, this alone makes the basis for the proposed lower WES questionable.

It is also significant that Australian specialists on the subject of workplace exposure - the Australian Institute of Occupational Hygienists (AIOH) - recommend retaining the current WES. Although this is noted in the draft evaluation report, it is not explored. The most recent paper published by the AIOH and referenced in the draft evaluation report states that$^6$:

“The AIOH recognises that there is an emerging trend within the occupational hygiene community to take a pragmatic approach to the measurement and control of exposures to toxic substances without attempting to define a dose response based exposure standard. Thus, the AIOH acknowledges the importance of adhering to good control strategies so as to reduce exposures to as low as reasonably practicable (ALARP). For occupational risk management purposes, the primary aim should be to keep occupational exposures to RCS to ALARP.”

$^5$The range is from 0.025 to 0.10 mg/m$^3$. The lowest of 0.025 mg/m$^3$ is a value proposed by a non-regulatory body (ACGIH) rather than a mandatory WES.

The AIOH thus supports an 8-hour TWA WES of 0.1 mg/m³ for RCS, as long as worker exposures are at all times limited to ALARP below this limit. The principal reason for this position is that current and historical evidence, including that from the Australian workforce, indicates that if enforced it appears to be protective of the incidence of silicosis, and it is consistent with published threshold levels of effect. It is also consistent with some other country OELs and is a measurable level that is conducive to encouraging industry to strive to determine compliance against the WES or action level.”

This appears to be a sensible and pragmatic position. HIA supports the AIOH position that the current WES value should be protective if followed. Most potential exposures to RCS can be controlled to below the current WES by conventional means to suppress dusts, such as wet methods, on-tool exhaust ventilation, isolation of RCS generating activities and personal protective equipment.

There are also significant uncertainties associated with the primary sources quoted in the draft evaluation. The draft evaluation report acknowledges that at least two of the sources quoted, the ACGIH and the DFG sources, contain uncertainties in the epidemiological studies. Despite this admission, this is not explored or considered in detail. The uncertainties are likely to be important, even crucial, in the context of setting a revised WES and cannot be ignored.

In addition there are uncertainties in the measurement of workplace exposure levels at the proposed lower WES, and whether achieving the lower WES is feasible in practice. These are significant factors that need to be taken into account before a decision is made.

In summary, it is not clear that the proposal is based on robust toxicological evidence. References to the interpretations of other bodies as the primary sources of information on which a decision should be made is inappropriate.

The recommendations of each of the bodies referenced in the draft evaluation report are summarised, with the actual papers quoted not being provided and the discussion of the uncertainties involved is inadequate. There is no discussion of the rationale or criteria on which the proposed WES is based or the toxicological evidence on which the conclusions of the sources quoted are based.

2.1 POTENTIAL IMPACT AND BURDENS OF THE PROPOSED WES

HIA understands that the WES for RCS needs to take account of the health effects and health risks of the substance. However, this is only one of several relevant factors that need to be considered before any decision is made to change a WES. The consequential effects and impacts on the building industry for all the products and tasks to which the proposed lower WES will apply are just as important.

The draft evaluation report does not identify the potential industry impacts and burdens associated with the proposed change. These matters do not appear to have been considered.

This is contrary to the requirements of the Australian Government approach to regulation that before any regulatory change is proposed the impacts need to be ascertained and assessed, and a range of viable alternatives considered in a transparent and accountable way⁷.

The proposal to lower the WES has been driven by the spike of cases of silicosis recently seen in workers in the engineered stone benchtop industry – an industry that uses materials with very high crystalline silica content (reported contain up to 95% crystalline silica).

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There are strong suggestions that intense and repeated occupational exposures to RCS dust concentrations above the current WES due to both the nature of the material being worked with and poorly controlled exposure situations have caused acute or accelerated silicosis in workers in this part of the engineered stone benchtop industry. However, the proposed lower WES will also apply to all other construction activities beyond stone benchtops that can potentially generate RCS but for which no such exposures concerns have been reported, and for which there is much less potential for exposure when the materials are being worked within outdoor environments.

HIA members are concerned that the proposed lower WES will not deliver better safety outcomes, but will have significant impacts on employers and PCBUs engaged in construction activities that could generate RCS, beyond those working with engineered stone benchtops.

The key concern is with the wider application of the lower WES to the construction or demolition of buildings and the manufacture of building materials of less crystalline silica content than stone benchtops and with less potential for exposure to RCS based on the methods of work. These include the cutting, grinding and abrading of concrete products, concrete, clay and concrete roof tiles, bricks, ceramic tiles, pavers and fibre cement products.

HIA is unaware of any concerns regarding increased instances of silicosis in workers using these materials.

The proposed lowering of the WES will result in a wide range of potential RCS generating activities in construction being considered at a ‘significant risk’ of exposure. This will in turn trigger health monitoring for a much greater number of workers than is currently the case. It will trigger health monitoring for activities for which no cases of silicosis have been reported and for which there is less potential for exposure to RCS than there is in stone benchtop manufacture and installation.

The practical impacts and limitations can be significant and need to be well understood and considered before any decision to reduce the current WES is made. HIA believes that the practical impacts and burdens of the proposal are likely to be significant and go well beyond that considered in the draft evaluation report. In particular, the real risks need to be explored rather than an assumption that all activities pose significant risk or more concerningly an oversight of the other materials that would be affected by lowering the WES. A pragmatic approach needs to be adopted to address the impacts tailored to suit the different materials being used and the different workplaces where these materials are used.

In order to ensure that the desired safety outcomes are achieved, it is imperative to understand the effects on other construction products and activities to which the lower WES will apply, and to develop a proportional and practical response to the issues. A blanket lowering of the WES is an ‘over the top’ reaction for other activities and products that have not caused health problems.

2.2 Practical limitations of the proposed WES

The proposed lower WES is unrealistic and unlikely to be feasible for many construction activities. HIA questions whether the proposed WES is realistically attainable in practice without having to resort to respiratory protection equipment (RPE). Indications are that it will not be practical or realistic across the range of products and activities to which it would apply.

A number of building product manufacturers are currently working to understand what the real exposure levels are in situations that generate RCS, the tools available to reduce dust and what can be achieved in practice.
Feedback received to date is that it is by no means clear that the proposed low levels can be achieved or measured reliably. We are aware of at least one study involving the measurement of airborne RCS levels during in-situ cutting of autoclaved aerated concrete panels using optimal conditions and top of the range high efficiency vacuum dust capture at the source.

Exposure monitoring was performed by an occupational hygienist taking airborne dust samples within the worker's breathing zone. The airborne concentration of RCS at the breathing zone was found to be just below the current WES. This indicates that, at least for this task, RCS levels close to the current WES may be at the limit of what is achievable without RPE, and that RPE is necessary to supplement high efficiency vacuum dust capture in order to achieve the WES.

Similarly, it may be very difficult in some instances to achieve the proposed lower WES of 0.02 mg/m³, even when using current best practice dust control methods, without having to rely heavily on RPE to reduce worker exposure.

It is worth noting that a study of engineered stone benchtop workplaces was recently carried out by Workplace Health and Safety Queensland\(^8\). This study involved assessing workers personal exposure to RCS with respect to the existing dust controls measures, such as water suppression, local exhaust ventilation and slurry management.

The study was under the supervision of WHSQ's certified occupational hygienist, and included 3 full days of sampling at each workplace to capture a representative number of workers – 30 days of sampling in total. Workers were grouped into similarly exposed groups (SEGs) and the results of the personal exposure monitoring were used to estimate exposures for each SEG. The study found that, RCS exposure levels determined exceeded 0.05 mg/m³ (50% of the current WES) in many instances where water suppression methods were used as the primary dust control measure, and that 70% of results and all SEGs exceeded 0.025 mg/m³ - the action level set by WHSQ.

The results indicate that water suppression alone was not always sufficient to achieve exposure levels of less than 0.025 mg/m³. Whilst further control measures may reduce these levels, it may be difficult if not impossible, to consistently achieve RCS levels below the proposed lower WES.

Some HIA members have also carried out exposure monitoring with respect to the current WES. They have found that the measurement and control of RCS levels works reasonably well in static factory and workshop settings, where isolation, containment, wet methods and high efficiency dust extraction at the source can be applied.

However, they found that it is much more difficult to measure and control exposures in dynamic situations, such as occur on construction sites. This is particularly so for construction activities for which wet cutting or grinding is not practicable, such as in-situ cutting and trimming of installed autoclaved aerated concrete panels or during wall chasing in concrete to install services.

HIA is also aware that some builders have been investigating the tools available to capture and collect respirable dust generated during the cutting, grinding and polishing of bricks, blocks, tiles, cement sheet, aerated concrete, and other materials and activities. For example, for the autoclaved aerated concrete panels widely used in housing construction, it is often not practicable to use wet methods, and there are few suitable saw/HEPA vacuum systems available for this task and they are extremely expensive.

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2.3 THE PROPOSED WES MAY NOT IMPROVE SAFETY

Lowering of the WES to the proposed level of 0.02 mg/m³ without addressing all the issues associated with the reason for the change will not necessarily improve safety outcomes.

Current workplace health and safety legislation requires employers and PCBUs to ensure risks are eliminated if that is reasonably practicable. If elimination is not reasonably practicable, risks from exposure to RCS must be minimised as far as reasonably practicable.

Reducing RCS exposures to below the current WES using the currently recommended high level control methods, such as water suppression, high efficiency vacuum dust capture at the source, management of slurry/waste, and following SWA’s current health monitoring guidance, should be sufficient to appropriately respond to the risks and ensure workers are protected.

Unnecessary and unwarranted changes to the WES for RCS will, in HIA’s view, add no value to the real task of controlling exposure and ensuring the health of workers. The implication that exposure to RCS to levels above 0.02 mg/m³ represent significant risk could cause unnecessary confusion, anxiety and disputation.

The added complexity of managing RCS exposure will be at an unnecessarily high burden and it is likely that resources available for dust control will be diverted to managing the perception of risk rather than the real risk, and for no real benefit.

Setting the WES to the proposed value would of itself be no guarantee of safety, or of compliance with the new standard. The proposed lowering of the WES assumes that duty-holders will comply with the new standard or that it will lead to better compliance and ensure safety, but such an assumption is likely to be aspirational thinking, as evidenced by the emergence of recent cases of silicosis in the engineered stone industry and the findings from various state audits which have found non-compliance with current safe work practices.

A lower WES could potentially have an adverse effect and result in poorer safety outcomes by making it difficult and if not impossible to comply. If it is too difficult to achieve the proposed lower WES using current best practice dust control methods, heavy reliance will be placed upon the wearing of respiratory protection equipment to supplement higher level controls, and achieve the WES. The potential effects of this should not be underestimated.

Wet and local vacuum exhaust methods are not fool proof. They require proper design, installation, use and maintenance to ensure effective control of the dust. If it becomes too difficult to achieve the lower WES there is likely to be a shift to greater reliance on RPE.

This could be a critical safety factor, as personal protective equipment such as RPE is known to be much less reliable or effective as a control measure for reducing exposure to airborne dusts. This is because it is often uncomfortable and awkward to use and is not always worn properly, or consistently. Its effectiveness relies heavily on being consistently and correctly fitted, used and maintained.

This is why personal protective equipment is the lowest control allowed in the hierarchy of controls. A heavy reliance on RPE to achieve a lower WES could well compromise safety by conveying a false sense of security, or a belief that workers are being adequately protected when they may not be.
The draft evaluation report does not address this potential impact on safety. HIA believes that setting a lower WES as the primary protective measure is unlikely to be as effective as raising greater awareness of the health risks from the absence of adequate control measures, particularly the risks posed by dry cutting and grinding of RCS containing materials, and focusing on encouraging good risk management practices, particularly for indoor work.

3. COMMENT ON THE MEASUREMENT AND ANALYSIS INFORMATION PROVIDED IN THE EVALUATION REPORT

HIA is not a specialist in these matters and has not assessed the measurement and analysis information provided. However, we note the comments made by other experts regarding the measurement of airborne agents and exposures in the workplace who are best placed to understand the limitations.

The most recent paper published by the Australian Institute of Occupational Hygienists – a publication referenced in the draft evaluation report - clearly states that there are limitations in measurement technology which restrict the accurate measurement of very low-level exposure below 0.05 mg/m³ in real world exposure situations.

According to the AIOH⁹:

There are limitations in measurement technology which restrict the accurate measurement of very low-level exposure below 0.05 mg/m³.

And

The determination of real-world exposures at such a level may be hampered by limitations in measurement technology which do not allow for the accurate measurement of very low-level exposure (< 0.05 mg/m³) AIOH

There is no discussion in the draft evaluation report regarding these practical limitations, or the consequences of the uncertainties associated with measuring the lower WES in a reliable manner.

Currently it is readily verifiable by air monitoring whether or not dust control measures are adequately reducing RCS exposure levels to below the WES. There isn’t much certainty about the practicality of measuring exposure levels at the proposed lower WES. Lowering of the WES to the proposed level will make such verification unclear.

If exposures cannot be readily determined in a consistent manner this will cause disagreements and disputes when one party gets different results to another in the same circumstances. HIA is concerned that SWA has not addressed the feasibility of reliably measuring exposures at the proposed lower WES and the potential impacts of these uncertainties on employers and PCBU. Employers and PCBU need certainty of compliance and the practical means of determining this.

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4. RECOMMENDATIONS

HIA believes that the proposal could result in the practical management of RCS dust in many construction activities becoming extremely difficult, costly and focussed on managing a perception of risk rather than the real risk.

A meaningful and pragmatic solution to the problem of preventing worker exposures to RCS from working with stone benchtops is needed, balancing risk with the need for a WES that supports a safe and productive construction industry for those working with the larger group of RCS containing building materials.

The review must consider all available options and assess all the potential impacts through a regulation impact assessment before any recommendation to lower the WES is made. In the meantime, HIA recommends retaining the current WES time weighted average (TWA) value for RCS of 0.1 mg/m$^3$ of air.

For construction tasks other than engineered stone benchtop installation, one option that should be considered is a deemed to comply option similar to that adopted in the United States OSHA standard\textsuperscript{10} This standard allows employers to use either a control method set out in the standard without the need to carry out measurements, or they can measure workers’ exposure and independently decide the appropriate dust controls to limit exposures in their workplaces to the permissible exposure limit.

Another possible option that could be explored is that of setting specific restrictions for specific or isolated activities (building materials) via a schedule in the regulations, rather than apply a lower WES across the board. We note Health and Safety Regulations already do this for some activities involving silica\textsuperscript{11}.

Any departures from the current WES will need to be phased in with an appropriate adjustment period, and a range of initiatives should be developed to help construction workplaces understand and comply with the requirements. This should include practical information on hazards, risks and how to mitigate hazardous exposures to RCS through publications and regular state/territory government subsidised information sessions.


\textsuperscript{11} See for example Schedule 10 of of the Model Workplace Health and Safety Regulations that restrict the use of free silica for abrasive blasting.