



HIA Submission

**Consultation on the impacts of the proposed
introduction of a new workplace exposure limit for
respirable crystalline silica**

Safe Work Australia

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Introduction

Thank you for the opportunity for the Housing Industry Association (HIA) to provide a submission to Safe Work Australia (SWA) in response to the consultation on the impacts of the proposed introduction of a new workplace exposure limit for respirable crystalline silica, which is part of the *Consultation on the impacts of the proposed introduction of new workplace exposure limit for 9 chemicals* (Consultation Paper).

HIA's submission considers the two options presented for the proposed workplace exposure level for respirable crystalline silica (RCS WEL):

- Option 1 - Retain the current WES as the WEL (representing the status quo); and
- Option 2 - Change the proposed RCS WEL to 0.025 mg/m³.

This submission responds to the supporting information for the proposed RCS WEL set out under Option 2 in the Consultation Paper.

HIA supports **Option 1**.

Adoption of Option 2 would have far reaching impacts, not only on the building and construction industry, but also the supply chain involved in the manufacture of a range of building and construction materials and products.

RCS is a component in a broad range of building materials and products used to construct and renovate buildings and structures, as well as other associated infrastructure projects. This includes the use of sand, rock, soil, concrete and concrete products, clay and concrete roof tiles, bricks, ceramic tiles, grout, pavers, fibre cement products, and many other products.

Further, changing the RCS WEL to 0.025 mg/m³ will impact the sourcing of raw materials and the manufacture of building and construction products containing crystalline silica and other uses.

As Option 2 has economy wide consequences and as such should only be adopted when the benefits clearly outweigh the costs. There is little in the Consultation Paper to justify such a position which fails to adequately and appropriately have due regard or understanding of the consequences of that change.

HIA's key concerns include that:

- The proposed lower RCS WEL is not feasible to measure or practical to apply in the manufacture of products and the undertaking of construction work.
- A lower WES will not necessarily improve safety. The purpose of the WES is to ascertain the effectiveness of control measures in relation to exposure to RCS, not to set an exposure health 'benchmark'.
- The evidence presented to justify the proposed lower RCS WEL is not robust and compelling without further analysis of the rationale, the uncertainties and the impacts particularly given the significance of this proposed change.
- There are several important deficiencies in the impact analysis including the burden on businesses that would be affected by the proposed lower WEL. Without such assessments, the impact analysis cannot be considered as reliable for the purposes of reducing the RCS WEL and it does not provide Ministers with a true assessment of impacts this change would have on industry.



- The Consultation Paper and the associated RIS does not factor in the broad ranging recent regulatory changes related to RCS that industry has made substantive changes in practices as a result of and provides very different settings of the status quo than the previous RIS in 2018/19 – a further failing of the impact assessment.

HIA considers that reducing the potential for RCS exposures using the current mandatory high level control methods for processing of crystalline silica substances (CSS) and for high-risk CSS, such as effective isolation and engineering controls, and following WHS regulator guidance, is more effective to appropriately respond to the risks and ensure workers are protected without the need to adopt the proposed lower RCS WEL.

Recommendations

The proposal to adopt a WEL of 0.025 mg/m³ could result in the practical management of RCS dust in many construction activities becoming extremely difficult, complex and burdensome.

The current impact assessment must consider all available options and assess all the potential impacts before any recommendation to adopt the proposed WEL under Option 2 is made.

A meaningful and pragmatic solution to the problem of reducing worker exposures to RCS needs to balance the health risk with recent regulatory reforms for CSS processes.

It is imperative the WEL for RCS be practical and that it supports a safe but productive and competitive construction industry.

For this to occur, HIA recommends retaining the current WES value of 0.05 mg/m³ of air. This would be coupled with letting the broad range of reforms related to silica be given further time to embedded and applied prior to any further consideration of lowering the WES.

If the proposed WEL of Option 2 is adopted, it will need to be phased in with an appropriate adjustment period, and a range of initiatives should be developed to enable construction workplaces to understand how to comply with the requirements in a practical manner, preferably without the need to undertake additional air monitoring.



The RCS WES was reduced in 2019 without robust evidence

It is important to recall that the WES was reduced to a time weighted average (TWA) airborne concentration of 0.05 mg/m³ in 2019. At that time, the proposal was to reduce the WES to a TWA of 0.02 mg/m³ but this was rejected due to uncertainties about achieving an accurate and reproducible measurement of RCS concentrations at that level – a level almost identical to the currently proposed WEL under Option 2.

The proposed reduction to 0.02 mg/m³ in 2019 was based solely on questionable toxicological data about the health risks of exposure to RCS above 0.02 mg/m³. This appears to still be the key consideration for the current proposal under Option 2 i.e., being purely based on ‘health risk’ grounds.

HIA provided a detailed submission to the 2019 review outlining key concerns with this approach and identified several significant deficiencies in the toxicological data used to inform decision making.

In particular, we questioned the veracity of toxicological studies carried out overseas that were quoted to support the then proposed reduction to 0.02 mg/m³ and the validity in an Australian context.¹

The technical feasibility and other impacts of the then proposed lower WES were not considered.

Disappointingly, this current analysis does not appear to have addressed these concerns nor does it appear that there has been any Australian toxicological studies undertaken to support Option 2. Without robust scientific evidence it is difficult for anyone to establish the legitimacy or the appropriateness of for this option.

WEL measurement issues

Measurement of RCS to demonstrate compliance with a WEL of 0.025 mg/m³ is problematic and unlikely to be achievable with available sampling and analysis equipment.

There are significant uncertainties in the measurement of workplace exposure levels at the proposed lower WEL, and achieving the lower WEL under Option 2 is not feasible in practice.

There is no discussion in the Consultation Paper regarding the practical limitations, or the consequences of the uncertainties associated with measuring the lower WEL in a reliable manner.

Accurately measuring the WEL at the level required by Option 2 is not feasible due mainly to compounding uncertainty, variability and poor reliability of results. This is a significant issue in determining compliance with the proposed WEL of 0.025 mg/m³ under Option 2.

The proposed reduction will have a significant impact on the ability to comply with the crystalline silica substance regulations in relation to determining if a CSS process is likely to exceed 50 per cent of exposure standard when assessing risk.

This is further compounded by the additional difficulties the proposed lower WEL would introduce for shifts longer than eight hours, where the calculating adjustment required to obtain a time weighted average WEL means that you need to be able to measure at even lower concentrations to achieve compliance.

¹ Housing Industry Association. Submission to Safe Work Australia. *Review of the Workplace Exposure Standard Draft Evaluation Report Respirable Crystalline Silica*. 30 April 2019.



In order to establish compliance with a WEL, PCBU's and WHS regulators must be confident that the measurements obtained are accurate and representative of workplace exposure. If this isn't the case, it will lead to significant issues for a PCBU's ability to meet the requirements for compliance and for WHS regulators to enforce.

But this is not just HIA's view. Australian specialists on the subject of workplace exposure to airborne contaminants and its measurement, the Australian Institute of Occupational Hygienists (AIOH), have expressed the same concern and do not support any further reduction of the current WES.

The AIOH have assessed the scientific evidence regarding the measurability of RCS since the first proposal to reduce the WES in 2019 and have consistently maintained this position. In their latest report² the AIOH concluded:

"It should be noted that with current sampling and analytical methods (see section 4.2), the reliable determination of RCS levels less than 0.05 mg/m³ is possible, but with large analytical and statistical uncertainty, and determining compliance with an action level of 0.025 mg/m³ is at the limits of available techniques such as the required combination of both the air monitoring and the laboratory analysis of the collected sample. A further reduction in the value of the WES will result in measurement uncertainty becoming so large as to make decisions as to compliance/non-compliance in the real world of employment extremely indecisive. That is, the AIOH do not support a further reduction of the WES to any value less than 0.05 mg/m³. It's worth noting that a reduction in the WES will have significant impact on the ability to comply with the model crystalline silica substance regulations in relation to determining if a process is likely to exceed 50 percent of exposure standard when estimating risk."

This appears to be a sensible position, and importantly it is one based on scientific evidence. HIA supports the AIOH position that the current WES value should be retained as the WEL. 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.

SWA's own research also indicates that lowering the current WES to a level very close to that of the proposed WEL under Option 2 will be a significant problem.

According to research³ commissioned by SWA on the uncertainty and effectiveness of sampling and analysis of RCS at and below a WES-TWA of 0.02 mg/m³ stated that:

"It is clear that the extent of variability has significant implications for attaining and demonstrating regulatory compliance."

The report concluded that:

"...measurement of RCS to demonstrate compliance with a WES of 0.02 mg/m³ (including when it is adjusted for extended work shifts) is not achievable in Australia with available sampling and analysis equipment. There is significant uncertainty that increases as the WES is reduced."

² Australian Institute of Occupational Hygienists (AIOH). Respirable Crystalline Silica and Occupational Health Issues. Position Paper. AIOH, November 2024.

³ SWA Report: Measuring respirable crystalline silica 2020. Report into the effectiveness of sampling and analysis of respirable crystalline silica at a workplace exposure standard eight hour time weighted average of 0.02 mg/m³ https://www.safeworkaustralia.gov.au/sites/default/files/2022-06/report_measuring_respirable_crystalline_silica.pdf (accessed November 2024).



The significant uncertainties in the measurement of workplace exposure levels at the proposed lower WEL, and the practicality of achieving the lower WEL under Option 2 are significant factors that need to be considered before a decision is made.

A lower WEL will not improve safety

Adopting the proposed WEL of 0.025 mg/m³ may no longer be relevant or necessary for reducing exposure to RCS given the WHS Regulations recently introduced for managing risks of RCS.

The proposed WEL would of itself be no guarantee of safety and will not necessarily improve safety outcomes.

A lower WEL by itself, does not provide a guarantee of reduced exposure to RCS. WESs/WELs do not represent 'no effect' levels, nor guarantee protection to all workers.

It is widely understood that workers can be exposed to levels of RCS more than the WES/WEL if effective control measures are not in place. The key purpose of a WES/WEL is to help to assess the effectiveness of those control measures and where exposure control solutions may need to be introduced or improved.

Measuring the WES by air monitoring is not an alternative to controlling exposure and is best done after control measures have been deployed, to verify effectiveness of controls.⁴

The added complexity of managing RCS exposure to achieve the lower WEL will be an unnecessarily high burden, and it is likely that resources available for dust control will be diverted to managing the reduced WEL but with no added benefit.

Furthermore, the proposed WEL will not necessarily reduce the RCS exposure profile of industry but could potentially have an adverse effect and result in poorer safety outcomes. For example, by leading PCBUs to use respiratory protection equipment (RPE) to achieve the proposed WEL.

If it is too difficult to achieve the lower WEL using current best practice dust control methods, heavy reliance is likely to be placed upon the wearing of RPE to achieve compliance.

The potential effects of this should not be underestimated. It 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.

The Consultation Paper does not address this potential impact. Setting a lower WEL is unlikely to be as effective as promoting the recently updated mandatory control measures for high-risk CSS and focusing on encouraging good risk management practices. This is where the focus needs to be to protect workers, not by lowering the current WES to the proposed WEL.

In this context, two key aspects for an appropriate regulatory impact assessment that the Consultation Paper does not contemplate include consideration of the protective effect of mandatory control measures

⁴ SWA Guidance: Interpretation of Workplace Exposure Standards for Airborne Contaminants. Safe Work Australia, Canberra. <https://www.safeworkaustralia.gov.au/doc/guidance-interpretationworkplace-exposure-standards-airborne-contaminants> (accessed November 2024).



prescribed by the WHS Regulations, and the potential impacts of leading PCBUs towards a reliance on the use of RPE to achieve a lower WES.

A comprehensive regulatory impact assessment is needed

HIA understands that submissions to this consultation will be used by SWA to prepare an impact analysis for work health and safety (WHS) Ministers to help them decide whether to implement the proposed RCS WEL under Option 2.

However, as identified, a comprehensive regulatory impact assessment has not been undertaken for public comment by industry stakeholders.

The Consultation Paper, which purports to be an 'impact analysis' is deficient in several areas. It is a bounded and partial cost benefit analysis that lacks symmetry and falls short of a comprehensive regulatory impact assessment for example, it fails to inform and identify all impacts including those identified above, the key impacts to consumers as well as costs to WHS Regulators.

It is considered that a more comprehensive cost benefit analysis needs to be released to enable a thorough assessment of all costs and benefits by affected stakeholders which would in turn provide Ministers with a true assessment of costs vs benefits ahead of any decision on this matter. wholly inadequate to inform consultation.

Lack of objectives and alternatives

The analysis fails to consider a non-regulatory option to achieve lower RCS exposures nor does it contemplate a more thorough assessment of the status quo taking into consideration the broad range of silica reforms implemented over the last five years..

By not exploring alternatives, and providing clear objectives, outside of those of the model WHS Act, which itself invites continuous intervention. This analysis is inconsistent with guidance⁵ on regulatory impact assessment preparation to which this step clearly attempts to satisfy in all but name.

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.

No discussion of technical feasibility

There is no consideration given to the technical feasibility of measuring the proposed WEL of 0.025 mg/m³ and determining whether half the proposed WES is likely to be exceeded, which will significantly impact the estimated costing and limits HIA ability to provide feedback.

Lack of symmetry

The costs to small businesses appear to be grossly underestimated and there is limited detail and no attempt to better inform how estimates were derived. The focus of effort and adjustment of statistics imply the motivation is to quantify benefits at the neglect of that taken to assess costs and to some extent explain the results.

The number of businesses is under-represented

⁵ <https://oia.pmc.gov.au/resources/guidance-impact-analysis/regulatory-impact-analysis-guide-ministers-meetings-and-national>



The analysis notes the chemical which affects most businesses is RCS (199,000), of which 93% are small and 6% medium and 1% large.

The method requires the industry size, number of business and number of employees to be estimated. However, the Consultation Paper states:

“In the absence of estimated proportions, the analysis assumes that around 80% of businesses in each industry where workers are at risk of exposure to each chemical.”

The assumption that *“The estimated number of future RCS businesses assumes that recent regulatory changes for silica-containing products will not impact the number of businesses where workers are at risk of exposure to RCS”* is an inconsistent logic given recent bans mean a predominant source is no longer in widespread use and assumed intervention will overstate the effectiveness of further changes.

Costs

The Consultation Paper notes the analysis provides an *“indicative estimation of costs”* and an estimate of the costs would require specific inputs for each chemical, each industry and each type of business within each industry:

- Individual businesses and the specific changes.
- Premises size and location, construction materials, types of processes and equipment, proximity of workers to the relevant chemicals, existing controls.

The statement that this *“level of detail is not within the scope of this impact analysis”* is an admission the analysis is inadequate and certainly inaccurate. The level of behavioural change and administrative cost should be a focus of further work, the burden for which should fall on the proponent of such changes.

To that end the Consultation Paper does not identify all the impacts and burdens associated with Option 2.

HIA understands that the WEL for RCS needs to take account of the health effects and health risks of the working with CSS. However, this is only one of the several relevant factors that need to be considered. The consequential effects and impacts on the building industry for all products and tasks to which the proposed lower WEL will apply are just as important.

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 way.

HIA members are concerned that the proposed lower WEL of Option 2 will not deliver better safety outcomes but will impose significant burdens on construction businesses engaged in activities involving CSS.

For example, the Consultation Paper estimates that average yearly costs to small businesses (most businesses affected) excluding mining, will be \$1,100 for Option 2.

This is worth comparing this estimate with the cost of air monitoring, which most businesses will have to undertake to ascertain compliance with the reduce WEL. The Decision Regulation Impact Statement (DRIS)



on which the September 2024 WHS Regulations for CSS processes were based, quoted evidence of the cost of air monitoring, being \$10,000 to \$20,000 per experience.⁶

Recent feedback from some businesses indicates that if the WES for RCS is halved, the cost of additional air monitoring required would be over \$20,000 per year, which appears to be in line with the DRIS figure. Additional RPE needed for compliance with the reduced WEL would cost \$5,000 - \$6,000 per year.

Most PCBUs will also need to reassess all their CSS processes to ascertain if the processes are high-risk CSS processes. This is due to the mandatory requirement imposed by the WHS Regulations to consider, amongst other factors, whether the CSS process is likely to exceed one half of the new WEL. This will require additional air monitoring, and depending on the outcome, additional workers could be considered to require ongoing health monitoring as a result of the reduced WEL.

There will be other impacts that the Consultation Paper does not account for, such as the feasibility of achieving the reduced WEL, training and education of workers, and the increased costs of materials, products and buildings as builders, tradespersons and product manufacturers pass on the costs of compliance with the reduced WEL to consumers.

HIA believes that the practical impacts and burdens of the proposal are likely to be well beyond the estimates in the Consultation Paper.

HIA considers the real risks and impacts of adopting the proposed RCS WEL under Option 2 need to be comprehensively explored via a more robust regulatory impact assessment and that a range of options need to be considered in the assessment. HIA considers it essential that such an assessment needs to be released for public comment before an impact analysis for decision is put to WHS ministers.

The regulatory impact assessment needs to be comprehensive, and while it needs to focus on all impacts, it needs to consider pragmatic and proportional alternatives, not primarily being based on health grounds.

In summary HIA considers:

- Administrative costs imposed on businesses included in the CONSULTATION PAPER are likely to be higher, potentially double that identified given the dynamic nature of the industry.
- The proposed policies will likely impose significant administrative costs on businesses not included in the CONSULTATION PAPER.
- The proposed policies will likely impose more compliance and enforcement costs on government than what is included in the CONSULTATION PAPER.
- Significant costs appear to be assumed away.
- The CONSULTATION PAPER does not include costs associated with changes in behaviour and practice by industry, which is what creates benefits. These costs tend to be the largest component of costs.

Benefits

Benefits are comprised primarily of those that accumulate to economic benefits to workers and the broader community of reduced occupational disease and improved health outcomes resulting from reduced workplace exposure to these chemicals from avoided:

⁶ Safe Work Australia February 2023, *Decision Regulation Impact Statement - Managing the risks of respirable crystalline silica at work*, pg. 28.



- Compensation
- Common law costs
- Medical costs
- Supplementary costs
- Years of life lost and Disability adjusted life years
- Productivity loss
- Impacts on family and friends.

However, there are a number of overly optimistic assumptions, in the name of simplifications with potential to bias results or otherwise disproportionately impact on results. The Consultation Paper adopts a methodological stance despite disclosing its low probability in a number of key areas:

The shift to the proposed WEL is assumed to avert all occupational disease attributable to workplace exposure.

This is highly aspirational for a policy assessment for any intervention to be completely effective. If this were the most effective of all interventions, the analysis should consider repealing other interventions to reduce the regulatory burden.

The Consultation Paper itself acknowledges how unlikely this is due to “*natural human biological variations and individual susceptibilities (such as an existing medical condition) may mean a small number of people could still experience adverse health effects from exposure at levels below the proposed WEL*”. However, there are systematic and other explanations why the intervention would not be as effective as the analysis assumes.

Effectiveness should be informed by estimates of other similar interventions in the absence of other estimates.

The full scale of benefits is assumed to be incurred from the first year following the adoption of the proposed WELs

This is indefensible and inconsistent with other sources in the Consultation Paper. For example, at page 75 it is acknowledged that “*Long latency periods between exposure and the observable onset*” as a reason for underestimating compensation claims.

HIA contend this is an untenable approach. This is a methodological choice that ignores a key tenant of cost benefit analysis of discounting future benefits of an intervention to today’s value from the point they would accrue. The approach appears to characterise the benefits as being achieved with immediate effect.

It is a tragic reality that benefits will begin to accrue slowly in most cases with a lag from intervention sometimes years. However, cost benefit analysis is equipped to address the issue through appropriate discounting as required by Ministerial obligations which would roughly halve any benefits if these were subject to a delay of 10 years under the 7% discount rate.

Benefit estimation assumes direct and indirect impacts are attributable to exposure below the current WES.



The impact analysis should capture the proportion already in the population for who this intervention will prevent exposure passing the threshold leading to onset of the illness.

This assumption that all who are currently working to the current exposure limit will be subject to the full scope of harm is questionable, given research on which Safe Work Australia published as having informed its criteria suggests exposure-response relationship for some harms appears sigmoidal, and others linear a uniform attribution of benefits seems unusual.

While possible, adjustment for over-estimation after the benefits are calculated would be inferior to, a preferable method to account for effectiveness at an assumption level under the central case. This would allow a comparison between options, realistic scenario testing and ensure that any 'course' application of adjustments didn't benefit and harm other parameters not subject to the same level of uncertainty.

Also, as many will be subject to time lags, simplifying assumptions such as these disproportionately overstate impacts by avoiding discounting.

Overlapping metrics for quantifying avoided costs

RCS between 2017 and 2021 are presented in Figure 4 and Table 34, show average claim and occurrence which the Consultation Paper acknowledges include harms the regulation will not avoid.

The inclusion of Common Law costs under workers compensation claims is likely to include a proportion of compensation in recognition of years lived with a disability.

Both factor in total years lived with disease accounting for time, one at the population level, and compensation at the individual level. Where they provide different but overlapping quantification, they are more likely to double count benefits. It is suggested that the methodology needs to further define what estimates in non-economic losses it is seeking to capture and exclude any overlap with DALY and YLD.

Similarly to some extent YLL accounts for the forgone earnings and productivity, which compensation may also embody a proportion of, and separate productivity metrics duplicate.

HIA suggest the most robust and complete metric be adopted to measure the population level effects being relied upon in the analysis to avoid over estimation.

Wholesale adjustment to all direct and indirect benefits financial benefits

HIA do not believe it is justified to uplift financial and indirect benefits, and it would be an overgeneralisation to do so. This approach is adopted in the analysis that flows through into the calculations for:

- Productivity
- Supplementary costs
- Medical costs
- Common law costs
- Direct compensation benefits.

There is not adequate explanation of the underpinning for the uplift. The Consultation Paper places a heavy reliance on compensation not being provided for injuries and exposure to chemicals but unclear if this is related to the chemicals in question.



Latency is a recognised issue, yet the methodology already attempts to bring forward benefits to a time prior to when they accrue, notwithstanding the overestimation this introduces, it brings into question further the need to correct this issue in other sections.

However, under reporting is responsible for the highest proportion (39%) where those who were considered minor injury inconsistent with the highest and worst affects so arguably works against, not for uplift.

The Consultation Paper is already selective of statistics, noting page 73, that the previous five years data is ignored in preferred of that which showed a significant uplift in claims and ‘a more accurate’ reflection of the current burden.

Taken together, the question of uncertainty for compensation claims is not of a magnitude to require a 50% increase in the scale of injury under the central case. Analysis should concern itself with accurately reflecting known costs avoided by society, based on the best available data.

While there is effort to disclose the assumptions, uplifting (inflating) assumptions to arbitrary wholesale values, undermines rigour and a number of simplifications to the uncertain nature of benefits mean the analysis is misleading at best.

Failure to specify the problem

According to the ‘Statement of the problem’ in the Consultation Paper, the problem is that the former WES review identified the WES for RCS is not sufficiently protective of adverse health effects.

The Consultation Paper states if the current WES is not reduced to the health-based recommendation level, it will not be sufficiently protective, and workers will remain at risk of adverse health effects and that this may also lead to other implications for aspects of Australian society, ostensibly due to illness or disease and costs on the healthcare system.

However, there are issues with this ‘Statement of the problem’.

Firstly, no clear evidence is presented to support this generalisation as evidence of a problem. No supporting evidence is presented in the form of the exposure profile of industry, or to indicate that workers are exposed to hazardous levels of RCS across the range of activities involving work with CSS.

Secondly, the Consultation Paper does not adequately specify the problem or baseline.

The base case for this impact analysis is presented as Option 1 - the status quo of retailing the current WES as a WEL - but this base case does not account for the effect of extensive regulatory reforms recently implemented. It is not an honest assessment of the base case.

The Consultation Paper does not consider the extensive range of regulatory reforms recently introduced that have implemented significant safeguards for how CSS processes must be controlled to protect people against exposure to RCS. Significant levels of prescription include the prohibition on engineered stone and the regulations for crystalline silica introduced on 1 September 2024 which focus on minimising worker exposure to RCS and raising awareness of effective control measures.

The September 2024 WHS Regulations for crystalline silica include mandatory use of effective wet dust suppression, effective on-tool dust extraction, isolation, local exhaust ventilation, high efficiency dust



extraction, respiratory protective equipment, training that must be completed by workers, plus mandatory air monitoring and health monitoring.

HIA considers a more thorough assessment of the base case with consideration of the effect of the recent extensive regulatory reforms needs to be undertaken. This is also needed to verify if there is indeed a problem to be addressed.

Given the potential effects of a reduced WEL for RCS, the lack of qualification of the 'problem statement' and a lack of a detailed assessment of the base case has not been sufficiently considered.

Correct specification of the problem is crucial to a proper regulatory impact assessment. However, the Consultation Paper does not provide this, and as such, the costs and benefits of options 1 and 2 cannot be correctly estimated.