

Best practice workers' compensation principles for workers with silicosis and related diseases

Heads of Workers Compensation Authorities Dust Diseases
Working Group

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1. Introduction

All workers have the right to a healthy and safe working environment. The re-emergence of silicosis and silica related diseases as occupational diseases in Australia and worldwide is a cause of significant concern.

Silicosis is caused by the inhalation of respirable crystalline silica generated when manipulating - cutting, grinding and polishing - material containing silica. Silicosis is one of the oldest known occupational diseases, it has been recorded for hundreds of years amongst miners and stonecutters.

The re-emergence of silicosis is largely, though not entirely, due to the popularity of high silica containing engineered stone benchtops and other products.

On 13 December 2023, work health and safety (WHS) ministers representing the Commonwealth, states and territories agreed to prohibit the use of engineered stone with the majority of jurisdictions to commence the prohibition from 1 July 2024.

Workers are also exposed to respirable crystalline silica in other industries including tunnelling, stonemasonry, mining and quarrying and other construction work.

Engineered stone products are made by binding finely crushed crystalline silica, metals, inorganic fillers and pigments with polymer resins together to form a hardened composite stone. The silica content of engineered stone products is typically much higher (up to 95%) than that of natural stones such as marble and granite, which contain between 3% and 40% silica. Additionally, there are growing concerns regarding the impact of the non-silica components in engineered stone such as metals and organic compounds.¹

The form of silicosis linked to engineered stone dusts is markedly different from traditional forms of silicosis and is characterised by shorter latency periods (thus impacting younger workers) and rapid progression to progressive massive fibrosis (PMF), the most severe form of dust-related pneumoconiosis. There is no cure for silicosis, and it can be fatal.

2. Background

In October 2018, the Council of Australian Governments' (COAG) Health Council discussed the increase in silicosis diagnoses resulting from the use of engineered stone. It was agreed that a National Dust Disease Register should be explored and that the Commonwealth' Minister for Health would engage with Safe Work Australia, the national WHS policy agency, on the actions being taken to improve the safety of working with engineered stone benchtops.

In July 2019, the Commonwealth Government announced the establishment of a National Dust Disease Taskforce (Taskforce). The Taskforce was asked to develop a national approach to the prevention, early identification, control, and management of occupational dust diseases.

In June 2021, the Taskforce presented the [National Dust Disease Taskforce - Final Report](#) (Final Report) to the Minister for Health and Aged Care. The Final Report was developed following an

¹ Ramkissoon, C, Song, Y, Yen, S, Southam, K, Page, S, Pisaniello, D, et al. [Understanding the pathogenesis of engineered stone-associated silicosis: The effect of particle chemistry on the lung cell response](#). *Respirology*. 2023.

extensive 3 phase consultation process involving a broad range of stakeholders, as well as consideration of specifically commissioned research. The Final Report contains 7 recommendations that support a range of regulatory and non-regulatory actions designed to improve health and safety and treatment and support for workers.

3. Taskforce Recommendation 4

Recommendation 4, best practice workers compensation principles, in the Final Report provides (in part):

“Better support workers affected by dust diseases and their families through individually tailored programs of psychological, financial and return-to-work support.”

To support this recommendation, WHS Ministers agreed to request the Heads of Workers Compensation Authorities (HWCA) to:

“...develop best practice workers’ compensation principles for workers with silicosis and related diseases”.

At its October 2022 meeting, HWCA agreed to add this work to its forward workplan and to establish a working group with representatives from the various interested workers compensation jurisdictions and the Commonwealth to develop the principles.

4. Workers’ compensation in Australia

Workers’ compensation is a function of the states and territories. Each state and territory administer their own scheme along with 3 Commonwealth schemes. Broadly, employers must maintain a valid policy of workers compensation insurance to cover their workers in case they get sick or injured because of work.

While there are features common to all the schemes, there is significant variation in respect of eligibility, coverage, duration of entitlements and other supports available to workers who are diagnosed with silicosis and related diseases.

SafeWork Australia releases a biennial report comparing Australia and New Zealand’s workers compensation arrangements – [Comparison of Workers’ Compensation Arrangement in Australia and New Zealand 2023](#).

5. Best practice workers' compensation principles for workers with silicosis and related diseases

5.1 Preamble

A diagnosis of silicosis and related diseases can be devastating both for a worker and their family. This is especially the case when the diagnosis is of a severe progressive form of silicosis and life expectancy is reduced.

The work of the Taskforce highlighted that those workers adversely affected by exposure to silica dust face life-changing consequences, as do their families. The broad themes of the Taskforce's work, relevant to workers compensation, can be summarised as follows:

- A dust disease diagnosis impacts every part of both the diagnosed worker and their loved ones' lives – physical health, mental health, financial stability, relationships and planning for the future.
- The needs of workers diagnosed with silicosis and related diseases can be very different to the needs of other workers compensation claimants. Their post-diagnosis supports need to be tailored to dust diseases and include financial, psychological, medical and, where appropriate, return to work support.
- Workers need a user-centric approach supported by appropriately trained Case Managers who can provide practical assistance with accessing treatment and supports for workers and their families.
- Workers and their families need help with understanding the claims pathway and what to expect in order to be able plan for the future. Removing some of the unknowns can assist in managing the debilitating impact of a silicosis diagnosis.

Best practice dust diseases principles will contribute toward more consistent, fit-for-purpose, tailored and improved workers compensation schemes to better support workers and their families, regardless of the jurisdiction they are claiming in. The principles are designed for each jurisdiction to follow allowing for sufficient flexibility to be implemented in a manner that best suits the unique needs and context of individual schemes. While the principles cannot deliver a uniform workers compensation experience for workers across Australia, they can contribute to strengthening claims management processes across jurisdictions.

The principles are intended to operate alongside supports and services available outside the various workers compensation schemes, including health screening for persons at risk of exposure to respirable crystalline silica.

5.2 The Principles

	PRINCIPLE	DESCRIPTION
	WORKER PRINCIPLES	
1	A worker-centred claims process	<ul style="list-style-type: none"> • provide clear pathways for support of workers and their families after diagnosis with silicosis and related diseases • a claims system that is easy to access and simple to navigate • workers and their families have access to dedicated Case Managers with appropriate training in managing silicosis claims and who can support workers to make informed decisions at every step of the process • appropriate information is available to support culturally and linguistically diverse workers to understand the complexities of silicosis and related diseases
2	Workers' compensation benefits are designed to meet the specific needs of workers with silicosis and silica related diseases	<ul style="list-style-type: none"> • detailed, clear, accurate and impartial information is available to workers and their families on the workers compensation benefits available
2a	Weekly income support	<ul style="list-style-type: none"> • expedited claims pathway including shorter timeframes for decisions on accelerated silicosis claims
2b	Treatment and care	<ul style="list-style-type: none"> • access to healthcare professionals with experience in silicosis and related diseases where jurisdictionally available • access to telehealth where jurisdictionally appropriate • access to medical, allied health and other services to treat and support the worker, tailored to silicosis and related diseases and responsive to the worker's needs as their condition progresses
2c	Mental Health supports	<ul style="list-style-type: none"> • adopt an holistic focus to support both the worker and family including early access to mental health practitioners (ideally with knowledge and experience of silicosis and related diseases) and provision of information to access existing community mental health supports • telehealth options for psychological supports where jurisdictionally appropriate

2d	Quality vocational rehabilitation services	<ul style="list-style-type: none"> access to retraining, work trials and tailored return to work plans to meet the unique challenges of returning workers with silicosis and related diseases to work in a safe, meaningful and durable way
PROCESS PRINCIPLES		
3	Scheme access	<ul style="list-style-type: none"> medical investigations and diagnostic testing readily available as part of the claims application and lodgement process
4	A continuous improvement focus	<ul style="list-style-type: none"> the scheme seeks input from workers with a silicosis and related diseases diagnosis and their families on their experience of the system to inform changes to the scheme
5	Employer support	<ul style="list-style-type: none"> Ensuring material that sets out clear and accessible information for employers is available, particularly to small businesses, to support their role and any obligations they may have in the scheme.
SCHEME DESIGN PRINCIPLES		
6	Scheme design allows flexibility and responsiveness to emerging and changing knowledge and practices	<ul style="list-style-type: none"> where possible, support clinical and related research into silicosis and silica related diseases support other education, community, cultural, information-sharing and other initiatives that provide worker and family supports or raise community awareness of silicosis and silica related diseases
7	Scheme is designed to minimise disputes	<ul style="list-style-type: none"> transparent complaints and internal review processes that both recognise the challenges for workers with silicosis or a silica related disease and aim to resolve issues fairly, transparently and quickly
8	Exit from the Scheme should be non-complex and transparent	<ul style="list-style-type: none"> workers and their families are proactively provided with information to allow them to make informed decisions on the options available to them to exit the statutory workers compensation scheme including support to transition to community supports, where relevant.