



Safe Work Australia – Asbestos Framework Review

Cancer Council Australia

24 April 2026



Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council acknowledges the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander Elders past, present and emerging, and extend that respect to all other Aboriginal and Torres Strait Islander people.

This submission was authorised by:

Jacinta Reddan

Chief Executive Officer, Cancer Council Australia

Cancer Council's Occupational and Environmental Cancer Committee (the Committee) includes members with national standing in relevant disciplines including epidemiology, molecular biology, occupational health, occupational hygiene, clinical oncology, and public health. We welcome the opportunity to provide feedback addressing the *Asbestos Framework Review discussion paper*. This submission provides Safe Work Australia with the views of the Committee on the above matter.

Cancer Council commends Safe Work Australia for undertaking a comprehensive review of the model Work Health and Safety (WHS) asbestos framework to strengthen risk controls and support the prioritised removal of asbestos-containing materials (ACMs). Asbestos is the primary risk factor for mesothelioma, a cancer of the mesothelium, which lines internal organs, and is most commonly found in the chest. Australia has one of the highest incidence rates of mesothelioma in the world¹, with 898 estimated new cases diagnosed in 2025². Exposure to asbestos also increases the risk of developing cancers of the lung, ovary and larynx.³ We fully endorse this approach and welcome changes to the framework that improve protections for workers and the broader community to reduce the risk of asbestos exposure, with the ultimate aim of eliminating asbestos-related diseases in Australia. Improving consistency between national and state frameworks and across government portfolios, and the harmonisation of legislation across jurisdictions is key to achieving this.

Please find below our comments relating to specific sections of the discussion paper that are most relevant to Cancer Council's expertise.

Model WHS asbestos framework (questions 1, 2, and 4)

The model WHS Act relating to asbestos should be strengthened to ensure it covers all sources of workplace exposure to asbestos, regardless of when the ACM was installed. WHS regulators should be given powers to issue prohibition notices on asbestos that was installed in a workplace before 2004. The Act also needs to encompass exposure from naturally occurring asbestos encountered in mines and quarries, as well as asbestos present at waste and contaminated sites, to prevent ongoing exposure to workers and the wider community. In addition to this, clearer provisions are needed to address exposure from building works conducted in residential settings. This is particularly important as there is the potential for secondary exposures to occupants (including children) resulting from building work which is incorrectly carried out on ACMs in homes, and other asbestos products such as asbestos cement sheet fencing.

Regarding question 4, "What aspects of Safe Work Australia's asbestos guidance documents should be improved or updated? Is there any additional guidance needed?" - We recommend that more detail is needed on how asbestos-containing dust and debris should be handled.

Identification and risk assessment of asbestos and asbestos-containing materials (ACMs)

With respect to asbestos registers (**questions 10-12**), a key challenge is that they may not be sufficiently reliable due to differences in quality and completeness across jurisdictions. This is particularly the case outside Victoria where there is no consistent requirement to positively identify all asbestos prior to demolition, renovation or refurbishment. As a result, there can be an increased risk of asbestos exposure when the registers are relied on despite being incomplete or outdated. Therefore, we recommend that the model WHS asbestos framework is strengthened to require all asbestos to be specifically identified prior to demolition, renovation or refurbishment work. While a five-year review period may be appropriate, it should be supplemented with ongoing updates to ensure registers accurately reflect the current condition of ACMs which may deteriorate between reviews and record any work that has disturbed the asbestos. We also recognise that under the model WHS asbestos framework there are no requirements for an asbestos register to be kept at

residential premises. This is a significant gap in the current framework that must be addressed as tradespeople, such as electricians, plumbers and gardeners, frequently work in these settings and remain at risk of asbestos exposure.

In terms of friability (**questions 13–15**), the current definition and dichotomous classification of friable versus non-friable does not fully support effective risk management. A key limitation is that almost any ACM can become friable over time with ageing, deterioration, disturbance and/or mechanical damage, which means risk can change. Tables 2 ('Risk levels for various asbestos products') and 3 ('Scoring ACM condition by category') in the ASSEA National Guide for Asbestos Surveys offer a more useful and nuanced explanation of friability. The Guide recognises that friability, and therefore risk, is determined by both the type of product and its current condition. Therefore, consideration should be given to using definitions and classifications in the model WHS asbestos framework and across jurisdictions that align with this approach and reflect the dynamic nature of ACMs.

Workplace Exposure Standard for asbestos (questions 17–19)

We support lowering the workplace exposure standard for asbestos from 0.1 f/mL to 0.01 f/mL, using phase-contrast microscopy. Adopting this standard will offer stronger levels of protection for workers and align Australia with the European Union and global best practice.

Analytical and monitoring methods should be reviewed, including the role of electron microscopy. This method will identify smaller fibres that are very likely to be inhaled and less likely to be captured by phase-contrast microscopy. Detailed methods for the sampling and analysis will need to be provided, but the European Union documentation is likely to be reliable and a useful starting point.

We acknowledge that reducing the exposure limit may increase costs for monitoring and clearance. However, we believe this is outweighed by the long-term benefits related to improved protections for the community and reduced costs to Australia and the individuals responsible for caring for people diagnosed with an asbestos-related disease.

In situ risk controls (question 24)

We support prioritising proactive removal of asbestos, regardless of its current condition as this can and will change over time. This is because relying on in situ management does not consider deterioration, urgent maintenance and repair work, or unforeseen disturbances such as a natural disaster, where necessary controls may be ignored. For example, asbestos cement products that are thought to be non-friable and well-sealed, could be exposed to fire and then water suppression resulting in rapid degradation of the product and widespread dispersal of asbestos fibres in the area. Consequently, this can place people at increased risk of asbestos exposure, such as firefighters, who have an elevated risk of mesothelioma. Therefore, we support a similar approach to the European Union where employers are required to prioritise removal of asbestos over repair or encapsulation, given that containment can perpetuate exposure risks.

Asbestos training and competency (questions 25 and 27)

We believe that nationally accredited asbestos awareness training should be made mandatory within the model WHS framework for workers who are likely to encounter asbestos in the workplace. This requirement should be embedded within all relevant TAFE trade qualifications, including electrical, plumbing, and other building and construction trades. Workers in these occupations are likely to encounter ACMs and must be able to recognise it, understand the risks of disturbing it, and know what actions they should take (such as stopping work and informing their supervisor). In

addition, training and advice should also be provided to first responders, including firefighters, who may need to deal with asbestos under emergency conditions, as well as those who are in the waste industry and are involved with transport and disposal.

It is essential that this training is consistent across jurisdictions so that workers receive an equal standard of training and to prevent confusion when workers move interstate (a relatively common practice in the construction industry). Furthermore, training should be available in other languages to cater for migrant workers who may not be fluent in English. This is particularly important for the construction industry which includes a significant number of migrant workers.

Asbestos assessor or surveyor training (questions 28 and 32)

We recommend that asbestos assessors and/or surveyors be required to complete specific, nationally recognised training and National Association of Testing Authorities (NATA) accreditation. This should include training that addresses protecting their own health and safety, such as correct respirator use and fit testing.

Once out in the field, it is essential that asbestos assessors and surveyors operate independently of both the organisations that commission an asbestos survey and asbestos removal organisations to prevent any conflicts of interest, such as when conducting clearance inspections. The requirement for 'independent' competent persons and licensed asbestos assessors needs to be clearly defined in WHS legislation and then consistently enforced.

Removal of asbestos, training and licensing (question 40)

We recommend removing the 10 m² unlicensed removal exemption and implementing a nationally consistent approach aligned with the Australian Capital Territory, where removal of any amount of ACM must be undertaken by a licensed asbestos removalist. The current exemption allows tradespeople to repeatedly undertake small-scale asbestos removal across multiple jobs. This can result in cumulative exposures that may be significant and place them at increased risk of developing lung cancer or mesothelioma. Furthermore, the exemption creates conditions where asbestos removal can take place without the necessary level of expertise and controls, which can then lead to contamination of workplaces, homes, and surrounding environments, exposing other workers, occupants and the broader community. Additionally, the cumulative disposal of many small amounts of asbestos can result in a significant contamination problem that sees widespread redistribution of asbestos fibres into the community (this may explain the recent mulch contamination incidents).

Thank you for considering our feedback. We look forward to seeing the progress and outcomes of this review. Please do not hesitate to contact Dr Matthew Govorko, Cancer Council's **KNOW** Workplace Cancer Senior Coordinator, at matthew.govorko@cancerwa.asn.au, if you would like to discuss this matter further.

References

1. Australian Institute of Health and Welfare. Mesothelioma in Australia 2024. AIHW, Australian Government; 2025.
2. Australian Institute of Health and Welfare. Cancer data in Australia. AIHW, Australian Government; 2025.
3. International Agency for Research on Cancer. Arsenic, Metals, Fibres and Dusts - IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 100C 2012.