



Strategic Review of the Workplace Health and Safety System

Submission template

This template can be used to make a submission to the Independent Taskforce on Workplace Health and Safety. The template does not limit the length of your answers, and you can attach documents to supplement your answers if you wish. Alternatively, you can use the on-line questionnaire to make a submission, which can be found at www.hstaskforce.govt.nz. The on-line questionnaire restricts the length of your answers to about 300 words per question.

Please refer to the taskforce's consultation document, *Safer Workplaces* before completing this template. The consultation document can be found at www.hstaskforce.govt.nz

About you

* Indicates mandatory questions

1. *Your full name:

Sarah Penno

2. *Is this submission on behalf of an individual or an organisation?

☐ Individual ☒ Organisation

Name of organisation: Cancer Society NZ

3. *Region

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Northland | <input checked="" type="checkbox"/> Whangarei | <input checked="" type="checkbox"/> Auckland |
| <input checked="" type="checkbox"/> Waikato | <input checked="" type="checkbox"/> Bay of Plenty | <input checked="" type="checkbox"/> Gisborne |
| <input checked="" type="checkbox"/> Hawke Bay | <input checked="" type="checkbox"/> Taranaki | <input checked="" type="checkbox"/> Manawatu-Wanganui |
| <input checked="" type="checkbox"/> Wellington | <input checked="" type="checkbox"/> Marlborough | <input checked="" type="checkbox"/> Nelson |
| <input checked="" type="checkbox"/> West Coast | <input checked="" type="checkbox"/> Canterbury | <input checked="" type="checkbox"/> Otago |
| <input checked="" type="checkbox"/> Southland | <input type="checkbox"/> Overseas | |

4. *Respondent category

- | | |
|--|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not in paid employment |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Occupational health nurse |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Health and safety practitioner |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Employee representative | |

NGO

5. *Which type of industry do you manage, own a business in, or work in?

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☐ Manufacturing
- ☐ Electricity, Gas, Water and Waste Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Accommodation and Food Services
- ☐ Transport, Postal and Warehousing
- ☐ Information Media and Telecommunications
- ☐ Financial and Insurance Services
- ☐ Rental, Hiring and Real Estate Services
- ☐ Professional, Scientific and Technical Services
- ☐ Administrative and Support Services
- ☐ Public Administration and Safety
- ☒ Education and Training
- ☒ Health Care and Social Assistance
- ☐ Arts and Recreation Services
- ☐ Other Services

6. *Size of business that you own / manage or work for?

- | | |
|--|--|
| <input type="checkbox"/> Self employed | <input type="checkbox"/> 20-49 employees |
| <input type="checkbox"/> 1-5 employees | <input type="checkbox"/> 50-99 employees |
| <input type="checkbox"/> 6-9 employees | <input checked="" type="checkbox"/> 100+ employees |
| <input type="checkbox"/> 10-19 employees | |

7. Gender

☐ Male ☒ Female ☐ Other

8. Age

☐ 15-24

☐ 45-54

☐ 25-34

☐ 55-64

☐ 35-44

☐ 65+

9. Ethnicity

☐ NZ Maori

☐ Asian

☐ European

☐ Middle Eastern/Latin
American/African

☐ Pacific Island

☐ Other ethnic group

☐ Other European

☐ Do not wish to indicate

10. Your contact details

Phone number(s)

Email address:

Please tick the boxes below as appropriate

☒ I consent to my submission being placed on the Independent Taskforce on Workplace Health and Safety website

☐ I would like my name withheld from publication (submissions from individuals only)

Please note that your name and contact information, including any personal information, is being collected so that the Independent Taskforce on Workplace Health and Safety can publish the names of people and organisations who or that made submissions, follow up with a respondent if any submission needs clarification, and for the general purposes of the Strategic Review of the Workplace Health and Safety System. The Independent Taskforce on Workplace Health and Safety is the intended recipient and holder of the information and can be contacted at PO Box 3705, Wellington, New Zealand. In accordance with Privacy Principle 7, you have the right to access and correct any personal information you provide.

Submission template questions

Please answer the following questions and feel free to attach any supporting documents.

If you are completing the template on paper, please feel free to add other pages but make clear which questions your answers refer to. **If you are completing the template electronically** and need more space for any of your answers, please write the rest of your answer into another document, making clear which question your answer refers to, and attach it when you send your completed submission template to us. The answer fields below hold approximately 430 words.

Who gets hurt, killed or suffers from ill-health or disease as a result of work?

1. What do you think is driving the differences in health and safety outcomes for different demographic groups?

Inequalities exist for cancer outcomes in New Zealand. It has been well documented that registration and mortality rates for most cancers are higher for Maori and Pacific Island peoples. Both these ethnic groups are well represented in most industries, particularly in manual labour, and as noted in the NOHSAC report, cancer was one of the three leading causes of work-related death.

Increasing age is a significant risk factor for the development of cancer. The cancer risks are also highest for those workers who are of lower socioeconomic status, predominantly those people who work as manual labourers (1). Other at risk professions such as hairdressers and cleaners use highly toxic chemicals on a daily basis and often have poor access to health and safety guidance.

Access to early medical advice for persistent symptoms is also an issue for some ethnic and socioeconomic groups. Late presentation is a significant contributor to poorer outcomes. Cancer rates are also higher for men when compared to women.

A recent paper in the UK estimated that 4.9% of all the deaths related to cancer were attributable to work-related carcinogens (2). This number was significantly higher than those due to work-related accidents. This paper along with other international work demonstrates the range of potentially at risk employees from occupations such as mining, to the armed defense forces and the retail sector. All occupational cancers are potentially avoidable and while increasing regulation in some areas has reduced the exposure levels for some carcinogens, some levels are still unacceptably high (such as wood dust).

A study in New Zealand identified a significantly higher mortality rate from all cancers but especially lung cancer, among meat workers (3). This work has been replicated overseas and clearly shows a raised lung cancer risk for workers in the meat processing industry (4).

All these groups are at risk for developing a work-related cancer and as such should be better protected by both the legislation and workplace monitoring. Of the total number of cancer related deaths in New Zealand in people 30 years or older, 3-6% are due to occupational cancer (5) which at current figures equates to over 250 preventable deaths each year. This represents a significant burden to the health system as well as to the individual and their family.

2. What changes are needed to the workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?

There needs to be recognition that for Maori and Pacific Island Peoples exposure to work related carcinogens is in addition to their already elevated risk level. All precautions should be taken to minimise the risks to these groups in particular, but not exclusively. While much is known about many carcinogens evidence for others is evolving. Recognition of the impact of shift work for example (1) or the long term exposure to pesticides are two areas where research has strengthened over recent years with clearer evidence of particular risks associated with specific occupations. These risks should be clearly stated and monitored. the instigation of a register of employees exposed to carcinogens is one intervention that has been shown to improve both compliance activities and reduce exposures for employees (2).

References

- (1) Parent, M.-É., El-Zein, M., Rousseau, M.-C., Pintos, J., & Siemiatycki, J. (2012). Night Work and the Risk of Cancer Among Men. *American Journal of Epidemiology*, 176(9), 751-759.
- (2) Kauppinen, T., Saalo, A., Pukkala, E., , Virtanen, S., , Karajalainen, A., , & Vuorela, R., . (2007). Evaluation of a National Register on Occupational Exposure to Carcinogens: Effectiveness in the Prevention of Occupational Cancer, and Cancer Risks among the Exposed Workers. *Annals of Occupational Hygiene*, 51(5), 463-470.

Regulatory framework

3. What do you think the challenges are with the current health and safety regulatory framework?

The impact of exposure to workplace carcinogens is usually not apparent to the worker until many years have passed. This makes assessment and mitigation of risk less obvious for the regulators. Also aspects such as the impact of shift work as a potential contributor to increased risk for developing cancer has traditionally not been managed as a potential workplace risk. The increasing number of possible carcinogens is also a significant challenge. Most are dose related; harm is caused either by mass contamination or due to repeated low dose exposure. The current framework does not identify the potential harms associated with frequent low dose exposures and there is no system of monitoring exposure.

As outlined by Pearce, Dryson, Feyer et al (1) developing an effective surveillance system for occupational disease is a priority. Exposure to carcinogens would be a significant part of this surveillance system.

References

Pearce N, Dryson E, Feyer A-M, Gander P, McCracken S, & Wagstaffe M. (2005). Surveillance of Occupational Disease and Injury in New Zealand: Report to the Minister of Labour. Wellington NOHSAC.

4. How do you think the health and safety regulatory framework could be improved?

By adopting an approach similar to the Australian one whereby workers and other persons should be given the highest level of protection against harm as is reasonably practicable, would help to provide a stronger platform for enforcement. The harm should also include possible long term effects not just acute injuries.

A register for monitoring exposure to carcinogens similar to that used in Finland (1) could help to improve compliance and reduce exposure rates. Surveillance and control of workplace exposures needs to be increased to reduce the occupational disease burden, in particular that related to cancer (2).

There needs to be a regulatory framework that better reflects the changing work environment and has more clearly defined responsibilities to monitor and enforce compliance.

An alternative approach is one where known toxic substances are reduced or substituted. This has been successfully used overseas based on the Massachusetts Toxics Use Reduction Act (TURA) (3). The TURA programme has demonstrated that by taking a systems approach changes can be made. This approach includes training programmes, site visits, information services, engagement with industry and communities, and policy development. These are all areas that need to be considered in the wider management of toxic substances.

References:

(1) Kauppinen, T., Saalo, A., Pukkala, E., Virtanen, S., Karjalainen, A., & Vuorela, R. (2007). Evaluation of a National Register on Occupational Exposure to Carcinogens: Effectiveness in the Prevention of Occupational Cancer, and Cancer Risks among the Exposed Workers. *Annals of Occupational Hygiene*, 51(5), 463-470.

(2) Gander P., Pearce N., Langley J., & Wagstaffe M. (2009). The Evolving Work Environment in New Zealand-implications for occupational health and Safety. Wellington: Report to the Minister of Labour.

(3) Massey, R., Eliason, P., Harriman, E., Hutchins, J., Onasch, J., & Tenney, H. (2009). Massachusetts Toxics Use Reduction Act Program Assessment. Massachusetts: Massachusetts Toxics Use Reduction Institute.

Regulators' roles and responsibilities

5. How effective are the regulators in influencing workplace health and safety outcomes?

It is unclear whether regulators have a precise understanding of the range of possible carcinogens. A total of 29 occupational agents are established carcinogens with another 30 agents as possible ones (1). Some recent Australian research identified 38 established or probable carcinogenic agents present in the Australian workplace (2). Exposure worldwide continues to be a problem. However exposure for employees is involuntary and can be eliminated and so offers a step towards reducing cancer in New Zealand.

It is also unclear as to whose responsibility it is to monitor exposure over time. This is a regulatory requirement that at this time does not appear to be monitored in any way.

References

- (1) Boffetta, P. (2004). Epidemiology of environmental and occupational cancer. [Article]. *Oncogene*, 23(38), 6392-6403.
(2) Fernandez, R. C., Driscoll, T. R., Glass, D. C., Vallance, D., Reid, A., Benke, G., et al. (2012). A priority list of occupational carcinogenic agents for preventative action in Australia. *Australian and New Zealand journal of public health*.

6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?

A register of occupational exposure to carcinogens could be a useful and effective tool to both monitor compliance and long term harm associated with carcinogens in the workplace.

A clearer regulatory process identifying roles and responsibilities regarding on-going exposure to carcinogens should be instigated.

New Zealand's changing workforce and work arrangements

7. What impacts are New Zealand's changing workforce and work arrangements having on health and safety outcomes?

As the work force ages the risk for developing cancer increases. However it also has the potential to increase exposure times for people who remain in their jobs for longer. If exposure time to possible carcinogens increases there is an increased risk of cancer developing. Complicating this is the fact that for many workers their employment history is one of varied jobs in a variety of locations, making monitoring of exposures difficult.

8. What changes to the health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?

Monitoring of exposure levels should be mandatory.

Worker participation and engagement

9. How effective do you think worker participation is in improving workplace health and safety in New Zealand?

Worker engagement is important to ensure appropriate reporting of any accidental exposure to any listed carcinogen as well as ensuring appropriate use of protective measures at all times.
If workers do not understand the risks then compliance is less likely.

10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?

No comment.

Leadership and governance

11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?

Responsibility lies across across all levels of any organisation. Workers and management are responsible for different aspects of workplace safety.

12. What improvements can be made to directors' and other leaders' participation in workplace health and safety, so as to get better workplace health and safety outcomes?

No comment.

Capacity and capability of the workplace health and safety system

13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?

No comment.

14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?

No comment.

Incentives

15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?

No comment.

16. How could incentives be better used to improve workplace health and safety outcomes?

No comment.

Influencing health and safety outcomes beyond one's own workplace

17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own workplaces (for example through influencing their suppliers, counterparts, and competitors)?

The Cancer Society has a mandate to advocate for preventive interventions where there is evidence to show benefit. In the case of occupational related cancer, prevention of exposure will prevent the cancer. Goal 1, objective 7 of the New Zealand Cancer Control Strategy (1) is aimed at reducing the number of people developing occupational-related cancers. The Society aims to support the work of other agencies in reducing the number of cancer diagnoses, particularly where the diagnosis is largely preventable.

References

(1) Cancer Control Taskforce. (2005). The New Zealand Cancer Control Strategy: Action Plan 2005-2010. Wellington: Ministry of Health.

18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?

No comment.

Major hazards

19. How strong is New Zealand's current approach to regulating major hazards?

Considering the number of possible cases of work-related cancer there should be a greater recognition of this issue within the current guidance documents and legislation. With an annual potential death toll due to work-related cancer of around 250 this is over twice the number of work related deaths (1) and requires a more concerted effort to assess the problem and then develop strategies to reduce this figure. Mandatory registering of exposure levels and toxic substance substitution are possible ways this could be achieved.

References

(1) Ministry of Business Innovation and Employment. (2012). The State of Workplace Health and Safety in New Zealand. Wellington.

20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?

Mandatory registering of exposures should be instituted.

Health and hazardous substances

21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?

The potentially long list of hazardous substances can make it a daunting prospect to manage them. However each industry should have a clear list of potential hazards and explicit management strategies relevant to their individual industry and work sites.

22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?

See notes above. The registration of exposures to carcinogens would be a substantial step forward in managing these hazardous substances.

Small to medium-sized enterprises

23. What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises?

No comment.

24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that it is effective for self-employed and small-to-medium sized enterprises?

No comment.

Measurement and data

25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and comparative analysis?

There is little monitoring of exposure levels to known carcinogens. There is also no linkage to national data sets for occupation which makes research in this area very difficult. There needs to be an improvement in the assessment of the problem and as well as how to appropriately monitor it. Substitution of toxic substances is another way to reduce the overall carcinogen burden across the workplace.

26. What opportunities are there for improving data collection, integration and reporting?

Use of a national carcinogen exposure register would improve both data collection as well as monitoring compliance.

Our national culture and societal expectations

27. Do you think New Zealand culture influences our workplace health and safety outcomes?

There is an expectation that our workplaces are safe to be in. How that is implemented is possibly a challenge in that anecdotally it would seem that a 'she'll be right' approach is often taken by workers and management. In the case of workplace carcinogens where the effects are not immediately noticeable and the range of potential carcinogens may seem overwhelming, the danger is that the risk is considerably underestimated and even ignored.

28. What might we do to improve our culture relating to workplace health and safety?

A mixture of education and enforcement of regulation.

Other factors

29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

No comment.

30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?

No comment.

Other comments

31. Are there any other comments that you would like to make?

Primary prevention, prevention of any exposures that might cause cancer, saves lives and millions of dollars. In 2011 the WHO organized the "International Conference on Environmental and Occupational Determinants of Cancer: Interventions for Primary Prevention" Asturias, Spain. The following declaration was signed by those attending and has been subsequently supported by the International Agency for Research on Cancer (<http://www.iarc.fr/en/media-centre/iarcnews/2011/asturiasdeclaration.php>)

The Asturias Declaration calls for the primary prevention of environmental and occupational cancer in countries around the world. The following are key recommendations:

1. Prevention of the environmental and occupational exposures that cause cancer must be an integral component of cancer control worldwide. Such prevention will require strong collaboration across sectors - the health, environment, labour, trade and financial sectors and among countries, and also with civil society and the media.
2. WHO to develop a global framework for control of environmental and occupational causes of cancer that concentrates on occupational and environmental causes of cancer identified by IARC as proven or probable carcinogens.
3. WHO to lead development of measurable indicators of exposure and disease to guide cancer surveillance in countries around the world.
4. All countries to adopt and enforce legislation for protection of populations, especially the most vulnerable populations, against environmental and occupational cancers.
5. All countries to develop communication campaigns that educate populations about environmental and occupational causes of cancer and about preventive strategies.
6. Corporations to comply with all rules and regulations for prevention of environmental and occupational cancers and to use the same protective measures in all countries, developed and developing, in which they operate.
7. Research to discover still unrecognized environmental and occupational causes of cancers so as to guide future prevention.

If New Zealand is to make inroads into reducing the number of occupation related cancer deaths then committing to a similar set of recommendations would be a good start.

Please send your completed submission to secretariat@hstaskforce.govt.nz (preferred) or post it to: Submissions, Independent Taskforce on Workplace Health and Safety, PO Box 3705, Wellington 6140. We would appreciate it if you could get your submission to us as early as possible, but at the latest, you must get your submission to us by **5pm, Friday 16 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 14 November 2012.