

Independent Taskforce on Workplace Health and Safety
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Strategic Review of the Workplace Health and Safety System

This submission is from:
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The Cancer Society is a not for profit organisation, and receives no direct Government funding. We are dependent on the generosity of the public to fund our services. Our mission is 'To improve community wellbeing by reducing the incidence and impact of cancer'.

We thank you for the opportunity to submit to the *Strategic Review of the Workplace Health and Safety System*. The Cancer Society's Canterbury West Coast Division (CWC) would also like to acknowledge and endorse the Cancer Society of New Zealand's National Office Submission on this same issue.

The CWC division believe a key challenge is the lack of importance from workplaces given to minimising occupational harm from Ultra Violet Radiation (UVR) for their employees in outdoor settings. As UVR is not yet prioritised as a health and safety hazard in its own right, monitoring or routine reporting as a workplace issue does not occur.

Recommendations:

- UVR is prioritised and listed as a health and safety risk, independent of the general 'cancer causing agents in the workplace' category, Minimising harm from UVR exposure should be a separate part of our current health and safety regulatory framework and not rolled into the 'cancer-causing agents in the workplace' category.

- We would like to see a benchmark standard for workplaces to manage excess UVR exposure for outdoor workers that would incorporate the SunSmart steps within the personal Protective Equipment (PPE) policy framework in addition to standard job hazard analysis processes.
- We would also like to see included in this benchmarks a standard reference to the importance of a comprehensive approach through education and leadership/modelling from management together with policy steps to support employees.
- We believe there is more opportunity to protect the skin of employees and that UVR is given the same priority as other workplace hazards. We acknowledge that there has been movement in workplaces to provide the right equipment to employees to protect them from workplace hazards i.e. hard hats, high visibility vests and protective eye and ear wear.

Rationale:

Skin cancer is the most common cancer in New Zealand. New Zealand, along with Australia, has the highest melanoma rates in the world. In 2009, the year for which most recent figures are available, melanoma was the fourth most common cancer, with 2,212 registered cases (1197 males and 1015 females). It was also the sixth most common cause of death from cancer that year (Ministry of Health, 2009)

There are also an approximate 67,000 new Non Melanoma Skin cancer (NMSC) cases each year. However, providing an exact figure for the number of NMSC is difficult as, unlike melanoma, they are not required to be notified under the *Cancer Registry Act* 1993. Although mortality rates for NMSCs are very low, the large number of cases imposes a significant burden on the health system (Cancer Society of New Zealand, 2012)

Like other cancers, melanoma occurs most often in older people, but can also affect younger people. In 2009, among people aged 25 to 44 years, melanoma was the leading cancer among males, while among females aged 25 to 44 years it was the second most common cancer. Melanoma was also the second most common cancer among females under 25 years (Cancer Society of New Zealand, 2012)

In 2009, there were 326 deaths (213 male and 113 female) from melanoma. In terms of gender, men have a higher overall incidence rate and thicker melanomas and, consequently, poorer outcomes than women. In 2009, the melanoma death rate among men was twice that of females (Cancer Society of New Zealand, 2012)

Skin cancers are expensive compared to any other cancer in New Zealand with the cost to the healthcare system more than \$67 million each year. Government spending on skin cancer prevention is given a low priority, with New Zealand spending just \$2m a year on preventive measures – with more than half of that comes from the Cancer Society (O'Dea , 2009).

UVR has been classified as a Class 1 Carcinogen by the International Agency for Research on Cancer (IARC, 2012). Therefore UVR as a workplace hazard should be treated as seriously as asbestos and tobacco.

UVR in the workplace:

Outdoor workers generally receive five to 10 times more UVR exposure per year than indoor workers (ARPNSA, 2003). Our UVR is uniquely high compared with corresponding latitudes in the northern hemisphere and our outdoor workers are at higher risk of skin/eye damage, particularly those with fair skin (MacKenzie et al, 2009).

Working outdoors in the New Zealand environment poses its own challenges as even on cloudy and/or cooler days between September to April, UV levels can be at a level that puts people at risk of sunburn, skin and eye damage. This damage can be permanent and irreversible.

The CWC Division of the Cancer Society NZ addresses the issue of occupational exposure to ultra violet radiation in New Zealand particularly with outdoor workers as the demographic. This highlights the need for employers to put in place procedures and policy to protect workers.

If SunSmart steps were to be widely adopted by outdoor workers, they would significantly reduce their risk of skin and eye damage. The SunSmart steps are to: Slip (into shade and appropriate clothing), Slop (on broad spectrum sunscreen with a Sun Protection Factor of at least 30+), Slap (on a broad brimmed hat (or use a neck flap with a hard helmet) and Wrap (on sunglasses).

The Health and Safety in Employment Act 1992, says that employers must take all practicable steps to protect their employees health and safety. As previously stated - UVR is an accepted carcinogen and a workplace hazard. Exposure should be minimised at high UVR times and monitored.

We acknowledge that some workplaces do take measures to ensure their staff has the right equipment and the risks are assessed and monitored. However we feel this is not widespread and UVR is commonly overlooked as a health and safety issue, even though the effects from UVR are mostly preventable and processes to prevent these effects low cost to implement.

The CWC Division considers that employers have an obligation to protect their employees from damage from UVR. Workers have a duty of care to ensure their own health & safety while at work but they need to be educated as to why they are at risk and how they can manage (minimise) their risk.

With a combination of role modelling by management and effective UVR harm minimisation and monitoring, appropriate education and training, outdoor workers should be SunSmart in their workplace.

Local Case Studies:

An example of a workplace who has adopted the SunSmart steps as part of their Personal Protective Equipment (PPE) policy is the *Stronger Christchurch Infrastructure Rebuild Team (SCIRT)*. In addition to sun protection, SCIRT are expecting to see a reduction in abrasions, cuts and other skin damage through widening the ambit of their PPE policy to incorporate SunSmart behaviour in the outdoor workplace

SCIRT introduced SunSmart elements into their minimum PPE (or Personal Protective Equipment) at the beginning of last summer. This meant that all workers must wear long pants and long-sleeved tops with protective eyewear. Being PPE it is compulsory and isn't an option for staff. SCIRT covers a variety of massive organisations with tens of thousands of staff involved in the rebuild. SCIRT have since trialled a range of different clothing options to source ones that provide sun protection whilst being comfortable enough in regards to heat and dehydration etc. Whilst they report there have been challenges the policy appears to be working well as they start their second summer since implementation. This Canterbury experience and progress is being closely monitored to see whether these practices would be rolled out nationwide in some of the associated organisations.

We refer to you *Appendix 1* where we have included with permission from Fletchers a resource they have developed and which will be promoted through their networks as a proactive example of a workplace prioritising sun protection for their workers. However the case to see this spread wider to other workplaces is very strong.

Further to this example, a CWC Division staff member met with the Canterbury Occupational Nurses Group in October this year. They reported that sun safety was still not an issue that was recognised nor prioritised in many workplaces. They reported to us that if sun safety is addressed it is often because the employees have instigated it – rather than employer driven.

Local Health promoters from the CWC division have reported after working with a variety of large employers over their time i.e. Local Authorities & nationwide companies, that some workplaces have developed sun safety policies and supply the equipment to employees to enable them to practice sun protection if they wish. However these policies and practices are not actively enforced, relying solely on the self responsibility of employees to take the action. This approach has resulted in inconsistent Sunsmart behaviours portrayed by employees of these workplaces, therefore putting them at high risk of skin cancers and other sun damage later in life.

Conclusion:

The Canterbury West Coast Division of the Cancer Society of New Zealand therefore would like the recommendations in this submission carefully considered with the aim of ultimately protecting employees from the sun. For the success of this, employees need to be supported through education, policy and management role modelling to make the right choice around sun protection. This will create an environment that is conducive to sun protection when it comes to outdoor work in the high UVR months.

References:

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