

Cancer Society of New Zealand Central Districts submission to the Independent Taskforce on Workplace Health and Safety Strategic Review of the Workplace Health and Safety System.

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Region: Taranaki, Manawatu-Whanganui, Hawkes Bay, Gisborne

Respondent category: NGO

Type of industry: Education, training, health care and assistance

Size of business that we work for: 20-49 employees and 100+ volunteers

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

Cancer Society of New Zealand Central Districts submission to the Independent Taskforce on Workplace Health and Safety: Strategic Review of the Workplace Health and Safety System

Skin cancer is a costly and highly preventable economic burden for employers and the health system.

In 2009, there were 326 deaths (213 male and 113 female) from melanoma. 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)

There are an estimated 67,000 new Non-Melanoma Skin Cancer (NMSC) cases each year. The exact number of NMSC cases is difficult to determine as, unlike melanoma, they are not required to be notified under the *Cancer Registry Act 1993*. Although mortality rates for NMSCs are low, the large number of cases imposes a significant burden on the health system and yet skin cancer is preventable.

The main cause of skin cancer is solar Ultraviolet (UV) Radiation. Ultraviolet (UV) Radiation has been classified as a Class 1 Carcinogen by the International Agency for Research on Cancer (IARC, 2012). Therefore UV radiation as a workplace hazard should be treated as seriously as asbestos and tobacco.

O'Dea (2009) analysis of the costs of skin cancer:

“Skin cancer costs the New Zealand health system around \$57 million a year. For every death from skin cancer an average of 17.4 potential years of life are lost. The lost economic contribution through employment is an estimated NZ\$66 million in 2006.”

Financial costs for employers and people with skin cancer and their families include: loss of productivity due to time of work; travel and accommodation to receive treatment; loss of income while receiving care; and non-medical costs during illness. Physical and emotional costs include scarring, stress of reoccurrence and loss of overall enjoyment of life.

Government spending on skin cancer prevention is given a low priority, with O'Dea's report (2009) concluding that New Zealand spends just \$2m a year on preventive measures - more than half of that comes from the Cancer Society.

Submission template questions

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?

This submission focuses on the issue of skin cancer and outdoor workers being particularly at risk of skin cancer.

- a. Outdoor workers have a particularly high risk of skin cancer because of regular and cumulative exposure to peak ultraviolet radiation (UVR) in outdoor work settings. (Glanz, K., Buller, D., & Saraiya, M. (2007).
- b. Outdoor workers generally receive five to 10 times more UVR exposure per year than indoor workers (ARPNSA, 2012).
- c. 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).
- d. In 2009, the melanoma death rate among men was twice that of females. This may be due to a “she’ll be right” attitude that prevents men from a preventative maintenance check with their GPs. Males were significantly *less* likely than females to have visited a GP in the last 12 months. (McKinlay, 2005).

e. McKinlay's men's health literature review (2005) reported that GP consultations are driven by certain factors including interference with work patterns and the need to have an obvious physical symptom before consultation. As a result, men present later in the course of an illness, reveal fewer problems during a consultation than women and have shorter consultation times, focus predominantly on health problems which could impact on work. They have ineffective recognition of illness and delay seeking help.

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?

Recognition of cumulative exposure to UVR can increase the risk of skin cancer and eye damage, including ocular melanoma, pterygia, cataracts and macular degeneration, in outdoor workers.

Beneficial strategies include:

- a. Limit or minimise exposure to peak UVR by reviewing work areas and practices. Peak UVR periods could be used to complete indoor tasks or rotate indoor and outdoor work so that outdoor work is shared during peak UVR times.
- b. Use personal protective clothing and equipment, including long-sleeved protective shirt, broad brimmed hats or hardhat brim attachments, sunglasses, broad spectrum sunscreen of at least SPF 30+.
- c. Make use of shade, including permanent, portable or natural.
- d. Training and education in skin cancer prevention and early detection
- e. Air-conditioned vehicles and large areas of glass tinted to provide UV protection.
- f. Canopies fitted to the tractor mowers that previously have no cover.
- g. Contractors and casual employees are expected to abide by sun safety regulations
- h. Review and monitoring of sun safety policy
- i. Sunsmart accreditation for workplaces: Bay of Plenty District Health Board Toi Te Ora Public Health Service (2010) WorkWell for Sun Safety Toolkit. The Sun Safety toolkit provides an accreditation framework of quality assurance in sun safety for management, employees and potential stakeholders and community partners ensuring that sun safety is planned, implanted and evaluated and workplaces are recognised for their sun safety commitment.

Regulatory framework

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

The Health and Safety in Employment Act (1992) requires employers to identify hazards faced by employees and ensure that hazards do not result in harm to employees. However UVR (ultraviolet radiation) risk management continues to be a low priority nationally in health and safety, education and in local government.

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

Looking at the Australian experience, the New Zealand health and safety regulatory framework could be improved by adopting the principles and practices of the Australian 2011 model Health and Safety Act. This Act is committed to high standards in health and safety and active enforcement.

Health and safety legislation in each Australian state means employers have a legal responsibility to provide a safe working environment. Employees working outdoors must cooperate with their workplace sun protection programme.

A sun protection policy being adopted at local government level and by workplaces nationally would ensure a sustainable organisational commitment to UVR (ultraviolet radiation) risk management.

Regulators' roles and responsibilities

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

Currently UVR risk is not routinely reported or monitored as a health and safety workplace issue so this question is difficult to assess.

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

Effective regulation is essential to ensure system performance, including through the support that they provide to businesses.

The regulators must provide credible, up-to-date, relevant, accurate, reliable, and

readily available information so that everyone understands and appreciates what they need to do to meet regulators' expectations. Clear role expectations, training and education in workplace health and safety regulations, information on workplace hazards experienced are needed to ensure effective performance.

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?

Key changes include:

Increasing numbers of older workers, women and migrant groups participating in the outdoor workforce, particularly agriculture and viticulture, and adventure tourism.

Migrant workers face a complex set of challenges including language barriers, different cultural practices and low levels of literacy in English, and inexperience of New Zealand's extreme UVR conditions.

Sunburn can be considered as a skin injury, and the cumulative effect of exposure to UVR contributes to increased risk of melanoma and common skin cancers, throughout the worker's lifespan.

(National Cancer Institute(2012) PDQ® Genetics of Skin Cancer.)

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

- Commitment to a SunSmart policy and practices, including training, and education for employers and employees, supplying and wearing personal protective equipment (PPE), shade, sunsmart protective clothing and sunscreen being provided
- Work arrangements being assessed for UVR exposure risk
- Occupational health support for staff, which is supported by Hammond, Reeder, Gray and Bell (2008) study of workers or workplaces. Their study recommended that occupational health nurses provide training in skin

cancer prevention and early detection through the use of skin checks.

- The inclusion of skin checks or time off to visit GP, may significantly increase sun protection among outdoor workers. (Girgis, A., Sanson-Fisher, R. & Watson, A. (1994).
- As part of their commitment to Zero Harm culture, the SCIRT (Stronger Christchurch Infrastructure Rebuild Team) require long sleeve shirt and long pants, or overalls to be worn and educate staff on skin cancer risk and prevention strategies.

Worker participation and engagement

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

Essential. Workers should actively participate in the development of policies and procedures to ensure ownership and accountability of occupational health and safety policy and practices. Workers are also obliged to follow safe work practice.

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

Hammond, Reeder, Gray and Bell (2008) study of workers or workplaces being key to occupational sun protection, identified that "perceived workplace support had a strong association with sun protection practices."

Workplace support would be evident in the provision of sunsmart clothing and sunscreen for outdoor work staff, training in sunsmart practices, skin cancer prevention and early detection education being provided for all staff, employees having a voice and being consulted on health and safety practices.

NZ Council of Trade Unions (2010) advocated for legislative recognition of the workers' rights to know (about potential hazards they face at work), the right to participate (in decisions affecting their safety and health at work), and the right to refuse dangerous work. The involvement of workers was seen as a valuable contribution to the solution of health and safety problems. (NZ Council of Trade Unions (2010).

Leadership and governance

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

Essential to facilitate and endorse policy development and the resources to implement successful policy procedures eg Provide PPE, sunsmart role-modelling and be champions advocating for a sunsmart culture in the workplace.

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?

Commitment to education and training, development and implementation of a sunsmart policy, regular evaluation of work place policies to ensure they are relevant and achieve improved health and safety.
Information on sunsmart work practices and a sample SunSmart workplace policy is available from the Cancer Society www.cancernz.org.nz

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)?

Firms are obliged to provide safety equipment and provide a safe workplace that includes reducing the risk of injury. Their capacity should exceed the risk of injury as breeches of health and safety should be policed by the Department of Labour and The Ministry of Health. Regarding sunsmart safe workplaces, firms, like schools have a responsibility to protect.

The Cancer Society as an external agency and NGO, is available to assist with information and policy development. The adoption of a sunsmart workplace policy is a manageable process for all workplaces, and has already happened with some success in the Manawatu by Higgins Construction and Programmed Property Services with their commitment to Zero Harm in health and safety.

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

Education in workplace health and safety is a vital and necessary option to improve

capacity and capability to deliver better health and safety outcomes. This includes skin cancer prevention and early detection, employer and employee responsibilities in creating and sustaining a sunsmart work environment, knowledge and assessment of sun exposure and UVR as a workplace hazard, and sunburn as a skin injury, UVR being considered in risk management assessment planning of work tasks, development of sun protection programmes and workplace sun protection policy.

Incentives

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

There are no incentives for improving workplace safety other than the cost of ACC levies and fines that may be levelled by the Department of Labour for injury and death that may result from breaches of the law.

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

Bay of Plenty District Health Board Toi Te Ora Public Health Service (2010) WorkWell for Sun Safety Toolkit. The Sun Safety toolkit provides an accreditation framework of quality assurance in sun safety for management, employees and potential stakeholders and community partners ensuring that sun safety is planned, implanted and evaluated and workplaces are recognised for their sun safety commitment.

As outlined in the Independent Taskforce on Workplace Health and Safety Safer Workplaces consultation document, international incentives would be worth investigating to determine how effective they have been in improving workplace health and safety outcomes. International incentives included subsidies for small to medium enterprises for low cost workplace health and safety consultancy and subsidies for health and safety representative training.

Incentives outlined by International Council of Nurses, International Pharmaceutical Federation, World Dental Federation, World Medical Association, International Hospital Federation, World Confederation for Physical

Therapy (2008) include: Positive work environment, work autonomy and clarity of roles and responsibilities, sufficient resources, recognition of work and achievement, supportive management and peer structures, manageable workload and effective workload management, effective management of occupational health and safety risks including a safe and clean workplace, effective employee representation and communication, enforced equal opportunity policy, maternity/paternity leave, sustainable employment, flexibility in employment arrangements, flexible work hours planned career breaks, support for career and professional development, effective supervision, coaching and mentoring structures, access to/support for training and education sabbatical and study leave and access to health services.

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)?

In terms of accident prevention they can be very effective.
Many schools and organisations, in their efforts to comply with the Health and Safety in Employment Act (1992), have a commitment to providing a safe and healthy environment for staff, students, contractors, consultants and visitors. To support this commitment suppliers, external contractors and subcontractors, work experience students, and apprentices also need to comply with the expectations outlined in workplace policies.

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?

Local government adopting sun safety policies that recognise their sun safety role in community education, shade planning, outdoor event management, resource consent and employment of outdoor staff. Possible sun safe policy strategies include:

- A SunSmart outdoor events policy which includes timing of events, shade

provision, role-modelling by officials and promotion of SunSmart behaviours at all council run or contracted events.

- Council SunSmart outdoor workers policy in line with the Health and Safety in Employment Act 1992. This would include provision of SunSmart clothing, sunscreen, appropriately placed shade, scheduling of work, a commitment to SunSmart behaviour and monitoring and evaluation
- Conduct shade audits of all parks under council control.
- Ensure shade development is incorporated into all council environmental plans - this includes all council-managed facilities such as housing, parks, playgrounds and street scenes.
- Ensure shade auditing is a requirement of all new external developments which council permits.
- Provide information about planning and designing quality shade, or contact details of shade audit professionals, with planning application kits.
- Outdoor planners to carry out regular shade audits of public places and to keep up-to date with current shade practices.
- The public is made aware of the risks of UVR and encouraged to make use of any sun protection measures made available to them. Including:
 - community grants to outdoor groups, such as sports bodies, to include provisions about SunSmart behaviour
 - information on sun protection practices to be promoted to both employees and community members to raise awareness of the risks of skin cancer
 - reminders about the need to minimise exposure to the sun during peak UVR levels to be placed at swimming pools
- Funding available for workplaces to implement sunsmart strategies rather than the workers being expected to carry the cost of sunsmart protective clothing and equipment.

Major hazards

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

Currently, it does not appear that New Zealand's approach to regulating UVR as a hazard is a priority. Yet, skin cancer costs of \$123 million to our health system and our economy make it a very expensive burden for our communities to be enduring

for a cancer that is very preventable. The education system also does not prioritise the prevention of skin cancer in school settings-it is not an ERO requirement for schools to have a sunsmart policy, to include shade planning and assessment in property development or to recognise UVR as a health and safety risk.

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

Australian Radiation Protection Nuclear Safety Agency (ARPNSA) (n.d.). outlined the costs and benefits of a compulsory Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation. Benefits far outweighed potential administration and equipment costs and included:

Compliance resulting in reducing the total health costs of skin cancer

Protection measures reducing the number of overexposure incidents and injuries

Reduction in loss of production due to sunburn and treatment for skin cancer

Significant savings on unquantifiable indirect costs, such as the social and psychological costs of illness and death, self-image, quality of life

Employers in industries that use equipment or devices that emit UVR will have access to an Australian standard with safe exposure limits and will have ARPANSA as a reference point for information, advice and clarification on the exposure limit values.

Employees will feel confident that mandatory exposure limit standards are being applied and enforced to protect them from the harmful effects of UVR.

Health and hazardous substances

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

According to Australian Radiation Protection Nuclear Safety Agency (ARPNSA) (n.d.). the challenges in managing occupational health risks and exposure to UVR include:

Lack of compliance and understanding of UVR as a health hazard

No current standard or regulations

Lack of protective sunsmart behaviour practised by staff

Complacent or unaware attitudes of outdoor workforce

Lack of knowledge and education about the risks of unprotected exposure to the sun
Lack of recognition of the dangers of exposure to man-made UVR from arc welding exposure

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

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 as well as any on the job hazard analysis processes. Australian Radiation Protection Nuclear Safety Agency (ARPNSA) (n.d.). Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation will provide a useful reference tool.

Included in this benchmarks a standard reference to the importance of education and leadership/modelling from management together with policy steps to support employees. Evidence shows a more comprehensive approach to sun protection is more likely to support healthier outcomes. (McCool, J., Gorman, D., Reeder, A., Robinson, E., and Petrie, K. (2009)

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.

Small to medium-sized enterprises

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

Workers in small to medium enterprises and self-employed may be at a higher risk of exposure to UVR with limited staff available to rotate outdoor work tasks. With limited staff there may be limited time to focus on health and safety, staff may not have been able to have health and safety training or have access to occupational health services.

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

Access to specialist occupational health services and support
Sunsmart policy and practices adopted by the workplace

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?

Skin cancer is not registered in ACC statistics, nor is a skin cancer or melanoma patient's diagnosis communicated to their workplace. The long latency period associated with exposure and the onset of skin cancer, makes workplace monitoring and investigation difficult to implement.

Presently, New Zealand Cancer Registry: records all primary malignant disease diagnosed in New Zealand (except some types of skin cancers), although occupation is not registered.

Perhaps treating skin cancer like industrial deafness may bring about ACC interest? Hearing testing and a history of working in a noisy environment mean ACC subsidises the hearing testing and hearing aids if required.

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

An opportunity exists for improving data collection by ensuring the Ministry of Health Cancer Registry includes non-melanoma skin cancers in order to capture the full picture of the New Zealand burden of skin cancer trends and economic costs to our society. This would require a change to the current Act.

Our national culture and societal expectations

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

McCool, Gorman, Reeder, Robinson and Petrie's investigation into outdoor workers' perception of sun exposure and use of sunscreen (2009) described outdoor workers holding beliefs about their own resilience to sun exposure, having a reluctance to use sun protection and the outdoor working environment fostering a culture in which health protective behaviours are undermined.

In the wider community, a CanStar (2012) independent survey into sunscreen use and skin cancer detection found that although 89 per cent surveyed are concerned about the health implications of sun exposure, yet fewer than one in 10 men wear sunscreen every day they are outdoors.

The figure has alarmed Melanoma Foundation of New Zealand's interim chief executive, Kylie Williams who says Kiwi men take a "she'll be right" attitude and don't respect the dangers of the sun. (Wade, 2012.)

The survey also found nearly two-thirds of Kiwis (63 per cent) have not had their skin checked by a specialist in the past five years.

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

Recommendations from McCool, Gorman, Reeder, Robinson and Petrie's investigation into outdoor workers' perception of sun exposure and use of sunscreen (2009) include interventions requiring a multifaceted approach, addressing personal and structural factors facilitating positive behavioural change in the organisation. This would include a sunsmart policy, incorporating education, training, work practices, sunsmart clothing and sunscreen being provided, and employer and employee commitment to sunsmart work practices.

An initiative worth considering is the Bay of Plenty District Health Board Toi Te Ora Public Health Service (2010) WorkWell for Sun Safety Toolkit. The Sun Safety toolkit provides an accreditation framework of quality assurance in sun safety for management, employees and potential stakeholders and community partners ensuring that sun safety is planned, implanted and evaluated.

As well as initiatives previously mentioned, Cancer Council Victoria (2007) recommends that workplaces:

- Conduct periodic assessment of the UV exposure risk to all workers
- Develop a sun protection policy documenting control measures, that is endorsed by senior management
- Implement a monitoring and review process to determine the effectiveness of control measures and identify changes that may further reduce exposure.

Other factors

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

According to Cancer Council Australia (2007) “the long latency period associated with exposure and the onset of skin cancer, it is likely that compensation claims greatly understate the real incidence of occupational skin cancer.”

New Zealand presently does not record the incidence rate of occupational skin cancer nor does it allow for compensation claims to be made for occupational skin cancer.

Ocular melanoma due to workplace injuries is also not recognised. This is despite the international evidence provided on the link between welding and ocular melanoma. Dixon & Dixon (2004) stated that arc welders are at increased risk of developing ocular melanoma, with increased exposure to UVR being the probable cause.

IARC (International Agency for Research on Cancer) in their 2006 review of studies of artificial UVR showed significant positive associations between welding and melanoma of the eye.

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, Monday 26 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 21 November 2012

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