

Forum on Workplace Carcinogens
Cancer Society of New Zealand
Centre for Public Health Research, Massey University
Oceania Room, Te Papa Museum, Wellington
Thursday 28 November 2013

Session 4 1.00 pm

Panel discussion

‘The way forward’

Facilitator: Colin McKenzie, Conflict Management New Zealand

Note taker: Jane Norman

Panel members

Rob Forlong
Chief Executive
Environmental Protection Authority

John Monigatti
Director
ACC Workwise

Prof Gregor Coster
Chair of the Establishment Board
WorkSafe New Zealand

Prof Bill Glass
Centre for Public Health Research

Ian Wright
Vice President
New Zealand Professional Firefighters Union

Paul Mackay
Manager Employment Relations Policy
Business New Zealand

Dr Aaron Blair
Scientist Emeritus
National Cancer Institute

The facilitator welcomed attendees to the afternoon session which would begin with a panel discussion. He noted that the goal of the panel discussion was to help inform the audience of issues covered this morning.

Members of the panel were introduced.

Structure

The facilitator went on to state that more time would be allocated to the four people who hadn't spoken so far in today's seminar. He hoped that the others could summarise points and pick up issues from the morning presentations. Up to four minutes would be allowed for presentations

Rob Forlong

The EPA is a national chemical regulator whose work covers regulations, compliance and education. Their responsibilities include assessing chemicals and setting conditions for use and they have the authority to ban chemicals. They are managing risk and do this by a range of means which include rules regarding appropriate equipment, regulations for labelling, packaging and approved handlers of chemicals. The regulations are consistent with world best practice. However the current compliance regime means an inspection every 30 to 40 years for an organisation. A survey of businesses found that 25% complied with the top eight safety controls. Another compliance survey will be done in the near future with the previous survey giving a baseline for measurement of change.

The creation of WorkSafe NZ is exciting as they are resourced to do the work and he expects the situation to improve. Recently a publicity campaign was launched with advertisements in 'V8 News', and hunting and fishing magazines as the target audience EPA wish to reach read those magazines. The messages emphasise reading the label and compliance with instructions.

What next? Regulations are good so not much change needed in that area. Areas for development are the data and research landscape.

EPA will continue to raise awareness and will move to focus on domestic use next year as WorkSafe gets up and running.

John Monigatti

His work for ACC is related to asbestos and convening the toxicology panel.

He sees the workplace-related cancer claims which come through ACC. It is of concern that ACC don't get the number of claims expected and he has wondered what the reason is for this. Diagnostic capabilities have improved; people are more aware and live longer so there is more time for cancers to develop. Additionally ACC offers a lump sum scheme for successful claimants however numbers of claims are dropping.

Reasons why claims aren't made

1. The biggest problem is that doctors don't make the link between cancer and asbestos in the workplace
2. Form filling is off-putting and time consuming
3. Cancers can take 10 to 50 years to develop so information may not be still available
4. Many people are close to death by the time the connection is realised

What to do?

1. Educate GPs
2. Make process more user friendly and keep people informed
3. Raising of awareness that the earlier claims are made the better as time is needed to process them

Ian Wright

Ian's background includes 26 years as a fire fighter with union involvement for 20 years. Studies overseas and NZ show that fire fighters get testicular cancer at a higher rate than the general population. They are the single most studied group of workers so information is there.

NZ fire fighters wear world class protective clothing but this has to breathe so there is absorption through skin, and also carcinogens are breathed in. Every fire has carcinogens of varying types.

There is a strong health and safety culture but they are not good at identifying insidious risks where there is a long timeframe for development of diseases.

Occupational diseases should be treated the same as a building falling on someone. He would like to work with ACC to have the twelve primary site illnesses recognised so there can be early diagnosis and treatment. (Australian legislation - Workers Rehabilitation and Compensation Act - twelve primary site cancers to which presumption that illness is work-related applies.)

The key is unions and employers working together. There is a good system with union collaboration with the NZ Fire Service.

Paul Mackay

He was also a member of the Independent Taskforce on Workplace Health and Safety.

Terms of reference for that focused the taskforce on the safety part. The health part is a big issue and undeveloped. The new laws are more explicit about duties which are now a series of duties including duties relating to design, supply, storage and use. The issue now with the new regime of accountability is more awareness by employers. There is an enormous amount of research but it is still incomplete. There is nervousness among the employer community as to 'What does it mean?'. Employers manufacture, transport, store and use hazardous items. They can no longer escape liability by using generalities of the law. Health and safety covers the whole supply chain. There is a burden on everyone to find out more, to use knowledge better in everything we do but particularly in relation to cancer.

Prof Gregor Coster

He acknowledged the board members and inspectors present.

EPA are doing a fantastic job but there has been under-resourcing. The WorkSafe Board will continue collaboration and also have the opportunity to work with ACC, Business NZ, and CTU.

Worksafe NZ will be forming an Occupational Health Advisory group, and is seeking advice regarding forming an Occupational Health Unit. There are opportunities and he looks forward to collaboration.

Dr Aaron Blair

He commented on the research area asking how it is possible to know a particular substance is to blame for cancer if people are exposed to many things. There is no-one who has just a single exposure so to separate out culprits is hard in practice though simple in theory. Smoking accounts for 70% of lung cancer. However some people who develop lung cancer don't smoke but do work with asbestos. Large numbers of participants

are needed for effective research to prove this link. He considered links can be found through research.

Prof Bill Glass

He commented that he wanted to follow up Gregor's thoughts. With all the current collaboration we still can't achieve the 2020 aim so we have to find other partners. The partners to look towards are:

1. GP. The GP sees the patient first. Do they ask their patients 'What do you do?'
2. Full time occupational health nurses - where are they? They were important but now 'pop in, pop out' nurse not able to contribute the same depth of work and continuity as previously.
3. Industrial health nurses - sites used to have these
4. Why can't we train St John to have intervention not just ambulances

He also considered there should be legislation requiring a full time nurse if work place had over a certain number of workers.

The floor was then opened for questions and thirty minutes allowed for discussion.

Question:

Cancer Council Australia

Impressed by EPA campaign but what about evaluation? Opportunity with campaign to get strong buy-in from business and can test what makes difference. Trials are essential at an early stage.

Reply:

Rob Forlong

EPA will be repeating the survey, and will be analysing data. Education is only part of what is needed. They are hoping for improvements and consider that big improvements will come with WorkSafe.

Question to John Monigatti

What about work- related skin cancer?

Reply:

John Monigatti

It is already covered but is not in Schedule 2 (of the Injury Prevention, Rehabilitation, and Compensation Act 2001) where causation is presumed unless proof to the contrary. Everything else has three parts to gaining cover with the difficulty being the second part of test - 'Would they have got it from non-work exposure?' What would be great would be to move this to Schedule 2. The last revamping was in 2006 and there are now 41 conditions on Schedule 2.

Conditions from extreme environments are not covered. There would need to be a revision of legislation to cover this

Question to John Monigatti

There are few claims for occupational- related cancers - how many of these are successful?

Reply:

John Monigatti

Leukaemia has a good chance of success as claimants are given the benefit of the doubt. Most of group 1 carcinogens would get through without much difficulty. Problem is the

possible rather than probable area. Other work-related cancers are missed with claims not lodged.

Question from NZ Nurses - how relevant is this legislation in an uncertain environment where breaks are compromised due to workplace demands

Reply:

Paul Mackay

Hard to get causal connection through hours worked. There are a range of issues relating to pay, hours, and type of work. It is drawing a long bow to say what the major factors are.

Question from Flight attendants to Prof Gregor Coster

Recommended radiation level is 1 mSv per annum. There is a duty of care from employer to deal with issue. There is no legislation around workers who are not radiation workers but who are advised they come under same categories as radiation workers. Air crew fall under that category - up to 20 mSv per annum rather than 1 mSv for public.

Reply:

Prof Gregor Coster

It would be useful to talk to those who are technically skilled. Question is would it fall under WorkSafe or CAA. There may be a parallel with Maritime NZ who have jurisdiction for workplace health and safety at sea, but this falls to WorkSafe NZ when ships are tied up.

Reply:

Paul MacKay

There is a general duty to avoid exposure to harm. It may be difficult to know jurisdiction but this doesn't mean there is no accountability.

If it is known there is a particular exposure and it is measured then employer is now duty bound to inform employer

Question Will this come under occupation radiation workers?

Reply:

Prof Gregor Coster

Work to be done on this area

1. Statement from an Occupational Health nurse that Air NZ staff are instructed on radiation exposure at every orientation and which was followed by a

2. Question to Gregor from the Occupational Health nurse. It is very refreshing to hear occupational health mentioned. What about occupational health unit?

Reply

Prof Gregor Coster

The Board is seeking advice on a unit and will be happy to hear from anyone on this issue. Anticipate that this will work by providing specialist advice which is used to support inspectors going on to a site.

Question: We compare ourselves with other countries and saying our statistics are poor in comparison. Other countries do better so what have they done? Statistics

suggest there are technical interventions. Has industry looked at industry in other countries? Have govt and researchers looked at what helps.

Reply:

Rob Forlong

NZ is a nation of micro businesses so it is hard to get critical mass. Effort has been put into designing system but not implementing and education. Dept of Labour was not funded for this. There are a lot of institutional things to tidy up.

Reply:

Prof Gregor Coster

For research and evaluation WorkSafe will draw on work from Massey and elsewhere, as well as its own resources, and that of MBIE.

Reply:

Ian Wright

Work has already been already done, and it needs to be accepted. Manitoba has presumptive legislative for fire fighters (Workers Compensation Act) so the onus is on employer to rebut if there is a fire-fighter with colorectal cancer. Manitoba has a 'fit for life' programme and survival cancer rates are up. Also need prevention and to engage workers. Collaboration on changing cultures together as prevention is better than cure.

Question- What do you need to reduce exposure levels? Government targets are there. What does industry need from groups? How to reduce exposure and consequent risk?

Reply:

Paul MacKay

There is information and will to use it. There were the Health and Safety Act, ACC, Industry training Act and Employment Contract Act. Three out of these four are gone. ACC prevention is no longer there.

A dissenting view from the audience was that the Employment Contracts Act was a disaster for health and safety. Question - what about employer collaboration?

Reply:

Ian Wright

Cancer forums run in Australia. NZ Fire fighters union have talked to management this year re research around world on cancer and fire fighters. This was explained logically to them and presented in non-emotive moderated way and as a result they were on board. Use the right language to persuade employer. A joint seminar was run for union and management which included senior managers, fire fighters and union representatives. It included speakers from Australia with topics including cancer legislation work and station design. It is important to think about fire station design and stop carcinogens getting to clean areas such as bedrooms. Building design people are using this work for retro fitting. There is absorption through clothing of the products of combustion. A Working Party has started looking at issues:

1. Medical and legal issues
2. Design of station
3. Trucks - dirty equipment -- where to put this in truck?
4. Operation - what to do at fires?
5. What to do after fires? We don't prepare with protective breathing gear after fires have gone out.

It is really beneficial to have to work together.

Question - two parts

- 1. When will Australian model being used by NZ be evaluated for effectiveness?**
- 2. What way are Australian conditions different from NZ? And why are we using Australian model**

Reply:

Prof Gregor Coster

Decision on the Australian model was made by MBIE who are responsible for legislation though WorkSafe had some input. Can't answer why Australian model was used, however, it would be natural one to go to as there would be unlikely to be major differences. There will be a review at some time which will be responsibility of MBIE who will monitor WorkSafe performance.

Reply:

Paul Mackay

On the Taskforce which recommended model to MBIE. Needed to recognise businesses in NZ are small and were looking for something applicable to both big and small businesses. Taskforce looked for something with jurisdiction and Australia had model and infrastructure and situation seems applicable. Taskforce recommendations became report.

Question re smoke from burning pine needles relating to beekeeping - health concerns arising from this?

Reply:

Ian Wright

Should be some sort of protection as smoke produces carcinogens. West Australia has toxic bushes which catch fire and can be deadly.

Question Comment to what extent under utilising experience of large companies who don't publish?

Reply:

Paul Mackay

There will be a request for nominations for advisory groups and will be looking for specialists from large companies. Will try to make use of this experience in the future.

Reply:

Prof Gregor Coster

By means of example the Vector Board are interested to contribute to Codes of Practice. We need Codes of Practice that make sense to business.

Question for Gregor How to create the right incentives for business to become more involved?

Reply:

Prof Gregor Coster

1. The moral compass if we believe health and safety are necessary for all. Each of us is a family member ensuring family members working safely.

2. Workers can enunciate to managers where they feel unsure - machine guards, environmental exposure, and break outs in forestry camps. Research shows businesses

who look after health and safety are more profitable. Also people want to work for these companies. Need for education because of need to know what is required.

3. Social marketing - an example is smoking reductions, DHBs report to the MoH on this and this is published. Regulation changes on alcohol advertising.

4 Health and safety in the workplace.

Question

Occupational health nurse suggested incentives for measuring what is done.

Partnership programme ACC and others - does this make a difference? If we knew it is working we could use model. Running a long time and cost a lot of money. It has saved money but not sure of education.

Reply:

John Monigatti

Can't answer

Reply:

Paul Mackay

ACC provides incentive through employer ratings but what is missing is the looking forward. ACC's systems look back but there is a need for something looking forward.

ACC and MoBIE and WorkSafe need to collaborate.

The Facilitator asked the audience to join him in thanking panel and also audience for great questions.

The panel concluded at 2.00 pm