



1st December 2006

Submission on behalf of the Occupational Health and Safety Industry Group (OHSIG) to the proposed changes to the Injury Prevention, Rehabilitation, and Compensation Act 2002 Schedule 2.

The OHSIG is a national body representing the following associations:

- The NZ Institute of Safety Management.
- The NZ Occupational Health Nurses Association
- The NZ Occupational Hygiene Society
- The NZ Safety Council
- The NZ Ergonomist Society
- The NZ Association of Occupation Therapist
- Institute of Professional Engineers of NZ (IPENZ)
- NZ Risk Management Society
- ANZOM (Occupational Medical Specialists)
- NZ Institute of Environmental Health

OHSIG represents through these associations well over 15000 practitioners working in the field of occupational health and safety. Four submissions were received from the stakeholders group. Three were in favour of the proposal and one was against.

The four responders all identified qualifications within their submissions.

Consensus outcome

The OHSIG does support the proposed changes to Schedule 2 of the IPRC Act 2001

Issues identified from the submissions. (No particular order.)

- There is a link between work and non work exposures and this link must be very carefully considered when attributing a condition as being work related. Examples of possible conflict would be solvent neurotoxicity, noise induced hearing loss, Hodgkin's lymphomas and dermatitis.
- The current 3 step process is considered a valid test to make objective and informed decisions regarding the work relatedness of conditions.
- Consideration could be given to accept the claim first and then debate the account that may fund the costs. (See Wurtzler 1)
- The Workplace Health and Safety Strategy (WHSS) will go a long way to assist in the prevention of these conditions in the future.

- We acknowledge that improvements are required over a broad range of issues and that claimant conditions must not wait until these issues have been resolved.
- We believe that with more recognition of these conditions “market forces” will come into play and provide improved preventative measures to reduce both exposure and severity of the condition.
- One outcome may be improved scope and depth of work place environmental monitoring.

Issues against the proposed changes. (No particular order)

- There is concern that those in the Partnership Programme could be unfairly affected as the condition is employer related. It is felt that health claims be industry related and thus be an industry burden. This issue arises because employees often move within the industry and the exposure may have occurred with another employer.
- The proposed changes are based on the assumption that the illness was caused by the workplace exposure to a specified contaminant. The problem of the assumption is that there is no quantified exposure (dose) to base the connection between illness and workplace.
- It is a well known and unfortunate fact that NZ workplace exposures to airborne contaminants is very poorly understood or monitored.
- We note that the Consultation Document uses the phrase “generally accepted by the medical profession.” This implies there is some debate still within the medical profession as to the true cause and effect relationship.
- There are well proven and accepted occupational hygiene methodologies that run counter to the proposed changes and their assumptive methodologies.

The OHSIG would make the following recommendations.

- That employers and hygienists are engaged to accurately determine the workplace exposure (dose) and evaluate if any the cause and effect relationship.
- That a national air quality monitoring protocol and data base be established to gain a better understanding of the true air quality issues found in the NZ workplace.

1. Report of the Ministerial Advisory Panel on Work related Gradual Process, Disease or Infection

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