

NOHSAC

National Occupational Health
and Safety Advisory Committee
Komitii Tōhuohu Māhi A-Motu Hāora me te Haumarua

THIRD ANNUAL REPORT TO THE MINISTER OF LABOUR

JUNE 2006

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Foreword

This is the third annual report of the National Occupational Health and Safety Advisory Committee (NOHSAC). The report summarises the year's work of the Committee. NOHSAC was established in July 2003 to provide independent contestable advice and currently reports to the Minister of Labour on major occupational health and safety issues.

The Committee's report on the Social and Economic costs of Occupational Disease and Injury provided a powerful tool for shaping the future of our efforts to reduce workplace diseases and injuries. By considering the whole costs – rather than those covered by compensation alone – and where they are incurred, we can make informed policy and practice decisions and deliver appropriate programmes and long-term benefits to the people of New Zealand.

This requires a sustained commitment to reducing the burden of occupational disease and injury in New Zealand.

Why is this so important? Simply put, occupational disease and injury costs approximately \$20.9 billion dollars each year, between 700 and 1000 people die each year from work related disease, another 100 people are killed each year due to injuries sustained at work, 17,000-20,000 people suffer non-fatal work-related disease and 200,000 suffer non-fatal work-related injuries which may affect their quality of life for many years to come.

Last year the committee commented on several positive initiatives in relation to Occupational Health and Safety. However, many of these have not eventuated or have had little impact.

The evidence is compelling, it is not a question of how much health and safety costs, but whether we can afford not to reduce the burden of occupational disease and injury. There is no "quick fix", but through its reports, NOHSAC hopes to contribute to the process of moving forward positively to improve occupational health and safety for all New Zealanders.



NEIL PEARCE

Chair, National Occupational Health and Safety Advisory Committee

The National Occupational Health and Safety Advisory Committee

The National Occupational Health and Safety Advisory Committee (NOHSAC) was established in July 2003.

The Committee's function is to provide independent advice directly to the Minister of Labour (or Associate Minister of Labour) on major occupational health and safety issues.

TERMS OF REFERENCE

The key tasks for the Committee are to:

- provide an independent assessment to the Minister on the major occupational health and safety issues for the New Zealand workforce
- advise the Minister on measures that would deliver the greatest benefit for the prevention of occupational injury and disease
- develop an evidence-based approach to occupational health and safety issues
- develop and implement an annual work programme approved by the Minister, including a research agenda
- have due regard for available resources and how the Committee's advice might impact both on occupational health and safety and on economic development
- advise the Minister on such other matters as the Minister specifies by notice to the Committee.

MEMBERSHIP OF NOHSAC AT JUNE 2006

The membership of the Committee represents a range of expertise within the broad fields of occupational health and safety. The Committee meets at least five times a year to discuss issues related to its Terms of Reference and to review progress on its work programme. The Committee is supported by a Secretariat, comprising a project manager and a part-time administrative support officer.

PROFESSOR NEIL PEARCE

Professor Neil Pearce is currently the Professor and Director of the Centre for Public Health Research, Massey University. Professor Pearce has extensive research experience, with particular interests in occupational epidemiology, asthma epidemiology and more general public health research. Professor Pearce has previous experience in chairing committees, including chairing the Health Research Council Public Health Research Committee. Since 1988 Professor Pearce has been appointed to numerous committees advising Government, including the Occupational Health Technical Advisory Committee and the Ministerial Advisory Panel on Work-related Gradual Process, Disease, or Infection.

DR EVAN DRYSON

Dr Evan Dryson is a practising occupational medicine specialist, lecturer and the immediate past President of the Royal Australasian College of Physicians – Faculty of Occupational Medicine. Dr Dryson has significant expertise and experience in the clinical practice, diagnosis, management and rehabilitation of people with occupational disease. He has strong affiliations with a range of international occupational health/disease bodies. Dr Dryson has also published widely in New Zealand and overseas on original research into occupational medicine.

ANNE-MARIE FEYER

Anne-Marie Feyer is currently Partner, Health Advisory Practice, PricewaterhouseCoopers, Sydney. She continues to have a professorial appointment in the Department of Social and Preventive Medicine, University of Otago, Dunedin. An expert in occupational injury epidemiology, Anne-Marie Feyer was previously Director of the National Centre for Environmental and Occupational Health Research, University of Otago.

PROFESSOR PHILIPPA GANDER

Professor Philippa Gander is currently the Director of the Sleep/Wake Research Centre, Massey University in Wellington. Professor Gander's research interests are in circadian and sleep physiology and its implications for occupational safety and health, particularly in shift work. She has extensive international experience in developing and implementing fatigue and shift work management programmes with the transport sector.

SELWYN MCCRACKEN

Selwyn McCracken is currently completing a PhD, funded by the Health Research Council, focusing on improved construction industry health and safety through surveillance system development. Mr McCracken is of Māori descent and has links to the Ngai Tahu Māori Health Research Unit, University of Otago. He has published an epidemiology of work-related fatal injuries involving Māori. Mr McCracken has recently gone overseas and has therefore tendered his resignation from the committee.

Reports Released by NOHSAC During 2005/2006

“SURVEILLANCE OF OCCUPATIONAL DISEASE AND INJURY IN NEW ZEALAND”

In November 2004, the National Occupational Health and Safety Advisory Committee released its first report: *The Burden of Occupational Disease and Injury in New Zealand*.

The report estimated that each year in New Zealand there are:

- about 700–1,000 deaths from occupational disease, particularly cancer, respiratory disease, and ischaemic heart disease
- about 100 deaths from occupational injury
- 17,000–20,000 new cases of work-related disease
- about 200,000 occupational accidents resulting in ACC claims, about half of which result in disability and about 6% in permanent disability.

One of the key recommendations from the report was that a major emphasis should be given to the surveillance of occupational disease and injury so that we know how many work-related deaths and cases of work-related disease and injury happen in New Zealand each year.

Surveillance systems involve the ongoing and systematic collection, analysis, and interpretation of information on occupational disease and injury so that the major hazards can be identified, preventative action can be taken, and the effectiveness of prevention can be evaluated.

The implementation of integrated surveillance systems provides the foundation for a number of important strategic goals through:

- advancing the usefulness of surveillance information at the national level for prevention of occupational illnesses, injuries, and hazards
- strengthening the capacity of the labour, health, and accident compensation departments to conduct occupational surveillance
- strengthening surveillance of high-risk industries and occupations, and of populations at high risk, including any special populations
- promoting the effective occupational safety and health surveillance conducted by employers, unions, and other non-governmental organisations
- facilitating, and thereby increasing, research to improve occupational health and safety
- monitoring trends and effectiveness of interventions.

In the surveillance of occupational disease and injury in New Zealand, we have a long way to go in even identifying the size and nature of the problems, let alone developing effective interventions. The lack of reliable New Zealand data means that we are unable to adequately document the size of the problem and suggest and enable solutions.

Additionally, the report defines the gaps in existing systems that must be addressed, provides solutions on how we can build on existing systems, and provides specific recommendations for improving the surveillance of occupational disease and injury in New Zealand.

THE CURRENT SITUATION IN NEW ZEALAND

The current situation in New Zealand falls far short of what is required for an effective surveillance system. The establishment of the Injury Information Manager has led to the development of a comprehensive injury statistics database. While acknowledging that this work is in its infancy, much work remains to be done. Significant issues remain:

- The capture and coding of data on occupation, industry, work-relatedness, and ethnicity in most databases.
- A lack of capture of occupational history and inability to determine the victim's current occupation at the time of the injury or death. This is important for the calculation of accurate occupation-specific rates. The 1998 *Australian Work-Related Fatalities Study* estimated that about 12% of deaths involved people whose documented usual occupation was different from their occupation at the time of the fatal incident.
- The lack of information on the costs of occupational injury in New Zealand (other than ACC data).
- The low potential of the Workbench (HASARD) system to contribute significantly to occupational injury surveillance, due to under-reporting and shortcomings in system design.

Occupational disease is a larger problem in terms of mortality and morbidity, but is harder to identify, measure, and monitor than occupational injury. In addition to existing or traditional occupational health problems, a significant number of new occupational health issues are expected to emerge, often with multi-factorial and multi-causal origins.

There are no comprehensive sources of routinely collected data on occupational disease in New Zealand. The low potential of New Zealand's only purpose-built occupational disease surveillance system (NODS) to contribute significantly to occupational disease surveillance, due to under-reporting and shortcomings in system design, is cause for grave concern.

In addition, there is little coordination and no aggregation of other existing sources of data, no regular reporting on occupational disease statistics, poor recording of occupation and work-relatedness in data sets that could otherwise make a significant contribution to occupational disease surveillance, and poor access to suitable denominator data.

Existing systems are under-utilised at present. In particular, there are seven databases which, if integrated in a suitable manner and backfilled with coded occupation information, have the potential to provide strong coverage of a range of occupational diseases:

- Accident Compensation Corporation claims database
- Workbench (HASARD)
- Injury Information Manager
- National Minimum Data Set (NMDS)
- Notifiable Occupational Disease System (NODS)
- Mortality Collection
- New Zealand Cancer Registry.

All of these databases should record NHI numbers, thus providing a strong foundation for record linkage. Additionally, all seven databases should use ICD-10 codes or use codes that are able to be mapped to ICD codes.

Although linking these data sets would provide only partial coverage of occupational disease, it stands to enhance New Zealand's ability to implement other parts of the solution, by helping to identify gaps and priorities for focused research, and providing a data set that makes the best use of existing data sources and can be augmented through additional, targeted studies and surveillance systems.

REPORT RECOMMENDATIONS

Currently, responsibility for collecting occupational disease and injury surveillance data is dispersed amongst a variety of organisations. Surveillance objectives are often over-ridden by the diverse priorities of individual organisations. While there will always be legitimate and unavoidable reasons for some differences in data collection, other differences may be addressed through better oversight and coordination of data collection.

GENERAL RECOMMENDATIONS

1. ESTABLISH AN EXPERT GROUP

The Committee recommends the establishment of an expert group, whose principal function is to advise on the development of an effective system of occupational disease and injury surveillance, including the establishment of an independent unit and/or agency. Membership should be time-limited, allowing staged turnover to maximise fresh ideas. This group would advise the occupational disease and injury surveillance agency/unit on key topics and priority areas, including:

- case definitions
- coding, categories, and key indicators
- data capture techniques, including those that should be mandatory
- analysis, especially of narrative fields
- publications
- the development of surveillance of specific occupational health issues.

2. ESTABLISH AN INDEPENDENT UNIT FOR THE SURVEILLANCE OF OCCUPATIONAL DISEASE AND INJURY

In the short term, there should be an independent unit with particular responsibility for occupational disease surveillance and also injury surveillance:

- Such a unit could be “stand-alone” or housed within a particular agency; in the latter case, it is crucial that the unit and its funding are “ring-fenced” to enable it to work autonomously. It is also crucial that such a unit has adequate and secure funding, personnel, and resources.
- It is also crucial that such a unit be placed in an agency which supports its activities, and which has existing experience and expertise in the methods required for effective surveillance (including epidemiology and biostatistics).
- Research into occupational safety and health is essential, and the unit should ensure that the data collected by the unit is available for research as well as more routine surveillance purposes.

3. ESTABLISH AN INDEPENDENT AGENCY FOR SURVEILLANCE OF OCCUPATIONAL DISEASE AND INJURY

The long-term goal should be to establish an independent agency for occupational disease and injury surveillance, which should:

- have overall responsibility for the surveillance of occupational disease and injury in New Zealand
- report to a nominated Minister who will champion the agency and its needs across government
- as well as producing publications on more specific issues, produce an annual report to the appropriate Minister(s) on the burden of occupational disease and injury in New Zealand, which integrates the surveillance data obtained from the various agencies
- have the mandate and authority to coordinate the data collection of the various agencies.

ESTABLISH AN INTEGRATED CONCEPT-DRIVEN OCCUPATIONAL DISEASE AND INJURY SURVEILLANCE SYSTEM (ODISSY) WITHIN THE INDEPENDENT AGENCY

- The surveillance system should be concept-driven rather than data-driven, i.e. the unit should decide what data is required and then ensure that the appropriate data is collected, rather than simply collating data that is collected by various agencies for other purposes.
- Different systems are required for surveillance of occupational injury and occupational disease, but these different systems should ideally be housed within a single agency/unit.
- An effective surveillance system will utilise data from multiple sources and agencies (i.e. mortality, cancer registrations, hospital admissions, NODS registrations, ACC claims). Thus, a “whole-of-government approach” is required, and there must be a commitment from all other government agencies. We recognise that these various agencies may have other priorities and collect their data for other purposes. The surveillance system should “add value” to the work of the agencies and provide incentives for them to report.
- These incentives would include the unit providing appropriate feedback to the contributing agencies on a regular basis, including audit of data quality and completeness, analysis of trends, identification of priorities for interventions, and assessment of effectiveness of interventions.
- In order to compare and integrate data from multiple sources and agencies, it is crucial that a unique identifier (such as the NHI number) is used in a standardised manner across all the relevant agencies. Standardisation of other information (e.g. coding of occupation, ethnicity, disease, etc) is also essential.
- Characteristics of the system would include high sensitivity, specificity, representativeness, timeliness, simplicity, flexibility, and acceptability.
- The system should comply with legislation and international treaty obligations.
- The system should enable rapid response to emerging problems.

SPECIFIC RECOMMENDATIONS

Specific recommendations for improving data quality are contained in the “Surveillance of Occupational Disease and Injury in New Zealand: Report to the Minister of Labour”.

“SOCIAL AND ECONOMIC COSTS OF OCCUPATIONAL DISEASE AND INJURY IN NEW ZEALAND”

The report provides quantitative estimates of the economic and social costs of occupational disease and injury in New Zealand.

Such a costing is important since there are fundamental flaws in extrapolating information from compensation data to a full costing of occupational incidents or as a basis for policy decisions. Compensation does not cover the full number of workplace incidents and, for those compensated, not all costs are covered.

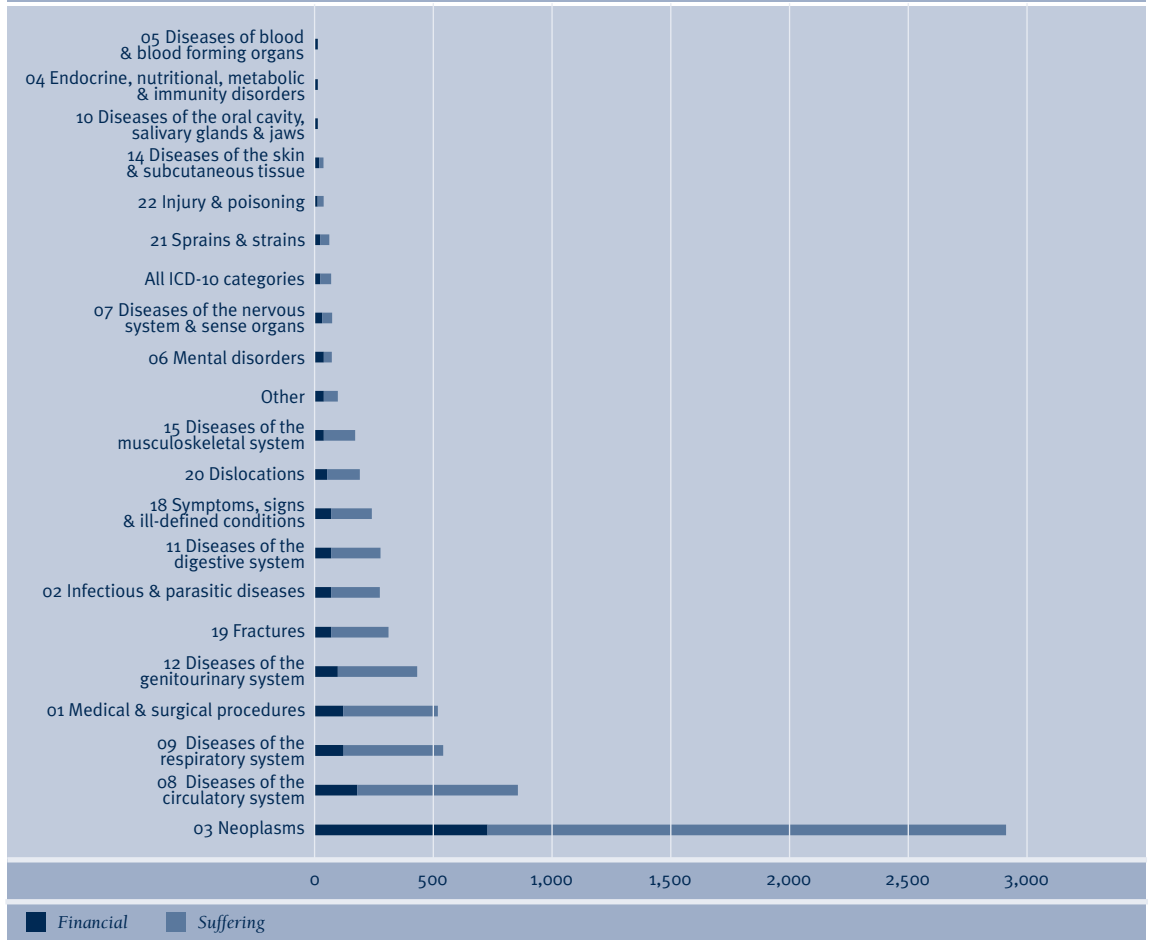
Moreover, the poor coverage is not uniform, so incidents that are more severe, or people with certain diseases that are less well compensated, may suffer unduly if policy decisions are made on the basis of only compensated costs.

The report estimates that the full economic and social costs of occupational diseases and injury total \$20.9 billion a year (2004/2005):

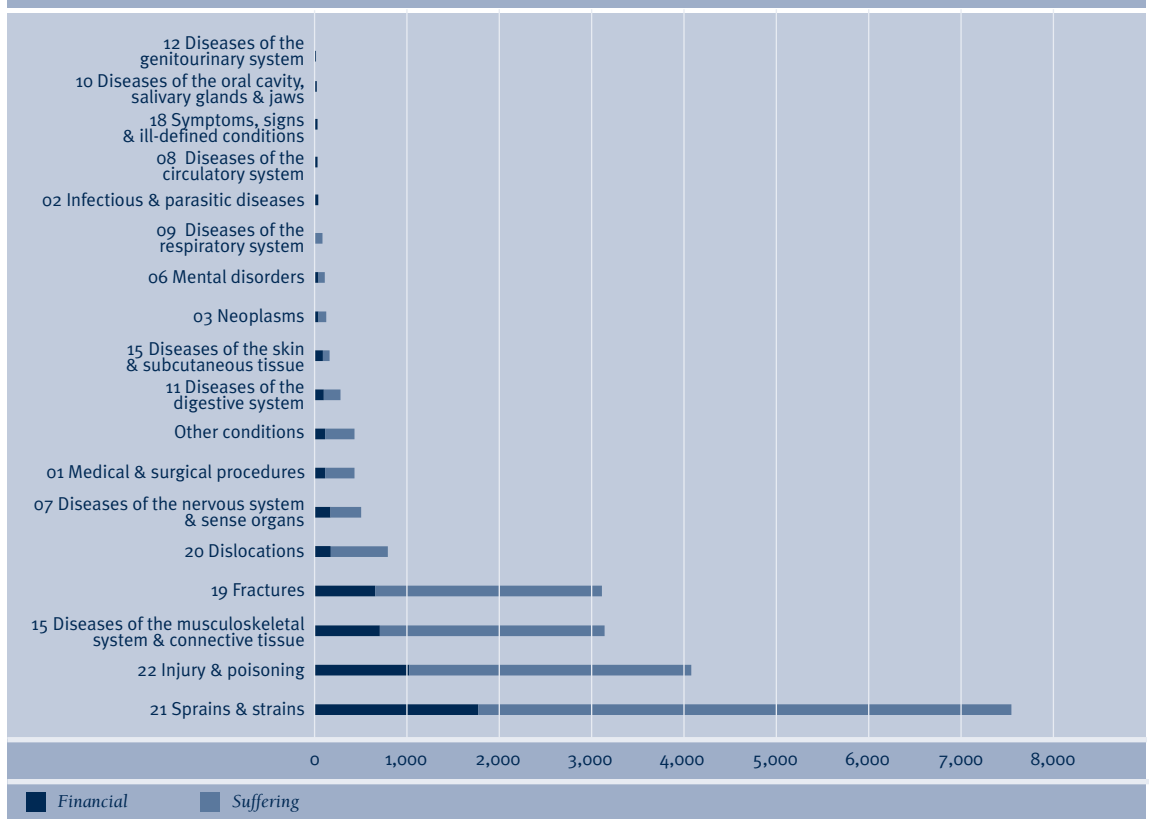
- \$4.9 billion in financial costs
- \$16 billion in the costs of suffering and premature death.

These huge financial costs are being borne by – and impacting upon – employers, employees and society. The effects are much more than financial – there are often significant and long-term social consequences for the injured and sick people and for their families, workplaces and communities – and further down the track, the health system, the Government and the economy.

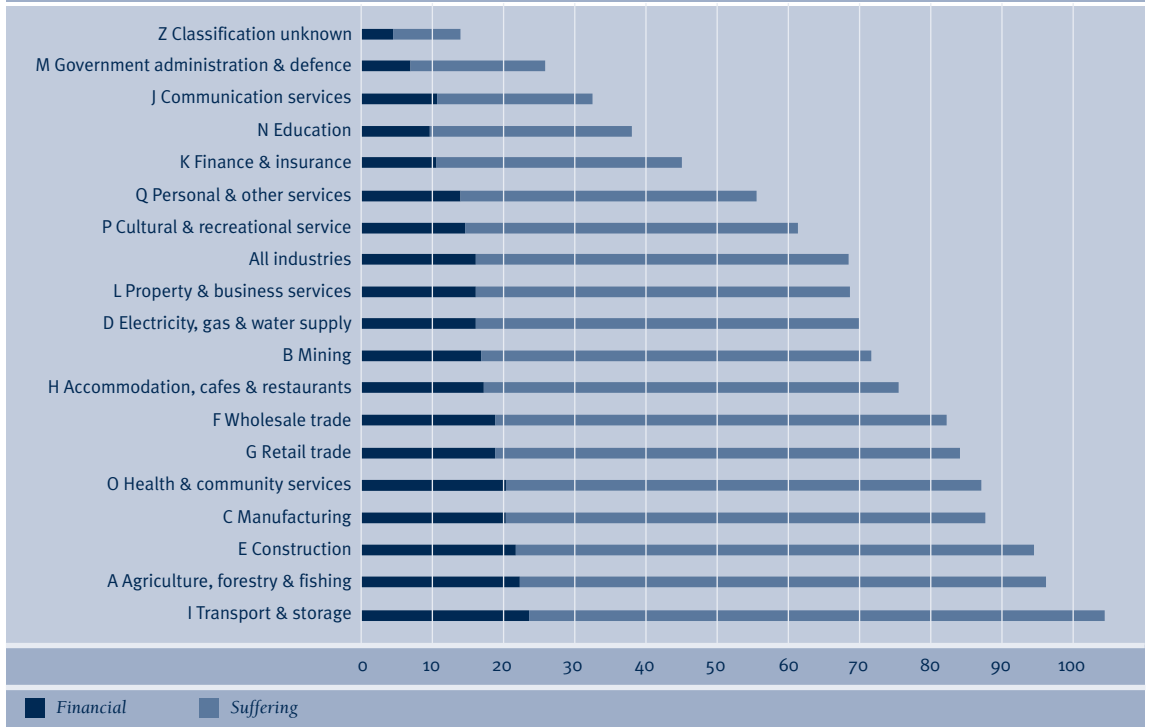
Cost per case, by ICD-10 category, 2004–05 (\$000)



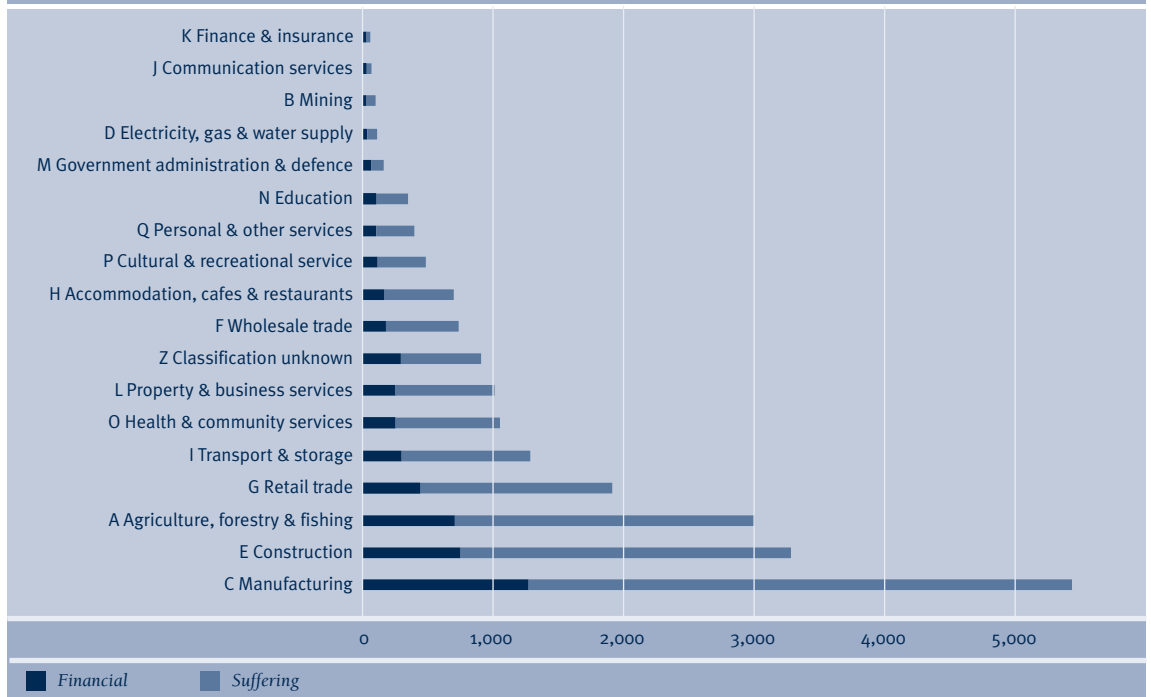
Total annual cost, by ICD-10 category, 2004–05 (\$m)



Cost per case, by industry, 2004–05 (\$000)



Total annual cost, by industry, 2004–05 (\$m)



Summary of the Committees 2005/2006 Work Programme

NEW ZEALAND AND AUSTRALIAN REVIEW OF SURVEILLANCE AND CONTROL OF WORKPLACE EXPOSURES

The main objective of the review is to provide a thorough and critical review of methods and systems used for the surveillance and control of workplace exposures in New Zealand and Australia.

This review is being conducted in co-operation with the Australian Safety and Compensation Council (ASCC). NOHSAC will make recommendations to the Minister of Labour in a report that will be released in October 2006.

WORKPLACE HAZARD EXPOSURE SURVEILLANCE – SYDNEY JUNE 2006

A joint workshop between NOHSAC and ASCC was held in Sydney to discuss exposure surveillance and develop a strategy for the surveillance of workplace exposures.

NATIONAL PROFILE OF OCCUPATIONAL HEALTH AND SAFETY IN NEW ZEALAND

A review of Occupational Safety and Health in New Zealand has been undertaken and includes information on the following elements:

- coordination and collaboration mechanisms at national and enterprise levels, including national programme review mechanisms
- technical standards, codes of practice and guidelines
- educational and awareness-raising structures
- specialized technical, medical and scientific institutions with linkages to various aspects of occupational safety and health, including research institutes and laboratories concerning occupational safety and health
- human resources active in the area of occupational safety and health, such as inspectors, officers, occupational physicians and hygienists
- occupational accidents and disease statistics
- policies and programme's of organizations of employers and workers
- regular or ongoing activities related to occupational safety and health, including international collaboration
- related data addressing, for example, demography, literacy, economy and employment, as available, as well as any other relevant information.

Allen & Clarke, Wellington were contracted to produce the technical report. NOHSAC will make recommendations to the Minister of Labour in a report that will be released in December 2006.

NOHSAC SECRETARIAT

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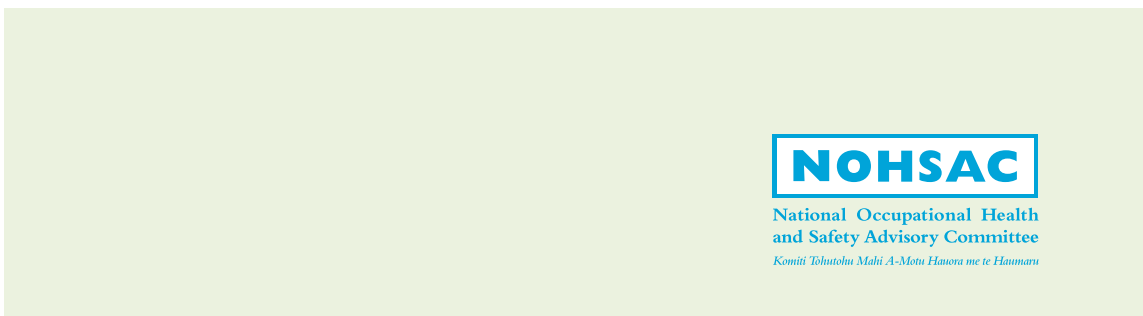
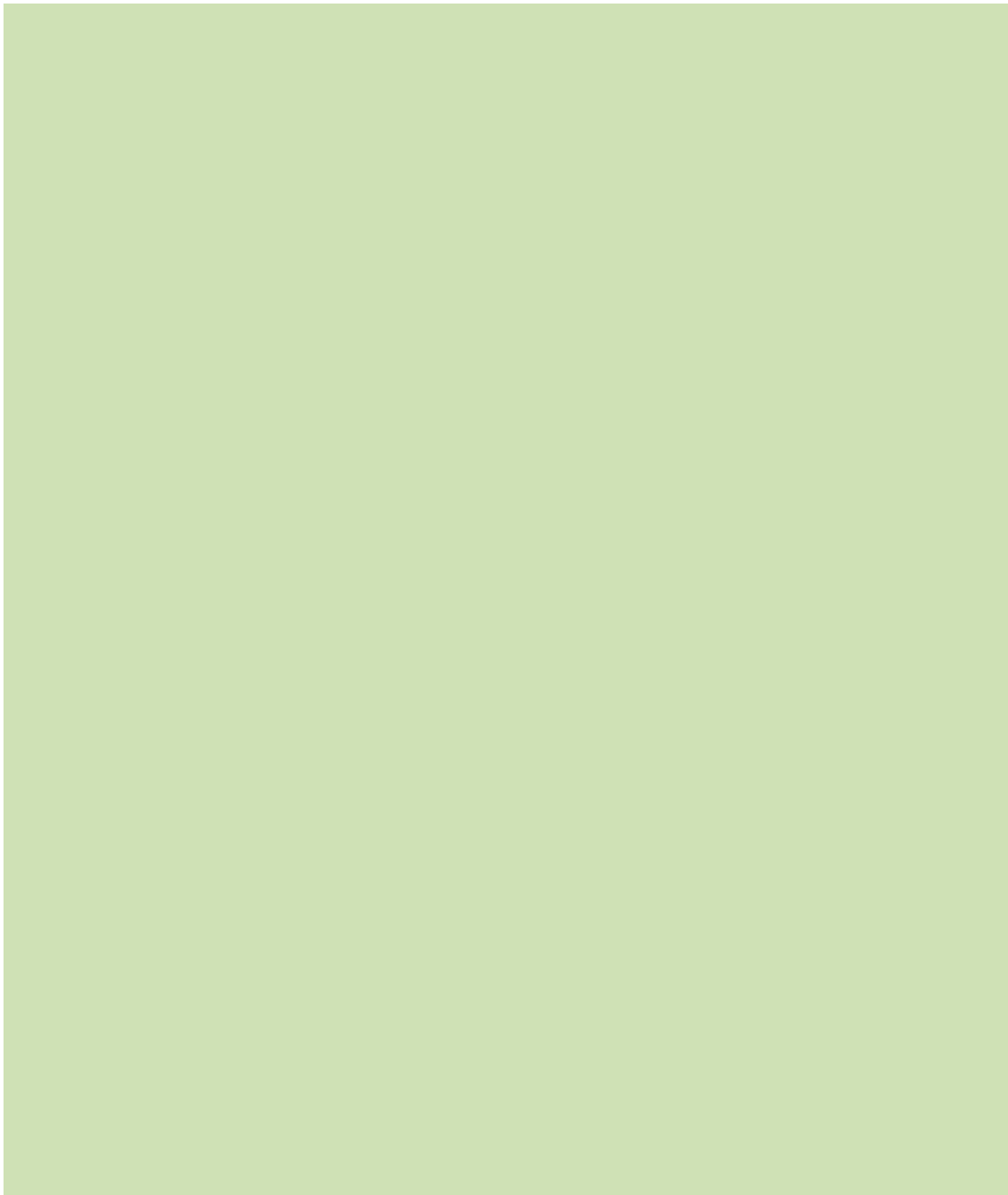
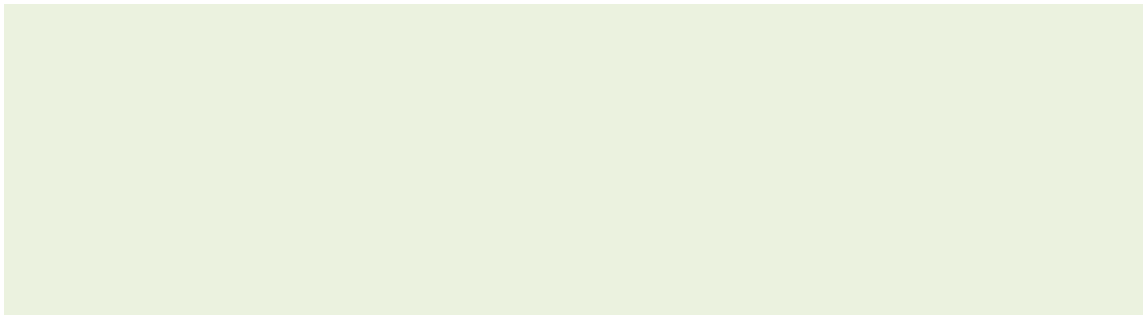
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NOHSAC WEBSITE

The NOHSAC website contains:

- a research database
- Requests for Proposals
- NOHSAC Reports
 - › Annual Reports
 - First Annual Report to the Associate Minister of Labour – June 2004
 - Second Annual Report to the Associate Minister of Labour – June 2005
 - › The Burden of Occupational Disease and Injury in New Zealand 2004
 - The Burden of Occupational Disease and Injury in New Zealand: Technical Report
 - The Burden of Occupational Disease and Injury in New Zealand: Report to the Associate Minister of Labour
 - › The Surveillance of Occupational Disease and Injury in New Zealand – 2005
 - The Surveillance of Occupational Disease and Injury in New Zealand: Report to the Minister of Labour
 - Methods and Systems used to Measure and Monitor Occupational Disease and Injury in New Zealand: NOHSAC Technical Report 2
 - International Review of Methods and Systems used to Measure and Monitor Occupational Disease and Injury: NOHSAC Technical Report 3
 - › The Economic and Social Costs of Occupational Disease and Injury in New Zealand – 2006
 - The Economic and Social Costs of Occupational Disease and Injury in New Zealand: NOHSAC Technical Report 4



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