
From: Paul Moenboyd Privacy of natural persons
Sent: Wednesday, 17 May 2023 3:28 pm
To: ACregs <ACregs@mbie.govt.nz>
Subject: RE: Occupational disease consultation - submissions close 5pm 17 May 2023 [UNCLASSIFIED]

Kia ora,

Thank you for the opportunity to provide feedback on this discussion document.

WorkSafe provided general feedback on Schedule 2 of the Accident Compensation Act in response to an earlier draft of the document in February this year. For this round of consultation, we are responding to your request for proposed additions to the list of occupational diseases in Schedule 2.

However, we would like to reiterate our previous feedback that Schedule 2 would benefit from a full review to reflect new approaches to work-related exposures and recent amendments to the provision governing the three-step process. In the absence of a full review, we agree that the Australian Deemed Diseases list is a useful reference for updating Schedule 2.

Diseases on the Deemed Diseases list not included in Schedule 2

We have reviewed the Safe Work Australia Deemed Diseases List and note that it lists some diseases that may also be appropriate for inclusion in Schedule 2. We set these out below:

Cancer-related disease pairs

Safe Work Australia's 2021 update to the Deemed Disease list recommends adding cancer-related exposure/disease pairs to that list. Some of these could be included in Schedule 2, namely:

- 1,2-Dichloropropane (resulting in cholangiocarcinoma)
- lindane (resulting in non-Hodgkin's lymphoma)
- pentachlorophenol (resulting in non-Hodgkin's lymphoma)
- ultraviolet light from welding (resulting in ocular melanoma)
- welding fumes (resulting in lung cancer).

Welding fumes have a relatively widespread exposure in New Zealand, while PCP and lindane are likely to be relevant due to historical use.

Infectious diseases

Several infectious diseases on the Deemed Disease list are not included in Schedule 2 despite being closely associated with work, such as **hepatitis A, B & C**, **HIV** and **tuberculosis** in health care workers and other workers who have contact with bodily fluids.

There is international evidence of occupational exposure to **influenza A** in healthcare settings, where it has a significant burden compared to other infectious diseases.

Other work-related diseases

Other work-related diseases on the Deemed Disease list also warrant consideration for inclusion in Schedule 2:

Obliterative bronchiolitis is common in manufacturing workers in food production.

There is evidence of occupational exposure in New Zealand to **extrinsic allergic alveolitis** in mushroom farms, vegetable storage, and wood processing. There is also potential exposure to isocyanates (used in polyurethane material production in New Zealand).

Bursitis is a common musculoskeletal disorder affecting the knee or elbow due to repetitive motion, while **osteonecrosis** is also a musculoskeletal disorder linked to occupational diving.

Other comments

Schedule 2 only covers nasal cavity cancer if caused by working with wood dust. There is evidence that exposure to nickel can also cause nasal cavity cancer. According to the New Zealand Carcinogen Survey, nickel is one of the most common carcinogens in NZ workplace, with up to 4% of workers facing exposure. The highest rates of exposure are in construction and manufacturing, where it is closely associated with welding work.

Please do not hesitate to contact us if you have any questions,

Ngā mihi,



Getting you home healthy and safe.
That's what we're working for.