



New Zealand Nurses Organisation

Submission to the Department of Labour

On the

Draft Occupational Health Action Plan

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Inquiries to: Marilyn Head
Policy Analyst
NZNO
PO Box 2128, Wellington
Phone: 04 494 6372
Email: marilynh@nzno.org.nz

ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the draft occupational health action plan. NZNO is both a health union and a professional health practitioner organisation.
2. NZNO has consulted its staff and members and in the preparation of this submission, including members of our specialist Colleges and Sections, Te Runanga, Regional Council and Board members and professional Nursing, Industrial, Policy, Research and Legal Advisers.
3. NZNO's Cancer Nurses Section has made a separate submission which NZNO endorses.

4. NZNO is affiliated to the New Zealand Council of Trade Unions and fully supports their submission.
5. NZNO agrees that occupational health (OH) issues *are* the 'poor relation' in health and we congratulate the Department for identifying the need to prioritise the identification and prevention of avoidable work-related injury and disease.
6. NZNO submits that many parts of the health sector are at high risk of occupational disease both physically through risk of infection, contamination, stress through delivery of emergency, acute and palliative care, and back and shoulder deterioration - the latter a highly prevalent occupational disease (OD) and a curious omission in the action plan. Accordingly we submit that the health sector should be considered a high risk sector.
7. We note that the cross sector safer industry forum for health, coordinated by ACC has, without explanation, ceased to operate, though other industry fora similarly selected for high risk of OD and injury, continue. These fora meet the third priority focus of the action plan, namely building relationships, and would certainly be a useful vehicle for identifying, monitoring and addressing existing and potential OD.
8. NZNO, along with many other member-based organisations, DHBs and government agencies, including the Department of Labour, put significant time and energy into the health sector safer industry forum. NZNO respectfully suggests that there would be no need to have to *prioritise* the core business of building relationships, if they were looked after and respected in the first place.
9. In general NZNO **supports** the document, particularly the emphasis on reducing hazards and developing a framework for surveillance which, along with actions to increase capability and collaboration, will help in addressing the difficulties that the long latency periods of some OD pose.

10. There are, however, some omissions - notably enforcement and public education in addition to those previously mentioned - whose inclusion would strengthen the plan. These are detailed in the feedback form below.

11. NZNO looks forward to further engagement with the Department of Labour as the finalized plan is implemented.

PART ONE: General feedback about the document

Page	Section	Feedback	Reason
3-4	1 Background and context	<p>Opening paragraph particularly good.</p> <p>Acknowledgement of the disproportionate incidence of OD borne by Māori who are overly represented in high risk jobs and te Tiriti o Waitangi obligations to improve equity is both obvious and essential. Similar disparities are apparent with low socio-economic groups.</p>	<p>Concise and accurate assessment of current situation although we are less confident that the Department of Labour (DoL) "ensures" employer compliance with the Health and Safety in Employment Act 1992 (HSE Act).</p> <p>The principle of parity, implicit in Te Tiriti o Waitangi, is a duty of the Crown (government).</p>
4-5	1.1 Giving Occupational health issues more priority	<p>The long term goal of "<i>healthy people in safe and productive workplaces</i>" - by definition an "<i>effective labour market</i>" - provides the overarching vision which the Action plan should effect and could lead this section.</p> <p>The connection between the actions identified in the Workplace Health and Safety Strategy for New Zealand to 2015 (WHSS) and the Action Plan's priority could be clarified by reordering the actions to align long and shorter term goals. e.g. <i>Improve surveillance of OD aligned with developing New Zealand's capability; and reduce workers' exposure to health hazards</i> aligned with</p>	<p>Raising awareness of OH issues must involve the public and workers. DoL does not and is unlikely to have the capacity to adequately monitor workplaces so people must be trained to recognise potential risk and know what to do about it. Without a grassroots change of culture, industries (employers and employees) enabled through training and education, and more robust monitoring and enforcement, OH issues will continue to be raised as they are now - sporadically and often later than they should have been.</p>

Page	Section	Feedback	Reason
		<p>reduce <i>exposure to five occupational health hazards</i>.</p> <p>We suggest that the third very important area <i>raise awareness of OH issues</i> is only partly covered by <i>building relationships</i> and recommend that this action include some dimension of public awareness and education.</p> <p>We strongly recommend that health be added to these priority sectors.</p>	<p>NZNO notes that six priority areas for OH (work related injury and disease) were identified, with ACC coordinating cross sector "safer industry sector groups"; one of these sectors was health. The OH issues in health are significant - Health workers are exposed to infection, radiation, cytotoxic drugs, injury, violence etc. and the health workforce is large. Health should be a priority area.</p>
5	1.3 The incidence and cost of occupational disease in New Zealand	<p>It should be noted that OD disproportionately affects those from Māori, and lower socioeconomic groups who traditionally work in areas with higher risk such as forestry. We note also that the burden of infectious diseases is associated with the same groups; addressing OD will also help to reduce health disparities and health costs.</p> <p>We suggest that back /shoulder strain from constant heavy lifting would be a significant occupational disease, as is exposure to cytotoxic drugs as indicated by the Cancer Nurses Section in their submission.</p>	<p>The interrelationship between health and employment, particularly regarding disparities needs to be underlined because coordinated integrated cross agency strategies will be necessary to address them as indicated in the Final report of the Commission on Social Determinants of Health (2008). <i>Closing the gap in a generation: Health equity through action on the social determinants of health</i>. Geneva: World Health Organisation.</p>

PART TWO: Reducing exposure to known health hazards

6	2 Priority areas of focus	<p>It would be useful to know the wider list from which the five priority areas (which we submit should include health) have been selected and to know what the plans are to address those. Even if they are not priority areas, there should be some plan to address them. Similarly it would be useful to have a graphic representation of the the priority areas contribute to OH - do</p>
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PART TWO: Reducing exposure to known health hazards			
		<p>these five hazards represent e.g. 50 or 75% of OH health hazard, or is the risk to do with the severity of the disease, which is most significant etc., to assess whether these should be the priority areas.</p> <p>While NZNO strongly supports investigation into the effects of noise, it is difficult to be sanguine that this will be a priority area considering recent changes to ACC legislation disallowing claims for less than six percent hearing loss.</p>	
Health hazards	Specific substances, processes or industries that should be given priority attention	What should be done	Why?
Occupational Carcinogens	<p>1. There is a growing body of evidence that shift workers exposed to light at night have an increased risk for cancer, particularly breast cancer. See, for instance, epidemiologic studies by Davis et al. (Davis S, Mirick DK, Stevens RG. Night-shift work, light at night, and risk of breast cancer. <i>J Natl Cancer Inst</i> 2001;93:1557–62.) and Schernhammer et al. (Schernhammer ES, Laden F, Speizer FE, Willett WC, Hunter DJ, Kawachi I, et al. Rotating night shifts and risk of breast cancer in women participating in the Nurses' Health Study; and online Journal of the National Cancer Institute Light at Night, Shiftwork, and Breast Cancer Risk <i>J Natl Cancer Inst</i> 2001;93:1563–8.). doi: 10.1093/jnci/93.20.1513</p> <p>2. NZNO notes there is some expressed concern around nano-particles used in sunscreens and the like.</p> <p>3. Radiation exposure.</p> <p>4. Review <i>DoL Guidelines for the handling of cytotoxic drugs and related waste</i></p>	<p>1. Investigation of both the potential risk and prevention strategies.</p> <p>2. Although we do not subscribe to limiting nanoscience and technologies because we are satisfied that the protocols developed and used by the researcher scientists are as safe as possible, we support careful surveillance.</p> <p>3. Assess impact of conversion to hybrid labs and any changed requirements in safety codes and standards e.g. space, design, ventilation etc.</p> <p>4. The document is outdated.</p>	<p>1. A large number of shift workers in health and other sectors are exposed to night light so there is the potential to make a reduce risk for significant numbers</p> <p>3. Increasing use of hybrid cath labs in cardiac services which require different design space etc for hybrid procedure.</p> <p>4. The document should set industry standards and support health practitioners' practice. The clothing standards do not meet</p>

PART TWO: Reducing exposure to known health hazards			
			current international standards.
Respiratory Hazards	NZNO's College of Perioperative nurses has raised concerns about the occupational risks of exposure to surgical smoke and other material from diathermy where there are inadequate ventilation /extractions systems. Though adverse effects have not been established, volatile organic compounds in diathermy plume have been analysed by selected ion flow tube mass spectrometry.	Investigate and establish safe ventilation and extraction standards. Systematic inspection of workplaces and enforcement of standards should follow.	It seems prudent to undertake research and establish parameters for the safe use of this increasingly common surgical technique.
Noise	While we support investigating correlated exposures to noise and other workplace factors, what is the plan for addressing the most common factor in hearing loss - loud noise? Similarly while <i>design</i> is certainly a very effective means to reducing noise in the workplace in the (very) long term, but it is hardly an adequate strategy to address immediate concerns.	Enforcement of protective strategies in such highly visible places on publicly owned sites seems a 'low hanging fruit' in terms of immediate reduction in noise induced loss. NZNO notes that often workers operating heavy machinery are wearing protection but that those around them are not and we are aware that there is widespread ignorance and underestimation about the adverse effects of noise, not only on hearing loss but also quality of	Again it is difficult not to be cynical about this being a priority area in view of recent changes to ACC legislation and the daily sight of road and construction workers working in noisy environments clearly without ear protection.

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		life. Education is essential; however, monitoring and enforcement should be the absolute priority for this section. At the very least the DoL should be informing workers how their rights to compensation for work-related hearing loss in exchange for giving up their right to sue have been summarily withdrawn and that they should take extra care in protecting their hearing.	
Skin Irritants	We note recent concerns around nanotechnologies used in sunscreens etc.	Public education - there is some concern with the incautious targeting of nanoparticles as the "new asbestos". Care needs be exercised to ensure that the development of this fledging industry, which has huge potential in health and in other areas, is neither unnecessarily constrained, nor allowed unlimited license. Develop expertise Ongoing surveillance	NZNO is confident that the measures of the research scientists have taken to establish safe protocols for working with nanoparticles are best practise at this stage, but it is prudent to develop capacity in this field, to maintain surveillance and to educate.
Psycho-social hazards	Health - effects of working in high stress areas e.g. paediatric oncology, Emergency	Research.	Will inform best practice

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	<p>departments; long term effects of shift work, shift length; and heavy workloads in aged care.</p> <p>Systemic racism</p>	<p>URGENT need for development of education around overseas trained health workers from both local and immigrant perspective</p>	<p>Overseas trained health professionals comprise a significant proportion of the health workforce and in certain areas, e.g. Aged care, dominate it. The effect on safety and quality of care, patient and working relations are not well documented but NZNO is aware of increasing workplace intolerance, cultural and physical safety risks to both worker and client and to cultural cohesiveness. Most is preventable with sensible and timely workplace and public education - the latter is a cost effective way of improving awareness and expectations of OH in the predominant small business workplace.</p>

PART THREE: Actions being taken by you/your organisation between 2011 and 2013 that contribute to the priority areas of the plan

We need to hear about any actions or initiatives (planned or underway) that you or your organisation can contribute towards the priority areas of focus in the Occupational Health Plan *over the next two years* –

- reducing exposure to five occupational health hazards (occupational carcinogens, respiratory hazards, noise, skin irritants, and psycho-social hazards)
- developing New Zealand's capability to address occupational health issues, and
- building relationships between government, industry, and occupational health researchers and practitioners to work in partnership to improve occupational health.

Don't worry too much about the format of the information you provide at this stage – we will contact you to clarify anything else we need, and to make sure we have accurately reflected your activities when we prepare the final plan.

Comments:

3.9 Expanding the health line service to include Occupational health. NZNO expects that the DoL and Ministry of health will consult with Nursing council, NZNO and the registered nurses who currently staff Healthline before assessing whether or not this is a valid avenue for providing OH advice.

4.2 Prevention by design - NZNO agrees that this is an important and often overlooked area to enhance OH and reduce risk. We note the increasing need for bariatric equipment to deal with increasing body size.

4.3 Work health and productivity There are obvious and evidenced links between health and employment and NZNO is a signatory to the Consensus statement *Realising the Benefits of Work*. However, there is an abundance of evidence - see the aforementioned WHO commission report that work must be meaningful and provide sufficient income to live healthily. With over 200000 children living in poverty it is evident that this is not the case in Aotearoa New Zealand, the abysmally low minimum wage, regressive GST and increasingly fragmented and casual employment environment being prime causes. **NZNO draws your attention to the DoL's own contribution to poverty in allowing, without any public consultation or publicity, a 30 hour week to be classified as fulltime employment as per various contacts with Aged Care providers and ACC.** This is absolutely unacceptable! NZNO is aware that limitations on the number of hours of rostered to below what is needed for a liveable wage is a prime means of exploiting the young and vulnerable workers. The latter are forced into accepting back to back shifts, repeated night shifts, split shifts etc. in order to try to earn a living which is patently unsafe, unproductive and unhealthy. NZNO challenges DoL to reverse this iniquitous unmandated decision and to ensure that full time work means at

least 35 hours per week. We further urge DoL to encourage the business sector to investigate the costs of large numbers of poorly paid employees as compared with a stable appropriately paid full time workforce.
General description of action – who’s going to do what, and when
NZNO provides education around health and safety (also through the CTU health and safety scheme)
NZNO professional nursing, research and industrial staff, and members, sit on and contribute to a number of working and advisory groups relating to occupational health. Many of NZNOs Colleges and sections are responsible for developing safety and quality standards in their specialist areas.

Marilyn Head
Policy Analyst