Independent Taskforce
on Workplace Health and Safety

Strategic Review of the Workplace Health and Safety System

Submission template

This template can be used to make a submission to the Independent Taskforce on Workplace Health and Safety. The template does not limit the length of your answers, and you can attach documents to supplement your answers if you wish. Alternatively, you can use the on-line questionnaire to make a submission, which can be found at www.hstaskforce.govt.nz . The on-line questionnaire restricts the length of your answers to about 300 words per question.

Please refer to the taskforce's consultation document, *Safer Workplaces* before completing this template. The consultation document can be found at www.hstaskforce.govt.nz

About you

* *Indicates mandatory questions*

1. *Your full name:

Barbara Hegan

2. *Is this submission on behalf of an individual or an organisation?

❑ Individual ◪ Organisation

Name of organisation: Cancer Society of NZ (National Office)

3. *Region

◪ Northland ◪ Whangarei ◪ Auckland
◪ Waikato ◪ Bay of Plenty ◪ Gisborne
◪ Hawke's Bay ◪ Taranaki ◪ Manawatu-Whanganui
◪ Wellington ◪ Marlborough ◪ Nelson
◪ West Coast ◪ Canterbury ◪ Otago
◪ Southland ❑ Overseas

4. *Respondent category

❑ Employer
❑ Manager
❑ Employee
❑ Self-employed
❑ Employee representative
❑ Not in paid employment
◪ Other: NGO

5. *Which type of industry do you manage, own a business in, or work in?

❑ Agriculture
❑ Forestry
❑ Fishing
❑ Mining
❑ Manufacturing
❑ Electricity, Gas, Water and Waste Services
❑ Construction
❑ Wholesale Trade
❑ Retail Trade
❑ Accommodation and Food Services
❑ Transport, Postal and Warehousing
❑ Information Media and Telecommunications
❑ Financial and Insurance Services
❑ Rental, Hiring and Real Estate Services
❑ Professional, Scientific and Technical Services
❑ Administrative and Support Services
❑ Public Administration and Safety
◪ Education and Training
◪ Health Care and Social Assistance
❑ Arts and Recreation Services
❑ Other Services

6. *Size of business that you own / manage or work for?

❑ Self employed ❑ 20–49 employees
❑ 1–5 employees ❑ 50–99 employees
❑ 6–9 employees ◪ 100+ employees
❑ 10–19 employees

7. Gender

❑ Male ❑ Female ❑ Other

8. Age

❑ 15–24

❑ 25–34

❑ 35–44

❑ 45–54

❑ 55–64

❑ 65+

9. Ethnicity

❑ NZ Maori

❑ European

❑ Pacific Island

❑ Other European

❑ Asian

❑ Middle Eastern/Latin American/African

❑ Other ethnic group

❑ Do not wish to indicate

10. Your contact details

Phone number(s)

04 494 7196

Email address:

barb@cancer.org.nz

Please tick the boxes below as appropriate

❑ I consent to my submission being placed on the Independent Taskforce on Workplace Health and Safety website

❑ I would like my name withheld from publication (submissions from individuals only)

Please note that your name and contact information, including any personal information, is being collected so that the Independent Taskforce on Workplace Health and Safety can publish the names of people and organisations who or that made submissions, follow up with a respondent if any submission needs clarification, and for the general purposes of the Strategic Review of the Workplace Health and Safety System. The Independent Taskforce on Workplace Health and Safety is the intended recipient and holder of the information and can be contacted at PO Box 3705, Wellington, New Zealand. In accordance with Privacy Principle 7, you have the right to access and correct any personal information you provide.

Submission template questions

Please answer the following questions and feel free to attach any supporting documents.

If you are completing the template on paper, please feel free to add other pages but make clear which questions your answers refer to. ***If you are completing the template electronically*** and need more space for any of your answers, please write the rest of your answer into another document, making clear which question your answer refers to, and attach it when you send your completed submission template to us. The answer fields below hold approximately 430 words.

Who gets hurt, killed or suffers from ill-health or disease as a result of work?

1. What do you think is driving the differences in health and safety outcomes for different demographic groups?

This submission from the Cancer Society of New Zealand (the Society) is that outdoor workers are a key demographic group at increased risk of skin cancer because of their occupational exposure to solar ultraviolet radiation (UVR). Outdoor workers generally receive five to 10 times more UVR exposure per year than indoor workers (1). Our UVR is uniquely high compared with corresponding latitudes in the northern hemisphere and our outdoor workers are at higher risk of skin/eye damage, particularly those with fair skin (2).

The Society recognises the importance of monitoring and managing other occupational-related carcinogens which are addressed in a separate submission which calls for a register of employees exposed to workplace carcinogens to be considered by the Taskforce.

The Society is concerned that the Taskforce consultation document uses Slip, Slop, Slap and Wrap (SunSmart) as an example of how [our safety] journey has begun (pg 71, para 306). However outdoor workers do not universally adopt SunSmart (nor do many in other workplaces) from September to April.

The evidence base for UVR as a high priority New Zealand outdoor workplace health and safety hazard has been summarised in previous Society submissions to DoL including 2004, 2006 & 2011 (3).

Skin cancer, including melanoma, is caused by too much exposure to UVR. UVR is a known carcinogen (4). New Zealand currently has the highest rates of melanoma in the world and skin cancer (combining melanoma and non-melanoma skin cancer (NMSC)) is New Zealand's most common cancer. However as NMSC is not required to be registered the total prevalence/impact of skin cancer is often overlooked (see our answers to questions 25 & 26).

In 2009 (latest national data) 445 deaths were attributable to skin cancer of which 326 were classified as melanoma and 119 to NMSC (5). Deaths from skin cancer are significantly higher than our annual road toll, but without the same amount of money/resource towards education/prevention (6). Australian research concluded that SunSmart is extremely cost effective with a $2.32 net saving for every dollar spent (7).

UVR radiation should be incorporated in all outdoor workplaces hazard management systems and if not eliminated or isolated, it should be minimised (8).

2. What changes are needed to the workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?

Unlike many other workplace hazards, damage from UVR exposure in the workplace is often long-term with skin damage and/or skin cancer and/or eye damage presenting many years after the initial exposure. New Zealand is a challenging environment for sun protection because even on cloudy and/or cool days from September to April, the UVR levels can be strong enough to damage our skin and eyes. If SunSmart steps were universally adopted by outdoor workers, they would significantly reduce their risk of skin and eye damage. Routinely minimising UVR in the outdoor workplace should be supported by monitoring of workers skin for damage.

There should be a benchmark standard for workplaces to manage and monitor UVR. For example, Australia's 2008 guidance note offers practical advice for workplaces to protect workers from UVR hazard/exposure (1). We understand their resource is currently being updated.

We note that the nearest NZ DoL equivalent to the Australian guidance, was published in 1994, as Guidance Notes for the Protection of Workers from Solar UV Radiation (2). The two 'companion' documents to the 1994 publication are: (i) Guidelines for the management of work in Extremes of Temperature (3), and (ii) Skin Cancer (Melanoma)(4). These documents and other DoL resources relating to temperature need to be reviewed/updated, promulgated and adopted by our outdoor workplaces and the wider workforce. Similar steps need to be taken by the Ministry for the Environment (5) and our National Radiation Laboratory (6)

The Society sees the gains that our outdoor workforce has made in relation to the use of high visibility vests, hard hats and protective eye and ear-wear. Adoption of SunSmart behaviour at high UVR times, is a cost-effective way to manage UVR exposure in the outdoor workplace.

We'd encourage the Taskforce to recommend DoL/MoBIE collaborate with Australian colleagues to update guidance notes and minimise, enforce and monitor UVR as a significant hazard in our outdoor workplace.

References:
(1)
http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/306/GuidanceNote_ProtectionOfWorkers_UltravioletRadiationInSunlight_2008_PDF.pdf
(2) http://www.osh.govt.nz/order/catalogue/pdf/solar-uv.pdf
(3) http://www.osh.govt.nz/order/catalogue/pdf/temperat.pdf
(4) http://www.osh.govt.nz/publications/factsheets/skin-cancer/01.html
(5) http://www.mfe.govt.nz/environmental-reporting/atmosphere/ozone.html
(6) http://www.nrl.moh.govt.nz/publications/is10.asp

Regulatory framework

3. What do you think the challenges are with the current health and safety regulatory framework?

One key challenge is the lack of importance given to minimising occupational harm from UVR in outdoor workplaces.

Minimisimg harm from UVR exposure should be a separate part of our current health and safety regulatory framework and not rolled into the 'cancer-causing agents in the workplace' category (attached DoL letter to the CSNZ dated 4 May 2012 - attached to our submission as a separate pdf).

4. How do you think the health and safety regulatory framework could be improved?

The Society recommends that UVR is listed as a separate health and safety risk, independent of the general 'cancer causing agents in the workplace' category (see preceding response).

Regulators' roles and responsibilities

5. How effective are the regulators in influencing workplace health and safety outcomes?

Because UVR risk is not prioritised by regulators, it is not managed, monitored or routinely reported as a workplace health and safety issue.

6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?

No particular response to this question.

New Zealand's changing workforce and work arrangements

7. What impacts are New Zealand's changing workforce and work arrangements having on health and safety outcomes?

In many outdoor industries our workforce is aging and UVR risk over those workers lifespan will be become more evident.

We understand several of our health promoters have been approached to assist individuals make compensation claims to ACC for recompense for skin cancer and eye damage, which they attribute to UVR exposure in their workplace.

Cancer Council Australia commissioned the report: Occupational exposure to UV radiation: Compensation claims paid in Australia, 2000-2009 (1). This report concludes that there is an upward trend in Australian outdoor workers seeking compensation for skin damage from exposure to UVR in their workplace.

The Australian trend suggests that the Taskforce should give priority to institute UVR minimisation and monitoring of outdoor workers in New Zealand. This may mitigate against future legal and financial challenges to ACC relating to UVR exposure in the workplace.

Reference:

(1) http://www.cancerwa.asn.au/resources/2011-12-05-ccupational-exposure-to-ultraviolet-radiation.pdf

8. What changes to the health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?

One way to ensure our workers remain healthier for longer is to promote SunSmart behaviour in the outdoor workplace as it is effective and cheap to implement (1).

It's a relatively easy message to communicate - irrespective of a workers literacy and numeracy skills, as everyone has either experienced sunburn and/or skin damage themselves or seen someone with sunburn and/or skin damage (2).

References:

(1) Shih S et al (2009) Economic evaluation of skin cancer prevention in Australia. Preventive Medicine 49 (5): 449-453
(2) Health Promotion Agency, 2010 Sun Exposure Survey, access at: http://sunsmart.org.nz/being-sunsumart/research-and-facts

Worker participation and engagement

9. How effective do you think worker participation is in improving workplace health and safety in New Zealand?

Outdoor workers need to understand why UVR is a hazard and the practical steps they can take to minimise their risk.

The Health and Safety in Employment Act 1992, says that employers must take all practicable steps to protect their employees health and safety. As previously stated - UVR is an accepted carcinogen and a workplace hazard. Exposure should be minimised at high UVR times and monitored.

The Society considers that employers have an obligation to protect their employees from damage from UVR. Workers have a duty of care to ensure their own health & safety while at work but they need to be educated as to why they are at risk and how they can manage (minimise) their risk. The legislation also says that workers are obliged to follow any reasonable instruction as given by their employer, this would include steps to protect their skin.

With a combination of role modelling by management and effective UVR harm minimisation and monitoring, appropriate education and training, outdoor workers should be SunSmart in their workplace.

10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?

Outdoor worker education about the importance of mitigating UVR risk, coupled with consistent management support/role modelling, and regulation which explicitly states UVR as a workplace health and safety issue is required.

Education should include an overview of why UVR is important, what the risks are, what the workplace is doing to protect the worker, what the worker can do to protect themselves, and effective use of SunSmart behaviour.

Role modelling and compliance monitoring by supervisors and management is important in increasing worker participation in health and safety programmes.

Leadership and governance

11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?

Directors and senior leaders need to model appropriate safety behaviour including sun protection.

They should also ensure health and safety procedures are monitored for compliance and any breach of policy should be addressed.

In May 2012 we approached Zero Harm and the Industry Training Federation to discuss UVR as an important, and largely preventable, workplace health and safety issue. Neither organisation responded to our various approaches.

Similarly, we contacted the Workplace Health and Safety Secretariat asking to be added to the agenda to present UVR as a priority to the Workplace Health and Safety Council, chaired by Hon Kate Wilkinson on the 9 May 2012 - also without response.

We have only been able to link with the Communications Team, Labour Group, Ministry of Business, Innovation and Employment but not their Health & Safety inspectors to raise awareness about the risk of UVR in the workplace.

We enquired as to whether the Health and Disability Commission (or his office) would be submitting to the Taskforce. On the 26 October 2012, they said 'they were are not planning to make a submission but appreciated the Society bring the matter to our attention.'

In contrast we have found ACC's Discomfort, Pain and Injury Team and Principal Researcher Dr John Wren, responsive to our approach to work together to highlight UVR as a workplace health and safety hazard. To date this collaboration has been opportunistic.

What the above examples show, is that there is a lack of cohesiveness and understanding of the importance of UVR as a largely preventable hazard, in our health and safety leadership sector.

Australian research shows that workers in workplaces with a sun protection policy, that is both enforced and monitored for compliance, are more likely to protect themselves from the sun (1).

Reference:
(1)
http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/310/NationalHazardExposureWorkerSurveillance_Exposure_DirectSunlight_Provision_SunExposureControls_AustralianWorkplaces_2010_PDF.pdf

12. What improvements can be made to directors' and other leaders' participation in workplace health and safety, so as to get better workplace health and safety outcomes?

Directors and leaders need to understand the risk of UVR in the workplace and that the universal adoption of SunSmart behaviour is a cheap and effective intervention, to reduce workplace injuries and deaths from UVR exposure.

Directors and Leaders need to model SunSmart behaviour themselves and ensure their staff are also SunSmart.

Key learnings from the 2011 Olympic Park Build in London, concluded that "the techniques used were often low-cost and had cross-company impact, showing that a good health and safety record isn't out of any company's grasp" (1).

Reference:

(1) http://www.sia.org.au/downloads/Publications/OHS_Professional_Magazine/OHS-September-2012.pdf (pg 10)

Capacity and capability of the workplace health and safety system

13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?

Reducing UVR risk is a good news workplace story. The steps required to be SunSmart are not onerous, are inexpensive and proven. Unlike many cancers - skin cancer is largely preventable if SunSmart behaviour is routinely used.

Firms of any size, can develop a policy and procedure to reduce exposure to health and safety hazards like UVR.

SME and larger enterprises can seek feedback from workers to ensure the effectiveness of any controls that may be adopted. It may be an iterative process to develop a policy that is practical and effective.

A SunSmart workplace sample policy of 1 A4 page is available on our homepage:
http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/sunsmart-workplaces/

14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?

One option is to prioritise SunSmart behaviour in our outdoor workplaces.

Firms are in a great position to facilitate a change in workplace health and safety. They can identify hazard and risks in their own workplace and make the necessary changes. They can seek feedback from their workers to ensure they are happy and willing to comply. They can also monitor the health of their employees and make changes as required.

Incentives

15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?

No particular comment.

16. How could incentives be better used to improve workplace health and safety outcomes?

No particular comment.

Influencing health and safety outcomes beyond one's own workplace

17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own workplaces (for example through influencing their suppliers, counterparts, and competitors)?

Government with the support of industry and training bodies (such as Registered Master Builders, Master Plumbers, Gasfitters and Drainlayers of NZ, Roofing Association of NZ, Roading NZ, Federated Farmers, NZ Institute of Forestry, NZ Federation of Commercial Fisherman, our various ITOs) should update and promulgate the 2004 UVR guidance note. State-owned-enterprises and employers can then use this to minimise and monitor UVR harm in their workplaces. Any UVR workplace harm minimisation policy can extend to contractors, subcontractors, volunteers, work experience students, apprentices etc. which would partly address education of SMEs and individuals (sole traders).

Some workplaces have incorporated SunSmart steps within their Personal Protective Equipment (PPE) policy. For example, the Stronger Christchurch Infrastructure Rebuild Team (SCIRT) and their expectation is that they will see a reduction in abrasions, cuts and other skin damage in their outdoor workforce (1).

This suggestion is consistent with Goal 1, objective 7 of the New Zealand Cancer Control Strategy (2) which aims to reduce the number of people developing occupational-related cancers.

References:

(1) http://strongerchristchurch.govt.nz/jobs/companies/whs#ppe

(2) Cancer Control Taskforce (2005). The New Zealand Cancer Control Strategy: Action Plan 2005-2010. Wellington. Ministry of Health.

18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?

Updating New Zealand guidance material on specific health risks and hazards such as UV exposure.
Raising the profile of certain hazards such as UVR on the legislative agenda.
Grants that workplaces can apply for, to increase health and safety.

Major hazards

19. How strong is New Zealand's current approach to regulating major hazards?

A hazard such as UVR that effects a large proportion of our workers should be given priority.
Hazards that frequently occur and that are easily preventable, such as UVR damage from the sun, should be prioritised.
Hazards that are costly in terms of the healthcare system, time off from work, compensation claims should be prioritised.

20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?

UVR is a major hazard in outdoor workplaces in New Zealand from September to April and outdoor workers should be supported to use sun protection. The cost of adopting SunSmart behaviour is not expensive. Smaller workplaces do not necessarily need to provide PPE but can write it into policy that certain PPE must be worn from September to April e.g. a shirt with collar, long(er) trousers, a broad brimmed or bucket hat, sunglasses and sunscreen.

The Society offers a number of free information sheets and resources relating to SunSmart:
http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/sunsmart-information-sheets/

including a 2009 resource aimed at Outdoor Workers:
http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/sunsmart-workplaces/
Work is underway to possibly replace the 2009 resource.

Health and hazardous substances

21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?

For UVR risk we see our outdoor workforce as being mostly unaware, complacent and/or indifferent.

An element of 'she'll be right' and the long latency for skin and eye damage may confound this laissez faire approach to UVR risk in our workplace.

Research suggests some males consider taking steps to protect their skin as unmanly (not 'macho').

22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?

Minimisation and monitoring of UVR risk should be prioritised in our outdoor workplace.

Small to medium-sized enterprises

23. What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises?

UVR risk is independent of the size of the enterprise. All outdoor workers should be SunSmart at high UVR times.

However, Australian research shows that workplace size is a factor. Workers in small workplaces are at higher risk of exposure to UVR and are less likely to use/or have access to sun control measures (this could include portable UPF canopy's/UVR resistant glass in vehicles etc. (1)

Reference:

(1)
http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/310/NationalHazardExposureWorkerSurveillance_Exposure_DirectSunlight_Provision_SunExposureControls_AustralianWorkplaces_2010_PDF.pdf

24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that it's effective for self-employed and small-to-medium sized enterprises?

UVR minimisation and monitoring should be universally adopted and understood by all outdoor workers.

Measurement and data

25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and comparative analysis?

We would like Melanoma data to capture occupation (or at a mimimum categorised into indoor and outdoor work).

The Society has advocated for many years for the registration of Non-Melanoma Skin Cancer (NMSC). Unless data is captured - it is impossible to measure and monitor trends, whether that be for occupation and/or ethnicity.

We commissioned a report to estimate the costs of Skin Cancer in 2006. This estimated the cost of skin cancer then at NZ$57 million (mn) (1).

If lost production was added, skin cancer in 2006, cost $123.1 mn. In addition, the report estimated 67,000 NMSC in addition to the registered 2006 Melanoma number of 2,017. Although mortality rates are low for NMSC, the large number of cases imposes a significant burden on the individual and our health system.

The following table summarises the 2006 Report's key cost estimates –

Costs of Skin Cancer and Related Conditions to New Zealand
2006 (NZ$ in 2007/08 prices) (1).

	Melanoma	NMSC	Total
Lost life-years	3,811	930	4,741
Health-care Costs (NZ $mn; excl GST)	$5.7 mn	$51.4 mn	$57.1 mn
'Lost Production' (NZ $mn)	$59.3 mn	$ 6.7 mn	$66.0 mn

Reference:
(1) http://www.cancernz.org.nz/assets/files/info/SunSmart/CostsofSkinCancer_NZ_22October2009.pdf.

26. What opportunities are there for improving data collection, integration and reporting?

We understand at a national level, the Ministry of Health, Cancer Control NZ, Statistics NZ, Ministry of Business Innovation and Employment and ACC have responsibility for data/cancer collection in relation to the workplace. These agencies would be best placed to answer this question.

We note that in Dr John Wren's earlier submission to the taskforce (23 August 2012, pg 27 para 3) he said 'the problems associated with New Zealand's surveillance system for occupational health and safety has been clearly articulated by (the now defunct National Occupational Health and Safety Advisory Committee) NOHSAC in previous reports, however agencies do not appear to have addressed the issues.'

Our national culture and societal expectations

27. Do you think New Zealand culture influences our workplace health and safety outcomes?

Definitely in regards to UVR risk as a largely manageable but overlooked hazard in our outdoor workplace.

As noted in our response to Q1, your Safer Workplaces Consultation Document,para 306, pg 71 bullet point 4, uses 'Slip, Slop, Slap and Wrap' as a step towards improved safer workplaces. This is incorrect with regards to our outdoor workers (and our wider population). The Society would invite the Taskforce members to do their own environmental scan of how unsafe in the sun some outdoor workers are. You may see a plethora of high visibility vests, hard hats, ear muffs and safety boots, but poor compliance to cover-up unprotected skin (especially the neck, ears and back of the hands) and eyes. Refer to our attached pdf snapshot of a range of outdoor workers in a 500m radius of our National Office (Molesworth St, Wellington) not being SunSmart.

People continue to associate a tan with good health and attractiveness.

Men are least likely to take steps to protect their skin.

The Society encourages the Taskforce to prioritise UVR risk minimisation and monitoring as a key recommendation to our Government.

28. What might we do to improve our culture relating to workplace health and safety?

For UVR hazard to be effectively addressed in outdoor work settings, we require an integrated approach combining on-going education, support and role-modelling by management, and an explicit requirement for those working outdoors to be in a workplace where UVR risk is minimised (actively managed) and monitored, alongside other safety risks. We note that this is the approach recently adopted in the Health and Safety (Adventure Activities) Regulations 2011, where drug and alcohol must be monitored and risk managed.

To reduce our skin cancer rates Government needs to prioritise UVR risk minimisation in outdoor workplaces.

Other factors

29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

No particular response.

30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?

No particular response.

Other comments

31. Are there any other comments that you would like to make?

WHO's 2011 Asturias, Spain Declaration (1) encourages a global response to primary prevention of any exposures that might cause cancer. UVR is a carcinogen and exposure in our workplace should be minimised at peak UVR times. Attendees from this conference concluded: "Despite their proven feasibility and cost-effectiveness, efforts to prevent environmental cancers have lagged. In contrast to vigorous and well-coordinated global efforts to prevent cancers caused by tobacco, much more needs to be done in environmental cancer control and to further develop strategies for prevention of environmental causes of cancer."(2)

References:

(1) http://www.iarc.fr/en/media-centre/iarcnews/2011/asturiasdeclaration.php
(2) http://www.ncbi.nlm.nih.gov/pmc/?term=10.1289/ehp.1103871

Please send your completed submission to secretariat@hstaskforce.govt.nz (preferred) or post it to: Submissions, Independent Taskforce on Workplace Health and Safety, PO Box 3705, Wellington 6140. We would appreciate it if you could get your submission to us as early as possible, but at the latest, you must get your submission to us by **5pm, Friday 16 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 14 November 2012.