

Workplace Health and Safety Queensland

Occupational Disease Strategy 2007-10

Version 1–March 2008

Strategic linkages

This occupational disease strategy has been developed in response to the eight priority occupational diseases identified by the Australian Safety and Compensation Council, Commonwealth Department of Employment and Workplace Relations. This strategy is linked to other whole of government strategies which address the determinants of health including the National Health Priority Areas and the chronic diseases targeted in the Queensland Strategy for Chronic Disease 2005-2015. The Department of Employment and Industrial Relations will work closely with other agencies to ensure better occupational health for the people of Queensland.

Our purpose

Occupational diseases may result from a variety of biological, chemical, physical and psychosocial factors that are present in the work environment or are otherwise encountered in the course of employment. These diseases usually (but not always) arise from repeated exposures to a hazard over time and, in the case of diseases of long latency, symptoms may take decades to manifest eg asbestos related lung cancer.

The purpose of the occupational disease strategy is to provide a framework for reducing the incidence of occupational disease in Queensland. This will also lead to a reduction in that portion of disease attributable to occupation and will therefore reduce the total burden of disease in Queensland. No specific targets for reduction have been set as there is under-reporting, due in part to poor recognition of the work-relatedness of occupational disease.

Our vision

All Queenslanders share a vision of their workplaces being free from death, injury, and disease

Our organisational values

Commitment to Purpose

Commitment to People

Commitment to Partnership

Commitment to Performance

Emerging issues and challenges

Ageing workforce

Physical changes in older workers who may also have a chronic disease can lead to an increased risk of injury due to reduced muscular strength and aerobic capacity. Workplaces may also need to allow for visual and hearing deficits in older workers.

Psychosocial factors

Psychosocial factors affect physical injury, particularly the development of musculoskeletal disorders. There is a need to focus on practical strategies for influencing these factors, including: improving relationships at work; increasing job control; providing support; managing change and job demands; and ensuring recognition and reward and appropriate skill use.

The 24 hour economy will ensure that safe working hours, extended work hours, excessive overtime, shift work and fatigue will be key issues in relation to workplace health and safety. There is some research showing an association with sleep loss and increased accident risk while commuting home. There is suggestive evidence of a link between night-shift work and an increased risk of heart disease and diabetes.

Changes in employment relationships

Workers in the first month of a new job are over four times more likely to have a lost time injury than workers with over one year in their current job. With increasing use of labour hire, agency workers and casuals, there is a need to address safety training and skills. Lack of job security can also contribute to psychosocial stress.

Internationally, downsizing and restructuring has been associated with: increased fatalities, injuries and work-related musculoskeletal disorders; psychological distress; unhealthy behaviours; increased blood pressure and increased cardiovascular disease.

Changes in types of industry – growth of the service industry

Growth in the health and community services, retail, construction, property and business services service industry is anticipated with a decline in the numbers of persons employed in manufacturing and rural industries. Skill shortages in these areas may increase the risk of injury and illness.

Work related health issues

There is a lack of recognition of occupational diseases, especially occupational asthma. The population attributable risk (PAR) is the proportion of all cases of a condition due to a particular exposure.

Research suggests that the PAR due to occupational exposure is 15% of new cases of adult onset asthma and 15% of cases of chronic obstructive airways disease. There is suggestive evidence for noise, shiftwork and psychosocial factors, such as low job control, impacting on heart disease with a PAR of 10-15% for cardiovascular disease. Cancer attributable to occupation is estimated at 11% of cancer cases in males and 2% of cancer cases in females (excluding non-melanoma skin cancer).

Zoonoses (diseases transmitted to humans from animals and birds) form the majority of emerging human infectious diseases (eg H5N1, SARS, Hendra virus and Australian bat lyssavirus) and the continued emergence of new zoonoses is likely.

The role of ototoxins (substances toxic to the ear and hearing apparatus) needs further research as it contributes to hearing loss in the workplace.

National Priority Occupational Diseases and Population Attributable Risk (PAR) due to occupational exposure

Respiratory disease including asthma	15% of adult onset asthma and 15% of chronic obstructive pulmonary disease
Cancer	11% in males, 2% in females (excludes non-melanoma skin cancer)
Contact dermatitis	14%
Infectious and parasitic diseases	4% Hepatitis B 3% Hepatitis C 5% tuberculosis 14% pneumococcal disease
Cardiovascular diseases	10-15% heart disease
Musculoskeletal disorders	37% of low back pain
Mental disorders	4% of all deaths due to mental disorders
Noise induced hearing loss	Estimated to be 16% of adult onset hearing loss

The PAR is the proportion (often expressed as percentage) of all cases of a particular condition that is due to a particular exposure (or group of exposures). In this instance, the PAR of interest is the proportion (or percentage) of all disease in the community that is due to occupational exposures.

Recognition and reduction of occupational diseases is the key issue facing Workplace Health and Safety Queensland

What needs to be done?

Workplace Health and Safety Queensland will work with all stakeholders, including those who conduct a business or undertaking, industry organisations, workers and their representatives, as well as other government agencies to improve the recognition and reduction of occupational disease.

We will do this by:

- Prioritising our activities and focussing on those who have the obligation to prevent exposures;
- Improving data and surveillance of occupational diseases and especially of exposures to hazards;
- Increasing awareness and providing education in the recognition of occupational diseases amongst doctors;
- Adopting a whole of government approach to the prevention of occupational disease; and
- Engaging industry and developing industry specific intervention programs

Specifically we will work with those who create the hazards and those who are exposed to the risks of occupational disease by:

- Increasing awareness of occupational disease;
- Improving knowledge, education and skills in the recognition and control of hazards;
- Providing compliance support and guidance;
- Undertaking strategic enforcement and regulatory reform where necessary.

Workplace Health and Safety Queensland has set itself a specific goal for each priority disease. The achievement of these goals over the next three years will contribute to the increased recognition, and ultimately reduction, of occupational diseases in Queensland.

Priority disease	Goal
Noise-induced hearing loss	Improved noise hazard management
Work Related Musculoskeletal Disorder (MSD)	Improved control of MSD risk factors – see separate Musculoskeletal Framework
Cancer	Improved management of carcinogens (substances causing cancer) in the workplace
Contact dermatitis	Improved management of skin irritants and allergens in the workplace
Respiratory diseases including asthma	Improved management of workplace asthmagens (substances causing asthma), silica, other dusts and respiratory hazards in the workplace
Infectious and parasitic diseases	Improved management of biological hazards in the workplace
Mental disorders	Improved management of psychosocial stressors in the workplace – see separate Psychosocial Initiative
Cardiovascular disease	Incorporation of occupational risk factors for cardiovascular disease into chronic disease and health promotion initiatives
All occupational diseases	Improved recognition and diagnosis of occupational disease

Each goal has performance indicators identified. These broad goals and performance indicators will be given effect through specific projects at branch and regional level. These projects will be implemented through our normal operational planning processes and will be updated regularly. Individual projects have measurable outcomes which must be delivered. The Industry Sector Standing Committees will have involvement in many of these projects.

In addition to reporting on the broad performance indicators such as a reduction in compensable diseases there will be an evaluation of the impact of the strategy on workplaces at the end of the three year period.

Priority disease: **Noise induced hearing loss**

Goal

Improved noise hazard management.

Performance indicators

- Compliance with noise regulations;
- Reduction in the rates and incidence of noise induced hearing loss (NIHL).

Strategies

- Increase awareness of NIHL and noise control measures
- Provide compliance support and guidance for workplaces on the management of noise hazards
- Enforce noise regulations in target industries

Priority disease: **Cancer**

Goal

Improved management of carcinogens (substances causing cancer) in the workplace

Performance indicators

- Compliance with Exposure Standards

Strategies

- Increase awareness of carcinogens in the workplace
- Increase awareness of control measures to reduce exposures to carcinogens in the workplace
- Enforce exposure standards

Priority disease: **Contact dermatitis**

Goal

Improved management of skin irritants and allergens in the workplace.

Performance indicators

- Reduction in the rates and incidence of occupational dermatitis.

Strategies

- Research into the commonest causes of contact dermatitis;
- Increase awareness and knowledge of skin irritants and allergens in the workplace;
- Provide compliance support and guidance on reducing exposures to irritants and allergens in the workplace.

Priority disease: **Respiratory diseases including asthma**

Goal

Improved management of workplace asthmagens, silica, and other dusts and respiratory hazards in the workplace.

Performance indicators

- Reduction in the rates and incidence of occupational asthma and work-related respiratory diseases;
- Compliance with Exposure Standards.

Strategies

- Increase awareness of asthmagens and occupational asthma;
- Increase awareness of exposures to dust and other respiratory hazards in the workplace;
- Provide compliance support in relation to control measures for respiratory hazards;
- Enforce the hazardous substances and dangerous goods regulations.

Priority disease: **Infectious and parasitic diseases**

Goal

Improved management of biological hazards in the workplace.

Performance indicators

- Reduction in the rates and incidence of work-related infectious and parasitic diseases;
- Compliance with the Biological Hazards Code of Practice.

Strategies

- Increase awareness of vaccine preventable diseases
- Regulatory change to develop a Biological Hazards Code of Practice
- Provide compliance support and guidance on managing biological hazards
- Enforce risk management practices in the Biological Hazards Code of Practice.

Priority disease: **Mental disorders**¹

Goal

Improved management of psychosocial stressors in the workplace

Performance indicators

- Reduction in the rates and incidence of work-related mental health disorders.

Strategies

- Increase awareness of psychosocial risk factors
- Increase knowledge of controls to reduce psychosocial stressors in the workplace
- Enforce the Code of Practice for the Prevention of Workplace Harassment

¹ There is a separate Psychosocial Initiative which addresses the identification of stressors in the workplace through the use of risk assessment tools.

Priority disease: **Cardiovascular disease**

Goal

Occupational risk factors for cardiovascular disease are incorporated into chronic disease and health promotion initiatives.

Performance indicators

- Chronic disease and health promotion strategies in other agencies include workplace factors which impact on cardiovascular disease.

Strategies

- Increase awareness of cardiovascular risk factors in the workplace.

Priority disease: **All occupational disease**

Goal

Improved recognition and diagnosis of occupational disease

Performance indicators

- Doctors are competent in recognising work related risk factors and diagnosing occupational disease.

Strategies

- Increase awareness, knowledge and skills among doctors
- Provide occupational disease information and content for other providers of medical education.

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