**Silicosis Update – NZOHNA members**

WorksafeNZ are beginning their door knocking campaign this week, visiting around 450 organisations that may have workers exposed to engineered stone dusts. Their inspectors are passing on information and advice around the dust controls and hygiene monitoring required to manage silica exposure. This information is on their website in the links below:

[WorksafeNZ Silica Dust Control](https://worksafe.govt.nz/topic-and-industry/dust-and-fumes/dust/silica-dust-in-the-workplace/)

[WorksafeNZ on-tool extraction](https://worksafe.govt.nz/topic-and-industry/dust-and-fumes/dust/controlling-dust-with-on-tool-extraction/)

[WorksafeNZ RPE Guide](https://worksafe.govt.nz/topic-and-industry/personal-protective-equipment-ppe/respiratory-protective-equipment/advice-for-businesses/)

[WorksafeNZ Accelerated Silicosis Media Release](https://worksafe.govt.nz/about-us/news-and-media/accelerated-silicosis/)

This is resulting in an increase in media attention and, as expected, some enquiries to our members around how to handle health monitoring in relation to silica exposure.

Persons concerned about accelerated silicosis can leave their contact details with WorksafeNZ in the link below. This is currently serving as both a follow-up register and a general information route as work on this progresses.

[WorksafeNZ Information Register](https://worksafe.govt.nz/topic-and-industry/dust-and-fumes/dust/accelerated-silicosis-form/)

The New Zealand clinical pathway should be ratified within the next 2-3 weeks. Part of this means establishing which radiology departments can perform the high resolution CT scans required for diagnosing early silicosis and identifying who has the expertise to correctly read them. A standardised exposure questionnaire for New Zealand is also being developed. Most of our pathway and tools will be based on the Queensland model.

This means that, at the present time, there is neither a set pathway to refer through nor an established list of radiology departments with the correct protocols, expertise and equipment. A specific ‘Dust Disease Register’ is being looked into by ACC and WorksafeNZ with input from the rest of the Task Force group. This Register will capture demographic details of potentially exposed persons and testing/baseline data that has been undertaken up to that point. This will help ensure that all exposed workers are assessed.

Funding for the initial screening, which will probably involve an Occupational Medical Specialists assessments and High Res CT scan, is being considered by both WorksafeNZ and ACC. The funding cannot be fully accounted for until the pathway is set.

Once the pathway, dust disease register, radiology list and funding is finalised, it is expected that it will take around 12 months to have all at risk persons (approximately 1000 workers) assessed. Full assessment includes questionnaire, HRCT scan and Occupational Medicine Specialist appointments which will subsequently be triaged into high and low risk groups. The on-going monitoring regime for each worker will be determined at this point.

In the meantime, should a PCBU be in touch with you about silica or dust exposure after being contacted by WorksafeNZ, it would be valuable to complete the following with them:

1. Be prepared to outline the HSaW requirements for PCBUs.
2. Undertake a standardised respiratory function test. The tests are FEV1, FVC2 and FEV1 /FVC. The norms for predictive values should be stated.
3. Appropriate parts of the Respirable Crystalline Silica Questionnaire ([Safework Aus RSC Questionnaire](https://www.safeworkaustralia.gov.au/system/files/documents/1702/crystalline_silica.pdf))
4. Undertake a dust level assessment for silica with an Occupational Hygienist
5. Support the PCBU in achieving a safe level of silica in the air through implementation of the appropriate controls, which can be found on the WorksafeNZ website
6. High Risk workers with persistent Pneumonia or other serious respiratory symptoms can be fast tracked - contact NZOHNA for this information. Otherwise waiting for the national screening programme to begin should be sufficient

Using a standardised questionnaire will assist with collecting standardised information. Please complete what you can within your scope of practice. Parts outside of your practice scope, such as the chest x-ray and physical respiratory examination should be left for the Occupational Medicine Specialist to complete once the worker is referred on through the clinical pathway. Collecting and holding this data on behalf of clients could form your own internal register and allow for data transfer once the national register is established.

OHNs should be able to complete the following (pages 6-8):

Section 1 – Questions 1-6

Section 2 – Questions 1-11, parts of 12 & 13 as appropriate

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