From the Editor, April 2025

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Kete aronui – a basket of knowledge

Welcome to volume 2, edition 1 of the New Zealand Journal of Health and Safety Practice. I make no apologies for this lengthy editorial. There is much to comment on and good articles to read. Our logo represents a kete – a basket – and this edition is another basket of knowledge.

He rangi tā matawhāiti, he rangi tā matawhānui – A person with narrow vision has a restricted horizon; a person with wide vision has plentiful opportunities (Alsop & Te Rau Kupenga, 2016) is a whakataukī (proverb) from the Indigenous people's of Aotearoa New Zealand, Māori. We hope this edition of the journal helps widen horizons and provides opportunities for your continuing professional development.

This edition also helps mark International Workers Memorial Day. To use another Māori whakatauī *Waiho kia tangi ahau ki taku tupapaku; kapa he uru ti e pihi ake – Let me weep for my deceased; they are not like the head of a cabbage tree that regrows*. The death of any person who dies at or because of work leaves Whānau – extended family, workmates and friends – to weep and diminishes the opportunities of others.

In this edition, Behm et al (2025) issue a call to stop using International Workers Memorial Day to celebrate some achievement. The day was established in Canada and is now marked internationally to remember the deaths of workers. Behm et al is reinforced by Bourne (2025) who uses WorkSafe NZ data to show that on average New Zealand kills by trauma one worker every week. Bourne also uses WorkSafe data to show a steady increase in injuries resulting in more than a week away from work 2014-2022.

Another 800-900 workers die every year due to occupational diseases (Driscoll et al., 2004). When did you last read section 23(1)(d) in the Health and Safety at Work Act? Or section 30(3) and schedule 2 in the Accident Compensation Act? The latter lists 41 occupational diseases that may be "old school" diseases, but some New Zealand workers still die or are incapacitated by them.

Engineered stone and asbestos

The first indications that asbestos could be harmful to health date from 1906, but action was delayed due to concerns about silicosis which was considered more important (Legge & Henry, 1934). The dangers of blue asbestos were finally demonstrated by Wagner et al (2005). As noted by Carter (2005), Wagner had left South Africa:

> *… because of the adverse effects that his findings were having on a major export industry. Better science did not prevent the politics of asbestos, aided by the traditions of British health and safety regulation, from missing yet more preventive opportunities.*
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> *… Lots of attention was given to a few thousand asbestos contractors* [in the UK] *but no one … foresaw the current pattern of mesotheliomas, with many of the most recent cases arising in workers in the building trades who had refurbished buildings insulated with blue asbestos in the past.*

Action was taken but "then only in the face of a chorus of 'we will be ruined' from the lips of many owners of business premises, where asbestos use was concentrated".

Importing asbestos into New Zealand was banned in 2016 but workers and “other persons” have continued to be exposed to asbestos, with 25 asbestos-related prosecutions in the last 20 years. Most of those prosecuted were either sole traders or small businesses. One prosecution was taken by the Police following fraudulent use of letterhead (WorkSafe NZ, 2025). How many breaches went unreported and how many people will die of asbestos-related conditions?

Engineered stone

Now we have accelerated silicosis, a “new” disease caused by engineered stone. This year the Ministry of Business, Innovation and Employment (MBIE) consulted on options for regulating exposures to dust from working engineered stone. We reproduce the joint submission to MBIE on the options from a joint working group of the New Zealand Institute of Safety Management and Construction Health and Safety NZ (Sissons & Harper-Slade, 2025) This represents the knowledge and considered opinions of members from both organisations.

A recent open-access article (Fazio et al., 2025) about silicosis from dust in the engineered stone industry reinforced the urgent need for regulations, screening and healthcare support to prevent harm to workers. Of course, engineered stone is not the only source of silica dust that can cause disease of course and, in another open access article, Kirkeskov et al (2016) reported on levels of dust that carpenters and demolition workers are exposed to in Denmark.

Barrowcliffe & Saunders (2024, 2025) investigated the use of control measures during licensed asbestos removal in the UK and found that most businesses complied with their license conditions. Some did not fully comply, even though they knew the researchers from the Health and Safety Executive (HSE) had arranged the visits. Does this tell us anything about compliance here if engineered stone was more strictly controlled but not banned?

In the UK lawyers recognise the potential for employers to be sued for silicosis suffered by their workers (Woods & Draper, 2025). In New Zealand we have the no-fault ACC scheme that covers the liability of employers. If the numbers of workers suffering the incurable disease accelerated silicosis are correct, ACC will face large claims in the future. Should we ban engineered stone now or compensate later?

Due diligence

In late 2024, the requirement for officers to exercise due diligence under section 44, Health and Safety at Work Act led to a landmark conviction in the Auckland District Court (*Maritime NZ v Anthony Michael Gibson*, 2024). Barton (2025) describes how the decision affects officers while Lill (2025) analyses some of the legal issues.

Earthquakes, safety in design, and noise-induced hearing loss

The terrible earthquake in Myanmar in March 2025 acts as a reminder of our vulnerabilities in New Zealand. Kitila et al (2025) used the Haddon (1973) matrix innovatively to show how better to control some of the consequences of earthquakes; health and safety practitioners are usefully reminded of this alternative to the hierarchy of control. The authors also mention the New Zealand standard NZS4104 (1994) on seismic restraint of contents. The standard is out of date but remains highly relevant; New Zealand government agencies should fund its revision as a matter of urgency (Fitzgerald, 2012).

Knobel (2025) provides a detailed analysis of legislation and standards in relation to construction contracts and safety in design – effective prevention rather than remediation.

Occupational noise-induced hearing loss (ONIHL) has been a recognised disease since Ramazzini (1700) and Thackrah (1957, originally 1832). How much have we advanced in preventing this harm? Clarke et al (2025) provide us with a systematic review of evidence-based strategies for prevention of ONIHL. From an academic perspective, a systematic

review means the authors carried out a rigorous search for reliable, peer-reviewed research, rejecting articles that did not meet the search criteria.

Recent research from the Health and Safety Executive

Students and colleagues at Victoria University of Wellington know that I often advocate for the use of reliable grey literature such as research reports published by the British HSE. The outcome of some of their work was published in a previous edition of this journal (Keen et al., 2024) and three recent HSE reports are noted here.

Much research has been published about the long-term effects of COVID-19. Stockwell et al (2024) provide some evidence of its effects on musculoskeletal disorders (one of the largest causes of ACC claims in New Zealand).

In the early 1990s, the UK implemented Regulations on display screen equipment. Have the regulations reduced musculoskeletal disorders and eyesight problems? Okunribido (2024) updates the evidence base with potential implications for office-based work.

Wood dust has been known to cause disease for hundreds of years (Ramazzini, 1700; Thackrah, 1957, originally 1832). Woodworking businesses may be following good practice but applied research (Simpson et al., 2024) found:

> *These woodworking manufacturing sites that ostensibly were following good practice were still found to be deficient in some aspects of control in comparison to HSE guidance. Some exposures exceeded the workplace exposure limit. This research suggests that one option that could be considered would be for updated guidance to be made available.*

Future editions

The next edition will include abstracts from the New Zealand Occupational Hygiene Conference to be held in Auckland in June.

The third edition this year will include abstracts from the Human Factors and Ergonomics Society conference to be held in Christchurch.

It will also include articles marking 12 months since the Maritime New Zealand v Gibson District Court decision that has created much debate about due diligence. Research is in hand on how officers, managers, health and safety practitioners and consultants interact with section 44 and we hope to publish one or more articles on that work in the third edition. This may include the origins of the due diligence obligations such as this extract from the Robens report (1972):

> *“Promotion of safety and health at work is an essential function of good management. We are not talking here about legal responsibilities. The job of a director or senior manager is to manage. The boardroom has the influence, power, and resources to take initiatives and to set the pattern” (P14-15)*
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> *397. Generally speaking, there has been no shortage of scientific research into physical and medical aspects of occupational safety and health problems. More knowledge is needed, however, about the influence of human and organisational factors in accident causation, about the interaction of multiple causative factors in actual work situations, and about the effectiveness of preventive measures.*

A closing challenge

As the editor of this Journal, I challenge academic colleagues, WorkSafe, ACC, New Zealand Transport Agency and independent researchers to publish plans for workplace health and safety-related research in the Journal so we can identify gaps, overlaps and opportunities for collaboration.

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