

CANCER COUNCIL VICTORIA POSITION STATEMENT

OCCUPATIONAL AND ENVIRONMENTAL CANCERS

This statement discusses key issues, laws and policies in relation to occupational and environmental cancers in the Victorian context. For more information about occupational and environmental cancers in Australia, please visit wiki.cancer.org.au/prevention/Occupational_cancers

EXECUTIVE SUMMARY

Cancer Council Victoria's concern with occupational and environmental cancers is underpinned by the burden of preventable cancers in Victoria associated with exposure to certain chemicals and processes at workplaces or in the environment. Addressing the burden of harm associated with occupational and environmental cancers requires coordinated action at a national and state level.

This statement summarises Cancer Council Victoria's position in relation to occupational and environmental cancer in Victoria. It makes the following recommendations:

- A. Support the National Strategic Plan related to asbestos.
- B. Support legislative frameworks for workplace health and safety that emphasise safe use and harm prevention measures in relation to exposure to carcinogens.
- C. Support improvements to the *Accident Compensation Act 1985* framework in relation to occupational diseases by:
 - i. Updating the Proclaimed Diseases List to the most recent ILO list (revised in 2010); and
 - ii. Creating a systematic process for reviewing, monitoring and updating the List.
- D. Support legislative protection for at-risk occupations.
- E. Support research to improve the evidence base for:
 - 1. Exposure and causation;
 - 2. Review of carcinogenic agents;
 - 3. Burden of disease;
 - 4. Prevention methods;
 - 5. Compliance with legislation.

Background

Occupational cancers and environmental cancers (hereafter, 'occupational cancers') are those that can be causally linked to exposures in the workplace. Studies have shown that workers in certain industries are exposed to chemicals and other hazardous agents at higher concentration levels and exposure periods than other environments.¹

The International Agency for Research and Cancer (IARC) has compiled a list of carcinogens, occupational circumstances and their respective risk levels across a classification spectrum;² where exposures and agents are classified according to known carcinogens (Group 1), probable carcinogens (Group 2A) and possible carcinogens (Group 2B).³ IARC also has evaluated certain occupations and industrial activities where the risk of cancer is higher, although specific carcinogenic agents or exposures have not been determined.⁴

Established causal links include: a high incidence of mesothelioma cases related to asbestos exposure;⁵ cadmium and lung cancer;⁶ benzene exposure and leukaemia;⁷ diesel exposure and lung cancer;⁸ and ultraviolet radiation (UV).⁹ Industries more prone to carcinogenic exposure include: forestry and logging; furniture and fixture manufacturing; petroleum and coal products manufacturing; fire-fighting; fishing; wood and wood products manufacture; construction and mining;¹⁰ although in certain cases, identifying the carcinogenic agent may not be possible.

The exposure of outdoor workers to UV radiation is also an area of concern. In 2008, a survey found that 34 per cent of Australian workers were exposed to sunlight during working hours either directly or by reflection, the majority of whom are unlikely to be adequately protected against UV.¹¹ In Victoria, approximately 401 people die of skin cancer each year, and UV radiation levels reach 3 and above from September through to April each year. There have been a number of successful compensation claims for skin cancers as a result of occupational exposure, and sun exposure as an occupational hazard is an issue that requires monitoring, awareness raising and potentially legal and policy responses, including evidence-based UV protection practices as a workplace requirement in the *Occupational Health and Safety Act 2004*.

The burden of disease associated with occupational cancers

In 2014, an estimated 128,000 new cases of cancer will be diagnosed in Australia; by 2020, that number is expected to increase to 150,000.¹² In 2012, occupational exposures were estimated to account for between 2 and 5 per cent of all cancer cases in Australia,¹³ although this figure is not definitive. This is because there are limited substantive data on occupational cancers for Victoria, or for Australia. In particular, we lack:

- a continually revised list of carcinogens and cancers;
- data on the prevalence of exposure;
- a framework to systematically identify and classify new carcinogens, and the proportion of workers exposed to these carcinogens; and
- estimations of relative risk and prevalence of each type of cancer.

Evidence of the burden of disease from occupational cancers in comparable jurisdictions may provide a closer estimate of the prevalence of occupational cancers in Australia. A 2010 British study¹⁴ estimated approximately 5.3 per cent of cancer deaths and 4 per cent of new cancer cases in the United Kingdom were due to occupational carcinogens.

Fritschi and Driscoll¹⁵ used Finnish estimates of the proportion of cancers caused by occupations and applied them to Australian data. They suggested that 6.5 per cent of Australian cancer cases in 2005 could be attributed to workplace exposures.¹⁶ However, it was acknowledged that there were many uncertainties in the data used to reach this estimate and as such, the results should be interpreted cautiously.¹⁷ It remains that the estimation of occupational cancer in Australia needs local exposure data.¹⁸

There are also challenges associated with identifying occupational cancers, due in part to their lack of unique clinical or pathological attributes,¹⁹ which precludes reliable estimates on the burden of occupational cancer.²⁰

A 2014 study examined exposure to carcinogens among Australian workers, and found high prevalence of exposure, around 40% of the Australian workforce.²¹ While the study did not measure exposure levels, it found varying patterns of exposure across occupational and demographic groups, with exposure prevalence more common among male workers and workers from regional areas.²²

Controlling hazardous substances: Asbestos

Asbestos is an established hazardous and carcinogenic mineral fibre. Once asbestos fibres are airborne, inhalation of the fibres has strong causal links to asbestosis, and cancers such as mesothelioma and lung cancer.²³ Australia has one of the highest rates of mesothelioma in the world²⁴ owing to significant asbestos use (prior to 2003) and exposure in industries such as mining, manufacturing and construction and various types of trade-related work.²⁵

The importation, use and manufacture of asbestos in all forms, including products containing asbestos, were banned Australia-wide from 31 December 2003.²⁶

The Federal Environmental Protection Authority (EPA), WorkSafe Victoria and the Department of Health (Victoria), are all responsible for the removal, transportation and disposal of asbestos in Victoria. Although the ban is currently in effect and routinely enforced, inherent widespread risks remain in residential and commercial buildings containing asbestos and in infrastructure installed prior to 2003. Therefore, the priority for prevention efforts in this area is to ensure that the management or removal of asbestos in situ does not result in exposure to airborne asbestos fibres.²⁷

The regulatory framework for occupational cancers in Victoria

There is an amalgam of laws and policies operating at a state and federal level, which form the regulatory framework for the prevention and control of occupational cancers in Victoria.

a) Managing Occupational Health and Safety

The *Occupational Health and Safety Act 2004 (Vic)* is the primary Victorian instrument addressing occupational health and safety. The Victorian WorkCover Authority is the agency responsible for enforcing Victoria's occupational health and safety laws and for managing the workers' compensation scheme—including occupational cancer claims—in Victoria.²⁸

In accordance with the *Occupational Health and Safety Act*, there is a general duty of care placed on employers, which imposes a broad requirement to eliminate or reduce the risk of hazardous substances and carcinogens. Section 21(1) of the *Occupational Health and Safety Act* states that 'an employer must, so far as is reasonably practicable, provide and maintain for employees...a working environment that is safe and without risks to health.'²⁹

SafeWork Australia is a national policy body, with responsibility for developing national policy and strategies, implementing model work health and safety legislation (see below), undertaking research and reporting data.³⁰ Comcare is the agency responsible for workplace safety, rehabilitation and compensation (see below) of Commonwealth employees in the Australian jurisdiction.³¹

Model laws

In 2008, Australian governments committed to the development and adoption of Model Work Health and Safety laws and the model Work Health and Safety Act was endorsed in December 2009.³² The Commonwealth, Queensland, New South Wales, Northern Territory and ACT have all passed work health and safety laws based on the model laws.

For the model work health and safety laws to become legally binding they need to be enacted or passed by Parliament in each jurisdiction. Victoria has not adopted national model workplace health and safety laws, although the Victorian Government has stated publicly that they are committed to harmonisation.³³

b) Compensation

In Victoria, there is a statutory framework for determining occupational compensation claims (including for occupation related cancers) established by the *Accident Compensation Act 1985* (Vic) and the *Accident Compensation (WorkCover Insurance) Act 1993* (Vic).

The general statutory requirements for compensation relating to occupational diseases, including cancers, are in sections 86 and 87 of the *Accident Compensation Act 1985* (Vic), and the Proclaimed Diseases list (if utilising the presumptive provision), listed as a supplement to the *Accident Compensation Act 1985* in the *Government Gazette* (No. 92, 1985).

For Victorian workers seeking compensation for a disease due to employment, there is:

- 1) A general provision which states that the disease is compensable if the worker can show that the disease is due to 'the nature of employment',³⁴ and if the nature of employment gave rise to a 'significantly greater risk' of the worker contracting the disease.³⁵ The onus of proving this lies with the worker.
- 2) A presumptive provision³⁶ for workers who contract a disease on the Proclaimed Diseases list.³⁷ If a worker develops a disease from the list, it is 'deemed'³⁸ to be caused by employment without the need for further causative evidence. The employer bears the onus of rebutting the presumption that the employment caused the cancer.

Commonwealth employees may seek compensation for occupational diseases pursuant to the provisions of the *Safety, Rehabilitation and Compensation Act 1988* and the *Occupational Health and Safety Act 1991*.

Compensation for occupational exposure: fire-fighters

Several studies from a number of different countries³⁹ have indicated that fire-fighters are at an increased risk of developing certain types of cancer, owing to exposure to carcinogenic particles associated with fire-fighters; that is, the nature of their public service employment.⁴⁰

In 2011, the Commonwealth Parliament amended the presumptive provisions in the *Safety, Rehabilitation and Compensation Act 1988* (Cth) in relation to Commonwealth fire-fighters seeking compensation, shifting the burden of proving a connection between cancer and employment from the fire-fighter to the employer.⁴¹ A Commonwealth fire-fighter is no longer required to prove what caused their cancer, including when and how it happened; rather, if a firefighter develops one of the

cancers listed in section (8) of the *Safety, Rehabilitation and Compensation Act 1988* (Cth), and has been employed for a set period, or periods, of time, it is presumed that employment was the cause of the cancer.⁴² The onus lies on the employer (or insurer) to disprove the connection.

The Commonwealth legislation covers approximately 8 per cent of the Australian fire-fighting workforce;⁴³ and does not extend to state fire-fighters. Similar laws providing specific protections for fire-fighters have been introduced in South Australia, Tasmania and Western Australia.⁴⁴

Currently, if a Victorian fire-fighter (or any other Victorian employee) develops an occupational cancer, compensation may be awarded according to the general or rebuttable presumptive provisions discussed above. A bill to amend the Victorian *Accident Compensation Act* to include a presumptive provision for Victorian fire-fighters was introduced into the Victorian Parliament in 2011,⁴⁵ but it has been delayed pending determination of a constitutional issue.⁴⁶

The divide between fire-fighters and other employees raises questions around other causally linked industries and carcinogens, and why it is only fire-fighters that are protected by presumed occupational cancer provisions, and not other at-risk occupations. However it remains that Victorian firefighters are not afforded the same protection for similar work as exists in Commonwealth and other states' legislation. The precise list of arguments relied upon in arguing for legislative changes in other jurisdictions also apply to the rationale for legislative change Victoria,⁴⁷ and the existing inequity between fire-fighters in different jurisdictions should be addressed.

c) International instruments

A number of international legal instruments impose obligations on the Australian Government in relation to occupational diseases. Australia ratified the *Workmen's Compensation (Occupational Diseases) Convention (Revised) 1934 (No. 42)*.⁴⁸ In doing so, it committed that it would provide compensation to workmen or their dependents affected by occupational diseases, in accordance with the relevant national legislation.⁴⁹

Australia has ratified the Protocol of 2002 to the *Occupational Safety and Health Convention 1981 (No. 155)*,⁵⁰ which obliges parties to identify causes and prevent occupational accidents and diseases. Specifically, parties to the Protocol are required to establish and apply procedures for the notification of occupational accidents and diseases;⁵¹ produce annual statistics on accidents and diseases;⁵² and annually publish preventive measures taken to prevent occupational accidents and diseases.⁵³

In 2011 Australia ratified the *Asbestos Convention 1986 (No. 162)*,⁵⁴ requiring the Australian Government to adopt laws and regulations to protect workers against health hazards arising from occupational exposure to asbestos.⁵⁵

Evidentiary challenges

Although a good evidentiary link exists between exposure to some carcinogens in the workplace and certain cancers, the state of epidemiological evidence means that proving the causative effects of chemicals and agents is often difficult.

Regulation should be underpinned by good evidence of risk; thus to justify regulation to protect workers and others from exposure, a causative link must be established between occupational exposures and risk of cancer. However, the evidence base for occupational cancers is subject to change⁵⁶ as the lengthy nature of cancer studies and the complexities of causation affirm or disprove

a causal relationship between different cancer types and carcinogenic exposures over time.⁵⁷ This makes the adoption of responsive, evidence-based regulation difficult.

Challenges to causation can be summarised as follows:

- Exposure levels: Available research may be insufficient to determine the threshold for risky exposure levels (in terms of time, intensity and circumstances).⁵⁸
- Multiple and competing exposures: Risk-factors may be present in work and non-work environments,⁵⁹ and individuals are likely to move across several jobs in their life time, making it difficult to pinpoint the exact time and which exposure (if any) caused cancer. This is further complicated by often long latency periods, by the contribution of exposure to lifestyle and environmental causes of cancer (e.g. tobacco, UV and alcohol) and the inability to always control for other potentially culpable exposures.
- Latency periods: Different cancers have different latency periods; that is, periods between exposure to the carcinogenic agent and manifestation of the cancer, often resulting in significant gaps between exposure and diagnosis. This tends to inhibit legal fact-finding of what exact exposures (if any) caused cancers and at what time.⁶⁰
- Genetic predispositions: Cancers may be developed as a result of a known or unknown genetic predisposition, as opposed to workplace exposure.⁶¹
- Low awareness about occupational and environmental carcinogens among treating doctors: information about past exposure to carcinogens gathered by treating doctors at the time of diagnosis can contribute to the evidence base for establishing causation.

These difficulties in establishing causation are relevant to both statutory and common law causes of action; that is, for WorkCover claims under the relevant jurisdictional statutory framework; and in the courts under the common law, and principles of the tort of negligence.

Cancer Council Victoria's policy position

Occupational cancers should be, to a large degree, avoidable, provided that the risk of exposure is appropriately identified and adequately managed. As such, there is potential for reduction in both the incidence of and mortality from occupational cancer in Victoria.

Cancer Council Victoria supports measures that effectively prevent workplace or environmental exposure to substances likely to cause cancer, and to support people who have developed cancer which is related to workplace or environmental exposures.

Cancer Council Victoria makes the following recommendations to advance laws and policies in this State, and to improve the evidence base, in relation to occupational cancers:

Recommendations

Exposure prevention

- A. Support the National Strategic Plan for asbestos.
Although the relevant Victorian authorities have formed a targeted response to exposure, including information targeting home owners and the development of publications systematically providing material on asbestos exposure, Victoria remains the only State that has not signed up to the National Strategic Plan related to asbestos.⁶²
- B. Support legislative frameworks for workplace health and safety that effectively prevent exposure to carcinogens, and responsive enforcement of existing laws to ensure effective and increased compliance with legislated duties.

Occupational protection

- C. Update and improve the *Accident Compensation Act 1985* framework in relation to occupational cancers and other occupational diseases.

Cancer Council Victoria believes that a Victorian compensation scheme that is responsive to current need, has the ability to react to changes, and reflects a commitment to the available evidence is imperative. The Proclaimed Diseases list in the *Accident Compensation Act 1985* (Vic) has not been updated since 1958 and is based on an old International Labour Organisation (ILO) List of Occupational Diseases, which by contrast has been updated several times, most recently in 2010, and now contains 83 diseases (including cancers).

A systematically responsive list will provide equitable protection for all occupations at risk of occupational cancers and diseases. Therefore, Cancer Council Victoria recommends that the Victorian Government consider:

- i. Updating the Proclaimed Diseases List to the most recent ILO list (revised in 2010); and
 - ii. Creating a systematic process for reviewing, monitoring and updating the List. In doing so, it is suggested that a system modelled on the UK's Industrial Injuries Advisory Council (IIAC) may be adopted. IIAC consists of independent members in specialist fields of occupational medicine, toxicology, law and epidemiology; representing both employees and employers equally.⁶³ One of IIAC's core functions is to advise on the prescription of diseases, after reviewing the evidence base for occupational diseases.⁶⁴
- D. Support legislative protection for at risk occupations.

Cancer Council Victoria is supportive of an evidence-based compensation framework that expressly protects at-risk occupations where appropriate.

- Cancer Council Victoria supports equitable treatment for Victorian fire-fighters as compared with their Commonwealth, and state and territory counterparts.
- Consideration should be given to similarly relaxing the causation requirements for occupations that have comparable risk of disease, as a matter of equity and social justice.

Research and Education

Support research to improve the evidence base for:

1. Exposure and causation relating to occupational cancers;
2. Review of carcinogenic agents in the workplace;
3. Burden of disease due to occupational cancer;
4. Methods to prevent occupational cancers;
5. Compliance with relevant occupational health and safety legislation.

About this position statement

This position statement was developed by Cancer Council Victoria, with support from Professor Malcolm Sim, Monash University, Dr Geza Benke, Monash University, Renata Musolina, Victorian Trades Hall Council, and Cancer Council Australia's expert Occupational and Environmental Cancer Committee.

This position statement was last updated Tuesday 30 June 2014.

Contact: Sondra Davoren sondra.davoren@cancervic.org.au

References

- ¹ Cancer Council Australia, *National Cancer Prevention Policy: Occupational Cancers—Overview* (14 May 2013) http://wiki.cancer.org.au/prevention/Occupational_cancers/Overview; See also, Cancer Council Australia, *Occupational Carcinogens* (April 16 2013) <http://www.cancer.org.au/policy-and-advocacy/position-statements/occupational-carcinogens.html>
- ² International Agency for Research on Cancer 'A Review of Human Carcinogens: Chemical Agents and Related Occupations' (IARC monograph, volume 100F, 2012) <<http://monographs.iarc.fr/ENG/Monographs/vol100F/>>
- ³ International Agency for Research on Cancer 'Agents classified by the IARC monographs, volumes 1-109 (21 March 2014) <http://monographs.iarc.fr/ENG/Classification/index.php>
- ⁴ Ibid. See also, Peter Boyle and Bernard Levin (ed) 'World Cancer Report 2008' (2008) <<http://www.iarc.fr/en/publications/pdfs-online/wcr/2008/>>
- ⁵ Timo Kauppinen et al. 'Occupational exposure to carcinogens in the European Union' (2000) 57(1) *Occupational and Environmental Medicine* 10; Tim Driscoll et al. *The global burden of disease due to occupational carcinogens* (2005) 48(6) *American Journal of Industrial Medicine*:419
- ⁶ International Agency for Research on Cancer 'IARC monographs on the evaluation of carcinogenic risks to humans: Beryllium cadmium, mercury, and exposures in the glass manufacturing industry' (IARC monograph, volume 58, 1993).
- ⁷ International Agency for Research on Cancer 'IARC monographs on the evaluation of carcinogenic risks to humans: Some industrial chemicals and dyestuffs' (IARC monograph volume 29, 1982) <<http://monographs.iarc.fr/ENG/Monographs/vol29/volume29.pdf>>
- ⁸ Lamia Benbrahim-Tallaa et al 'Carcinogenicity of diesel-engine and gasoline-engine exhausts and some nitroarenes' (2012) 13(7) *Lancet oncology* 663
- ⁹ International Agency for Research on Cancer 'IARC monograph on the evaluation of carcinogenic risks to humans, solar and ultraviolet radiation' (IARC monograph, volume 55, 1992)
- ¹⁰ Cancer Council Australia, *National Cancer Prevention Policy: Occupational Cancers – The link between occupation and cancer* (14 May 2013) <http://wiki.cancer.org.au/prevention/Occupational_cancers/Link_between_occupation_and_cancer>; See also Tim Driscoll, 'The occupational cancer burden: Australia and beyond' (Presentation delivered at Cancer in the workplace forum, Thursday 3 May 2012, Carlton, Victoria)
- ¹¹ See Australian Radiation Protection and Nuclear Safety Agency 'Radiation Protection Standard: Occupational Exposure to Ultraviolet Radiation' Australian Government, Regulatory Impact Statement, (2006). Solar ultraviolet radiation is also associated with damage to the eye, which may lead to the development of squamous cell cancer of the conjunctiva. Exposure to ultraviolet radiation may also be man-made; a significant source of potential exposure is from arc welding equipment, which may harm people in the vicinity of the workplace where the equipment is being used. The levels of ultraviolet radiation emitted from arc welding equipment can be very high and potential for acute injury to the eye and the skin is great. See also Renee Carey et al. 'Occupational exposure to solar radiation in Australia: who is exposed and what protection do they use?' (2014) 38 (1) *Australian and New Zealand Journal of Public Health* 54.
- ¹² Cancer Council Australia *Facts and figures: Cancer in Australia* (4 March 2014) <<http://www.cancer.org.au/about-cancer/what-is-cancer/facts-and-figures.html>>
- ¹³ Australian Institute of Health and Welfare 'Cancer in Australia: An overview 2012' (AIHW Cat no. CAN 70, 2012) <<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542353>>
- ¹⁴ Lesley Rushton, Sally Hutchings, Terry Brown 'The burden of cancer at work: estimation as the first step to preventions' (2008) 65(12) *Occupational and Environmental Medicine* 789
- ¹⁵ Lin Fritschi and Tim Driscoll 'Cancer due to occupation in Australia' (2006) 30 (3) *Australia New Zealand Journal of Public Health* 213
- ¹⁶ Ibid.
- ¹⁷ Geza Benke and David Goddard 'Estimation of occupational cancer in Australia still needs local exposure data' (2007) 30(5) *Australian and New Zealand Journal of Public Health* 485
- ¹⁸ Ibid.
- ¹⁹ Lin Fritschi et al 'Controlling occupational cancers in Australia' (2012) 196(3) *Medical Journal of Australia* 162
- ²⁰ Ibid.
- ²¹ Renee Carey et al 'Estimate prevalence of exposure to occupational carcinogens in Australia (2011-2012)' (2014) 71 *Occupational and Environmental Medicine* 55
- ²² Ibid. 61
- ²³ Cancer Council Victoria *Mesothelioma* (30 September 2011) <http://www.cancervic.org.au/about-cancer/cancer_types/mesothelioma>
- ²⁴ Ibid.
- ²⁵ Ibid.
- ²⁶ Regulation 4C *Customs (Prohibited Imports) Regulations 1956*

-
- ²⁷ Safe Work Australia 'Asbestos-Related Disease Indicators (October 2012) 10
<http://www.safeworkaustralia.gov.au/sites/SWA/about/Publications/Documents/723/Asbestos-related-Disease-Indicators-2012.pdf>
- ²⁸ WorkSafe Victoria <<https://www.worksafe.vic.gov.au/>>
- ²⁹ *Occupational Health and Safety Act 2004*
- ³⁰ Safe Work Australia <<http://www.safeworkaustralia.gov.au/sites/SWA>>
- ³¹ Comcare <<http://www.comcare.gov.au/>>
- ³² The Australian Industry Group 'Comparison of Provisions – Model WHS Laws and Victorian OHS Laws' (December 2011)
<http://pdf.aigroup.asn.au/ohs/WHS_lawsvsVictorianlegislation_shortversion.pdf>
- ³³ Work Safe Victoria 'National harmonisation of work health and safety laws' (21 March 2014) <
<https://www.worksafe.vic.gov.au/laws-and-regulations/occupational-health-and-safety/national-work-health-and-safety-reform>>
- ³⁴ Section 86 *Accident Compensation Act 1985 (Vic)*
- ³⁵ Section 86(1A) *Accident Compensation Act 1985 (Vic)*
- ³⁶ Section 87 *Accident Compensation Act 1985 (Vic)*
- ³⁷ Victorian Government Gazette No. 92 (Friday, 30 August 1985)
<http://gazette.slv.vic.gov.au/images/1985/V/general/92.pdf>; Section 87 (1) *Accident Compensation Act 1985 (Vic)*
- ³⁸ Section 87 *Accident Compensation Act 1985*
- ³⁹ Paula Pyburne, *Safety, Rehabilitation and Compensation Amendment (Fair Protection for Firefighters) Bill 2011*, Bills Digest No. 83 of 2011-12, 23 November 2011, 3.
- ⁴⁰ Education, Employment and Workplace Relations Legislation Committee, Parliament of Australia, *Safety, Rehabilitation and Compensation Amendment (Fair Protection for Firefighters) Bill 2011* (2011) 2
- ⁴¹ Sections 7(8) and 7(9) *Safety, Rehabilitation and Compensation Act 1988 (Cth)*
- ⁴² Section 7(9) *Safety, Rehabilitation and Compensation Act 1988 (Cth)*
- ⁴³ Education, Employment and Workplace Relations Legislation Committee, above note 40, 4 SC Report 2011
- ⁴⁴ Section 31, *Workers Rehabilitation and Compensation Act 1986 (SA)*; Section 27 *Workers Rehabilitation and Compensation Act 1988 (Tas)*; Section 49C *Workers' Compensation and Injury Management Act 1981 (WA)*.
- ⁴⁵ *Accident Compensation Legislation (Fair Protection for Firefighters) Bill 2011*
- ⁴⁶ Victorian Legislation and Parliamentary Documents *Accident Compensation Legislation (Fair Protection for Firefighters) Bill 2011* 21 March 2011 < <http://www.parliament.vic.gov.au/static/www.legislation.vic.gov.au-bills-status.html>>
- ⁴⁷ Education, Employment and Workplace Relations Legislation Committee, above note 40.
- ⁴⁸ Convention concerning Workmen's Compensation for Occupational Diseases (Revised), 1934 (No. 42) (21 March 2014) <
http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312187>
- ⁴⁹ *Ibid.* Articles 1 and 2
- ⁵⁰ Occupational Safety and Health Convention, 1981 (No. 155) 21 March 2014 <
http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_ILO_CODE:C155>
- ⁵¹ *Ibid.*
- ⁵² *Ibid.*
- ⁵³ *Ibid.*
- ⁵⁴ Asbestos Convention, 1986 (No. 162) 21 March 2014 <
http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_ILO_CODE:C162>
- ⁵⁵ *Ibid.* Article 3
- ⁵⁶ Tim Driscoll, 'The occupational cancer burden: Australia and beyond' (Presentation delivered at Cancer in the workplace forum, Thursday 3 May 2012, Carlton Victoria)
- ⁵⁷ See for example, painters - International Agency for Research on Cancer. *IARC monographs on the evaluation of carcinogenic risks to humans, volume 47. Some organic solvents, resin monomers and related compounds, pigments and occupational exposures in paint manufacture and painting* (1989) <
<http://monographs.iarc.fr/ENG/Monographs/vol47/mono47.pdf>>
- ⁵⁸ See discussion in *Karam v Palmone Shoes Pty Ltd [2010] VSCA 253*
- ⁵⁹ See discussion in *Amaca Pty Ltd v Ellis [2010] HCA 5*
- ⁶⁰ *Karam* above note 58
- ⁶¹ See discussion in *Ergon Energy Corporation Limited v Rice-McDonald [2010] 1 Qd R 516*
- ⁶² Farrah Tomazin 'Victoria goes it alone on asbestos' *The Age* (online) 7 July 2013 <
<http://www.theage.com.au/victoria/victoria-goes-it-alone-on-asbestos-20130706-2pjOf.html>>
- ⁶³ The Industrial Injuries Advisory Council < <http://iiac.independent.gov.uk/>>
- ⁶⁴ Professor Tom Sorahan et al 'Occupational Cancer Risks in Commercial Painters' (Review prepared for the Industrial Injuries Advisory Council; Institute of Occupational and Environmental Medicine: 1 April 2010)