

# Accelerated Silicosis Assessment Pathway

Refer to Accelerated Silicosis Assessment Pathway Guidance for additional detail

Accelerated silicosis is an emerging occupational disease risk caused by exposure to significant concentrations of respirable crystalline silica from unsafe work with engineered stone. It is an aggressive form of silica-related disease that can develop over a short period of time (approximately 3-10 years<sup>1</sup>, although it can appear in less than a year). It is distinct from chronic silicosis, which is not uncommon, and rarely becomes progressive.

## A. Identify a potentially exposed person and encourage GP visit

A person<sup>2</sup> at risk of developing accelerated silicosis from more than six months of work with engineered stone in the last ten years should be encouraged to visit their GP for a health check. The person may initiate the visit or be encouraged by family, a workmate, their employer or a member of a profession or relevant organisation (e.g. a WorkSafe Inspector, occupational health nurse or union). It is helpful if the person brings any relevant health monitoring records from work to the appointment.

## B. GP or other medical practitioner visit and initial assessment

1. The person discusses health and/or exposure concerns with GP.
2. If the accelerated silicosis exposure threshold is met<sup>3</sup>, GP completes initial assessment with the person. If there are other health concerns, GP assesses as per usual process.
3. Obtain the person's consent to agreed actions. Consider any psychological support needs (e.g. workplace Employee Assistance Programme where available), complete initial assessment.
4. Lodge ACC claim if the accelerated silicosis exposure threshold and ACC eligibility criteria<sup>4</sup> are met.

## C. ACC initial assessment

FOLLOW-UP

1. Case is reviewed. Contact person to discuss their claim, explain the process and gain consent to proceed.
2. Obtain relevant work and non-work exposure history using a questionnaire.
3. Confirm accelerated silicosis exposure threshold and ACC eligibility criteria<sup>4</sup> are met.
4. Request GP to make a further appointment with person and provide authorisation for silica-exposure investigations or issue decline cover decision.

## D. GP or other medical practitioner visit and follow-up assessment (as needed)

1. Complete follow-up clinical assessment with the person (including spirometry). If other health concerns, GP assesses as per usual process.
2. Obtain the person's consent to agreed actions. Consider any psychological support needs (e.g. workplace Employee Assistance Programme where available).
3. Order silica-exposure investigations requested by ACC: chest x-ray, high resolution CT scan silicosis protocol (private radiology provider) and autoimmune screen bloods/urine (local community lab).

## E. ACC follow-up assessment

FOLLOW-UP

1. Case is reviewed. Contact is made with the person to discuss their claim and confirm they have had follow-up GP appointment and investigations.
2. Request and review medical records and investigation results from GP.
3. Determine need for any further information or follow-up e.g. lung function test (spirometry & DLCO<sup>5</sup>).
4. Contact person to discuss next steps and gain consent to proceed.
5. Issue cover decision and follow up with GP or refer for external clinical expertise as needed.

## F. Occupational medicine assessment

Required if there are abnormalities on clinical assessment or investigations that raise the possibility of accelerated silicosis and/or concern based on level of exposure to engineered stone.

1. Full history and examination of the person.
2. Person advised of results and preliminary diagnosis, clearance for return to work, how to mitigate exposure risk, next steps.
3. Provide assessment report and recommendations to ACC.

## G. ACC follow-up assessment

FOLLOW-UP

1. Case is reviewed. Contact is made with the person to discuss next steps and gain consent to proceed.
2. Issue cover decision and follow-up with GP or refer for accelerated silicosis multidisciplinary meeting (MDM) expert clinical review as discussed with the person.

## H. Accelerated silicosis multidisciplinary meeting<sup>6</sup> discussion (as needed)

1. Expert clinical review of ACC-referred cases at accelerated silicosis MDM.
2. Confirm diagnosis.
3. Provide report and recommendations to ACC.

## I. ACC final assessment

FOLLOW-UP

1. Case is reviewed. Contact is made with the person to discuss next steps and gain consent.
2. Issue cover decision and follow-up with GP as discussed with the person.

## FOLLOW-UP

Follow-up will take place at different points on the pathway for each person, usually when an ACC cover decision is made on a person's work related accelerated silicosis claim.

If a person is eligible to receive public health care in New Zealand, but their exposure has occurred overseas and/or they are not covered by ACC, their GP will consider a referral to a respiratory physician for further assessment.

### Non-ACC health issues/ACC claim declined

- ACC provides reports to GP (with the person's consent).
- GP manages patient follow-up of any non-ACC health issues.
- The person is advised to talk to employer, union or see WorkSafe website about any workplace concerns.
- The person is advised to contact GP about any further health concerns.

### Possible/probable silicosis

- ACC provides reports to GP (with the person's consent) and authorises payment for recommended follow-up investigations on a case-by-case basis.
- ACC discusses a return to work plan with the person, GP and employer (with the person's consent) based on recommendations from Occupational Medicine Physician and accelerated silicosis MDM as required.
- GP manages the person's follow-up as needed (ACC-funded referral or publicly funded health system).

### Accepted ACC claim

- ACC follows up with the person, GP and employer (with the person's consent).
- ACC discusses a return to work or alternative work plan with the person, GP and employer based on recommendations from Occupational Medicine Physician and an accelerated silicosis MDM as required.
- Treatment and support plan referrals made based on individual needs with the person's consent.
- Usual medical certification process of fitness for work/modified work duties.

### Feedback to WorkSafe New Zealand

Medical Officers of Health are required to notify WorkSafe of any injuries caused by a hazardous substance arising from work. This would apply to injuries caused by respirable crystalline silica, which meets the definition of a hazardous substance. (Note this substance is only hazardous if it's respirable.)

1. [www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/accelerated-silicosis/overview](http://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/accelerated-silicosis/overview)
2. Person includes worker, patient and client depending on the pathway stage and terminology.
3. The accelerated silicosis exposure threshold is more than six months working with engineered stone in the last 10 years.
4. The ACC eligibility criteria are that some of the exposure occurred in a New Zealand workplace and the accelerated silicosis threshold is met.
5. DLCO are pulmonary function tests with diffusing capacity of the lung for carbon monoxide.
6. Accelerated silicosis multidisciplinary meeting that involves respiratory physicians, rheumatologists, chest radiologists, and occupational medicine practitioners.