

# Accelerated Silicosis Assessment Pathway Guidance

## Purpose

The purpose of this guidance is to provide health professionals and others involved in the WorkSafe and ACC processes information about each stage of the Accelerated Silicosis Assessment Pathway to support the delivery of consistent prevention, assessment and treatment in New Zealand.

This pathway outlines a process for people potentially exposed to high concentrations of respirable crystalline silica in a New Zealand workplace to obtain a health check to assess for a possible diagnosis of accelerated silicosis. The health check is initiated by a worker visiting a medical practitioner (typically a GP). If an ACC claim is accepted, it is managed through the ACC work-related cover unit. 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.

Information on the risks of working with engineered stone, the effects of exposure to respirable crystalline silica and the process to obtain a health check is available on these websites:

- Ministry of Health: <https://www.health.govt.nz/silicosis>
- WorkSafe New Zealand: [www.worksafe.govt.nz/dust](http://www.worksafe.govt.nz/dust)
- ACC: [www.acc.co.nz/silicosis](http://www.acc.co.nz/silicosis)

The guidance and the pathway will continue to evolve as more information becomes available. Each step of the pathway is described below. It should be read in conjunction with the **Accelerated Silicosis Assessment Pathway** in Appendix One and the **Silica Exposure HealthPathway** for general practice teams (registered users can access the new pathway on the [Canterbury Community HealthPathways](#) site).

## Accelerated silicosis

Accelerated silicosis is an emerging occupational disease caused by exposure to significant concentrations of respirable crystalline silica from unsafe work with engineered stone benchtops. 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>, however it can manifest in less than one year). It is distinct from chronic silicosis, which is not uncommon, and rarely becomes progressive.

## Those most at risk

People who work with engineered (i.e. artificial) stone are at risk of exposure to respirable crystalline silica, which is created when materials containing silica are cut, ground, drilled, sanded, polished or which releases respirable crystalline silica into the air.

Crystalline silica is a natural substance found in concrete, bricks, rocks, sand, clay, and stone (including artificial or engineered stone composite benchtops used in kitchens, bathrooms and laundries).

Respirable crystalline silica particles are extremely small (“respirable”); they can’t always be seen with the naked eye. Exposure to respirable crystalline silica dust, from any source, can harm human health.

As of June 2020, an estimated 530 people are currently working with engineered stone in New Zealand.

## Coordinated approach

WorkSafe, ACC and the Ministry of Health are working together with the New Zealand Dust Diseases Taskforce on a nationally coordinated response to concerns about the emerging occupational disease risk of accelerated silicosis. This includes identifying those who may be at risk and ensuring the right guidance and services are in place to prevent harm and support exposed workers as needed.

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<sup>1</sup> <https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/accelerated-silicosis/overview>

An assessment pathway has been developed as part of this response. A HealthPathway has also been developed so general practice teams, including general practitioners and practice nurses, can access the information they need at the point of care. HealthPathways is a website that helps clinicians make the right decisions, together with patients, at the point of care. It serves as an everyday guide for clinicians, enabling them to manage a wide range of conditions.

While ACC has an existing pathway for chronic silicosis claims, a tailored pathway for work-related accelerated silicosis is required to ensure that asymptomatic people at risk of early disease are identified, assessed, and – where the ACC cover is confirmed – supported to access the services they need.

Development of the Accelerated Silicosis Assessment Pathway has been led by expert clinicians actively engaged in the diagnosis and clinical management of people at risk of the disease from unsafe work with engineered stone.

## Accelerated Silicosis Assessment Pathway

### 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.

#### Who is eligible for a health check?

- These health checks are for potentially exposed workers, such as people who work or have worked directly with engineered stone (e.g. cut, grind, sand or polish the stone). Their exposure to respirable crystalline silica means they may be at risk of developing accelerated silicosis or other serious lung diseases.
- In the first instance the programme will focus on identifying and testing those workers currently working with engineered stone. People who have worked with engineered stone previously in the last ten years, but no longer do, will also be able to obtain a health check.

#### Potentially exposed person encouraged to visit their GP

- This step is part of actively locating and informing workers potentially exposed to high concentrations of respirable crystalline silica so they can obtain a health check if they wish. This is sometimes referred to as the 'front door' for the health check.
- The health check is voluntary, and a worker may choose not to have a health check. However, potentially exposed workers are strongly encouraged to have that health check.

#### Accelerated silicosis exposure threshold

- Workers will be encouraged to see their GP if they have worked for more than six months with engineered stone benchmarks in the last ten years.

#### ACC eligibility criteria

- The ACC eligibility criteria is: At least some of the exposure must have occurred in a New Zealand workplace for an ACC work related claim to be lodged and investigated<sup>3</sup>.
- The ACC initial assessment will confirm if the exposure threshold and the ACC eligibility criteria have been met.

<sup>2</sup> Person includes worker, patient and client depending on the pathway stage and terminology.

<sup>3</sup> There may be some exceptions where people were exposed overseas while ordinarily resident in New Zealand (this may include working overseas for a New Zealand employer). ACC Act 2001, section 30, in particular section 30(4A).

## Workers whose exposure occurred outside New Zealand and/or are not covered by ACC

- 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.
- People who have worked with engineered stone in another country but have not worked with it in New Zealand are encouraged to initially contact the appropriate agency in the country they worked in to see if any support is available.

## Phasing of worker health assessments

- WorkSafe estimates there are approximately 530 people who currently work with engineered stone in New Zealand.
- WorkSafe inspectors will visit all businesses known to work with engineered stone. They will provide businesses, workers and health and safety representatives with health assessment information and will encourage workers to have a health check.
- Inspectors will also assess whether the business practices with engineered stone are protecting worker health and safety.
- WorkSafe will undertake a phased approach to visiting workplaces to manage the number of people accessing health assessments in a coordinated way.
- Health checks for workers will be prioritised at workplaces where WorkSafe inspectors issued enforcement notices requiring improved engineered stone work practices during their visit to these businesses in 2019.
- The next priority will be workers who currently work with engineered stone but where inspectors did not issue enforcement notices related to engineered stone work practices in 2019.

### **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, 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 the ACC eligibility criteria are met.

### **1. Discuss health and/or exposure concerns with GP**

- The person will book an appointment with their GP for a health check to carry out an initial assessment. ACC will pay a contribution towards the cost of the visit to the GP if a work-related claim is lodged.
- ACC will authorise and pay for the cost of diagnostic tests, assessments and specialist referrals required to investigate the claim to reach a cover decision (regardless of whether the claim is accepted or declined).
- The person may be charged a co-payment by the medical practitioner who lodges the claim.
- The person will be asked for their consent at key stages of the pathway.
- Health providers can contact the [ACC provider helpline](#) if they have concerns with declined payments so ACC can assist in resolving this.

### **Symptoms**

- Some people may have no symptoms in the early stages.
- Early symptoms include:
  - Shortness of breath on exertion

- Harsh, dry cough
- Increasing dyspnea as disease progresses.
- Advanced silicosis symptoms include:
  - Productive cough
  - Loss of appetite and weight loss
  - Trouble sleeping.
- Symptoms progress at variable rates between patients.

## 2. Determine if the accelerated silicosis exposure threshold is met

- Workers must have worked for more than six months with engineered stone in the last ten years.
- If all exposure occurred outside New Zealand the ACC eligibility criteria will not be met. In that situation an ACC claim should not be lodged, and the worker/patient will be advised to contact their previous overseas employer.

### **Complete an initial assessment**

- If there is evidence that the exposure threshold is met, the person's consent is gained to undertake an initial clinical examination and lodge an ACC claim.
- Refer to the [Silica Exposure HealthPathway](#) for details on the clinical assessment process to take place during the initial GP.
- In summary, an initial assessment should include questions about:
  - the exposure including: the type of exposure, where this occurred
  - timing, duration in any role:
    - fabrication, dry-cutting, and installation of engineered stone benchtops, which have a higher silica content than natural stone
    - construction-related work
    - mining-related work
    - sandblasting or abrasive blasting
    - pottery and sculpture
    - cleaning.
- Review any workplace health monitoring records provided by the worker, e.g. spirometry and radiology, and upload a worker's health monitoring records onto their patient records.
- Usual GP processes will be followed for any other health-related concern that is not related to accelerated silicosis.

## 3. Consider any psychological support needs

- The GP will provide advice to the person and check if they feel supported to work safely.
- If not, the GP will advise the person to contact their workplace Employee Assistance Programmes (EAP) where available.
- Further information about silica dust in the workplace is available from WorkSafe guidance provided in multiple languages <https://worksafe.govt.nz/topic-and-industry/dust/silica-dust-in-the-workplace/>

## 4. Lodge ACC claim if the exposure threshold and ACC eligibility criteria is met

- The GP lodges an ACC claim (ACC 45)
  - Read code: silica pneumoconiosis NOS (H42z.)
  - SNOMED code: 805002 | Pneumoconiosis caused by silica (disorder)
  - Type of Claim: Work related
  - Description: include details of how the exposure threshold is met.

### C. ACC initial assessment

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 the ACC eligibility criteria are met.
4. Request GP to make a further appointment with person and provide authorisation for silica-exposure investigations or issue decline cover decision.

### ACC assessment processes

- At all stages of the assessment process, an ACC Occupational Physician is involved to support decision-making and next steps. The most up-to-date clinical information is reviewed by ACC.
- Throughout the assessment process the ACC will work with the person to gain consent and remove any barriers (where possible) to access the appropriate assessment and investigations, including appointment reminders.
- Initial silica investigation referrals should be made by the GP when they are requested by the ACC. ACC will make all subsequent referrals (second GP appointment, DLCO pulmonary function tests<sup>4</sup>, Occupational Medicine Assessment, and accelerated silicosis multidisciplinary meeting) and provide relevant clinical information with the referral.
- **If the exposure threshold or the ACC eligibility criteria are not met** the ACC: contacts the person to discuss the outcome, gains consent for recommended actions, and provides information to their GP on any recommended follow up.
- **If more information is required to investigate the claim**, the ACC contacts the person to discuss the outcome, gains consent for recommended actions, makes required referrals and provides information to their GP on any recommended follow-up.
- **If a cover decision is made (yes or no)**, the ACC contacts the person to discuss the outcome, issues a cover decision, gains consent for recommended actions, makes required referrals, and provides information to their GP on any recommended follow up.

### 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 EAP 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).

#### 1. Complete follow-up clinical assessment

- Refer to the [Silica Exposure HealthPathway](#) for details on the clinical assessment process to take place during the second GP visit, which would be booked for 30 minutes.
- In summary, a clinical examination for accelerated silicosis will include the person's clinical history and the following interventions:
  - Complete spirometry
  - Order investigations
    - autoimmune screen bloods and urine through local community laboratory
    - chest x-ray through private radiology provider
    - high-resolution CT scan (ACC will provide authorisation for this scan).
  - The following information needs to accompany the CT scan request

<sup>4</sup> DLCO Pulmonary function tests with diffusing capacity of the lung for carbon monoxide

- Years in industry, proportion of poorly controlled work
  - Smoker, pack history
  - Other exposures that may cause respiratory disease
  - History and family history of respiratory disease
  - Symptoms
  - Other investigations.
- Follow up to provide clinical history, examination and interventions, reviews test results.
  - Submit the medical notes and investigation results to ACC when ACC sends a request to the GP practice for medical information.

## 2. Obtain the person's consent to agreed actions and consider psychological support needs

- Consider any psychological support needs (e.g. workplace EAP where available or psychological/counselling support via primary care).

## 3. Order silica-exposure investigations requested by ACC

- As outlined above, this could include high-resolution CT scan silicosis protocol (private radiology provider) and autoimmune screen bloods/urine (local community lab).

### E. ACC follow-up assessment

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).
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.

*Refer to the section on page 5 that outlines the ACC assessment process for further details.*

### 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.

## 1. Full history and examination of the person

- 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, an Occupational Medicine Physician undertakes a full history and examination of the person.
- The Occupational Medicine Physician:
  - gains consent for assessment
  - completes assessment
  - responds to any specific questions included in the referral
  - provides advice on diagnosis and recommendations
  - provides advice and education to person.

## 2. Person advised of results and preliminary diagnosis

- The Occupational Medicine Physician discusses with the person the assessment and investigation results, preliminary diagnosis and recommendations around returning to work, and how to mitigate exposure risk.

## 3. Provide assessment report and recommendations to ACC

- The Occupational Medicine Physician submits an assessment report and recommendations to ACC.

### G. ACC follow-up assessment

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.

*Refer to the section on page 5 that outlines the ACC assessment process for further details.*

### H. Accelerated silicosis multidisciplinary meeting 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.

## 1. Expert clinical review of ACC-referred cases at accelerated silicosis MDM

- An accelerated silicosis multidisciplinary meeting (MDM) is held to provide a recommendation on diagnosis for ACC claims lodged for accelerated silicosis. The MDM includes respiratory physicians, rheumatologists, chest radiologists, and Occupational Medicine Physicians.
- The key contact for the accelerated silicosis MDM is Auckland DHB who hosts the national interstitial lung disease (ILD) MDM.

## 2. Confirm diagnosis

- The accelerated silicosis MDM members consider the clinical information for each case to provide a recommendation on diagnosis.

## 3. Provide report and recommendations to ACC

- The MDM provides a report to ACC with recommendations related to diagnosis and/or recommendations for further investigations where necessary.

### I. ACC final assessment

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.

*Refer to the section on page 5 that outlines the ACC assessment process for further details.*

## Notify Medical Officer of Health about a hazardous substance

- Accelerated silicosis is not a notifiable condition under the Health Act 1956<sup>5</sup>.
- However, respirable crystalline silica meets the definition of a 'hazardous substance'<sup>6</sup>. Therefore, section 199 of the Health and Safety at Work Act 2015, which requires a Medical Officer of Health to notify WorkSafe of any injuries caused by a hazardous substance arising from work, would apply to injuries caused by crystalline silica as a fine respirable dust.
- Under section 143 of Hazardous Substances and New Organisms Act 1996 notification of hazardous substances injuries must be made to the Medical Officer of Health as notified by:
  - the person in charge of a hospital, if the injured person is admitted to hospital and found to be suffering from any injury caused by a hazardous substance, or
  - another medical practitioner, if the injured person is not admitted to hospital, and is found to be suffering from an injury caused by a hazardous substance.

## Plan and 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.

### *Plan and follow-up for those with 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).

### *Plan and follow-up for those with an 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.

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<sup>5</sup> Section 74 'Health practitioners to give notice of cases of notifiable disease', Health Act 1956 : <http://www.legislation.govt.nz/act/public/1956/0065/latest/DLM307220.html>

<sup>6</sup> Note this substance is only hazardous if it is a fine respirable dust; <https://www.epa.govt.nz/database-search/approved-hazardous-substances-with-controls/view/14719> )

### ***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).

### **More information and resources**

**Ministry of Health:** <https://www.health.govt.nz/silicosis>

**ACC:** [www.acc.co.nz/silicosis](http://www.acc.co.nz/silicosis)

**WorkSafe New Zealand:** [www.worksafe.govt.nz/dust](http://www.worksafe.govt.nz/dust)  
[8 key things for workers to know: Controlling silica dust in the workplace](#)  
[Silica dust in the workplace](#)  
[Information for workers](#)

## 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](https://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.