How to submit this form

Submission form: Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

The Ministry of Business, Innovation and Employment (MBIE) would like your suggested additions to Schedule 2, the list of occupational diseases in the Accident Compensation Act (2001). Please provide your feedback by **5pm, on 17 May 2023.**

When completing this submission form, please provide specific occupational disease names, their relevant exposure, and any data that may aid your submission. Your feedback will help inform decisions about the list of diseases that MBIE will provide to independent researchers and medical experts for their analysis.

We appreciate your time and effort taken to respond to this consultation.

Instructions

To make a submission you will need to:

1. Fill out your name, email address, phone number and organisation.
2. Fill out your responses to the discussion document questions. You can answer any or all of these questions in the **discussion document**. Where possible, please provide us with evidence to support your views. Examples can include references to independent research or facts and figures.
3. If your submission has any confidential information:
    i. Please state this in the email accompanying your submission, and set out clearly which parts you consider should be withheld and the grounds under the Official Information Act 1982 (Official Information Act) that you believe apply. MBIE will take such objections into account and will consult with submitters when responding to requests under the Official Information Act.
    ii. Indicate this on the front of your submission (e.g. the first page header may state “In Confidence”). Any confidential information should be clearly marked within the text of your submission (preferably as Microsoft Word comments).
    iii. Note that submissions are subject to the Official Information Act and may, therefore, be released in part or full. The Privacy Act 1993 also applies.

How to submit this form

4. Submit your feedback:

i. As a Microsoft Word document by email to **ACregs@mbie.govt.nz** with subject line: *Consultation: Suggested additions to Schedule 2*

ii. By mailing your submission to:

The Manager, Accident Compensation Policy
Ministry of Business, Innovation and Employment
PO Box 1473

Wellington 6140
New Zealand

Submitter information

MBIE would appreciate if you would provide some information about yourself. If you choose to provide information in the section below it will be used to help MBIE understand the impact of our proposals on different occupational groups. Any information you provide will be stored securely.

Your name, email address, phone number and organisation

Name:	Privacy of natural persons
Email address:	Privacy of natural persons
Phone number:	Privacy of natural persons
Organisation:	United Fire Brigades' Association

☐ The Privacy Act 1993 applies to submissions. Please tick the box if you do **not** wish your name or other personal information to be included in any information about submissions that MBIE may publish.

☐ MBIE may upload submissions or a summary of submissions received to MBIE's website at **www.mbie.govt.nz**. If you do **not** want your submission or a summary of your submission to be placed on our website, please tick the box and type an explanation below:

I do not want my submission placed on MBIE's website because… [insert reasoning here]

Please check if your submission contains confidential information

☐ I would like my submission (or identifiable parts of my submission) to be kept confidential, and **have stated** my reasons and ground under section 9 of the Official Information Act that I believe apply, for consideration by MBIE.

Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

1. Do you think there is relevant evidence to support including new occupational diseases to Schedule 2 at this time?

   ☒ Yes ☐ No ☐ Not Sure

2. If yes to Question 1, what occupational diseases should be added to Schedule 2?

   1. Diseases of a type generally accepted by the medical profession as caused by fluorine and its compounds
   2. Diseases of a type generally accepted by the medical profession as caused by asphyxiants like carbon monoxide, hydrogen sulphide, hydrogen cyanide or its derivatives
   3. Diseases of a type generally accepted by the medical profession as caused by oxides of nitrogen
   4. Diseases of a type generally accepted by the medical profession as caused by mineral acids
   5. Diseases of a type generally accepted by the medical profession as caused by pharmaceutical agents including clandestine lab drugs and precursor chemicals
   6. Diseases of a type generally accepted by the medical profession as caused by corneal irritants and including all EPA-assessed Class 6.4A substances
   7. Diseases of a type generally accepted by the medical profession as caused by ammonia
   8. Diseases of a type generally accepted by the medical profession as caused by pesticides and including agrichemical and other toxicants generally including Classes 6.1A-E, 6.5A&B, 6.7A&B, 6.8A-C & 6.9A&B including narcotic effect and 2.1.7 sensitising agent asthma Class 6.5A.
   9. Diseases of a type generally accepted by the medical profession as caused by sulphur oxides
   10. Diseases of a type generally accepted by the medical profession as caused by chlorine
   11. Diseases of a type generally accepted by the medical profession as caused by extreme temperatures
   12. Hepatitis associated with fire and rescue activities including medical first response activities
   13. Covid-19 including Long Covid noted as an additional disease post-ILO 2010
   14. Musculoskeletal disorders common to firefighting including but not limited to shoulder, hip, back, and knee conditions
   15. Prostate Cancer associated with firefighting as supported by international research
   16. Myeloid leukaemia associated with firefighting as supported by international research
   17. Oesophagus cancer associated with firefighting as supported by international research
   18. Kidney and bladder cancer associated with firefighting as supported by international research
   19. Ischaemic heart disease associated with firefighting as supported by international research
   20. Stroke SMR associated with firefighting as supported by international research
   21. Other interstitial pulmonary diseases associated with firefighting as supported by international research
   22. Mesothelioma associated with firefighting as supported by international research
   23. Cancers of the bladder associated with firefighting as supported by international research
   24. Colon Cancer associated with firefighting as supported by international research
   25. Testicular Cancer associated with firefighting as supported by international research
   26. Non-Hodgkin lymphoma associated with firefighting as supported by international research

27. Kidney cancer with increased incidence, is also related to the number of incidents attended
28. Colorectal cancer significantly increased incidence from attendance at structure fires
29. Female reproductive cancers associated with firefighting as supported by international research
30. Thyroid cancer associated with firefighting as supported by international research
31. Diseases associated with exposure to 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)
32. Diseases associated with PFAS Firefighting foams; historical use of and current use as Legacy foams subject to the EPA Fire Fighting Chemicals Group Standard 2021 HSR002573
33. Lung cancer or mesothelioma diagnosed as being caused by asbestos
34. Diseases of the type associated with exposure to aromatic hydrocarbons including chronic solvent-induced encephalopathy
35. Naso-pharyngeal carcinoma diagnosed as caused by formaldehyde
36. Laryngeal carcinoma and peripheral neuropathy diagnosed as caused by sulphuric acid mist or organic solvents respectively and/or in combination.
37. Bladder cancer caused by exposure to amines and other named chemical exposure causes
38. Occupational asthma and contact dermatitis from exposure to sensitising agents

2. For each occupational disease suggested in response to Question 2, what should be listed as the corresponding:

    a. agents, dusts, compounds, substances, radiation or things, and

    b. if appropriate, the relevant level or extent of exposure to these; or

    c. occupations, industries, or procresses?

3. Do you think there is relevant evidence to support including additional exposures for occupational diseases currently included in Schedule 2?

Yes

4. If yes to Question 4, for each relevant current occupational disease, what should be listed as the corresponding additional:

    a. agents, dusts, compounds, substances, radiation or things, and

    b. if appropriate, the relevant level or extent of exposure to these; or

    c. occupations, industries, or processes?

Detailed evidence can be found through:

- The International Agency for Research on Cancer (a World Health Organisation Research Body) https://doi.org/10.1016/S1470-2045(22)00390-4
- The International Labour Organisation https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_125137.pdf
- The Veterans Support Act 2014 https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html
- The New Zealand Carcinogen Survey 2021 by Work Safe Mahi Haumaru Aotearoa

https://www.worksafe.govt.nz/research/new-zealand-carcinogens-survey-2021/

- The Scottish Firefighter Occupational Cancer and Disease Mortality Rates Study - https://doi.org/10.1093/occmed/kqac138
- The Monash University Centre of Occupational and Environmental Health Report Australia https://www.monash.edu/medicine/sphpm/coeh/research/australian-firefighters-health-study

If you have suggested including a new occupational disease or diseases, and/or additional exposures, please provide links and/or references to supporting evidence.

Where relevant, please include information on how the disease or diseases affect different populations, including impacts on different genders.

Supporting information and evidence from William Butzbach, CEO of the United Fire Brigades' Association of NZ for Submission Form: *Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001*

INTRODUCTION

This submission is made by the United Fire Brigades' Association of New Zealand (UFBA). The UFBA welcomes the Government's intention to review the list of occupational diseases under the Accident Compensation Act 2001 and appreciates this opportunity to contribute.

ABOUT THE UFBA

The UFBA was established in 1878, long before New Zealand's first fire legislation was enacted and long before a national fire service existed. Its founding objectives were to advocate for the interests of fire brigades to their governing councils and fire boards. The UFBA membership is made up of 660 membership brigades, of which 567 are volunteer fire brigades across New Zealand and Oceania, 34 combined volunteer/permanent paid staff or composite brigades, 46 permanent paid brigades, 13 industrial brigades such as airport fire services and large industrial sites, and five New Zealand Defence fire forces across the Army and Airforce.

Today, the UFBA advocates for the interests of its member brigades and their individual members to Fire and Emergency New Zealand (FENZ), with a special focus on supporting volunteer brigades and enrolled members as set out in sections 36 and 37 of the Fire and Emergency New Zealand Act 2017.

Of the 13,300 active firefighters in Aotearoa New Zealand, 11,500 are volunteer firefighters. Accordingly, 86% of the frontline fire and emergency services workforce[1] is provided by community-based volunteers. They are

[1] Does not include employed support staff such as senior officers, volunteer support officers, training officers, community risk reduction personnel, and the like, who very likely have worked in frontline operational roles or may do so in the future.

engaged in the work of FENZ by way of a binding agreement of service or a constitution[2]. The FENZ Act also connects with individual volunteers in a direct relationship, recognising FENZ volunteers as "FENZ personnel". This clearly differentiates FENZ volunteers from others, as they are legally part of the machinery of government and are provided individually, with an "Authorisation" to perform or exercise the functions, duties, or powers under section 23 or 24 of the Act. FENZ volunteers are more akin to unpaid employees than volunteers.

An independent report provided by Esperance Capital Ltd in 2019 estimated that the value of the annual contribution volunteer firefighters makes to the NZ economy, if monetised, is $659.8m. The value in 2023 is more likely than not closer to $1b. The monetary value cannot be viewed in isolation from the considerable sacrifices made by their families and employers each year supporting volunteers to carry out their community duties.

Aotearoa New Zealand couldn't afford a fully functioning fire service without the volunteer firefighters.

VOLUNTEER FIREFIGHTER RECOGNITION

To ensure this contribution is sustainable in the long term, volunteer firefighters must be recognised as fulfilling a full-time role, but on an unpaid basis. Volunteer firefighters are motivated and rewarded by the service they provide to their communities and Aotearoa New Zealand. They should be provided with the same protections as employees for any injury suffered in the course of their emergency services work, including for gradual workplace process, disease, or infection.

In an emergency, FENZ, a Crown Agent, notifies volunteers by way of a local emergency siren, text, or pager to respond. Volunteers respond and accept the call to assist. Effectively, the parties have entered a contract for services and FENZ are the PCBU. In this circumstance, volunteers are for all intents and purposes, engaged to carry out the work of FENZ as if they were employees, but on a voluntary basis without pay. In short, unpaid employees (FENZ Volunteers), are bound by a binding agreement to respond.

No other volunteer organisation in Aotearoa New Zealand is subject to these requirements and as such should be covered under New Zealand's ACC Legislation, FENZ volunteer personnel are employees, but unpaid employees in the circumstances referred to above.

Accordingly, we submit that volunteer firefighters should be recognised as an affected occupational group within the ACC legislation.

CONTEMPORARY COMMUNITY RISK IN AOTEAROA NEW ZEALAND

The role of Fire and Emergency services personnel has changed considerably over the years. Notably, a significant component of the firefighter's work relates to attending critical medical emergencies because our ambulance/paramedic services are unable to cope with increasing demand. This demand will continue to increase with a forecast ageing population. For some brigades, this work forms more than 40% of the response activity they encounter. Firefighters are more likely than not to be the first responders to serious medical emergencies. A role they are not funded to undertake. A role they must undertake additional training to be capable. A role that was imposed on them without consultation. A role that is challenging and a source of significant psychological stress to all firefighters. We do note that mental illness is not within the scope of this review but take this opportunity to publicly record the issue. Psychological injury is widespread within FENZ.

While fires in structures have been trending down over the past twenty to thirty years, the materials used in modern buildings emit more extremely toxic effluents when ignited. Vehicle fires resulting from arson remain commonplace and vegetation/tall timber fires are increasing in frequency and severity due to a combination of inadequate fuel management, increased fuel loads, and unsettled climatic conditions. Emerging fire risks include from increasing numbers of battery-powered vehicles on NZ roads. Also of concern is the ongoing introduction

[2] Former Voluntary Rural Fire Forces engaged by Territorial Local Authorities, now FENZ Personnel.

of alternative vehicle fuels in heavy vehicles such as Hydrogen. The potential risk relates to the platinum catalyst and the use of exotic metals and the unknown effects of these elements in a fire scenario.

The UFBA has witnessed significant change within the fire and emergency sector over the past 144 years. New Zealand's firefighters have continually evolved to meet a range of human-made and naturally occurring hazards. In relation to the increasing frequency of emergencies arising from weather and seismic-related events, firefighters are the only "Civil Defence" first responders in NZ. Our communities rely on this support. New Zealand cannot afford an alternative. Against this backdrop, FENZ personnel are more than firefighters alone. They are New Zealand's only broad-based emergency service first responders.

ACC COVERAGE

The ACC legislation for workplace illness and injury was likely written with paid employees in mind. All New Zealand citizens and residents are protected for work-related injuries. In relation to work-related gradual process, disease or infection, only employees have entitlements, volunteers are not protected and do not have entitlements within this context.

We understand that under the current ACC Act 2001, volunteering within a fire brigade is considered to be a leisure activity. We submit that volunteer firefighting is a unique occupation in Aotearoa New Zealand where members of the community are relied upon to support New Zealand Communities in their greatest time of need. They are engaged by a Crown Agent to carry out its statutory functions as if they were employees. This is a unique situation. The fact that the Fire and Emergency Act 2017 refers to FENZ's obligations under clause 118 of Crown Entities Act 2014 to in all practical ways, treat volunteers as if they were employees in relation to its "good employer obligations", especially as that relates to its equal employment opportunities obligations, is strong evidence of government's underpinning policy in relation to volunteer firefighters.

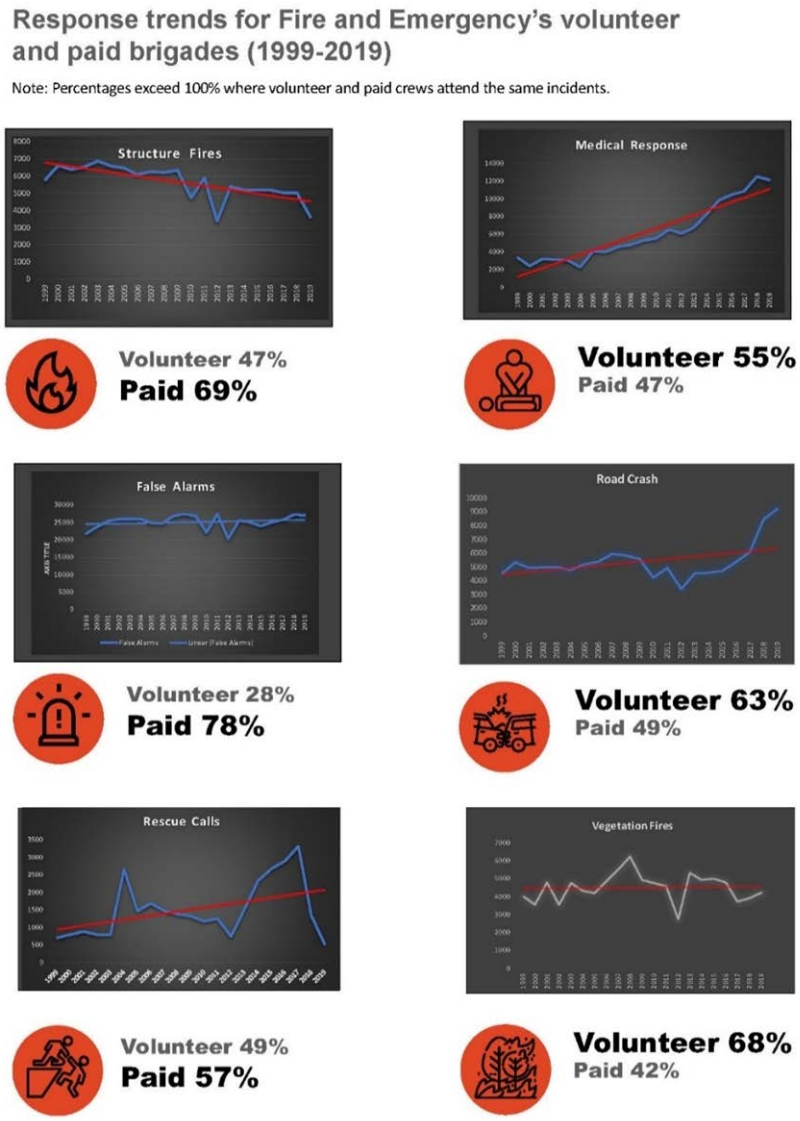
And in the case of injury such as psychological injury suffered in the course of an employee's duties, employees are required to prove a specific event resulted in psychological injury, despite a solid base of research that proves beyond a doubt that psychological injury is cumulative and not necessarily related to a single event or exposure.

The use of volunteers in fire brigades is common throughout the world however the way that volunteer firefighters are used in Aotearoa New Zealand is unique. Aotearoa New Zealand has a very small population, less than most major international cities. And yet the population is spread across a landmass the same size as the UK. Given the relative size and distribution of our communities, the use of paid firefighters is only viable where volunteers are unable to manage the workload within a community. Volunteers are used exclusively in remote rural, semi-rural, and provincial towns. They can be found in significant numbers throughout large provincial centres and our major metropolitan centres. Across greater Auckland for example, 50% of the fire brigades are staffed by volunteers.

Many volunteers are exposed to fire and emergency-related hazards at a similar rate to their paid counterparts. UFBA recognises that the contribution of volunteer firefighters is significant, and they should be a recognised occupational group in relation to ACC legislation.

Relevant statistics are included in this submission as Figure 1 evidencing the types of emergency incidents (and therefore potential exposures) for New Zealand's firefighters. Volunteers have similar exposures to their paid colleagues.

Figure 1:



Source: FENZ incident reporting statistics

RELEVANT EVIDENCE

A significant body of international research provides evidence that firefighters are exposed to a number of carcinogens (in the forms of a mixture of particulates, toxic gases and fumes) in many ways: carcinogens arising from combustion, incidental to structural firefighting or arising from daily work at brigade stations (e.g. diesel exhaust). Several studies have shown an increased risk of the following cancers in permanent firefighters: testicular cancer, prostate cancer, non-Hodgkin lymphoma and multiple myeloma. Other studies have reported that permanent paid firefighting may be associated with the following cancers: digestive system, testicular cancer, prostate cancer, mesothelioma, malignant melanoma, non-Hodgkin lymphoma and multiple myeloma (Glass et al 2017).

Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

INTERNATIONAL LABOUR ORGANISATION (ILO) RECOMMENDATIONS FOR ADDITION TO SCHEDULE 2

The International Labour Organisation (ILO) revised 2010 list refers to conditions recommended for inclusion in schedule 2. All are toxicants, diseases or conditions that Emergency Service personnel, especially firefighters, are exposed to.

Further support for inclusion is contained in the scientific literature references in the main body of the submission or in the referenced literature:

1.1.9 Diseases caused by flourine and its compounds

1.1.16 Diseases caused by asphyxiants like carbon monoxide, hydrogen sulphide, hydrogen cyanide or its derivatives

1.1.18 Diseases caused by oxides of nitrogen

1.1.22 Diseases caused by mineral acids

1.1.23 Diseases caused by pharmaceutical agents including clandestine lab drugs and precursor chemicals

1.1.33 Diseases caused by corneal irritants and including all EPA assessed Class 6.4A substances

1.1.34 Diseases caused by ammonia

1.1.36 Diseases caused by pesticides and including agrichemical and other toxicants generally including Classes 6.1A-E, 6.5A&B, 6.7A&B, 6.8A-C & 6.9A&B including narcotic effect and 2.1.7 sensitising agent asthma Class 6.5A.

1.137 Diseases caused by sulphur oxides

1.140 Diseases caused by chlorine

1.2.6 Diseases caused by extreme temperatures

1.3.2 Hepatitis

1.3.9 Covid-19 including Long Covid noted as an additional disease post ILO 2010

2.3.8 Musculoskeletal disorders common to firefighting including but not limited to shoulder, hip, back, and knee conditions

EXISTING SCHEDULE 2 OCCUPATIONAL DISEASES

Existing schedule 2 occupational diseases should where applicable be associated with firefighting as exposures identified and proven through international research to affect that occupational group.

Note that the New Zealand Carcinogens Survey 2021 Overview March 2023 - WorkSafe Mahi Haumaru Aotearoa identifies firefighting activities for the exposed occupational group at rates that are at variance with the international research into Firefighter diseases and conditions and which has resulted in Presumptive legislation in those jurisdictions. We ask that New Zealand Research is not relied upon at the exclusion of the considerable body of international research.

Existing Schedule 2 diseases and conditions that we submit should be associated with the occupation and volunteer engagement of firefighting, and by association other affected named groups include in general but should not be limited to:

- Lung cancer or mesothelioma diagnosed as being caused by asbestos
- Diseases of the type associated with exposure to aromatic hydrocarbons including chronic solvent-induced encephalopathy

- Naso-pharyngeal carcinoma diagnosed as caused by formaldehyde
- Laryngeal carcinoma and peripheral neuropathy diagnosed as caused by sulphuric acid mist or organic solvents respectively and/or in combination.
- Bladder cancer caused by exposure to amines and other named chemical exposure causes
- Occupational asthma and contact dermatitis from exposure to sensitising agents

New additions proposed for Schedule 2 as referenced in the literature:

In 2022 the World Health Organisation agency: The International Agency for Research on Cancer (IARC) declared that occupational exposure as a Firefighter has been classified as carcinogenic (a preventable cause of human cancer). A decision made by 25 leading scientists from eight countries proves there are links between firefighting and cancer.

The cancers cited in the Research Literature Review show increased Standardised Incidence Ratios (SIR) and Standardised Mortality Ratios (SMR) in Firefighters over the reference populations adjusted for relevant factors.

Scottish Firefighter Occupational Cancer and Disease Mortality Rates (Stec A, Robinson A, Wolffe T, Bagkeris E - Retrieved from https://academic.oup.com/occmed/article/73/1/42/6964909).

The study found significantly higher cancer SMR for:

- Prostate (SMR 3.80)
- Myeloid leukaemia (SMR 3.17)
- Oesophagus (SMR 2.42)
- Kidney and bladder (SMR 3.28)
- Ischaemic heart disease (SMR 5.27)
- Stroke SMR (2.69)
- Other interstitial pulmonary diseases (SMR 3.04)
- SMRs for cancers without specification of the site were also greater than 2.0.

A report commissioned by the UK Fire Brigades Union undertaken by Anna A Stec, Professor in fire chemistry and toxicity University of Central Lancashire found from surveys undertaken that 4.1% of serving Firefighters had been diagnosed with cancer compared to less than 1% of the general population. (retrieved from https://www.fbu.org.uk/publications/minimising-firefighters-exposure-toxic-fire-effluents)

The International Agency for Research on Cancer (IARC) a World Health Organisation (WHO) body of which Professor Stec is a member found there was sufficient evidence of association for cancer in Firefighters for:

- Mesothelioma
- Cancers of the bladder
- Colon
- Prostate
- Testes
- Non-Hodgkin lymphoma

Monash University Centre of Occupational and Environmental Health Final Report – Australian Firefighters Health Study (Glass D A/Prof. et al 11eborah.glass@monash.edu)

(retrieved from

https://www.google.com/search?q=Monash+University+Centre+of+Occupational+and+Environmental+Health+Final+Report+%E2%80%93+Australian+Firefighters+Health+Study&oq=Monash+University+Centre+of+Occupational+and+Environmental+Health+Final+Report+%E2%80%93+Australian+Firefighters+Health+Study+&aqs=chrome..69i57.2094j0j15&sourceid=chrome&ie=UTF-8)

This study found that while the cancer mortality risk for paid and volunteer male and female Firefighters was reduced compared with the Australian population this was likely the result of a strong 'healthy worker' and 'healthy hire' effect and the likely lower smoking rate.

A conclusion reached was that Firefighters tend to be healthier than the general populace adjusted for age and other confounding factors and with cancer recovery rates from improved treatment over time resulting in lower mortality but higher incidence rates. It was noted that: "A number of cancers now have a good cure rate, so incidence is a better measure of disease than is mortality."

Overall cancer incidence (SIR) was raised, significantly for male paid Firefighters, and with an overall cancer trend for increased incidence with attendance at vehicle fires. Prostate cancer incidence was statistically significant and increasing with the length of time served.

The study highlighted the incidence of cancer statistics being raised for the following which follows other international trends and reports:

- Testicular cancer – significant for Volunteers who had attended fires compared to those who had not.
- Kidney cancer with increased incidence is also related to the number of incidents attended.
- Colorectal cancer significantly increased incidence from attendance at structure fires.
- Female reproductive cancers significantly increased for landscape fire attendance and SIR elevation for thyroid cancer.
- Colorectal, Hodgkins disease, Non-Hodgkins Lymphoma, Myeloma and Leukaemia SIR was greater than 1 for female Volunteer Firefighters.
- There was an increased risk of cancer for female Firefighters who had attended the most vehicle fires.

The study noted the latency period from first exposure and diagnosis and varying between types of cancers. The fact that a Firefighter has served should we submit be sufficient evidence that the condition suffered be presumed to have been caused by exposure irrespective of latency period or the number of years served.

RELATED OCCUPATIONS

The UFBA advocates that all firefighters of Aotearoa New Zealand are included in the coverage under ACC Schedule 2, specified as follows:

- FENZ paid Firefighters, both urban and rural, those currently serving and retired
- Volunteer Firefighters, both urban and rural, those currently serving and retired, within the meaning of the Fire and Emergency New Zealand Act 2017 (FENZ Act) and the Health and Safety at Work Act 2015 (HSWA) who are under the control, and direction of FENZ.
- Industrial Fire Brigade Firefighters including Forestry Contractors
- New Zealand Defence Force Military Firefighters
- Airport Fire Rescue Service Firefighters

Further to this, and for consideration a wider picture of emergency services should be included in this proposal as being similarly affected by carcinogens resulting from structure, industrial, vegetation and vehicle fires, or chemical spill incidents as are Firefighters. For example:

- Ambulance Officers and paramedics treating and transporting fire or chemical affected patients still off gassing carcinogens. Ambulance officers attend all significant fire, chemical spill, or injury callouts attended by FENZ.

- Police Officers as members of an arson or methamphetamine investigation unit or who are otherwise employed to control scenes at incidents or fires notably without PPE. Over 1,800 Police personnel were

deployed to the protest on Parliament grounds and subjected to toxic fire effluent and human excrement with the potential for e-coli and Hepatitis infection.

IN CLOSING

Schedule 2 is a list of illnesses and injuries with a causal connection to specific occupations. Presumption is implied and we submit Schedule 2 should be presumptively applied to firefighters. The UFBA is committed to helping the Government achieve this and we welcome any further communication directly.

W.A Butzbach, M.I.Fire.E, MSc (Distinction)

Chief Executive Officer

United Fire Brigades Association

Privacy of natural persons