



Strategic Review of the Workplace Health and Safety System

Submission template

This template can be used to make a submission to the Independent Taskforce on Workplace Health and Safety. The template does not limit the length of your answers, and you can attach documents to supplement your answers if you wish. Alternatively, you can use the on-line questionnaire to make a submission, which can be found at www.hstaskforce.govt.nz. The on-line questionnaire restricts the length of your answers to about 300 words per question.

Please refer to the taskforce's consultation document, *Safer Workplaces* before completing this template. The consultation document can be found at www.hstaskforce.govt.nz

About you

* Indicates mandatory questions

1. *Your full name:

Carolyn McAree

2. *Is this submission on behalf of an individual or an organisation?

☒ Individual ☐ Organisation

Name of organisation:

3. *Region

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Whangarei | <input type="checkbox"/> Auckland |
| <input type="checkbox"/> Waikato | <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Gisborne |
| <input type="checkbox"/> Hawke's Bay | <input checked="" type="checkbox"/> Taranaki | <input type="checkbox"/> Manawatu-Wanganui |
| <input type="checkbox"/> Wellington | <input type="checkbox"/> Marlborough | <input type="checkbox"/> Nelson |
| <input type="checkbox"/> West Coast | <input type="checkbox"/> Canterbury | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Southland | <input type="checkbox"/> Overseas | |

4. *Respondent category

- | | |
|--|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not in paid employment |
| <input type="checkbox"/> Manager | <input checked="" type="checkbox"/> Occupational health nurse |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Health and safety practitioner |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Employee representative | |

5. *Which type of industry do you manage, own a business in, or work in?

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☐ Manufacturing
- ☒ Electricity, Gas, Water and Waste Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Accommodation and Food Services
- ☐ Transport, Postal and Warehousing
- ☐ Information Media and Telecommunications
- ☐ Financial and Insurance Services
- ☐ Rental, Hiring and Real Estate Services
- ☐ Professional, Scientific and Technical Services
- ☐ Administrative and Support Services
- ☐ Public Administration and Safety
- ☐ Education and Training
- ☐ Health Care and Social Assistance
- ☐ Arts and Recreation Services
- ☐ Other Services

6. *Size of business that you own / manage or work for?

- | | |
|--|--|
| <input type="checkbox"/> Self employed | <input type="checkbox"/> 20-49 employees |
| <input type="checkbox"/> 1-5 employees | <input type="checkbox"/> 50-99 employees |
| <input type="checkbox"/> 6-9 employees | <input checked="" type="checkbox"/> 100+ employees |
| <input type="checkbox"/> 10-19 employees | |

7. Gender

☐ Male ☒ Female ☐ Other

8. Age

- | | |
|---|--------------------------------|
| <input type="checkbox"/> 15–24 | <input type="checkbox"/> 45–54 |
| <input type="checkbox"/> 25–34 | <input type="checkbox"/> 55–64 |
| <input checked="" type="checkbox"/> 35–44 | <input type="checkbox"/> 65+ |

9. Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Asian |
| <input checked="" type="checkbox"/> European | <input type="checkbox"/> Middle Eastern/Latin American/African |
| <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Do not wish to indicate |

10. Your contact details

Phone number(s)

Email address:

Please tick the boxes below as appropriate

☒ I consent to my submission being placed on the Independent Taskforce on Workplace Health and Safety website

☐ I would like my name withheld from publication (submissions from individuals only)

Please note that your name and contact information, including any personal information, is being collected so that the Independent Taskforce on Workplace Health and Safety can publish the names of people and organisations who or that made submissions, follow up with a respondent if any submission needs clarification, and for the general purposes of the Strategic Review of the Workplace Health and Safety System. The Independent Taskforce on Workplace Health and Safety is the intended recipient and holder of the information and can be contacted at PO Box 3705, Wellington, New Zealand. In accordance with Privacy Principle 7, you have the right to access and correct any personal information you provide.

Submission template questions

Please answer the following questions and feel free to attach any supporting documents.

If you are completing the template on paper, please feel free to add other pages but make clear which questions your answers refer to. **If you are completing the template electronically** and need more space for any of your answers, please write the rest of your answer into another document, making clear which question your answer refers to, and attach it when you send your completed submission template to us. The answer fields below hold approximately 430 words.

Who gets hurt, killed or suffers from ill-health or disease as a result of work?

1. What do you think is driving the differences in health and safety outcomes for different demographic groups?

People follow people - human behaviour

So if a work area has a practice of not wanting to comply and not understanding HSE or their attitude is HSE is just something that we have to do, then this is what is presented.

E.g I worked in an industry where several factories where in one place, One factory had the best safety record, the least sick leave. the workers worked well together and generally not a problem area, despite being very dangerous/loud/ cramped and generally not a nice environment.

The difference was:

Management said and believed in his people, despite being very busy took the time every day to walk the factory floor and talk to his people.

Supervisor also spent very little time in the office

Management saw the importance in investing in their people, baseball games, BBQ (not costly, just developing the team spirit)

The workers respected the bosses, but where also not afraid to ask the questions

The new people followed what the people who had been there a while did, and they had coaching

As a Health professional was brought into the dept for presentations about work related health risks and wellness. the time was taken for this.

The workforce was generally low socio economic people, but it was the best culture that I have ever seen

Despite working under the same senior leadership team, the factory next to the above area

Manager was too busy with office paper work, did not go down to the factory floor unless it was to complain

supervisors sat in the control room and very rarely helped got out amongst the staff

Accidents rates where high and if anyone did have an accident, difficult to return to work as people hated it and saw ACC time off as a break away from the factory.

I wanted to highlight this as this was the same company with the same systems, but if you don't have belief, it's always about systems and controls, the change will never happen

2. What changes are needed to the workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?

Line Leadership, leadership need to believe this is part of my job and what I must do as a leader. Not we have to do this and what are the health and safety department going to do .

HSE is everyone responsibility, but the understanding of why it must be done

Du Pont model is a good example of this, where the training for the managers is such for understanding HSE systems and what they must do as a manager, HSE professionals are there to advise,

More coaches are needed, these are the support people to help out those people on how they can do better, instead of the auditor going into a business and scaring the life out of people

Regulatory framework

3. What do you think the challenges are with the current health and safety regulatory framework?

Regulatory framework is seen as a - this is what we have to do, and has created the wrong culture to HSE.
Smaller businesses also see this as an expense, not for the right reasons

4. How do you think the health and safety regulatory framework could be improved?

Regulators' roles and responsibilities

5. How effective are the regulators in influencing workplace health and safety outcomes?

In effective due to only being present when the problem occurs, ambulance at the bottom of the cliff.

Regulators need to be visible and not seen as the police

6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?

Have more of a coaching component, and I don't mean more training. I mean getting out and understanding the workforce and what the issues are for each individual site

New Zealand's changing workforce and work arrangements

7. What impacts are New Zealand's changing workforce and work arrangements having on health and safety outcomes?

People are too busy

Being a healthy organization, means jumping off the adrenaline buzz.

Unfortunately, many leaders now have worked in this chronic case of adrenaline addiction, for some time, so the young people coming through believe this is how you work, managers seem to be hooked on daily rush of activity and fire fighting within their organization. As simple as this may seem, it remains a serious obstacle for many dysfunctional organizations led by executives who don't understand the old race-car drivers axiom

"You have to slow down in order to go fast"

8. What changes to the health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?

From a health point of view

A component into the framework that NZ has an opportunity to improve outcomes but improving the health of workers.

That nurses being involved in business to help people understand the health risk associated with their employment.

This approach to ambulance at the top of the cliff, not money continuing to be poured into the health system that is not going anywhere.

Keep doing what you do and get the same result, time to relook at the health model as occupational health is seen in many other countries around the world

Worker participation and engagement

9. How effective do you think worker participation is in improving workplace health and safety in New Zealand?

About the most important

If you know why you need to wear a mask, because of the health risk, you might be inclined to wear the mask. however if you have to the wear the mask because someone told me to wear the mask because it's the rules, you probably not going to get alot of buy in.

It's the way we sell the message

Less You will, More here is why

10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?

this can not be approached with one size fits all, it must be tailored to business, but educating nzers about the postive effects of health and safety, not just focused on this might kill you

Leadership and governance

11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?

demonstrate to workers by being visible, listening to the workers, if the guy on the shop floor says it doesn't work, it will never fly, find out what workers want.
Governance remains important, it should be about working with the governance to fit your business and management style, not the big stick approach

12. What improvements can be made to directors' and other leaders' participation in workplace health and safety, so as to get better workplace health and safety outcomes?

Start teaching organisation psychology

Capacity and capability of the workplace health and safety system

13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?

Harder for smaller business to keep up with what is out there available to them.
Difficult for ACC as example to get positive message out when the government continue to fund injury
More resources at the HSE promotion to help businesses in a coaching capacity

14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?

Incentives

15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?

ACC levy discounts provides excellent incentive

Non financial reward to reward teams can also be very effective

Financial reward attached to no lost time injury is not effective, it creates cover up and people being put at risk. It has raised awareness of rehabilitation, but rehabilitation should involve, supervisor, occupational health professional, and person involved in injury.

16. How could incentives be better used to improve workplace health and safety outcomes?

Influencing health and safety outcomes beyond one's own workplace

17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own workplaces (for example through influencing their suppliers, counterparts, and competitors)?

Contractor management, setting expectations for what is required to work- level expected

18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?

Working with companies that are demonstrating a effective best practice model to help other businesses.

Using the example of the taranaki passport, but a national industry passport which includes, fitness to work, basic health and safety awareness

Major hazards

19. How strong is New Zealand's current approach to regulating major hazards?

Improvements evident

20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?

health and safety coaches
health and safety regulators - with extensive industry knowledge
More incentive to be part of ACC programmes - to raise awareness

Health and hazardous substances

21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?

Lack of understanding from management and workers, of what the health risks are.

This is a hard area for a lot of people, safety is easy because you can see the slip trip or fall, but it is harder to see the health risk that may effect your health in years to come, not right now.

Companies need to realise the importance of occupational health, and understand that wellness campaigns although very good for the feel good factor for employee,s and ay change the behaviour short term, the risk is higher in their work environment.

Fitness to work seen as a rubber stamp and employee's sent to a GP who has no understanding of the occupations, is only looking at medical - this is only half of the picture and more understanding of occupational health needs to be gained in NZ

Fitness to work should be observed by a company as a one on one opportunity to find out what going on with that person, how they are managing their job, shown exercises to do if display muscular discomfort, or an assessment be carried out on site whilst they are in ;the work environment.

22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?

Set up a health monitoring structure in relation to health exposure, noise is a good example, companies will get people,s hearing tested because they have to, but don't worry about a lung function test when person is exposed to chemicals as an example

Small to medium-sized enterprises

23. What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises?

Can just be all to hard, and seen to cost alot of money

24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that it's effective for self-employed and small-to-medium sized enterprises?

Measurement and data

25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and comparative analysis?

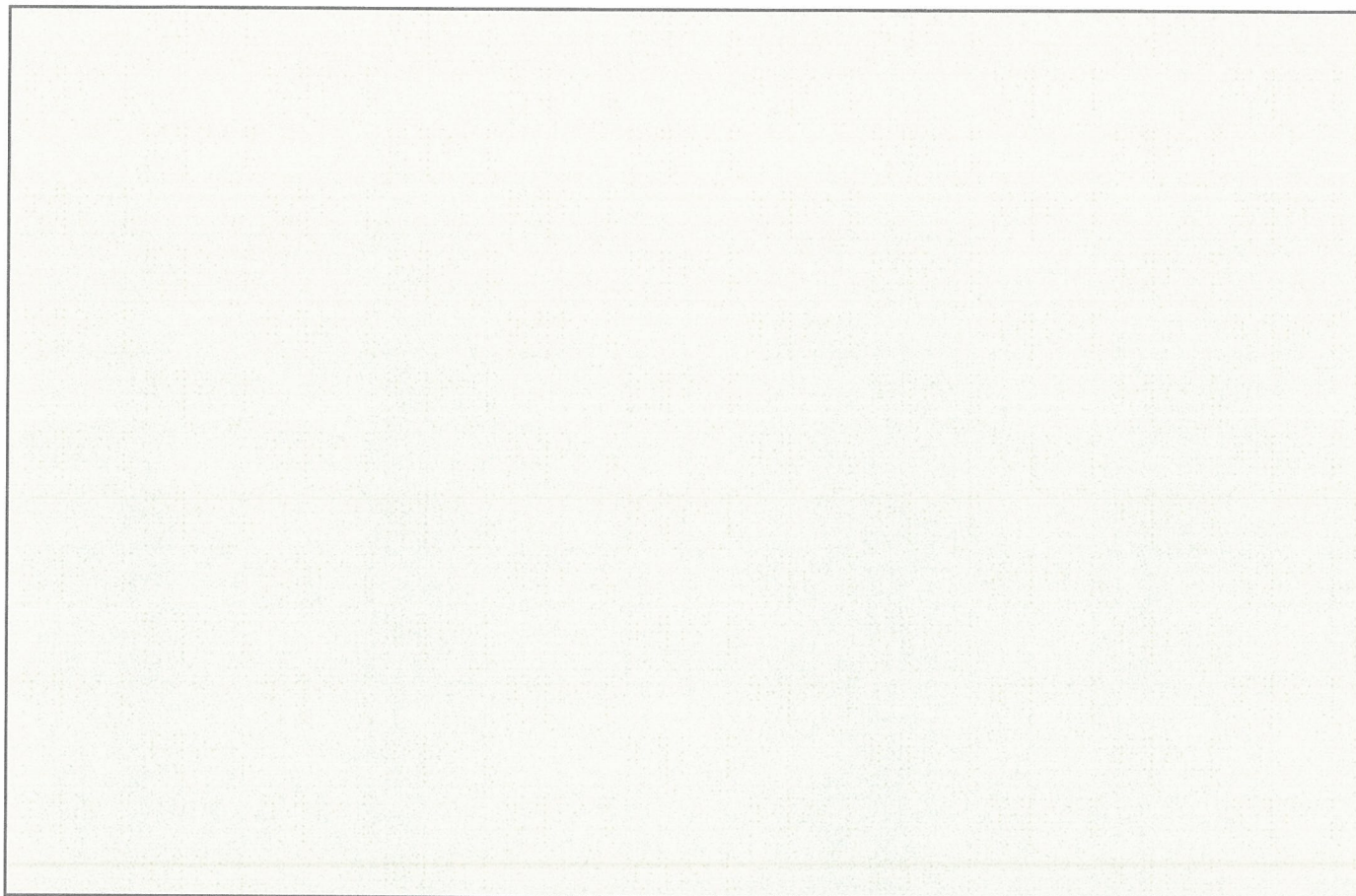
Dr awareness in NZ needs improvement to think about ensuring they know what occupations people have when diagnosis is being made

26. What opportunities are there for improving data collection, integration and reporting?

Always opportunity, but need to be mindful of not turning business into reporting function and not allowing the time out in the field

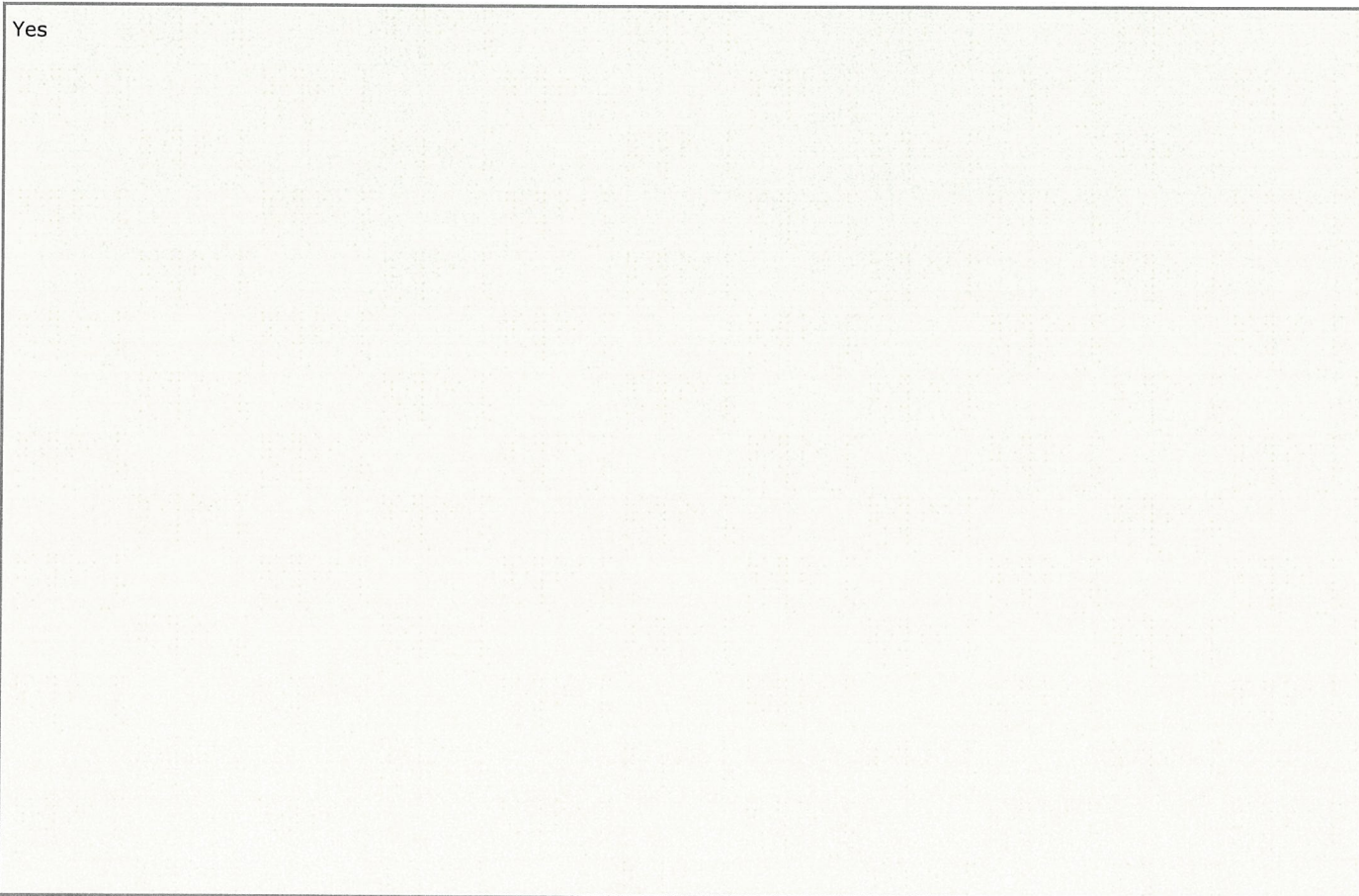
Our national culture and societal expectations

27. Do you think New Zealand culture influences our workplace health and safety outcomes?



28. What might we do to improve our culture relating to workplace health and safety?

Yes



Other factors

29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

Education to the children would be a great start, teach them about hearing protection, not only about workplace noise, but using ipods and noise around the homelawnmower as example

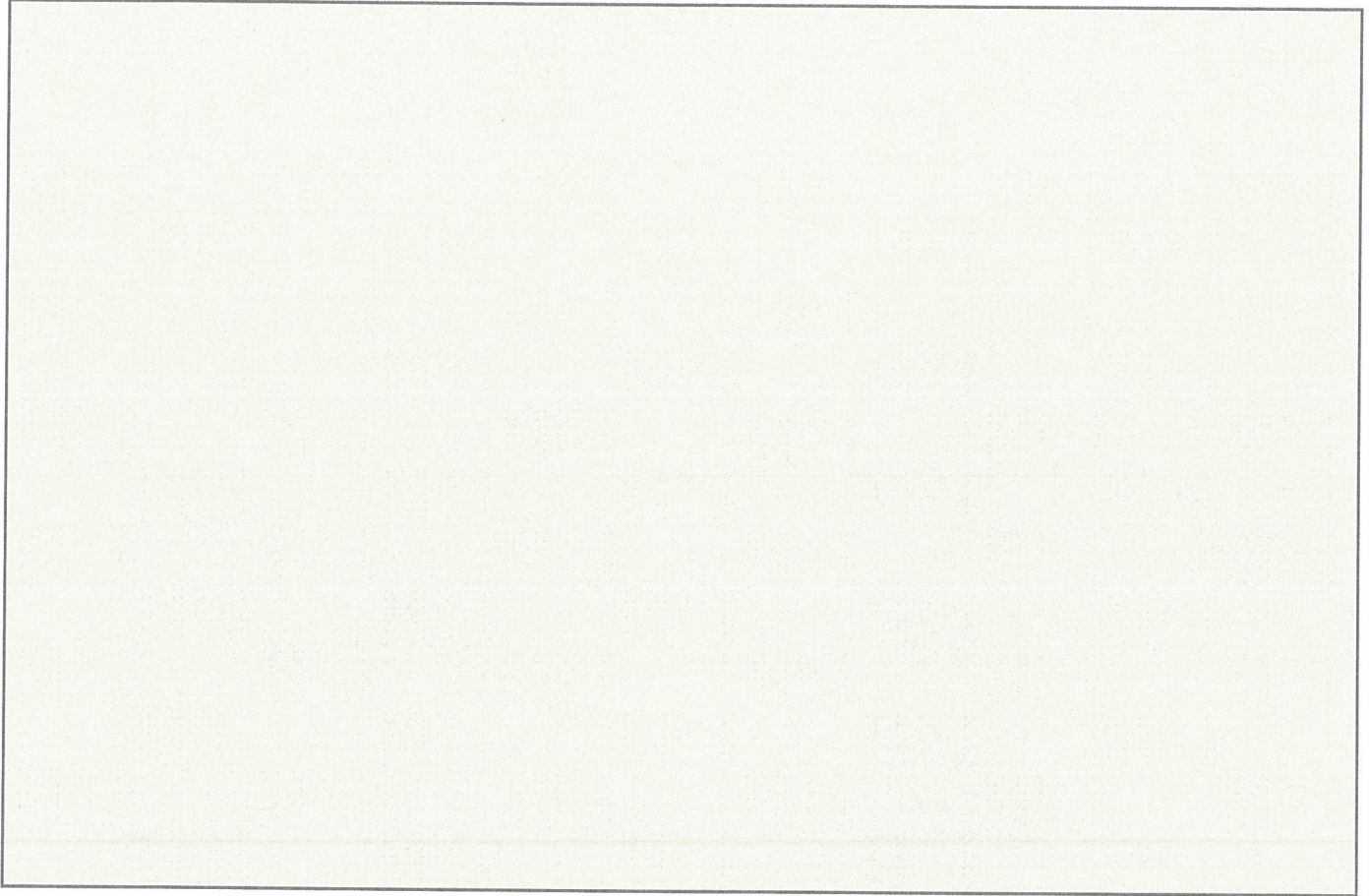
30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?

Regulations/professional body for health and safety professional

As a Registered nurse I demonstrate to Nursing council my competence, however a hse personal can be giving out health information and is not monitored to assess competence

Other comments

31. Are there any other comments that you would like to make?



Please send your completed submission to secretariat@hstaskforce.govt.nz (preferred) or post it to: Submissions, Independent Taskforce on Workplace Health and Safety, PO Box 3705, Wellington 6140. We would appreciate it if you could get your submission to us as early as possible, but at the latest, you must get your submission to us by **5pm, Friday 16 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 14 November 2012.