
From: dave kyle
Sent: Friday, 16 November 2012 3:38 p.m.
To: Secretariat Taskforce
Subject: submission by an individual

I am David William Kyle, residing in Auckland. I am 74 years old and a retired "safety professional" and a NZ born European. My contact details are : T M
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To the Chairman and Members of the Taskforce,

Greetings,

I have tried very hard to complete your submission template, but I regret I have 'run out of time' so beg your indulgence and summarise some of my thoughts via this letter. Firstly, I believe that the H&SE Act is perhaps the most perfect statute aimed at safety and health in any country - it is based on simple well formed concepts, is easily read and understood and provides an excellent framework. Regrettably, the implimentation of the act by all those affected by it's provisions, including the regulators and administrators, has been less than necessary to achieve the aims. I also believe that the safety and health performance and outcomes of those organisations that have adopted the Act's concepts prove it's validity. The notion of hazard identification, elimination, minimisation of effects and recovery from those effects is simple, direct, measurable and manageable. As soon as 'risk' or 'injury prevention' or any other system based on probabilities or numbers enters the work place, connectivity and ownership is lost.

As your consultation document examples, the misuse of PPE or signage shows a lack of hazard identification.

Members will also be aware of many examples of successful HSE programmes based around 'the safety case' or like package, that is supplemented by strong standards or codes (of which the world is full and compliance of which would have prevented almost every injury event we have had in NZ).

I am of the view that management of H&S should be an integral part of any organisations governance systems along with productivity, quality, waste control and environmental protection - thus I do not think a 'stand alone' regulator is in the best interests of work force or management. In the same vein, I do not think incentives are appropriate for what should be normal, but there should be strong disincentives or sanctions for abnormal behaviours.

I hope there may be an opportunity for comment to your final report.

Meantime, congratulations on your appointment, on your research for your consultation document, and on the 'friendliness' of your approach.

I am

David Kyle