



Submission of the
New Zealand Engineering, Printing and
Manufacturing Union

to the

Independent Taskforce on Workplace Health
and Safety

**Strategic Review of the Workplace Health and Safety
System**

P O Box 3705
Wellington

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INTRODUCTION

This submission is made on behalf of the New Zealand Engineering, Printing and Manufacturing Union (EPMU). The EPMU is the largest private sector union covering 35,000 members throughout New Zealand and these members work in a multitude of industries including aviation, metals manufacturing, primary metals, plastics, timber, postal and logistics, energy and mining, electro-communications, print and media, and public sector and infrastructure.

The EPMU represents workers in some of the highest ranking industries for serious injuries. The Energy and Mining industry makes up 5% of our members, with a further 5% being covered by the Building and Construction sector. However, by far the largest numbers are in the Manufacturing sector, with over 1/3rd of all our members being involved in some sort of manufacturing.

As a Union, the EPMU has a strong focus on Health and Safety providing training for non-funded Health and Safety Representatives and for our site delegates who are not Health and Safety Representatives. Our aim is to help to augment the importance of Health and Safety within the workplace.

The EPMU, as the representative for the NZCTU, is also an integral part of the Safe Rebuild project in Christchurch. This is a tripartite project between the Government, Industry and the NZCTU focussing on basic health and safety training for small and medium businesses who are involved in the residential rebuild of Christchurch and the upcoming commercial rebuild.

The EPMU welcomes the opportunity to submit to the Task Force on the recommendations put forward from the Health and Safety review and would welcome the opportunity to discuss these further with the Taskforce should the opportunity arise.

SUMMARY OF MAIN RECOMMENDATIONS

- The concept of tripartite decision making must be truly introduced into the NZ Workplace Health and Safety Framework. A tripartite agency should oversee the activities of the regulator and be active in the standard setting process. Worker representatives need to be involved at every level.
- Workers need to be given an opportunity to participate in the decision making process at the shop floor and have a real say in how health and safety is being managed. A code of practice for employee participation should be developed, and it should include the requirement for the obstruction of worker participation to being a criminal offence.
- Where there is a risk of a serious injury, fatality, or multiple fatalities, employers should be obliged to carry out a full detailed assessment and control plan where every aspect of the operation is investigated. This should be developed in conjunction with the workforce and the union. Employers should be compelled to seek competent advice.

- A commitment must be made to ensure regulation and enforcement has a place in modern workplaces. A strong, independent, stand-alone regulatory agency should be formed and it should be resourced through an increased employer levy.
- Inspectors should be equipped and confident to use their enforcement provisions. They also need to be supported by technical advisers such as engineers, occupational hygienist, ergonomists etc. The separation of their functions should be considered.
- Inspectors should include Health and Safety Representatives in their activities when visiting sites, and must ensure that any meetings held with the employer can only be undertaken when there is at least one Health and Safety Representative in attendance.
- Unions must be given the mandate to represent all workers and be given powers and resources to fulfil that obligation.
- Industrial manslaughter should be introduced into the NZ jurisdiction.
- Funding needs to be made available for on-going training and support for Health and Safety representatives.
- Financial incentives should not be given to companies or individuals for not reporting injuries or manipulating the cost of injuries.

CONTEXT

The EPMU consulted widely with worksite delegates to gather their views for this submission. Here is a representative sample of what our delegates said:

- “H&S is more about filling in the paperwork for the employers regulations than about keeping workers safe.” Delegate Telecommunication West Coast
- “Money is spent on workshop and site audits at the moment. More should go to labour department for more inspectors.” Manufacturing West Coast
- “Stop cutting back on government dept.’s – move the H&S focus off companies. Get government to take ownership on enforcement and guidelines. Stop running down system.” Meat works industry West coast
- “Reduce Management influence in favour of elected H&S Reps working in an effective H&S Committee, reviewing and carrying out audits and investigations.” Electrical Distribution Timaru.
- “Stop changing the name of government departments in relation to Health and Safety. E.g OSH to DOL to what is the name now!! Make managers and leading hands to do H&S Training compulsory.” Engineering Nelson

- There has to be more accountability for management failure particularly around workplace bullying.” Nelson
- “Not enough “duty of care” responsibilities taken by workers.” Newspaper Rotorua
- “For any system to work it must be vetted by independent Government inspectors.” Onehunga
- “No-one seems to care whether in practise the Participation agreement are truly working. As long as the processes are in place then this tick the boxes to say we have an effective participation in Health and Safety in our workplace.” Manufacturing Onehunga
- “ACC participation is a box ticking exercise. Audit requires yes or no answers. Measures drive wrong behaviour from management. People are being sent back to work against medical advice.” Manufacturing Onehunga
- “H&S representatives more and more are being used to monitor and enforce company safety initiatives. I was removed for the committee 2 years ago. Production loss issue claimed as too significant.” Packaging Wellington
- “The Health and Safety committee at our place of work is ineffective and driven by management. The reps are not elected but picked by management themselves.” Packaging Wellington
- “Some emphasis on determining staffing levels. Understaffing leads to short cuts in health and safety by staff.” Palmerston North
- “We have a full Health and Safety committee that works with the people to make sure everyone is safe and happy and meeting every month to solve any problems. Some solution can be hard but they work hard to solve them.” Electronics CHCH
- “Management run the Health and Safety Meetings and on most occasions don’t listen to what the H&S Reps are saying and whenever anything needs doing it comes down to costs not to the serious harm hazard.” Food Manufacturing New Plymouth
- “There should be a consideration given to a change to corporate manslaughter – exists elsewhere.” Media Wellington
- “Some older workers can be hard to convince to change the way they have always done task.” Dairy Industry Whangarei
- ACC – supposed to help people not make them victims of government policy.” Whangarei
- “Safety at work appears to involve blaming the individual worker involved in any accident rather than elimination the causes. Also the managers seem hell bent on keeping the statistics looking good. E.g. having workers to turn up for one hour to do nothing to avoid LTI. Disciplinary result if worker does not play game. A lot of pressure results in non-reporting of injuries.” Manufacturing Auckland

WHO GETS HURT, KILLED OR SUFFERS FROM ILL-HEALTH OR DISEASE AS A RESULT OF WORK?

Many of the high profile injuries and workplace fatalities occur outdoors in difficult terrain and environmental conditions. Manufacturing, construction and transport industries feature high for all the wrong reasons. In New Zealand's workplaces often the economic return is marginal and people work hard for long hours to make ends meet. A strong 'do it yourself' culture has developed that also extends into how we manage health and safety. The pioneer can do attitude is combined with little respect for regulations and the regulator.

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

Health and safety in NZ is often competing with production and seen as adding to compliance costs. There is an ever increasing pressure on labour costs. The workers voice has been diminished and ideological positions have led to the marginalisation of many labour rights not just in H&S. Unions, where they exist, are sometimes seen by employers as an interloper that upset the employer/employee relationship and are marginalised in many industries. Where the union is weak workers don't have collective voice and are in a weak position to speak out against unsafe H&S practices and conditions.

The nature of work is changing and secure long term jobs are no longer available for many workers. Precarious work is widespread with workers forced into contracting positions, often working in several mini jobs. There are few work rights associated with these jobs and the risks are contracted out. Workers who are in a weak position in the labour market are forced to take on hazardous work.

Work intensification is requiring worker to work harder for longer hours. Sometimes they work 12 hour rotating shifts with long commuting. Fatigue is an issue for many workers.

Certain population groups are disproportionally affected. Of interest to this question is the recent DoL study "In Harm's Way": A case study of Pacific workers in Manukau manufacturing. This study highlighted some important issues:

- Pacific People have consistently had higher injury reporting rates in the manufacturing industry (except for fatalities). In the labouring occupations the rate is almost two times that of non-Pacific people. Activities that lead to injuries are:
 - Lifting
 - Lowering
 - Unloading
- **Communication issues** result in people being reluctant to report minor injuries. Training is said to be less accessible and health and safety messages are poorly understood. Some reasons are the differences between how training is conducted and how PI staff would like to learn. There are also language barriers, feelings of disempowerment by staff, formal social structures and poor literacy. Training uptake, staff relations, message transmission, and learning style preference were also seen as issues. Some staff members translate for others in workplaces but this is not systematic. Smaller training groups are seen as more rewarding. Employers and their

representatives stated that there has been significant improvement over the last four of five years, and there is a positive influence by union presence. Unions have a two-fold positive influence:

- As a vehicle of information and
- Through pushing for stronger practices from employers
- **Cultural factors** – respect, humility, loyalty and hard work are seen as leading to underreporting of minor injuries and near misses. This could arise from fear of losing the job or not wanting to be disrespectful or disloyal, not wanting to make a fuss, a willingness to step outside the role and unwillingness to speak out if instructions are not clear.
- **Matai** is a structure seen as having a strong influence on Samoan workers and Matai's advice is more highly regarded than managers and this could be utilised for better communication.
- The recommendations from **"In Harm's way report"** focus on:
 - Training
 - Workforce awareness
 - Pacific learning style preferences
 - Engagement with unions

It targeted men aged 41 – 65, labourers, lifting, lowering, carrying and unloading.
www.dol.govt.nz/publications/research/hs...in-pacific.../report.pdf.

As a large demographic group female workers are affected differently by work and there are issues in occupational health as well as reproductive health issues that are not recognised. An approved code of practice for pregnant workers is not available.

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?

The concept of tripartite decision making must be truly introduced into the NZ Framework. A tripartite agency should oversee the activities of the regulator and be active in the standard setting process. Worker representatives need to be involved at every level.

Workers need to be given an opportunity to participate in the decision making process at the shop floor. Where decisions made affect their bodies they should have input in the decision making.

Unions must be given the mandate to represent workers on all levels. Consideration should be given to the fact that the union presence is generally positive for health and safety in the workplace. A recent report **The impact of safety representatives on occupational health** found that *"having trade union representation leads to better observance of the rules, lower accident rates and fewer work-related health problems."* *María Menéndez (Occupational Health Department, CC.OO, Spain), Joan Benach (UniversitatPompeuFabra, Spain) and Laurent Vogel (ETUI) A European perspective.* Unions must be given the powers and resources to fulfil that obligation. This would best be achieved through the development of a NZ Union Institute of Work along the

line of the Spanish Union Institute of Work, Environment and Health (ISTAS) cited in to report above.

Health and Safety training needs to be appropriate for the audience. Gender issues in health and safety must be recognised and incorporated into all training to provide best health and safety practices for all of the work force.

REGULATORY FRAMEWORK

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

There is too much reliance on the concept of “All practicable steps” and not enough detail about what are the minimum steps an employer has to take. Employers can largely decide what steps to take in most situations. Prosecutions may follow if they fail but the likelihood of this occurring is small. Where there are standards available, such as in Welding through the Technical Note No7 by the Welding Technology Institute of Australia and the Fume minimisation guidelines, they are not communicated to the employer or enforced.

Hazard Identification and control are key parts of health and safety management but there are no standards for guidance. Our framework requires employers to identify hazards and assess them for their significance. A significant hazard needs to be eliminated, isolated or minimised but often minimisation is the control of choice i.e. Behaviour management. This is a poor control (James Reason) and puts the onus on the workers. Employers are not required to seek advice when deciding whether a hazard is significant or what practicable steps to take to control it.

Definition of serious harm. Consequently to the 2003 amendments to the Act, the definition of serious harm was to be changed to take account of the changes. A consultation process took place and a new definition was suggested. However, it has not as yet been implemented so leads to confusion in the workplace as what constitutes serious harm. Any new legislation/regulations must clearly and concisely define serious harm.

Risk assessment: In Holland when a company uses a risk assessment tool developed for their own sector with the approval of the trade union and incorporated in the collective agreement they no longer need to consult an OSH professional. If a trade union vetoes the tool the company must enlist the independent advice of an OSH professional. (Menendez)

Here in New Zealand, there is very little personal accountability for decision makers when they are in breach of the act. Fines are low and enforcement is weak. Third party prosecution is available but expensive. The NZ Meat Workers Union recently succeeded in a prosecution where the DoL decided not to take a case.

Often the investigation process is corrupted by company solicitors being present when workers are being interviewed by the inspector. This is of great concern to this union and undermines the process. Workers feel intimidated and this could lead to vital information not being revealed. It is imperative that any investigation process needs to be truly independent and, as such, interviews should only be undertaken between DoL, the worker and the worker's representative should they choose to have one. There can be no pressure by the company to have the company's lawyer attend under the pretext of being there for the worker. It is a clear conflict and must be stated as such within the framework.

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

- The Performance based approach needs to be backed up with up-to-date regulations and Approved Codes of Practice. They need to be promoted and they need to be vigorously enforced.
- Introduce a requirement for an employer to seek competent advice by a member of a registered professional association.
- Provide a current up-to-date definition of serious harm
- Introduce the concept of industrial manslaughter in to the NZ jurisdiction
- When investigating serious harm injuries involving breach of duty, each duty holder should be independently represented.
- Principals should not be able to “contract out” of their obligations. Health and Safety specifications and allocated resources need to be factored in to the tendering process.

REGULATORS’ ROLES AND RESPONSIBILITIES

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

At present the regulator(s) are fragmented within different organisations, the biggest one being MBIE. Health and Safety inspectors have a poor image and are under resourced. In recent times the public mood was not supportive of regulations and for some time it was thought that a “free market” is best suited to self regulate. This view has been severely challenged with different crisis and collapses, with Pike River being the most visible in the Health and Safety regulatory environment.

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

A commitment must be made to ensure regulation and enforcement has a place in modern workplaces. A strong independent stand-alone agency should be formed and resourced through an increased employer levy.

The Act describes the functions of the inspector:

- a. to help by providing information and education, and
- b. to ensure compliance.

These functions do not sit easily together. A separation of these two functions should be contemplated by either administrative changes or by tasking the ACC with the education and helping function.

Inspectors should be equipped and confident to use their enforcement provisions and be supported by technical advisers such as engineers, occupational hygienist, ergonomists etc.

They should include Health and Safety Representatives in their activities when visiting sites, and must ensure that any meetings held with the employer can only be undertaken when there is at least one Health and Safety Representative in attendance.

NEW ZEALAND'S CHANGING WORKFORCE AND WORK ARRANGEMENTS

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

The nature of work is changing and secure long term jobs are not available for many workers. Precarious work is widespread where workers are forced into contracting positions, often working in several mini jobs. Work intensification and ever increasing expectations combined with low wages have an impact on Health and safety. There are few work rights associated with these jobs and the risks are "contracted out".

Workers who are in a weak position in the labour market are forced to take on hazardous work. Traditionally a union was available to be the "voice" for workers and negotiate safer conditions. The effectiveness of unions in being this voice has been eroded in NZ over the last 20 years with far-reaching consequences, for example, the disastrous accident at Pike River that ended up with 29 people losing their lives.

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

Unions should be enabled to cover all workers in industry sectors and be resourced accordingly, both in terms of financial support and access rights. A union-led workplace health and safety agency should be formed and be accountable to the minister of labour.

A union official should be able to issue a provisional improvement or a hazard notice. Further, in High risk industries, unions should be able to appoint "roving workers" inspectors such as in the Queensland mining industry.

It should be a criminal offence to obstruct worker participation and it should be a criminal offence to obstruct a union organiser when they are carrying out Health and Safety functions.

WORKER PARTICIPATION AND ENGAGEMENT

A recent study by the Korean Occupational Safety and Health Agency concluded that "it was found that the OIIR (Occupational Injury and illness rate) of workplaces with a LU (Labour Union) is lower than those without a LU. Moreover, those with an OSCH (Occupational Safety and Health committee) had a lower OIIR than those without.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3430909/>

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

Harris investigated the **Health and Safety Representative's contributions to Occupational Health and Safety** (2010) in her Master Thesis by conduction case studies in the NZ Metal Manufacturing Sector.

In a recent article in the New Zealand Journal of Employment Relations 36 (2): 45-60 she describes the difference between two workplaces where one of them had representatives supported by the union and the other did not.

In the business without the union the manager needed to secure ACC levy discount, and unilaterally communicated her expectations and interpretation of the Representative's role to the person hand-picked for the position. They undertook compliance and monitoring functions with a "managerialist" interpretation. In essence became a "quasi H&S officer" not at all what the role envisaged.

The other business had H&S representatives established under the union auspices to service workers' interests. The Health and Safety Representative's role was negotiated between management and workers. The EPMU argues that a clear role definition, making it unambiguous that the H&S Representatives are to serve workers interest is essential for the rep to be effective in reducing harm in the workplace

Much progress has been made since the Act was amended in 2002 and many workplaces have health and safety representatives in place. Many have attended the training programmes. Lately the funding has been cut.

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

The legislation requires (when requested or over 30 employees) the employer, employees and their unions to seek to develop, agree, implement and maintain a system for participation. Where agreement cannot be reached a default provision applies where workers can elect H&S representatives. This is cumbersome and open to manipulation where an employer either doesn't want H&S representatives or prefers his/her own candidate.

The law should be amended to make this provision less ambiguous and an ACOP should be developed to spell out participation rights.

Trained Health and Safety Representatives should be able to perform inspections and stop activities where there is an immediate danger of serious harm.

Results of monitoring and investigations of health and safety issues including incident/accident investigations should automatically be made available to workers.

H&S committees should be compulsory above a certain company size with worker representatives composing half of the committee.

Funding needs to be made available for on-going training and support for Health and Safety reps.

Where workers are not covered by H&S Representatives, provisions should be made for roving Representatives.

Presently a Representative's function doesn't include the participation in an investigation after an incident or injury. It should be a requirement for the Representative to sign off any investigation report.

According to David Walters (who extensively researched worker participation) there needs to be "representative participation" as opposed to "direct participation" to be effective. This is provided for in the ILO convention 155 which NZ is a signatory to. This includes a number of minimum rights.

- The selection of H&S Representatives by workers
- Protection for H&S reps from victimisation and discrimination
- Paid time off to carry out their function
- Paid time off for training
- The right to receive information on Hazards and H&S in the workplace
- Inspect the workplace
- Investigate complaints from workers
- To make representation to the employer
- To be consulted
- To be consulted on the use of specialist
- To accompany inspectors when they inspect the workplace and to make complaints to them

(Walters 2005; A review of the Evidence of Representation and Consultation in Health and Safety at Work, Report to the CTU)

In NZ H&S representatives also get involved in the arrangement for rehabilitation and return to work. They can advocate on behalf of injured workers. Walters and Nichols have identified various elements that support the effectiveness of worker representation and consultation. These include:

- a strong legislative steer;
- effective external inspection and control;
- demonstrated senior management commitment to both OHS and a participative approach and sufficient capacity to adopt and support this type of management;
- competent hazard/risk evaluation and control;
- effective autonomous worker representation at the workplace and external trade union support; and
- consultation and communication between worker representatives and their constituencies.

Source: Representation and consultation on health and safety in chemicals - An exploration of limits to the preferred model. David Walters and Theo Nichols

www.bvsde.paho.org/bvsacd/cd56/role363/indice.pdf

by D Walters - 2005 school of Social Sciences, Cardiff University, Cardiff, UK

LEADERSHIP AND GOVERNANCE

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

Many senior leaders demand “Zero Harm” and reward their workforce when this is ostensibly achieved. This encourages cover up and non-reporting of injuries and incidents.

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?

Duty holders need to be made personally accountable for any breach that leads to serious injuries. Directors should also be made accountable.

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

The process of identifying hazards can be complex and sometimes expensive. More guidance is needed in this area.

There is a heavy reliance on behaviour management for hazard management in NZ. The lack of understanding about the hierarchy of control and the lack of will or resources to action the necessary requirements to meet the obligations of the Act in relation to these controls often results in poor decision making around hazard management. Further, in many workplaces, H&S is tacked on to HR. This muddies the water and often H&S is seen as a compliance issue and treated accordingly.

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

As in other jurisdictions, employers should be compelled to seek competent advice by a registered H&S professional for identification and management options. Professional bodies have not developed fully in NZ because of the “do it yourself” approach that many employers have to H&S. Employers should have to provide proof that they have investigated elimination, or isolation options before minimisation options can be implemented.

INCENTIVES

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

Currently some employers are financially rewarded for, or penalised, in accordance with their ACC claims record, through an increase or decrease in their ACC levy. If they are an Accredited Employer under the ACC Partnership Programme they benefit directly if no injuries are reported.

Often a manager’s or supervisor’s bonus is directly linked to not reporting injuries. Our members report that they get penalised for reporting injuries and anybody in the vicinity of the incident will be tested for D&A. Often incentives like barbeques are given and workers are reluctant to spoil this with an injury report. Injuries that are not reported immediately are being disputed frequently by the employer as are reports of gradual process injuries.

In fact, experience rating penalises responsible employers who are supportive of the injured workers and who allow time for healing and the safe return to work. The employer who requires the worker to report to the workplace the day after the injury, regardless of the injury, may get a rebate because of their clean record of no lost-time injuries, while creating a series of safety problems for the injured worker and co-workers. The employer who allows the worker time off to heal and then sets up a graduated return to work programme for that worker builds up a claim for costs against loss of earnings benefits. This employer may get a surcharge. That is not equity.

Employers are incentivised to return employees back to work early after injury. This has led to an early return in almost every situation, often at the expense of further injury or a failed rehabilitation plan. A failed plan often means the end of the employment relationship.

Supervisors take on the role of the rehabilitation co-ordinator without training, and are often given bonuses in relation to 'Lost Time' injuries and their ability to manage the figures with early return. However, there is real pressure put on the worker who is often in no state to contribute. Replacement staff is often not provided so there is a lot of peer pressure for the "idle" worker on the rehab plan to pull his/her weight.

Workers report being 'encouraged' not to admit to workplace injuries and allocate the injury to out of work activities. This is an issue for the regulator. Unsafe rehabilitation is an issue in workplaces and there is no Approved Code of Practice or agreed standards for workplace based rehabilitation.

Recently GAO, the U.S. Government Accountability Office, an independent, nonpartisan agency that works for Congress (often called the "congressional watchdog"), reported on rate-based safety incentive programs, which reward workers for achieving low rates of injuries and highlighted the same issues that are raised above:

"Experts and industry officials, however, suggest that rate-based programs may discourage reporting of injuries and illnesses. Experts and industry officials also reported that certain workplace policies, such as post-incident drug and alcohol testing, may discourage workers from reporting injuries and illnesses. Researchers and workplace safety experts also noted that how safety is managed in the workplace, including employer practices such as fostering open communication about safety issues, may encourage reporting of injuries and illnesses."

Workplace safety and health: Better OSHA guidance needed on safety incentive programs, GAO, 2012 [pdf]
• *USW news release* • *Risks 556* • 19 May 2012

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

Auditors, under the WSMP scheme and the AEP, should have H&S qualifications and should be required to observe conditions. Worker's views should be taken into account by the auditor and the workers should be encouraged to approach auditors of any concerns they may have that are not being addressed by the company.

Financial incentives should not be given to companies or individuals for not reporting injuries or manipulating the cost of injury.

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)?

This is a difficult area to measure since we operate in an environment of low standards. The CEO leadership forum needs to have genuine worker representation to be credible.

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?

There is a need for the regulator to take a more active leadership and be more directive in developing higher standards through the tripartite process.

MAJOR HAZARDS

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

Recently some resources have been allocated to the underground coal mining and the offshore petroleum industry by Government. There are other industries or high hazards facilities that do not have access to a special unit.

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

Where there is a risk of fatality or multiple fatalities, employers should be obliged to carry out a full detailed assessment where every aspect of the operation is investigated.

Risk assessment should be developed with the union and signed off. There should be agreement of risk level. A signed copy should be available for the H&S inspector to sight.

For certain high risk activities a license should be required that an inspector can withdraw if conditions are not met.

For underground mining the EPMU has submitted to the Royal Commission that New Zealand adopts a system of Site and Union Industry Check Inspectors based on the Queensland mining health and safety framework (Site Safety and Health Representatives and Industry Safety and Health Representatives).

The proposed model would include the following provisions:

- One Union Industry Check Inspector equivalent to an Industry Safety and Health Representative (QLD).
- Up to two Site Check Inspectors at each coal mine equivalent to the role of Site Safety and Health Representatives (QLD).
- Functions, powers and responsibilities for the Union Industry Check Inspector and the Site Check Inspectors equivalent to those in the Queensland framework.

- Elections, appointments, and removal of persons from office based on the Queensland framework.
- Funding of Site and Union Industry Check Inspectors.
- Qualifications and training of Site and Industry Check Inspectors.
- Check inspectors not use their positions for purposes unrelated to their health and safety role i.e for industrial purposes.

HEALTH AND HAZARDOUS SUBSTANCES

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

In 2003 a Ministerial Inquiry into the management of Hazardous Substances in Workplace reported and made 23 recommendations and the DoL reported that.

“The Department of Labour agrees with the key recommendations made in the report and has been working systematically through the Report's 23 recommendations in consultation with other government agencies interested in the control of hazardous substances. A table of actions based around the recommendations was issued in December 2003 and a further progress reports in July 2004 and December 2004” Ministerial Inquiry into the Management of Certain Hazardous ...www.osh.dol.govt.nz › *Health & Safety*

This work still needs to be completed.

SMALL TO MEDIUM-SIZED ENTERPRISES

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

Workers in SME would benefit from having access to a roving H&S representative as the cost would be shared over a number of workplaces and they would have access to a fully training H&S representative.

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?

A regulator with separated enforcement functions could provide resources and advice without compromising the enforcement. This “education” arm should also include the ACC workplace injury prevention resources.

MEASUREMENT AND DATA

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

Presently almost all data used is based on ACC claims data. Many claims, by disputing causation or place of injury (incentivised), are consequently not being included in the data. Serious Harm injuries often are not reported and there is confusion as to what to report. The NODS (Notification Occupational Disease System) is not used and not well understood. There is a similar situation with the Asbestos register.

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

The current NODS should be preserved, improved and extended. Secondly, information on occupation should be routinely collected for deaths, cancer registrations and hospital admissions, and occupation should be incorporated as a field into the National Health Index (NHI) system. The NZHIS should then routinely code this information.

www.dol.govt.nz/publications/.../nohsac-annual-report-04-05.pdf

OUR NATIONAL CULTURE AND SOCIETAL EXPECTATIONS

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

Risk acceptance is part of NZ's cultural mix and this allows activities that would probably not take place in other countries. Our ACC "No Fault" principle has also had some influence over this. This cultural trait has many positive aspects and brings economic benefits. However this must be mitigated by acceptance of the fact that risks must be managed. Government agencies must take a leadership role to influence the whole population to build risk management into their activities.

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

Having a "good" health and safety culture is often seen as the answer to many issues. However to make it a useful concept advice should be available to workplace as to what the elements of a good health and safety culture are: Health and Safety first, reporting all incidents; encouraging worker involvement; a just culture; a consultative, a learning culture; and a culture of respect for all workers.

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