



# 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](http://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](http://www.hstaskforce.govt.nz)

### About you

\* Indicates mandatory questions

#### 1. \*Your full name:

Greg Dearsly

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

☐ Individual ☒ Organisation

Name of organisation: First Principles for Safety Ltd

#### 3. \*Region

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Northland   | <input type="checkbox"/> Whangarei     | <input checked="" type="checkbox"/> Auckland |
| <input type="checkbox"/> Waikato     | <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Gisborne            |
| <input type="checkbox"/> Hawke's Bay | <input 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

- ☐ Employer
- ☐ Manager
- ☐ Employee
- ☒ Self-employed
- ☐ Employee representative
- ☐ Not in paid employment
- ☐ Other:

#### 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 checked="" 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 type="checkbox"/> 100+ employees  |
| <input type="checkbox"/> 10-19 employees          |  |

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## 7. Gender

☒ Male ☐ Female ☐ Other

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## 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+   |

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## 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               |

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## 10. Your contact details

Phone number(s)

Email address:

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### 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.

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## 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?

It is my view that the older generation (as defined in the report >54 years) have come from an historical work environment where injuries and accidents were an expected part of life particularly in industry. This generation tend to have more of a "I have done this for 30 years, why do I need to change the way I do it". This generation tend to be driven by the kiwi culture of being bullet proof, this seems to be particularly relevant to males and suspect that is also across most ethnic groups.

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?

To change or adjust culture will not be a short process however steps could be taken in some of the following areas.

Introduce health and safety training and education in schools, (probably at intermediate level) Primary level probably gets some of it through introductory road safety, cycle safety, what to do in an emergency etc.

Targeted public advertising about safety at work, its worked for seatbelts, drink driving, smoking, even the give way rule change which was going to be the biggest disaster of the year, but came and went without to many issues. Advertising needs to be hard hitting, we have all seen the health effects of smoking on peoples organs on TV some of which have been quite graphic, no reason workplace safety ads shouldn't aim to shock. Also the variety of adds would need to appeal to the different ethnic cultural values.

Literacy is major problem, and I believe is a contributing factor to many workplace, this is not just about those who cannot read / write. its about understanding and communication, more emphasis should be put on literacy programmes for Adults in the workplace.

## Regulatory framework

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

Confusing, organisations don't understand much of it, particularly SME who maybe don't have the time, money, inclination to seek advice.

Larger companies are more likely to be able to debate, analyse the acts requirements through the use of their various employees in legal, HR, OHS fields.

Some of the issues being,

Risk vs Hazard

Prescriptive vs non prescriptive

Meaning of key Terminology (all practicable steps, serious harm, etc etc)

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

Many people are saying don't change to a risk based approach, as people struggle to understand the current hazard management approach, and that may be true. Having worked in a large Australian owned corporate I have seen a risk management approach work very well for that business and other like businesses so would advocate a risk approach for large companies.

There is possibly no reason a mixture of both could work, in effect you still need to identify hazards, and develop controls, and to some extent in the current legislation a risk assessment of some sort is needed to determine significant hazards. Taking this approach may also help SME work better with a international companies if everyone was managing OHS in similar way.

Prescriptive legislation seem to me to be the answer if it correct to say "companies" don't know what to do or how to do it in respect of safety management. It seems to have worked in other countries with enviable safety records. Opponents will say kiwis don't like being told what to do, however if this is a part of NZ workplace culture that needs to change then prescriptive legislation would be another avenue to change that culture.

Serious harm has some flaws and was due to be changed a few years ago, but then got dropped.

All Practicable steps, maybe consider the "All Reasonably Practicable Steps" ALARP, this may be a good approach to not being too prescriptive as it allows duty holders to have some level of decision making left to them, as opposed to being told what to do.

Introduce Enforceable undertaking model as per Australia

## Regulators' roles and responsibilities

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

Poor, seen as unhelpful by many, and purely having a policing / enforcement role. This is obviously needed but there is nowhere to get sound advice from the regulator on approaches to OHS.

The regulatory body is not solely focussed on safety, too many times we see MoBIE in the media talking about minimum wage issues, shop trading hours over Easter, or illegal sales of fireworks etc etc, and never talking about health and safety (except Pike River, and maybe other major disasters, Tamihere Fire)

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

One single entity focussed solely on workplace safety matters. Maybe split into two divisions of enforcement and education.

Have MoBie leadership more in-tuned in OHS matters.

Senior leaders of MoBIE should have OHS education.

Require all OSH inspectors to be suitably qualified/competent and aligned to a safety organisation, (this point has links to Q 13 & 14)

Wage rates for inspectors may need improving particularly if competency improves.

Have a range of inspectors/advisors consisting of ergonomists, occupational hygienists, and investigators.

A simple change to be done in conjunction with other matters would be to give the regulator a name that tells people what they are involved in, we dont have an agency responsible for health and safety by name. We have the employment relations authority for example, but there is no Health and Safety Authority, or OSH Authority

## 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?

Working from home,

cultural diversity (incl literacy/understanding/communication), we saw recently a story about fast food outlets or dairies not complying with minimum wage laws, the owner of said business stated on TV ONE NEWS that those laws were for New Zealanders and didnt apply to his business, have we got the same thought pattern with some companies as it relates to health and safety??

self employment.

flexible work arrangement

people continuing to work until older

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

Not an easy question answer,

education for ethnic groups on NZ legislative framework requirements.

Dont know what the answer is around mixing older workers with heavy industry, particularly if retirement age is going to be increased over time, its not only about being able to react quickly in a situation but the employers should be asking questions about the "fitness for work" of their older workers, maybe a health risk assessment is a legislated part of the employment process past a certain age, similar to eyesight tests to retain drivers licence.

Does the legislation around the regulator access to home based business need to be beefed up, equally along with employer responsibilities for risk assessing home environments where people work.

## Worker participation and engagement

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

It could be effective if done right, it is one of the most painful process an employer can embark on is getting people engaged in health and safety, very few volunteer, many that do see it as an opportunity to get off work once a month for a meeting, and at the meeting the input tends to be particularly unproductive.

The employer participation process is seen as a special thing for unionised workers, this has been particularly promoted by the ACC WSMP Audit.

The Training given to reps is outdated, 67000 have been through the training, can we quantify if this has had an impact, no!!

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

Remove any references to Unions and Employee participation, this should be for all workers (union affiliated or not).

Maybe the legislation needs to direct the content of employee participation processes, its not just about complaining about OHS matters in the workplace, its about continual improvement, engagement between employer/employee,

Review and update the HS rep training.

Develop and make compulsory training programme for managers and supervisors around health and safety.

Training programmes should be delivered by neutral bodies, not unions or employer groups, but also needs to be financially available to all, so cheap and maybe somehow subsidised.

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## Leadership and governance

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

Government currently not showing the leadership in OHS it expects.

ref Structure of Regulatory body in Q6.

All government agencies should have a) same responsibilities as private entities B) participate in government promoted schemes at the highest level, ie ACC Partnership Programme/WSMP, STAR Rating, Experience Rating.

NIL requirements for compulsory reporting of injury stats or OHS performance in Annual reports

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?

Get appropriate level of govt support for OHS.

Compulsory involvement for government in OHS schemes. (Government agencies, LTA's, Educational Institutes etc etc)

At the point where a business is started, some sort of health and safety training is compulsory for director/owners before IRD, GST, ACC details are issued. "License to Operate"

Review institute of directors training programmes to ensure adequate OHS training is included.

Improve media leadership through targetted OHS campaigns (TV, Radio, Billboards, Print etc etc)

National agreement on suite of OHS stats and their definitions (LTIFR), legal requirement to report.

Legal requirement to include OHS performance in annual reports.

STAR rating missed the boat and is pointless. Should be compulsory for all business, follow same model as the Operator Rating System for the transport sector. Have seen first hand how that programme has influenced transport operators

Corporate Manslaughter

Expand and the promote the Business Leaders Safety Forum

## 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)?

H & S seen as a separate part of the business, not aligned with operations or finance.

With the apparent move away by MoBIE to using their own freely available standards as best practice to products supplied commercially, SME are unable to access these, for example there are a plethora of DOL guidelines on machine guarding, however the best practice document followed by MoBIE is an Australian standard valued at \$250 - \$300.

Need to understand why many employers achieve ISO 9001 & 14001, but very few aspire to 4801 / 18000. It is likely because quality and environment is seen as a selling point, so how do we get the same status to OHS.

ACC programme may well have filled a gap and educated many on the requirements of a health and safety management system, however it is outdated, easy to achieve, and most only achieve it for financial benefit.

SME don't know where to go for advice, can't go to DOL for fear of enforcement if something found that is unsafe, don't need to employ full time resource.

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

Make best practice documents more accessible to SME.

Maybe link ISO 9001 & 4801 (or any health and safety certification programme) to a Compulsory STAR rating type programme. No financial incentive, but increases your star rating which is publicly available.

Compulsory registration of OHS practitioners using a combination of competency based training and continual professional development requirements.

MoBIE to lead the development of the HaSPA model from Australia.

Anyone wanting to call themselves an OHS practitioner must have a professional membership of an OHS body and operate a CPD, including regulator inspectors.

Employers to recognise OHS competency and membership when advertising for OHS practitioner

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## Incentives

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

Levy Rate incentives and public/customer knowledge of OHS performance motivates business to improve.

ACC WSMP is parts its use by date, as previous, it filled a void, it can be achieved by many with their eyes closed, auditor quality is poor. The only incentive is that many Govt and large corporations use it as a benchmark in tender documents.

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

As per previous - STAR Rating to follow Operator Rating System and to become public information, STAR rating should be submitted for all Govt tenders.

An audit programme needs to exists that addresses, culture and safety on the ground (ie what is actually happening in the organisation) as well as paper based.

## 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)?

ref question 11. Corporations, SME wont follow until Govt takes safety seriously

Principals not held accountable (including where govt agency is principal)

Media not involved in productive reporting of workplace safety

Enforcement is not consistent

Designers, architects, engineers, landlords, importers, sales representatives, not involved in OHS legislation

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?

Principals are mentioned in act but are very rarely held accountable, particularly when they are a govt agency, this needs to change.

Media should look at wider reporting of improving safety at work so the message gets into the home and is seen as an issue everyone is responsible for. Hard hitting, emotional.

Enforcement needs to be consistently applied, currently reparations payment out-weigh fines, and reparations can be insured against, so many companies take the hit on that and pay the "wet bus ticket fine"

Designers, architects, engineers, landlords, importers, sales representatives, maybe should be specifically mentioned as duty holders.

Hold principals more accountable for their contractors performance, reporting (using sound definitions), prosecutions, enforcement.

Develop more active industry bodies, it has started with the big 5 who have developed their action plans but how is that progressing, being implemented throughout the industry?

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## Major hazards

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

Reaction to Pike River is a start with high hazards units, however is this just targeted at mining, because of Pike River, what impact does the unit have on other sectors that fit this bill.

What is the longevity of this unit?

Resourcing of MoBIE is probably an issue.

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

High Hazard sites to be defined and require a licence to operate.

Where appropriate, classify high-hazard sites.

Boards of these companies need safety KPIs

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## Health and hazardous substances

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

No-one understands HSNO

MBIE has one Occupational hygienist; inspectors do not have this type of specialist knowledge.

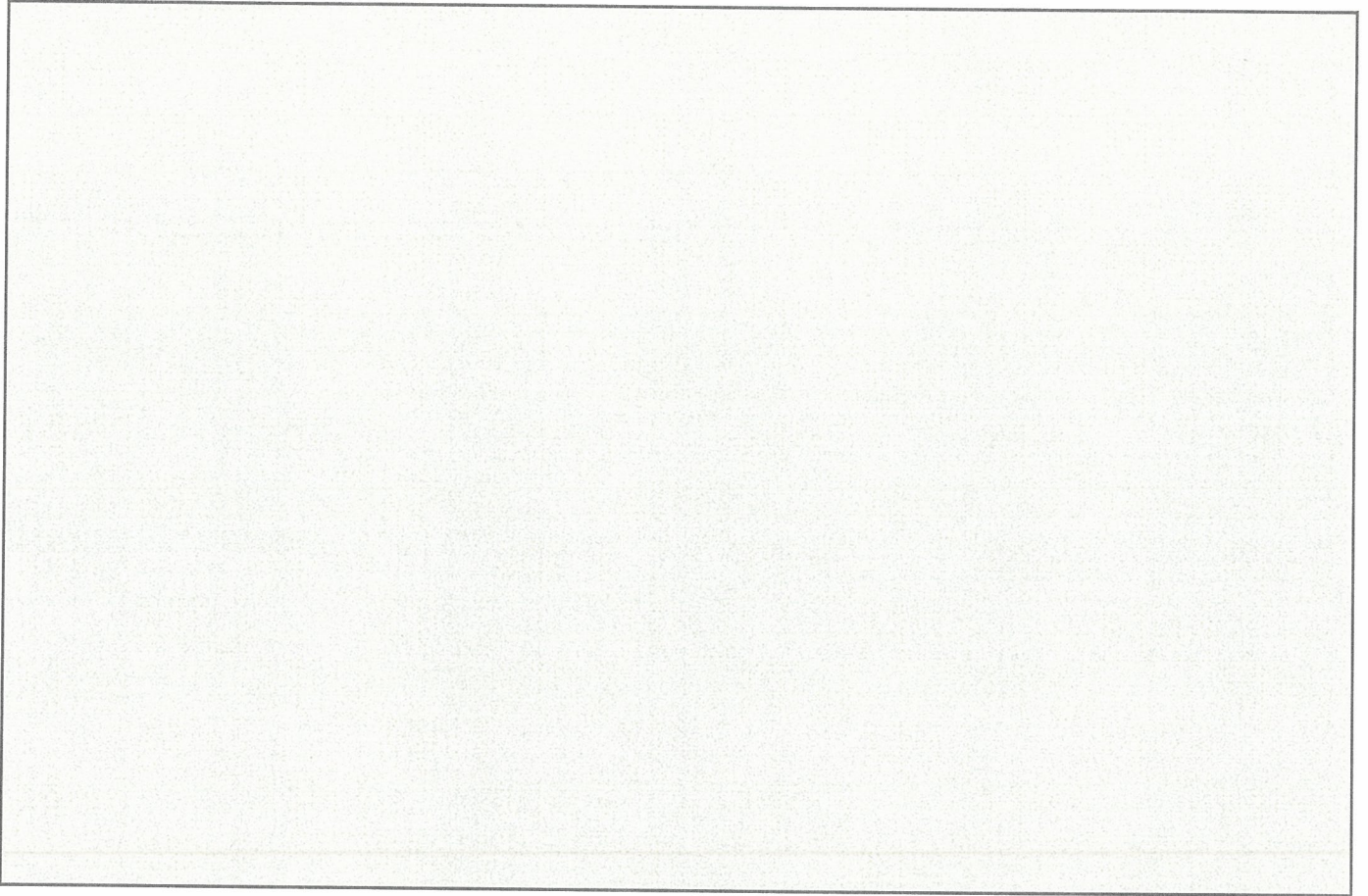
22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?

Getting more Occupational hygienists through the system is recommended and ensure there is a subsidy scheme so that companies have access to their expertise.

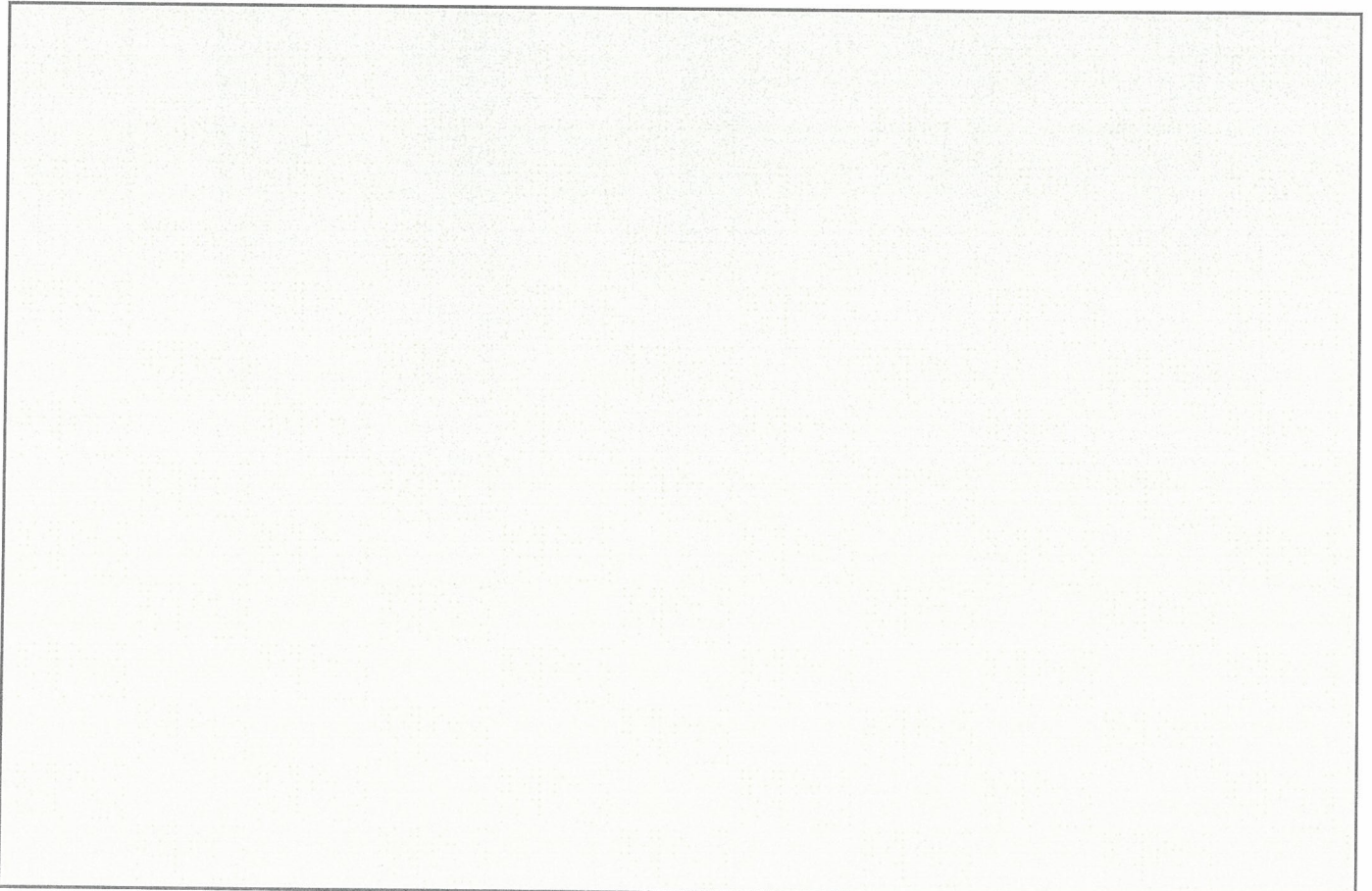
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**Small to medium-sized enterprises**

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



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?

POOR

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

Compulsory reporting of a defined suite of safety related data.

Include all work related issues for example occupational driving, work place fatality rate would increase if this was included, therefore we are currently not measuring reality.

Publicly available stats.

ACC/medical practitioner: consistency in what is defined as a work-related injury? Get the 'fitness for work' certificate in place quick. Get more visibility around GP diagnosis of work related injuries.

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## **Our national culture and societal expectations**

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

YES, but also immigrant culture.

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

Targeted public media campaigns.

More education in workplace safety factors for new business start ups including those by immigrants.

Government has to walk the talk, lead the change.

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**Other factors**

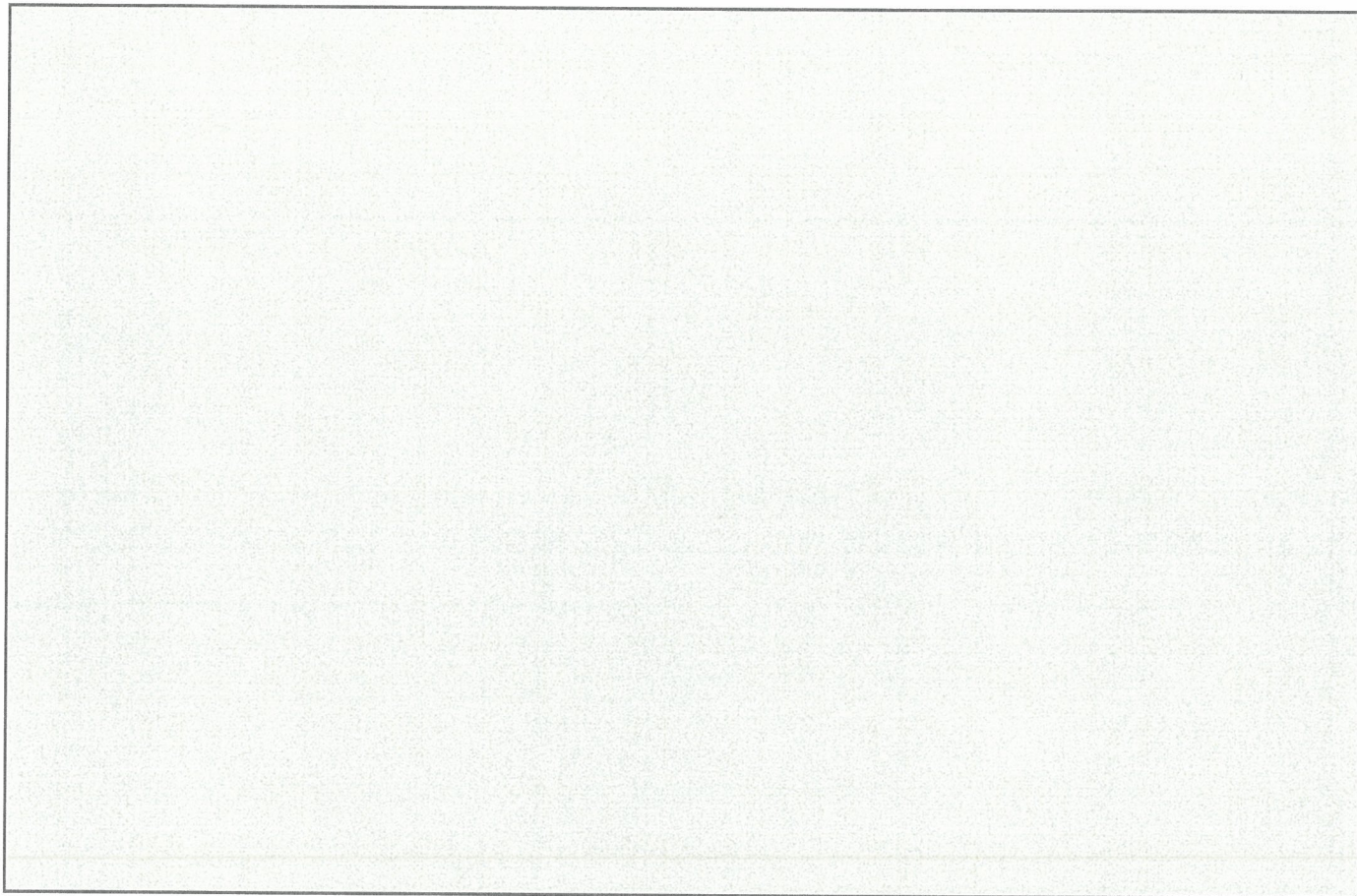
29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

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

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## Other comments

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



Please send your completed submission to [secretariat@hstaskforce.govt.nz](mailto: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.