



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:

Glenn Johnson

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 checked="" type="checkbox"/> Manager | <input 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

☐ 15–24 ☐ 45–54

☒ 25–34 ☐ 55–64

☐ 35–44 ☐ 65+

9. Ethnicity

☐ NZ Maori ☐ Asian

☒ European ☐ Middle Eastern/Latin American/African

☐ Pacific Island

☐ Other European ☐ Other ethnic group

☐ 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?

Are there regional differences? Are there local models which could be shared e.g. Taranaki initiatives (have they been effective at reducing regional injury rate?)

Generational risk/hazard awareness is an issue ñ as shown by the statistics presented. Messages delivered to those in the oldest work brackets are fighting against the most ingrained ěcustom and practiceí work habits.

We must ensure hazard awareness, control/mitigation training understanding is delivered as early as possible (part of school curriculum developing in depth year on year). This is likely to create generational conflict however children and grandchildren are the strongest levers in influencing older age groups across all 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?

Regulatory framework

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

DOL ñ has historically acted as a lag organisation rather than proactively promoting and sharing best practice, supporting businesses / SMEís to develop and implement systems which deliver the objectives of the HSE Act 1992. There must be a government organisation which businesses can turn to, to support them with strategy and governance decisions in the HSE space.

Consistent with paragraph 69, I believe a different strategy is needed to target SMEís, the owner of an SME wants to know iwhat does good look likeí, this should be something the DOL should be able to share via appropriate guides codes of practice especially in the systems space. Where they do exist they shouldnít be hard to find every business should not be reinvent the wheel! Agriculture is a good example where up-to-date guidance delivered in partnership with Federated Farmers could change attitudes of the workforce/owner from one of non-compliance to ñits part of my businessí.

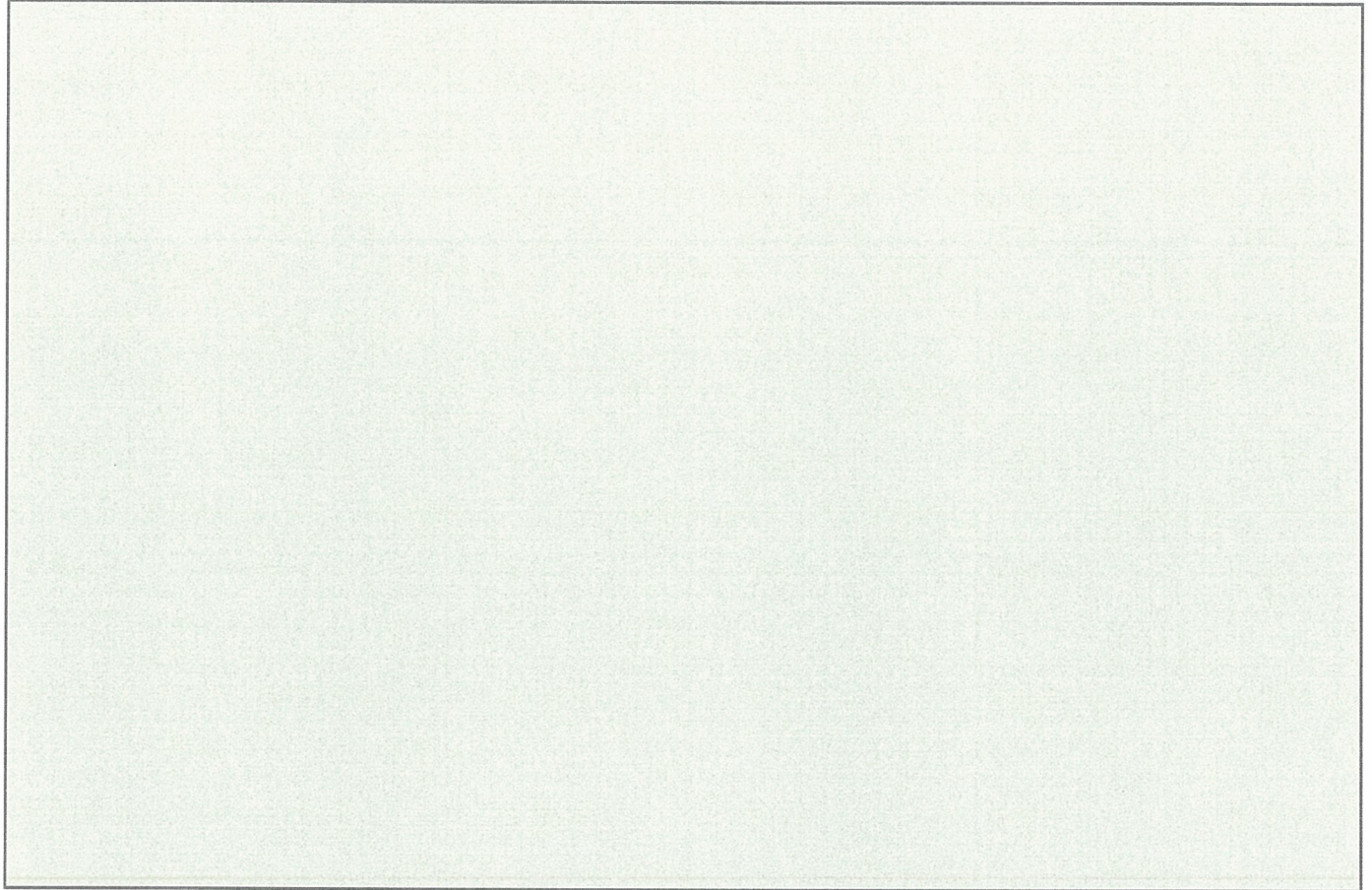
What ever shape the Regulatory Framework takes the leadership approach needs to follow a scientific process (decisions based on knowledge/data) so that finite resources are used effectively.

In the training / knowledge space the government cannot afford to continue to take a hands off approach. A consequence of the hands off approach is limited understanding across industries of the HSE Act and employer/employee responsibilities. Yes safety is a business cost but it is also a society cost and significant cost is begin carried by the tax payer. Govt subsidised training directed at Business Owners and employees is needed.

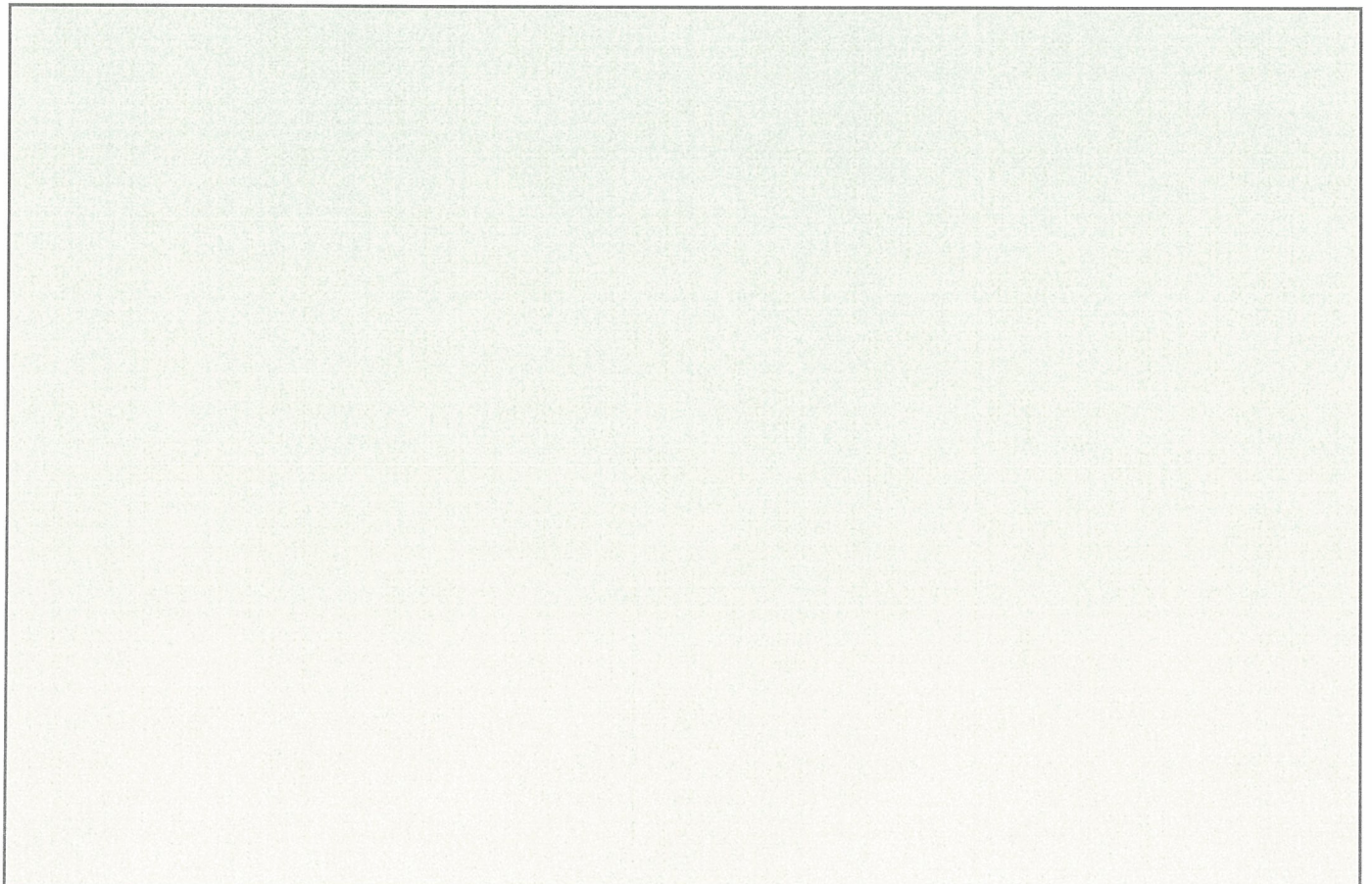
4. How do you think the health and safety regulatory framework could be improved?

Regulators' roles and responsibilities

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



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



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?

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

Worker participation and engagement

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

For SME iwhat does good look likeî is needed. Committee has very formal connotations were as what is expected / required is open regular dialog and the opportunity for people to share / put forward their thoughts and ideas.

ëFear of dismissalí etc is a consequence of lack of employer understanding of their responsibilities. HSE Act education is not currently a requirement for people to form/list a business, where it could easily be along side other checks that are completed. As with any training refresher / updating is needed.

In the Ag sector organisations like Federated farmers need to take a leadership position in supporting worker participation.

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

Leadership and governance

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

Paragraph 157 and 163 identify the need for targeted training at directors and senior leaders. Until a safety culture is ingrained in the New Zealand population focussed governance and ěmore hands oní approach is required to reducing workplace injuries.

Leadership and Governance applies to both large and SME as per earlier comments, training for all people listing / starting a register business should be mandatory.

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?

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)?

Education and training through all levels of the education system is required (Primary, Secondary, and Tertiary). At Primary level involvement is basic; fire wise, the EQC shake out drill are good examples which could be expanded on e.g. in rural areas farm safety. The innocence of youth can challenge the behaviours of parents and grandparents!

Involvement in Tertiary professional degrees (e.g. engineering, management and medicine is very recent. Engineering for example typically focuses on process safety practices where as both process safety and occupational safety should be considered in particular the HSE act. Eventually as discussed in 177 the legal obligations and safety competency could be built through the secondary school system ensuring all people entering the workplace and tertiary training have foundation understand and awareness of hazards, hazard control and our collective responsibilities to ourselves and each other. Cultural change will only happen through a staged program ñ single event training is the less effective option.

I would like to think the secondary benefits of HSE training beginning at youth level is a changing attitude to our recreational behaviours particularly driving and alcohol.

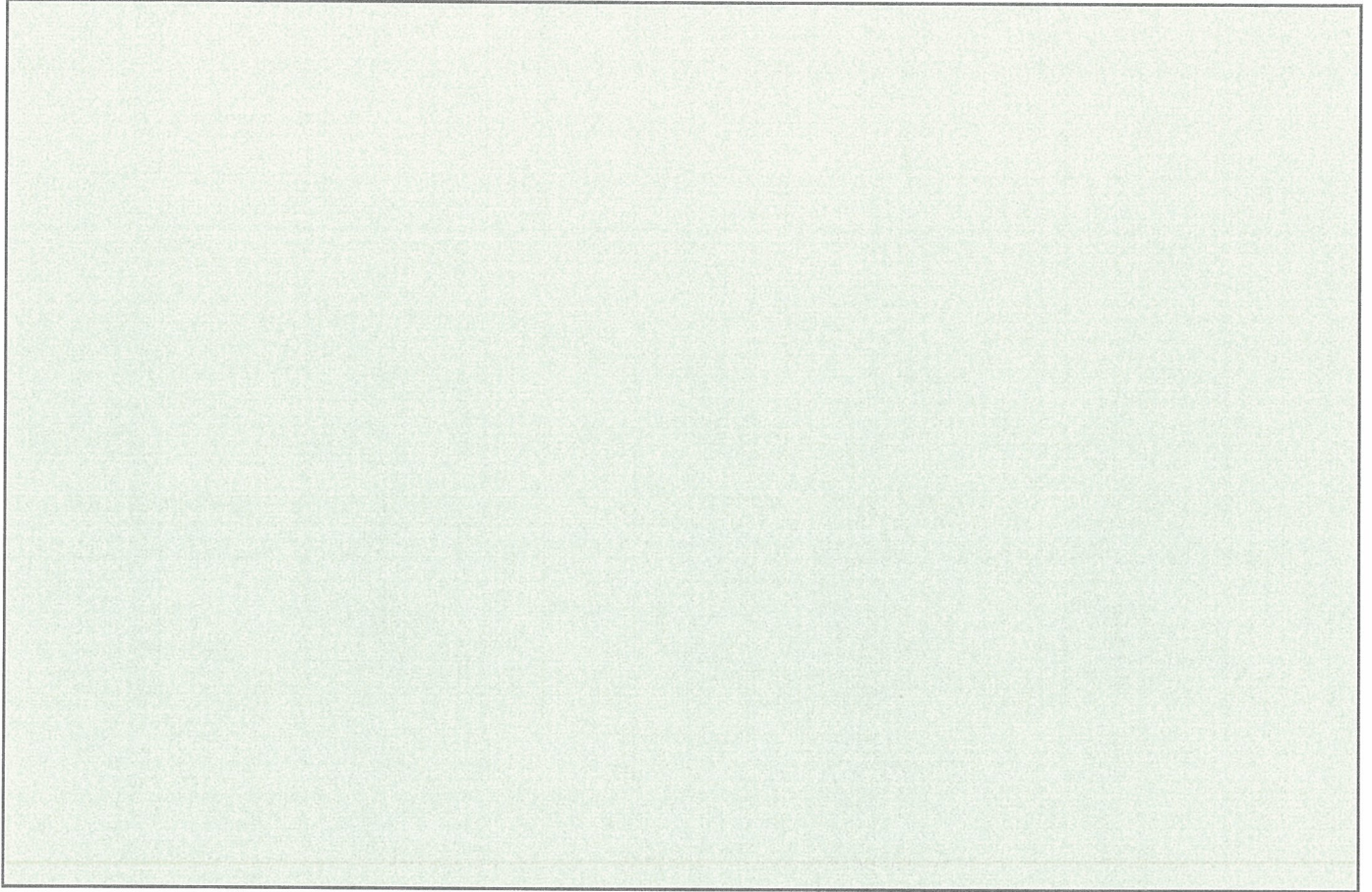
Government funding and support is critical to reaching the entire New Zealand workforce and should not be carried solely by businesses as äa compliance costí. A program with finite duration would be possible.

Paragraph 180 highlighted the availability of information and guidelines from a range of different organisations ñ I question if there is widespread knowledge of these especially amongst SME

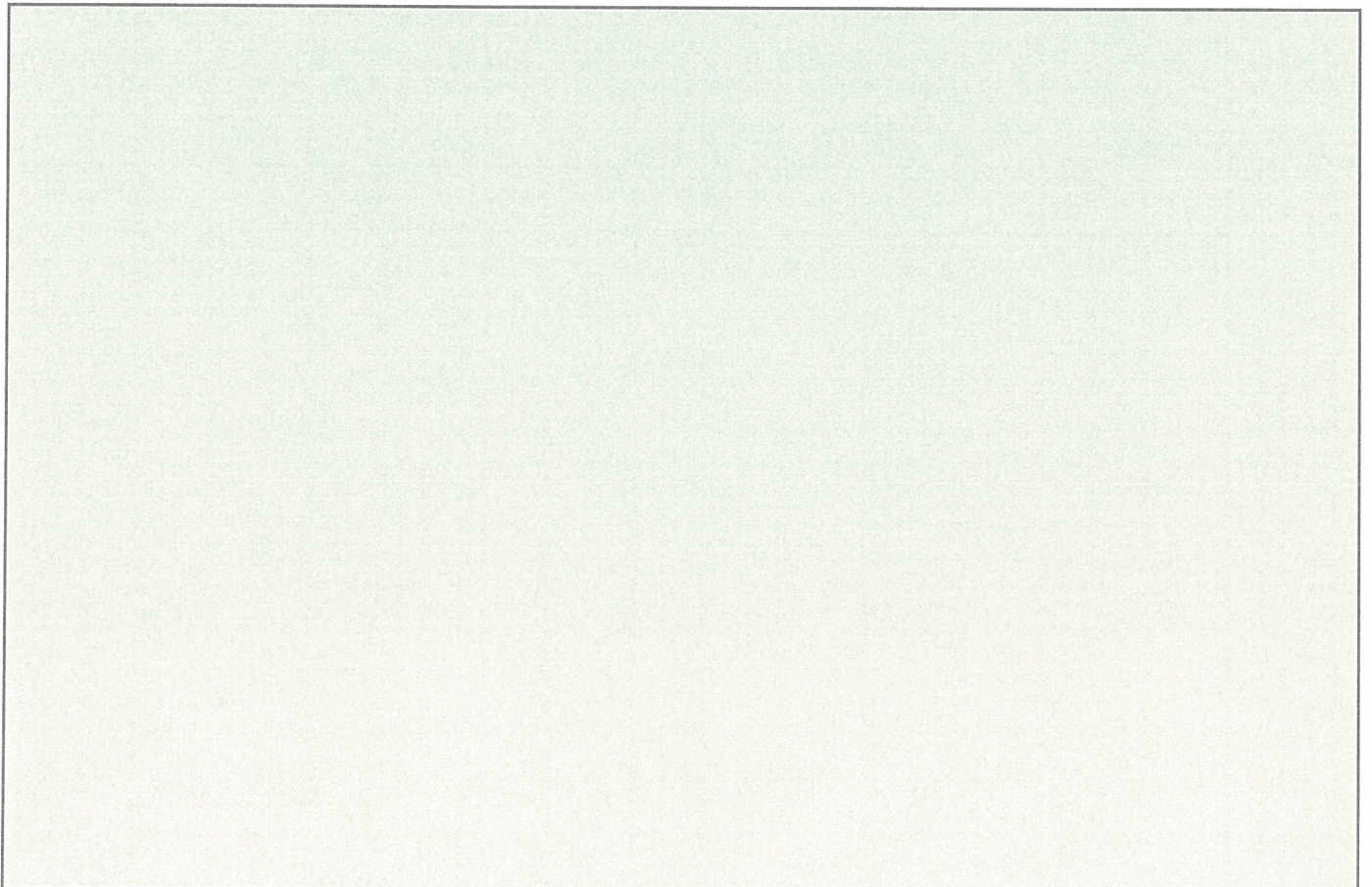
14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?

Incentives

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



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)?

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?

Major hazards

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

New Zealand's major hazard facilities utilise a wide range of systems to manage risk, these systems vary based on licence to operate codes (eg AS/NZS 3788), quality assurance systems (ISO) and the practices of international owners. Inconsistency in the approach minimises sharing, results and bespoke systems and makes regulator review more difficult. Greater consistency would result in improved regulation of major hazards facilities.

The Pike River disaster highlighted the need in High Hazard facilities for leadership focussed on the entire business ñ allow with a consistent approach, leadership education, leadership commitment will follow.

The principles of Process Safety don't just apply to Major Hazard facilities, the elements of Process Safety (Hazard Identification and Control ñ frequently referred to as Permit System, Management of Change, Preventive Maintenance, Staff Compliance) are good business processes which seeks to eliminate both incidents of major and occupational nature as well as maintain business continuity.

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

Health and hazardous substances

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

It is not reasonable to expect businesses to identify future diseases and therefore control and unknown hazard, however it must be expected that known disease causing hazards are identified and controlled (e.g. hearing loss, respiratory fibres including asbestos etc). Hearing loss from workplace exposure is not reasonable - the challenge is separating private exposure from workplace exposure. Mandatory regular health checks for the working population would capture hearing loss occurring through private exposure and drive personal accountability.

The agency role should be to identify trends in the nations health and work to establish links between those suffering medical conditions with common work histories or private exposure.

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

Small to medium-sized enterprises

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

Safety needs to be translated ñ tick the box compliance is not the goal. We are seeking to ensure everyone goes home in a better condition than they arrived. This is achieved by identifying and controlling hazards ñ a process that is most effective when all people in the work team are involved. Sharing of best practice saves reinventing the wheel!

We must also challenge our definition of SME, the maturity of safety systems on a high return / investment SME (large farming businesses) should be higher than the cottage industry

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?

Lead indicators like work force HSE training should be added to the lag indicators. The workplace audits / incentives collected by ACC is a further available data set. Involvement of all businesses in one of the 5 programs should be an aspirational goal resulting in greater sharing and a more complete knowledge of the state of safety management in New Zealand businesses.

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

Our national culture and societal expectations

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

What's in it for me?

Employer

State accident compensation vs. injury insurance alters how injury costs are carried, in and more importantly limits opportunity to have good systems, performance recognised in the form of premiums (UK Norway).

The ACC lead WSMP Audits are one of the few examples in the NZ system of a proactive program. Greater benefit would be possible where industry experts are able to lead the audit (greater sharing of information across businesses of a type).

The risk of litigation following workplace industry is clearly a stick employers in the UK have to ensure safety practices in the work place meet/exceed code of practice standards.

Contracting Company

Should contracting companies be mandating min safety levels when purchasing services or goods? A potential outcome is that local companies may not remain competitive with overseas goods due either to the small scale on many of our businesses, lack of access to capital (or markets too small to justify appropriate capital), no desire on the part of the business owner to get any bigger particularly where automation and inherently safety equipment is required.

In general the NZ assets are old or cottage industry in nature ñ in my opinion workplaces in NZ remain as cottage industries longer than in other parts of the world due to factors above. The result is equipment and process which are not redeveloped or improved to address safety and productivity issues.

Individual

Accident is a term we need to remove from NZ culture ñ by doing this we will improve the safety of everyone in our communities. Every incident involves an uncontrolled hazard!

I get to do the things I enjoy doing or wish to achieve in life, everyone's personal story will be different but the message is reduced quality of life due to exposure to uncontrolled hazards at work is not acceptable.

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

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?

Other comments

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

As identified in paragraph 23 critical information on the impact of firm size on injury stats is needed so a finite resources can be used most effectively.

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.