



# 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:

Dr Peter Dodwell

#### 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 type="checkbox"/> Taranaki      | <input type="checkbox"/> Manawatu-Wanganui |
| <input checked="" 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 type="checkbox"/> Occupational health nurse                 |
| <input type="checkbox"/> Employee                | <input checked="" 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 checked="" 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 type="checkbox"/> 35–44 | <input checked="" 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?

Limited time does not permit me to answer all questions. I have inserted answers at Q27 and Q28;

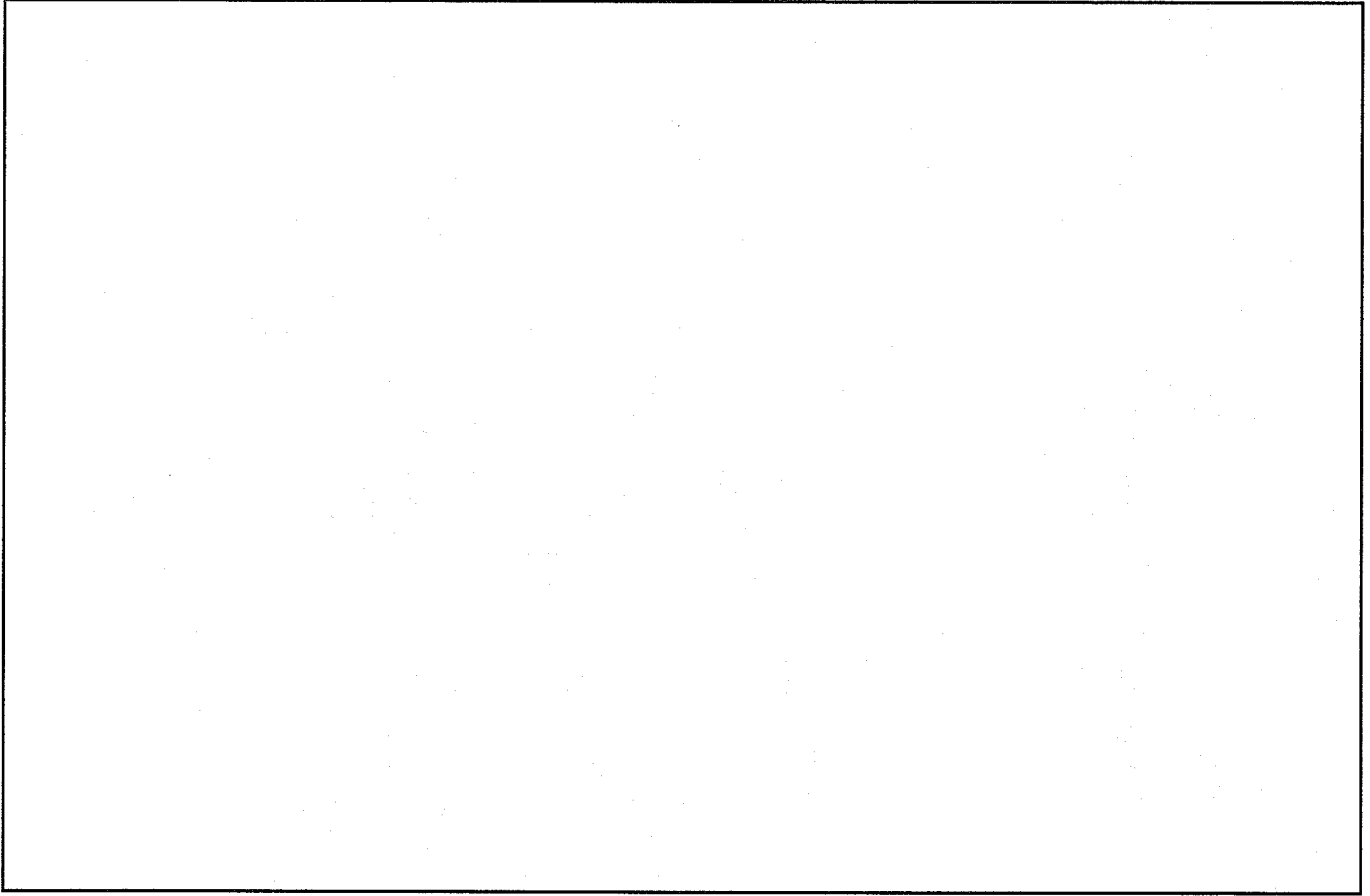
Please also see detailed comment at Q31, regarding Q4, 20, 22, 23, 24.

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?

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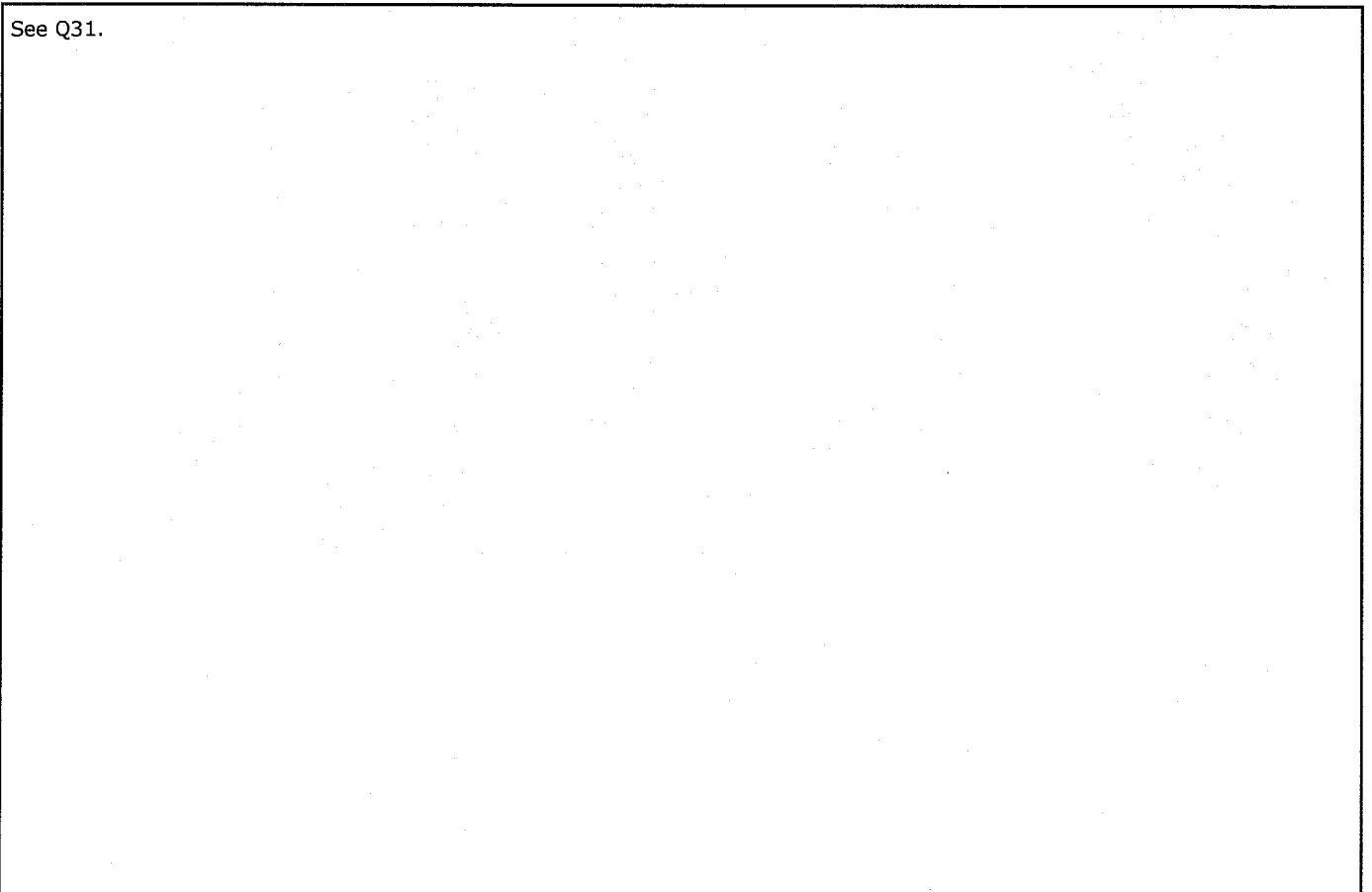
## Regulatory framework

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



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

See Q31.



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## Regulators' roles and responsibilities

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

See Q31.

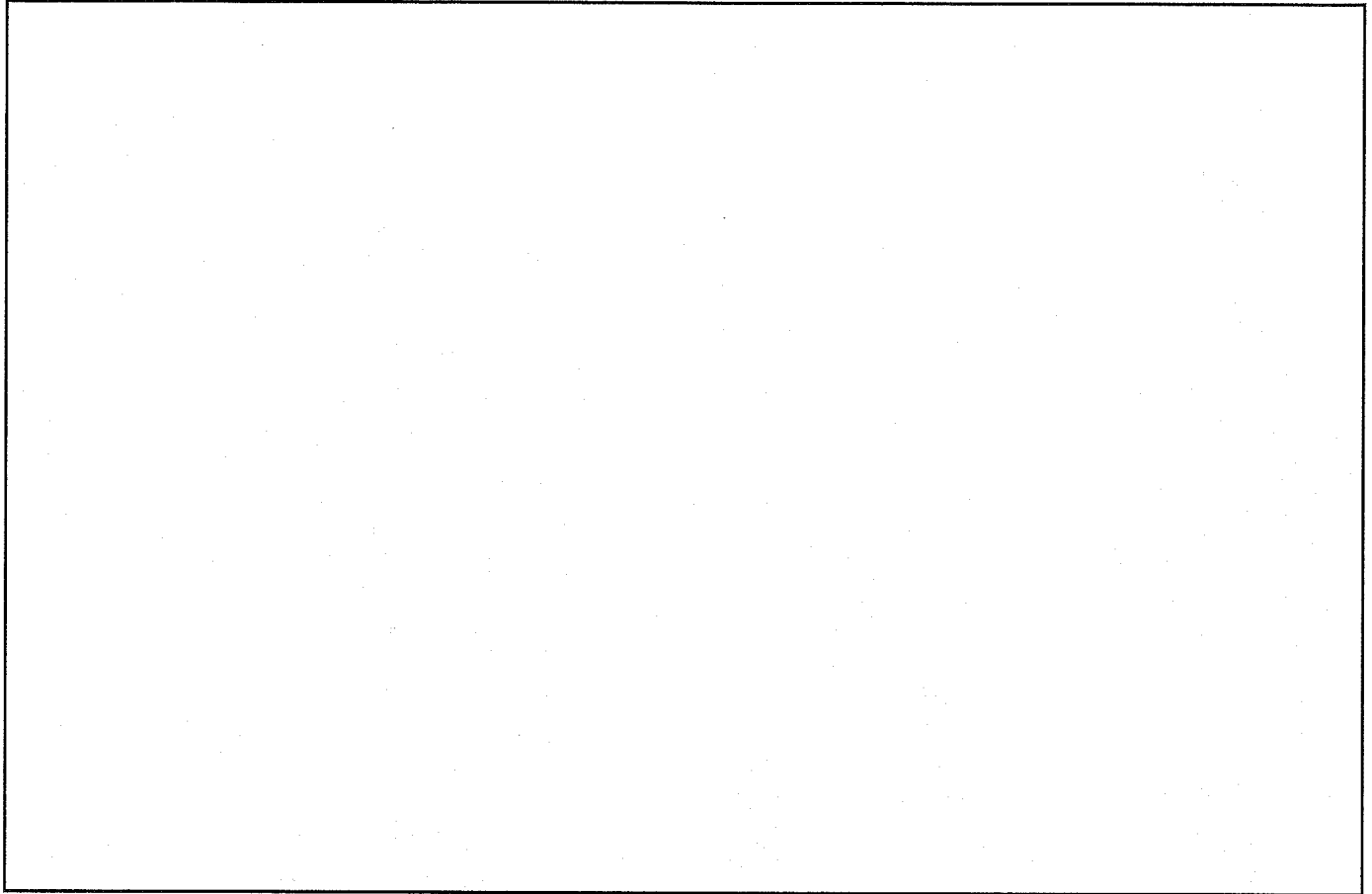
6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?

See Q31.

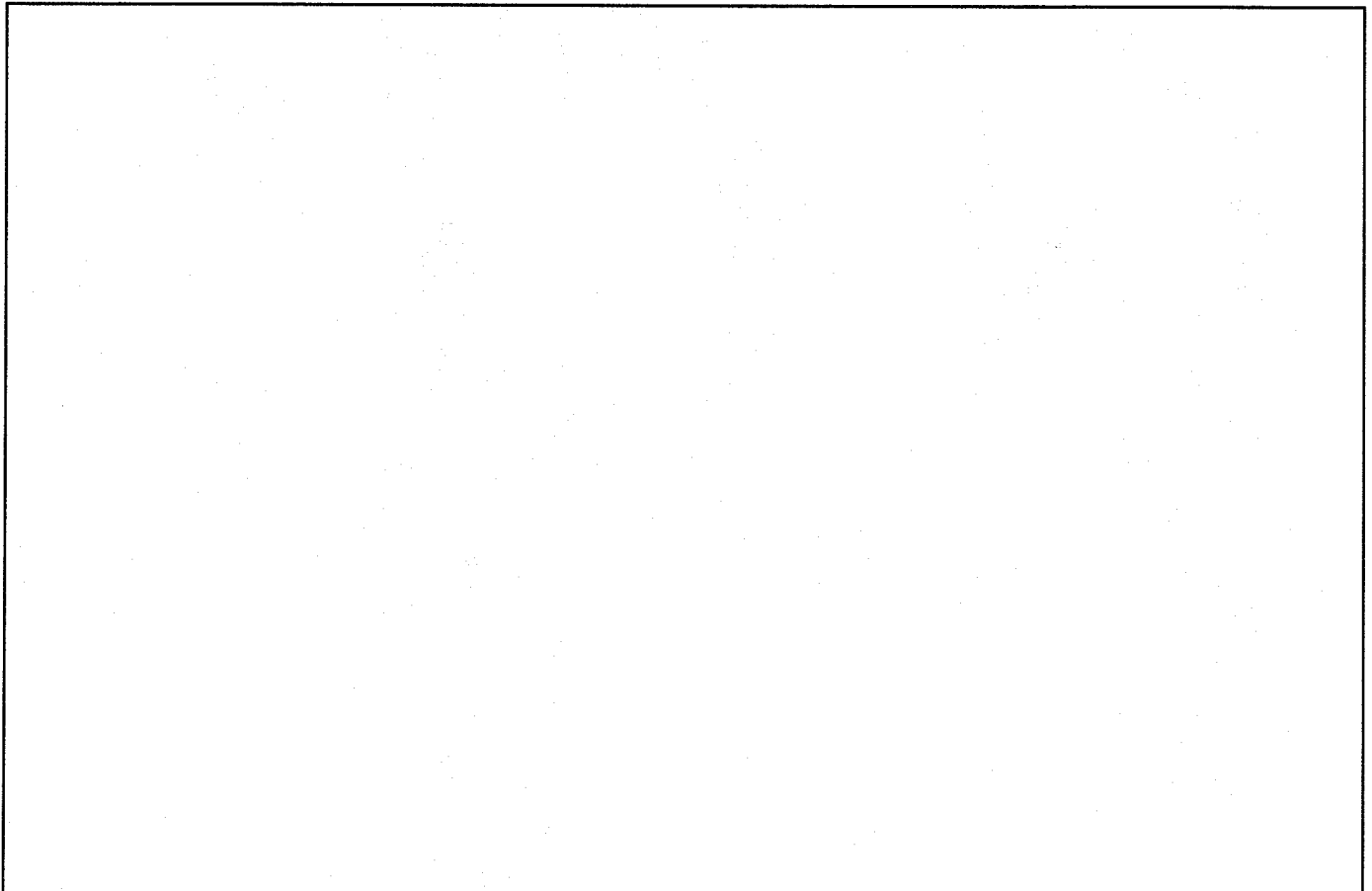
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## **New Zealand's changing workforce and work arrangements**

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?



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**Worker participation and engagement**

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

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?

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?



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**Capacity and capability of the workplace health and safety system**

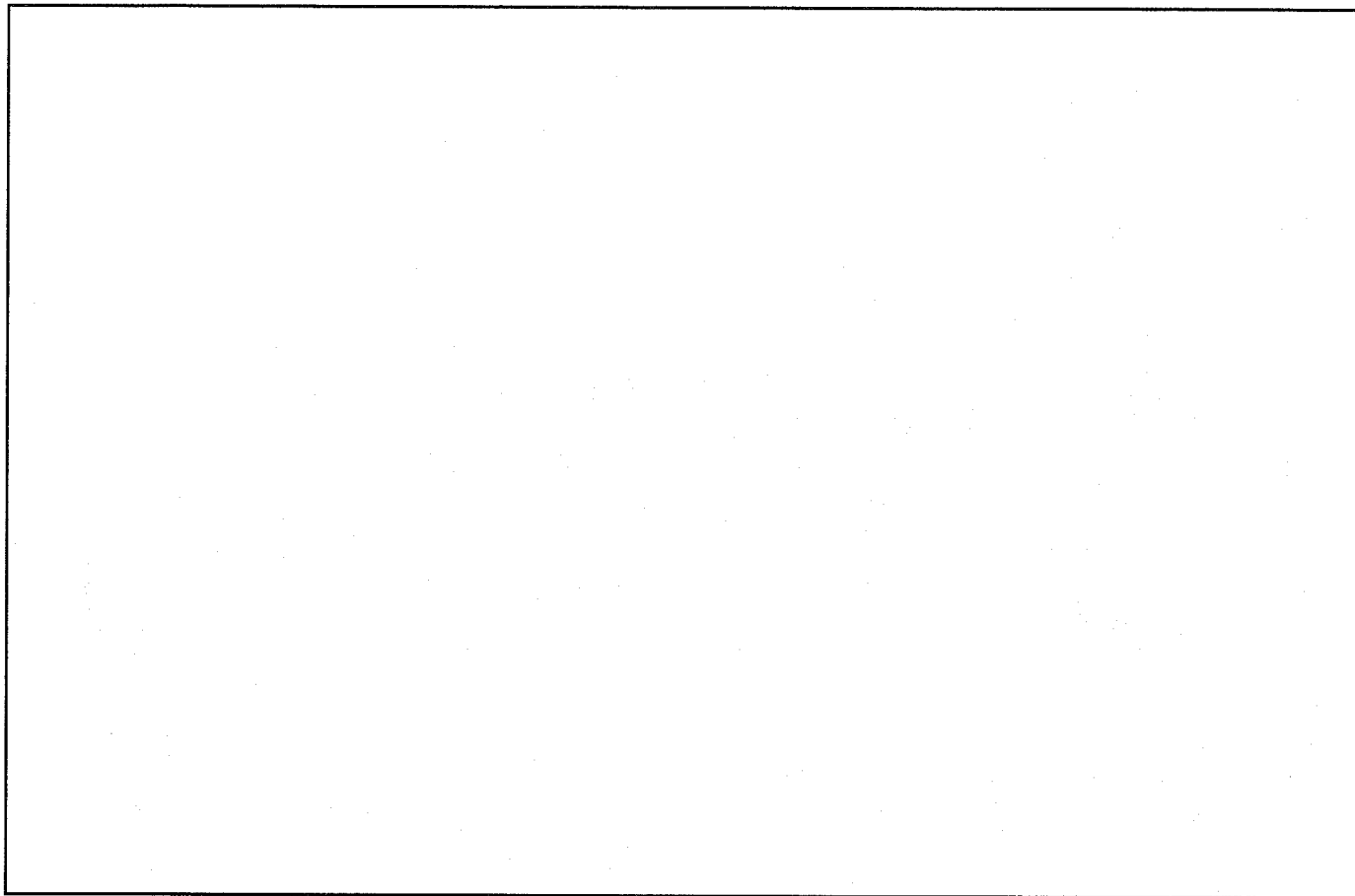
13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?

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

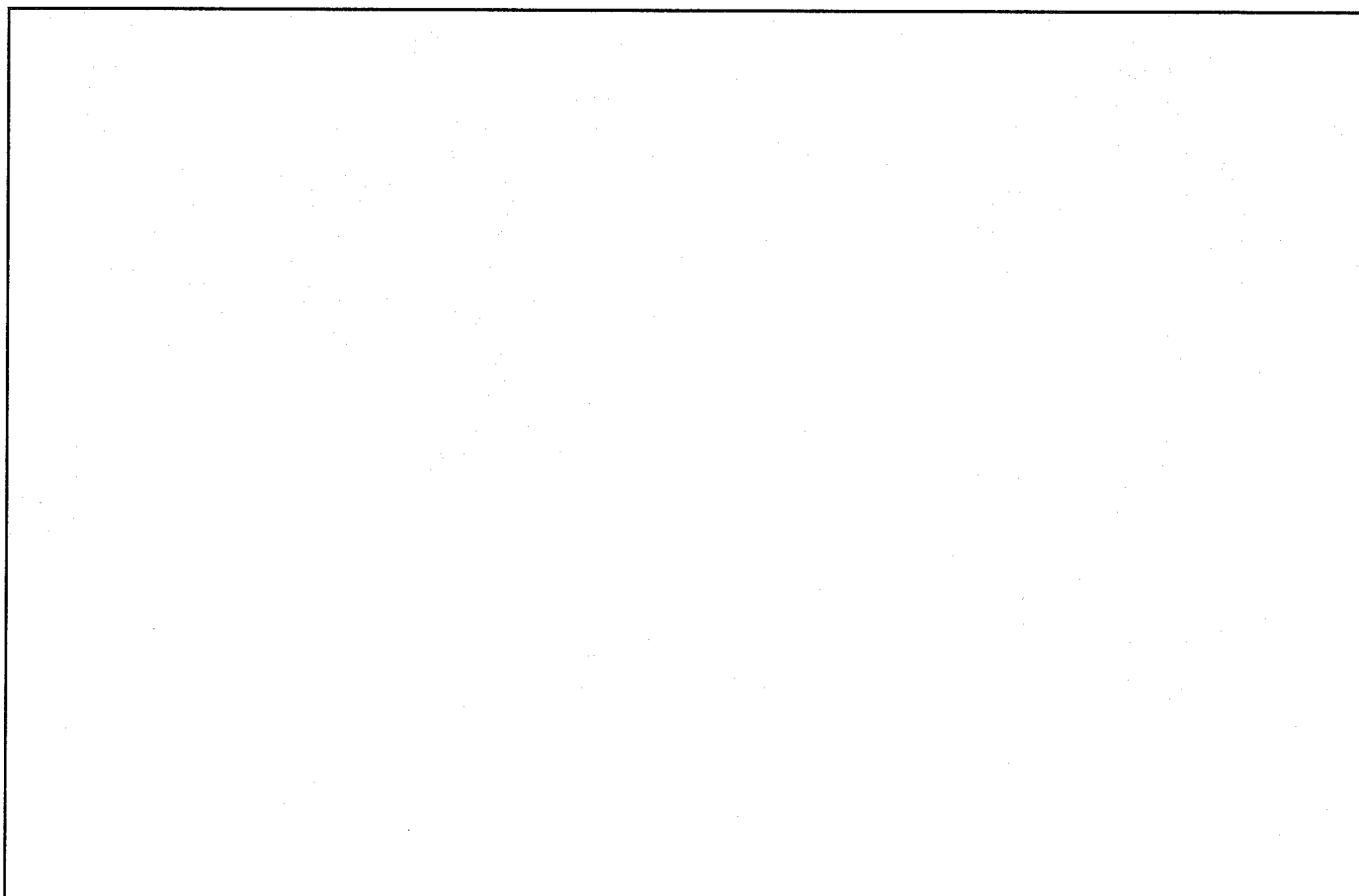
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## Incentives

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



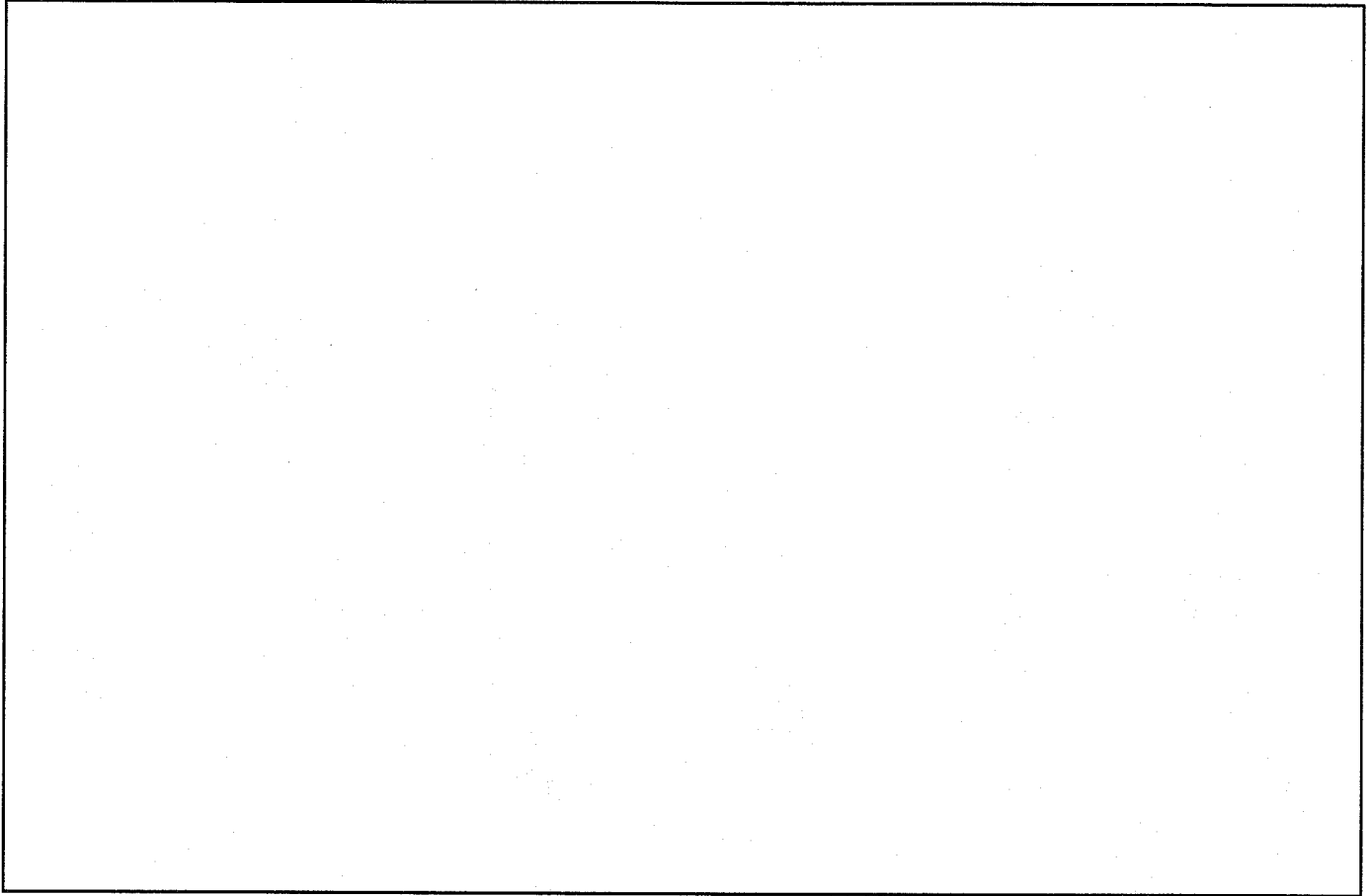
16. How could incentives be better used to improve workplace health and safety outcomes?



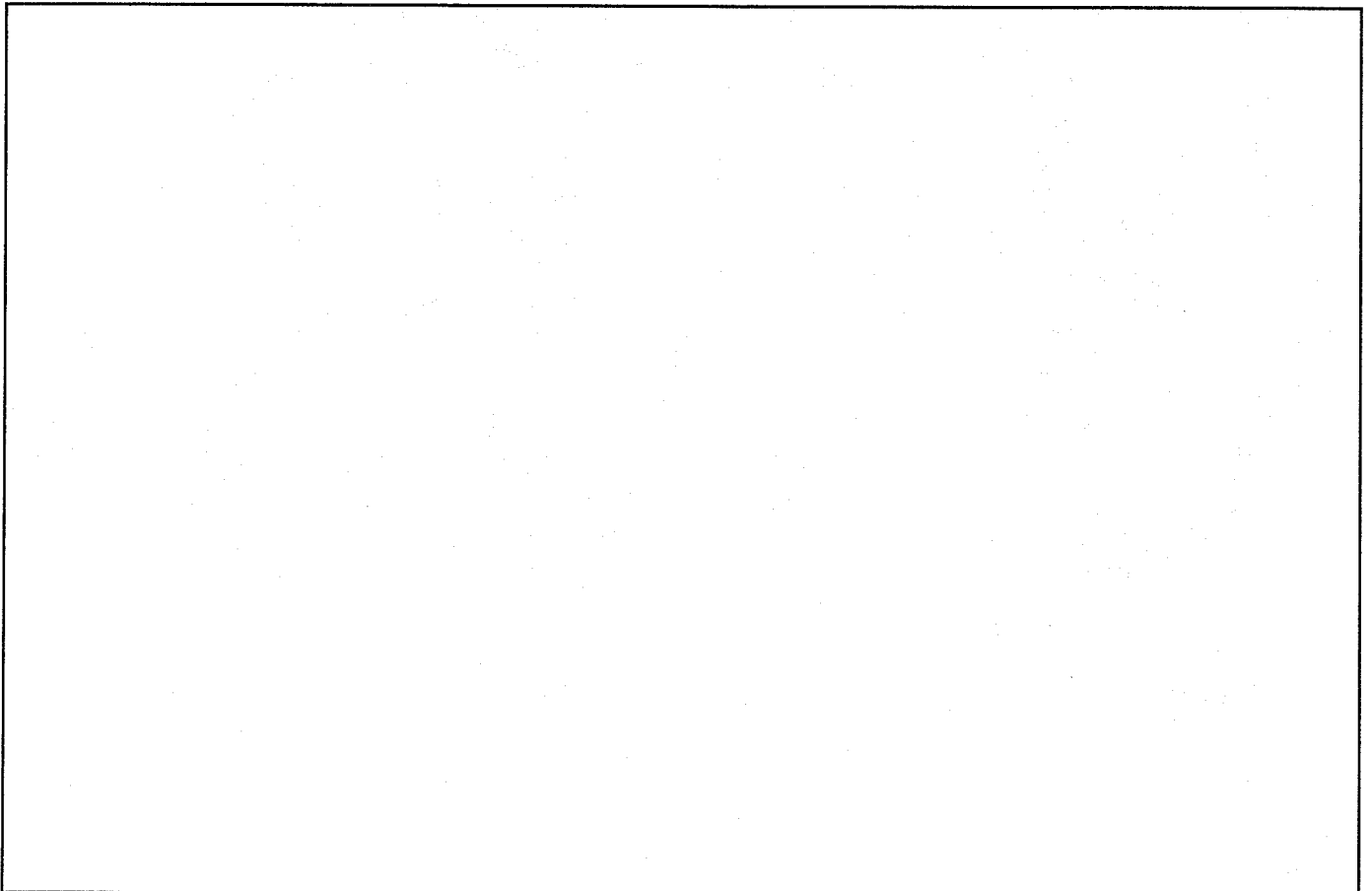
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**Influencing health and safety outcomes beyond one's own workplace**

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?



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**Major hazards**

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

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

See Q31.

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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?

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

See Q31.

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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?

See Q31.

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?

See Q31.

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**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?

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

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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. For example, we have a "can do" attitude and tend to attempt tasks without sufficient consideration of risks, including a somewhat casual attitude to what we perceive as "minor" injuries or minor risks. In terms of risk, there tends to be a "so far, so good" approach... If the outcome of a hazard is severe but RARE this approach is common but not appropriate. It may result in ignoring relatively low-cost prevention strategies.

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

As I discussed in person at the Wellington consultation meeting, we already have TV programmes devoted to Border Control, Fisheries, and to Police enforcement, and these seem popular. They have a potential to influence attitudes.

I suggest a similar TV series following inspectors around workplaces, which could also influence attitudes.



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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?

See Q31.

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## Other comments

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

Submission regarding Q4/5/6/20/22:

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

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

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

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

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

& Q23/24: What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises? 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?

### ANSWERS:

Under-funding and conflicting interests in the current structure of the Government's Health and Safety apparatus is a major factor in Health and safety problems in New Zealand. It has several effects.

Firstly and most obviously, to those of us who work in HSE and Occupational Medicine, is that New Zealand is failing to produce and maintain adequate health and safety standards documents such as codes of practice. This potentially has greater impact on small to medium enterprises, who have fewer resources for developing their own safety systems, and are dependent on guidelines developed by others.

A classic example is the ACC/DoL "Code of Practice for Manual Handling", a code of practice that should be fairly straightforward to produce considering the already available standards from around the world. This Code of Practice for Manual Handling was produced in 2001, and since then both DoL and ACC have been contacted on multiple occasions regarding this document's failure to set forth a safe standard.

ACC statistics from July 2007 to June 2012 show 404,186 new lifting related back injuries during this period. The period July 2011 to June 2012 had 80,523 new claims and 99,523 active claims, costing \$97,737,030 that year. The total cost for claims from July 2007 to June 2012 was \$593,202,321. This suggests that an adequate code of practice and adequate enforcement would result in substantial dollar savings via reduction in back injuries.

Case Study – A linesman, who suffered a severe back injury caused by lifting 50 kg transformers, by himself, up a rough hill. The man himself weighed only 70kg. Relevant advice in the code of practice was... "Injuries may result for less resilient people. Workplace redesign is recommended for them." The result of following such advice would be the same if the weight was 100kg or even 1000kg. The NZ Code of Practice sets no upper limit for safe lifting, and consequently few (if any) employers are prosecuted

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.

**Dodwell & Associates submission –**

**Reproduced below are the contents of the “Q31: Other” field, which was partly obscured on the previous page...**

Submission regarding **Q4/5/6/20/22:**

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

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

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

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

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

**& Q23/24:** What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises? 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?

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International studies which were available in the 1990s recommended a person lift no more than 23kgs without twisting, on flat ground. NIOSH's Lifting Equation and related USA guidelines, based on published research, advises that lifting loads over 20 kilograms (when the load is held close to the body) results in an increased number and severity of back injuries, and that this risk increases when the load is further from the body (owing to leverage effects). Yet DOL could not see the urgency in remedying their omission, when this was pointed out.

This seems to show a lack of resources, perhaps in both staff numbers and level of relevant expertise. There also appears to be a lack of a quality assurance process that successfully ensures regular review and updating of documents such as codes of practice.

Creation of standards documents should be a cyclical consultative process, rather than a one way funnel. It should include sign off by consensus from representative relevant experts. Lawyers and legal drafts-people do not have sufficient qualifications to have final sign off when it comes to health and safety. If they have suggestions about legal wording (which might inadvertently alter technical meanings) these suggestions should go back to the relevant experts for further consultation.

The relevant experts should be appointed by their appropriate professional bodies, to ensure professional objectivity. In this age of 'user pays' philosophy, there is perhaps also too much reliance on an unpaid consultation process when it comes to seeking expert advice. Perhaps advice offered in the past was unpaid, and consequently a less complete job.

A flow on effect from having inadequate codes and legislation is confusion and a laissez affair attitude to safety. New Zealanders are already very laid back by nature (a good thing), but combine this with inadequate codes and legislation it leads to further complacency and perceptions of lack of risk.

Secondly, under-funding has led to progressively smaller numbers of Government Health and Safety inspectors. This has a number of flow-on effects, such as only major incidents being investigated. Thus minor incidents become ignored even though they may be classed as a 'near miss' incident that should have remedial processes put in place. This ignoring of minor hazards reinforces the laissez affair attitude to safety.

Another effect of fewer Health and Safety inspectors is less proactive inspection (auditing, on a random basis), and identification of system failures and incidents before injury occurs. Proactive inspection leads to employers being educated on how to avoid incidents, and preventing incidents before they happen should always be preferable to cleaning up afterward. We would be spending significantly less on medical treatment if we were proactive.