

Workplace Health and Safety Strategy for New Zealand to 2015

**Rautaki mō te Haumaruru me te Hauora o te
Wāhi Mahi mō Aotearoa ki te 2015**

DRAFT FOR CONSULTATION

Hon Ruth Dyson
Associate Minister of Labour

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website: www.whss.govt.nz

Copies are also available from:

Workplace Group

Department of Labour

PO Box 3705

Wellington

New Zealand

email: whss@dol.govt.nz

Foreword

E ngā mana, e ngā reo, e ngā iwi katoa huri noa i te motu whānui tēnā koutou, tēnā koutou, tēnā koutou katoa. Tēnā koutou i ngā aituā maha o te wā e hinga mai nei. Ko rātou ki a rātou, ko tātou ki a tātou, tīhei mauri ora.

I am pleased to present the Government's *Workplace Health and Safety Strategy for New Zealand to 2015*.



The Strategy aims to improve the health and safety of our workforce and contribute to the productivity of our workplaces. It directly supports the *New Zealand Injury Prevention Strategy* the Government launched in June 2003 and underpins it in the area of workplace health and safety.

Despite our best efforts to date, too many New Zealanders die each year as a result of traumatic work injuries and past work-related exposures to hazardous substances. Every day, approximately 600 workers are harmed badly enough to seek medical help.

Workplace health and safety is particularly relevant to the two million New Zealanders in paid employment. It also matters to their families and friends, who expect their loved ones to return home unharmed at the end of their working day. And it's an important concern for citizens and their interaction with public work activities, for example when they walk past a construction site or rely on public transport.

Poor workplace health and safety is a business productivity issue. Just as damaged plant and equipment, poor-quality services and products and excessive waste are symptoms of inefficient business operations, so are work-related illnesses and injuries. By improving work practices and processes, we can prevent these illnesses and injuries and reduce other business losses at the same time.

The Strategy offers a vision and strategic direction for workplace health and safety in New Zealand and a guide for action – particularly by government agencies. It will help New Zealand to better focus its workplace health and safety efforts, and provide a clear direction to workplaces, employees and their unions, industry networks and community leaders who are directly involved in, or make a contribution to, workplace health and safety in New Zealand.

The Strategy is an expression of the Government's commitment to working with others to improve New Zealand's workplace health and safety performance. Developed with input from stakeholder representatives and government agencies, it is now being circulated among people with an interest in workplace health and safety. I encourage you to read and respond to it using the submission booklet. Your feedback will help ensure the finally published Strategy has wider relevance and support.

We look forward to hearing from you.

A handwritten signature in black ink, appearing to read 'Ruth Dyson'. The signature is fluid and cursive.

Hon Ruth Dyson
Associate Minister of Labour

The Strategy's development

This draft *Workplace Health and Safety Strategy for New Zealand to 2015* (the Strategy) has been developed by a Department of Labour project team, a Government Agency Group and a Stakeholder Group. It includes a vision and a set of outcomes reflecting the *Managing for Outcomes Framework* widely used by government agencies.

The *Managing for Outcomes Framework* aims to direct government action towards the most important results (or outcomes), helping agencies to ensure they choose the most effective actions. The actions for this Strategy will be identified in an implementation schedule in the final Strategy document.

We are now seeking feedback on the draft Strategy from a wider audience with knowledge of and experience in workplace health and safety. This consultation will test our proposed outcomes framework and support the development of the implementation schedule.

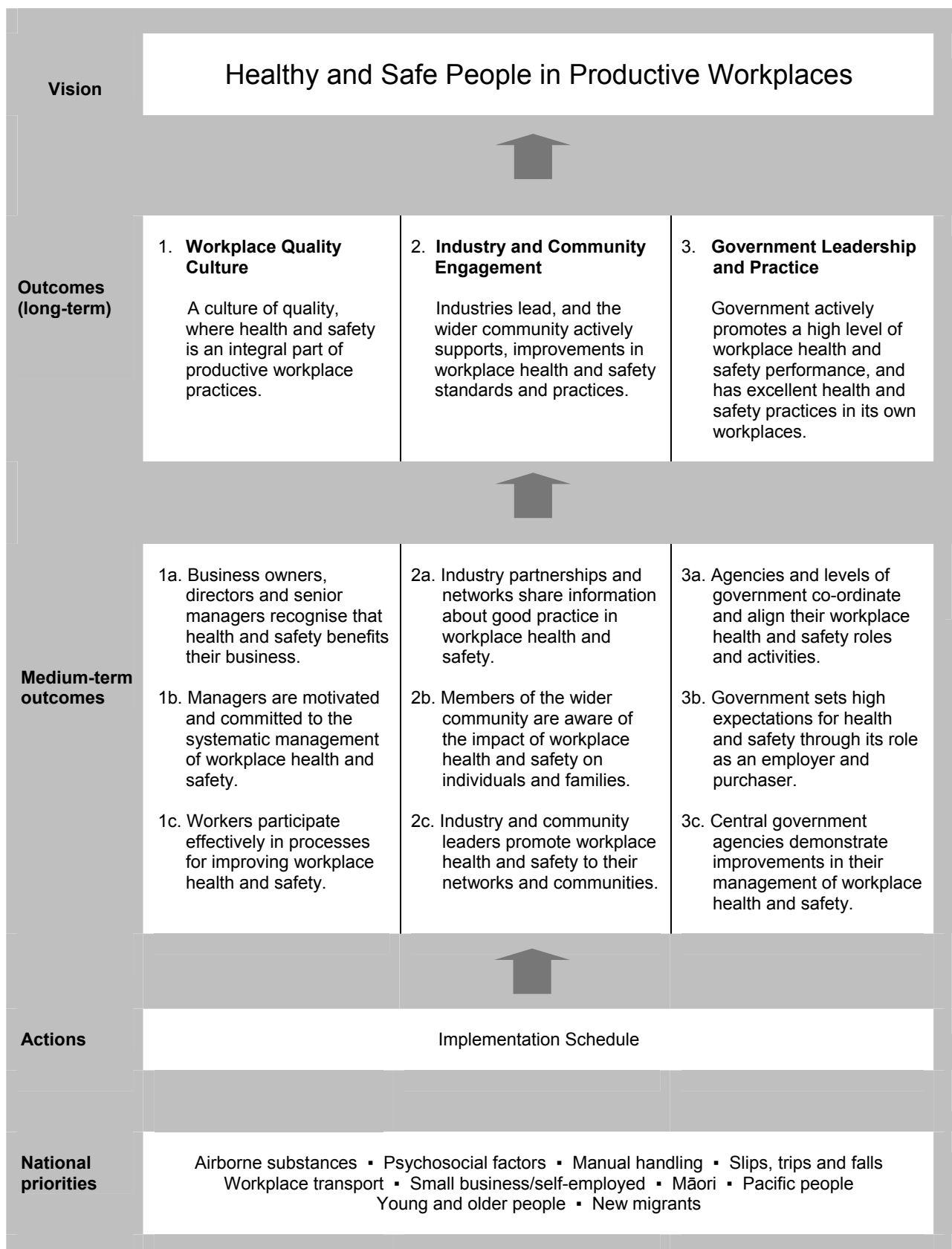
Feedback is vital for the quality of the Strategy, and we encourage you to make a submission.

We plan to launch the final Strategy by June 2005.

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Workplace Health and Safety Strategy for New Zealand to 2015



Introduction

The *Workplace Health and Safety Strategy for New Zealand to 2015* provides a strategic direction for workplace health and safety in New Zealand based on a vision of 'healthy and safe people in productive workplaces'. The Strategy will help New Zealand better focus its workplace health and safety efforts by providing a guide for action for central government agencies, local government, unions, industry and employer organisations, other non-government organisations and individual workplaces.

Why a Workplace Health and Safety Strategy?

It is estimated that several hundred¹ New Zealanders die each year as a result of occupational diseases and traumatic work injuries. In addition, the Accident Compensation Corporation (ACC) received 214,345 claims for work-related injuries and disease in 2003/04 – equivalent to one claim for every nine workers each year. The costs to individuals, their family or whānau and community are enormous, as are the losses to business through reduced productivity.

Workplace health and safety is interlinked with the well-being of our communities and the performance of the New Zealand economy. The overall health of New Zealand society will be improved if all workers, regardless of occupation, ethnicity or gender, can go home healthy and safe. Workplace health and safety is also an essential element of the quality of work and can contribute to higher levels of productivity and growth.

This Strategy identifies that we will make future gains by improving our workplace culture, engaging industries and the wider community, and strengthening the role of government. The Strategy also identifies intervention approaches to achieve these outcomes, as well as hazards and groups needing priority attention.

The Strategy is about better *managing* hazards in the workplace. This does not mean eliminating every hazard or removing all forms of risk; it means being sensible and focusing on important issues and priorities.

Building on past achievements

New Zealand has improved its workplace health and safety performance in a number of areas in recent years – this Strategy builds on these gains and successes. While our workplace injury and disease toll is still high, our work-related fatal injury rate is much lower than it was thirty years ago and our current rate of workers' compensation claims is less than in all of the Australian states.

Over the past decade, New Zealand workplaces have responded to the regulatory framework provided by the Health and Safety in Employment Act 1992 (HSE Act) and administered by the Occupational Safety and Health Service (OSH) of the Department of Labour. The HSE Act replaced many separate statutes that prescribed controls for specific hazards, and emphasises the *systematic management* of

¹ The final strategy will include the best available estimate of the number of work-related fatalities from disease and injury. This will be taken from the first report of the National Occupational Health and Safety Advisory Committee (NOHSAC) due to be released in October 2004. The estimate is expected to be significantly more than the 111 work-related deaths recorded by ACC in 2002/03.

health and safety. This framework was extended in 2003 with requirements for employee participation and more comprehensive coverage of the transport sector.

Another important development has been ACC's financial incentives to encourage employers to prevent injuries and help injured workers get back to work. One in four New Zealand workers is now employed by a business in either the ACC Partnership Programme or the ACC Workplace Safety Management Practices programme. These incentive programmes require employers to have systems to prevent injuries.

Meeting new challenges

The Strategy will help New Zealand prepare for new workplace health and safety challenges arising from changes in:

- demographics – New Zealand's working population is ageing and becoming more ethnically diverse
- forms of employment – there has been significant growth in the number of self-employed people and people in temporary employment relationships
- technology and work systems – the nature of work has changed dramatically and will continue to change. Work is happening in different ways, at different times and in different places, and
- industry makeup – service industries are expected to be the main source of new job opportunities.

The changing ways in which work is organised are creating new risks, particularly to health. Many countries report increases in stress-related illnesses, musculoskeletal disorders and injuries owing to violence at work. These problems are less likely to be linked to a specific exposure than to a whole set of factors such as work organisation, work-time arrangements, and training and support systems.

We will need to address these emerging issues while continuing to focus on traditional workplace health and safety problems. This will require us to think differently about 'hazards'. It will not be enough to focus on obvious physical objects as a source of illness or injury. We need to see hazards as including any work system, arrangement or process that could be a risk to human health and safety.

Workplaces and public health and safety

The Strategy focuses on the workplace and people in paid work in particular. The workplace is an important and special context for health and safety because:

- the work can be very dangerous
- workers may not have the information they need to manage hazards, particularly those leading to disease
- workers may have limited choices in undertaking the work
- workers often rely on others to provide a healthy and safe work environment, and
- workplaces can provide an organised setting for action.

Workplaces are also important because they can affect the health and safety of the population as a whole. Their use of heavy machinery and hazardous substances can endanger the wider public, so it is important that hazards are well managed. People in workplaces have a responsibility to protect visitors, volunteers and members of the public whose well-being could be compromised by work activities.

Workplaces can also positively influence wider community norms and practices with respect to health and safety. Some leading businesses have developed policies and partnerships with their local communities to ensure that work and community health and safety practices are consistent and mutually beneficial. For example, some businesses let their staff use items of personal protective equipment, such as hearing protectors, outside work.

Similarly health and safety at work is influenced by health and safety at home and in the wider community. People take their health status and safety attitudes to work and these can affect their actions and ability to cope with work demands. Community-based programmes that seek to change beliefs and attitudes in the wider community can benefit workplace health and safety. For example, community programmes to reduce drug and alcohol abuse will also help businesses manage the risk associated with these factors in the workplace.

Who the Strategy is for

Although workplace health and safety ultimately depends on actions in individual workplaces, the Strategy is intended for a wide range of organisations and individuals including:

- business owners and managers
- workers and their unions
- health and safety representatives
- self-employed people
- employer and industry organisations
- occupational health and safety practitioners
- non-government organisations and community groups
- local government
- central government, and
- families, whānau and individuals.

Central government will play a key role in implementing the Strategy. Given its focus on the 'workplace', the Department of Labour has the lead co-ordinating role and will work closely with other agencies whose work contributes directly to the Strategy. These include ACC, the Maritime Safety Authority, the Civil Aviation Authority, ERMA New Zealand, the Land Transport Safety Authority and New Zealand Police.

Workplace health and safety principles

The Strategy is based on seven principles that illustrate and reflect the ideas and values behind it.

1. Integration

Having health and safety integrated into the workplace is fundamental to keeping people healthy and safe at work. It also contributes to more productive workplaces.

2. Leadership

Leaders in workplaces, industries, the wider community and government need to demonstrate a visible and active commitment to improving workplace health and safety. This includes modelling best practice and supporting others to achieve desired health and safety outcomes.

3. Responsibility

While workplace health and safety is everyone's responsibility, people in different roles have specific responsibilities. For example:

- employers have responsibilities to manage hazards in the workplace and ensure the health and safety of their workers
- workers have responsibilities to take care of themselves and others in the workplace, and
- government agencies have responsibilities to support the achievement of good health and safety outcomes, and effectively administer and enforce relevant legislation.

4. Participation

The participation of everyone will lead to better workplace health and safety. It is particularly important that the people doing the work contribute to managing health and safety in a workplace.

5. Prevention

Workplace health and safety activities should focus on preventing new cases of illness and injury. Prevention minimises suffering to individuals, families, whānau and communities, and is usually the most cost-effective way of addressing workplace health and safety issues.

6. Vulnerable are protected

Some groups of workers are particularly vulnerable to poor health and safety outcomes, and require specific attention. They include young and older workers, new migrants, and those working in precarious employment.

7. Flexible, responsive, and adaptable

Workplace health and safety activities need to anticipate and respond to change where required. This may include change in industry composition, workplaces, the workforce (e.g. age, ethnicity and gender) and technologies, and new and emerging hazards. Activities will be customised to meet workplaces' needs. Differences across regions, industries and workplaces will be recognised and reflected. The right combination of support (including education), incentives and enforcement will be used.

Contribution to wider goals

This Strategy is part of the *New Zealand Injury Prevention Strategy* (NZIPS) released by the Government in 2003. By focusing on health and safety at work, the Strategy contributes to the NZIPS vision of a 'safer New Zealand, becoming injury free'.

This Strategy also has links to other national strategies, policies and projects relating to workplace productivity. These include projects focusing on work-life balance, decent work, and industry training and skills development.

This Strategy contributes to wider Government goals, particularly:

- reducing inequalities in health, education, employment and housing, and
- growth of an inclusive, innovative economy for the benefit of all.

The vision

Healthy and Safe People in Productive Workplaces

Our vision is for New Zealand to have a healthy and safe workforce in productive workplaces. This requires us to manage workplace hazards and prevent work-related illness and injury.

The vision is as much about health as it is about safety. Given our historical focus on safety issues, more attention needs to be given to addressing health. The new challenges for workplaces also tend to be health-related.

Outcomes

Three long-term outcomes support the Strategy's vision:

- workplace quality culture
- industry and community engagement, and
- government leadership and practice.

These outcomes reflect the importance of these broad sectors to workplace health and safety in New Zealand. There is evidence that connects these long-term outcomes to achievement of the vision. They give structure to the Strategy and provide a guide to where action is needed. They also enable us to make choices on how to involve individuals, workplaces, industries, the wider community and the Government in workplace health and safety.

The Strategy includes a set of medium-term outcomes, so that action can be prioritised in the first five years. They signpost critical stages in achieving the long-term outcomes and may need to be achieved before other actions can be attempted.

Outcome One: Workplace Quality Culture

The first outcome relates to achieving a 'workplace quality culture'.

We will have a workplace quality culture in New Zealand when we see a large proportion of our businesses achieving excellence in their workplace operations. They will incorporate health and safety as an integral part of everyday productive workplace practices and give greater priority to health and safety as our workplace quality culture strengthens. They will understand and appreciate how health and safety relates to other workplace practices, employment relations and overall business goals.

Quality culture is a wider concept than safety culture – it includes a focus on worker health and well-being and the quality of work and working relationships more generally. It is just as relevant to large businesses as to self-employed people.

Medium-term outcomes

1a. Business owners, directors and senior managers recognise that health and safety benefits their business.

Workplace health and safety is often seen as costly and an imposed compliance issue, rather than as a positive investment in the business. We need to do more to help more business owners, directors and senior managers recognise the moral and economic benefits of workplace health and safety. We need to show how health and safety can be an integral part of business success – that it does contribute to business goals such as profit, productivity, sustainability, quality, customer satisfaction, reputation, brand value and workforce well-being.

1b. Managers are motivated and committed to the systematic management of workplace health and safety.

Management commitment is critical to improved workplace health and safety performance. If this Strategy is to be effective this commitment must increase, particularly among managers in senior positions.

Commitment is influenced by a range of motivational factors, including moral obligations, concerns about reputation, perception of the relationship to business goals, and the ease with which health and safety practices can be performed.

Strong management commitment can be demonstrated in a number of ways, such as:

- sponsoring written policies
- providing adequate financial support
- being directly involved in two-way communications and programme implementation
- taking an active interest in the results of incident investigations
- encouraging employee participation, and
- reporting on health and safety performance in public documents.

1c. Workers participate effectively in processes for improving workplace health and safety.

An actively engaged workforce is fundamental to healthy and safe workplaces. Workers influence health and safety through their own actions. They are often best able to spot issues and bring about real improvements.

Although many New Zealand workplaces involve employees in improving workplace health and safety, we need to expand participation to cover the whole workforce. We also need to make more use of measures, such as health and safety representatives, to promote effective worker participation in workplace health and safety.

Outcome Two: Industry and Community Engagement

This second outcome relates to the industry and community context of individual workplaces. It is an important source of information about good health and safety practices and of role models that shape attitudes and behaviour in workplace health and safety.

We will achieve this outcome when we see industries taking a lead in improving workplace health and safety standards and practices, with strong support from the wider community. Through industry and community-based programmes and the actions of key individuals a positive and supportive climate will be created for better workplace health and safety.

Medium-term outcomes

2a. Industry partnerships and networks share information about good practice in workplace health and safety.

Industries can take a lead role in improving workplace health and safety by sharing information about good practice, particularly in relation to the key health and safety issues they face.

We need to encourage and support information sharing through health and safety partnerships involving key industry players such as employers, unions, industry associations and industry training organisations. We could also make greater use of existing formal and informal industry networks for making good practice information more widely available.

2b. Members of the wider community are aware of the impact of workplace health and safety on individuals and families.

Members of the wider community (such as parents, partners, whānau and friends) are important role models and have a direct influence on the health and safety beliefs and behaviours that workers, business owners and managers take to the workplace. They have a direct interest in workplace health and safety as they have the most to lose when a worker is killed or injured or becomes unwell.

However, some members of the community have a poor understanding of the potential impact of work-related illness and injury. Greater awareness of and concern for workplace health and safety in the wider community should lead to more support for improved standards and practices in workplace health and safety.

2c. Industry and community leaders promote workplace health and safety to their networks and communities.

Leaders can shape others' opinions, attitudes and behaviours. They include leaders from business, unions, non-government organisations, religious organisations and Māori and ethnic communities.

The Strategy seeks to encourage leaders to promote the benefits of workplace health and safety to their communities and sectors of influence. They may be the key to engaging individuals and organisations that have difficulty relating to current Government approaches, for example self-employed people and small businesses.

Outcome Three: Government Leadership and Practice

This third outcome relates to the Government actively promoting improvements in workplace health and safety performance through its various levels, roles and activities. The Government's important leadership function within our society applies also to workplace health and safety.

The outcome also emphasises government leading by example through having excellent health and safety practices in its own workplaces. The Government is a large employer with major occupational health challenges including the management of psychosocial factors. It can also model other good practices, particularly in purchasing products and services.

Medium-term outcomes

3a. Agencies and levels of government co-ordinate and align their workplace health and safety roles and activities.

The Government promotes workplace health and safety through its roles as regulator, service provider and purchaser of activities such as education and research. These roles involve a number of government agencies and levels of government. It is important that government roles and activities are aligned and co-ordinated so that available resources are used sensibly and effectively to achieve improved workplace health and safety.

Improved co-ordination within government is required, for example, to achieve:

- better alignment of policy direction for workplace health and safety
- more effective linkages with other sectors such as public health
- use of the best range and mix of preventive interventions, and
- improved national surveillance/monitoring of occupational illness and injury and workplace hazards.

3b. Government sets high expectations for workplace health and safety through its role as an employer and purchaser.

We need to raise the profile of workplace health and safety within government. This involves communicating the benefits of workplace health and safety and setting clear, high-level expectations of performance in government sector workplaces.

Government purchasing and contracting guidelines need more emphasis on workplace health and safety considerations. In purchasing transactions, this will have a flow-on effect for the availability of safe products and services.

3c. Central government agencies demonstrate improvements in their management of workplace health and safety.

The Government can provide a powerful example of excellent workplace practices, including health and safety. These achievements should be transparent and visible and this could happen through better reporting. The Government's role as an employer should be used to demonstrate the benefits of successful health and safety management to other businesses.

Approaches to intervention

In working towards the three outcomes, we need to achieve an appropriate balance in the intervention approaches we use. These include:

- sound research and evidence
- capability development
- social dialogue
- good governance
- better design and technology
- appropriate incentives, and
- effective regulation.

These intervention approaches reinforce each other and need to be well integrated. For example, developing capability in workplace health and safety is best underpinned by sound research and evidence, while social dialogue processes help create a climate that supports effective regulation and the use of appropriate incentives.

A number of government agencies have responsibilities for promoting workplace health and safety, including OSH and ACC. It is critical that they co-ordinate their complementary roles and activities for best effect and resource use. This co-ordination should also extend to local government and non-government organisations.

The implementation schedule (to be released with the final Strategy) will support these broad approaches and build on past achievements by identifying specific new actions for implementation.

Sound research and evidence

Sound research will give us more useful and reliable evidence on which to base decisions about strategies and activities. Research adds to the quality of information and advice available to support effective workplace health and safety practices.

If we are to raise awareness of workplace health and safety, we need sound evidence on the size of the problem nationally as well as for particular industry sectors and groups of people. However, there is little reliable information on the extent, impact and cost of workplace health and safety for New Zealand society, largely owing to difficulties in measuring occupational disease.

Research by the National Occupational Health and Safety Advisory Committee (NOHSAC) will help in this. The Committee, formed in 2003 to provide independent advice to the Minister of Labour, intends every three years to produce a report on the current overall burden of occupational injury and disease in New Zealand.

Raising businesses' awareness about the benefits of workplace health and safety requires more evidence and examples of the links between health and safety and workplace productivity. This could be through case studies of New Zealand businesses as well as better ways of measuring productivity losses due to poor workplace health and safety.

We need more effective surveillance systems so we can monitor trends and identify new risks, particularly to health. This has been greatly enhanced by the appointment of an Injury Information Manager at Statistics New Zealand, who will take work-related injury data from at least six government agencies and produce a coherent set of national statistics and indicators, as well as a

research database on injury-related information. We now need to ensure better surveillance of occupational disease.

Information from surveillance systems can also help us monitor and track progress on the Strategy's vision, such as with deaths, hospitalisations and work days lost. However, the indicators we use must be valid and reliable and able to be measured using readily available data.

We need to apply research and development resources to finding solutions to common and significant hazards for particular industries. This requires systematically identifying problems and developing, trialling and evaluating potential solutions. Generally, we know little about the effectiveness of particular workplace health and safety interventions. We need to give more attention to ensuring major programmes and initiatives are evaluated.

We also need to make better use of research results, present them in more meaningful and useful formats, and disseminate them more effectively so that more people can benefit from them. Government agencies and health and safety professionals need to try harder to base their information and advice on sound evidence, and to distribute their research findings to relevant communities.

The Government has an important role in providing research funds, but industry also needs to encourage and support research on workplace health and safety as an investment in improved productivity. The limited resources available for this research need to be directed towards important issues and priorities. The outcomes and priorities in this Strategy indicate the focus required.

Capability development

Capability development involves equipping people with knowledge, skills and access to resources so they can manage workplace hazards more effectively. This Strategy highlights the importance of developing capability among a wide range of groups including:

- students and trainees, so they will have healthy and safe work habits when they start work
- workers (particularly those with special needs, such as young people and new migrants), so they know how to work in a healthy and safe way and are aware of emergency procedures
- health and safety representatives, so they can undertake this role effectively
- managers and self-employed people, so they know how to manage health and safety effectively
- company directors and senior managers, to ensure good governance of workplace health and safety, and
- architects, engineers and product designers, so they can design better products and systems.

It is particularly important that workers are able to work in a healthy and safe way. This can be achieved through a mixture of in-house training, supervision, information provision, industry training and institution-based courses. Small businesses in particular need to be encouraged to invest more in skills development.

New Zealand has a well-developed industry training system, comprising industry training organisations, unit standards within a qualifications framework and programmes such as Modern Apprenticeships. However, existing industry training needs to incorporate an appropriate focus on workplace health and safety, with a more extensive integration of workplace health and safety into unit standards, curricula and training programmes. We also need to ensure training addresses groups with special needs and the significant hazards identified in 'National priorities' on page 19. This also applies to institution-based courses.

We need better infrastructure, and innovative and relevant mechanisms, to develop the capability of those who are currently 'hard to reach' – because, for example, they are widely dispersed (such as small businesses), experience cultural or language barriers when accessing information and services, or operate outside the scope of traditional education systems.

Improved health and safety at work needs to be supported by hazard/risk management skills developed from an early age. The NZIPS includes general education in injury prevention and risk management as an objective, and educational programmes and resources are being developed for early childhood education and primary and secondary schools. This Strategy could contribute to the secondary school component as this will more specifically address workplace environments. Education at secondary school will also help people stay safe and healthy during their early work experiences and in the transition from school to the workplace.

We also need to strengthen the specialist competence of New Zealand's occupational safety and health practitioners. This can be achieved through professional certification programmes with international-standard criteria to which the content of professional education and training programmes can be aligned. Certification programmes help set a level of competence or training towards which intending practitioners can work.

Health and safety reps – capability development in action

The best person to protect your health and safety on the job is often the workmate you see every day. Since training was introduced in late 2003, nearly six thousand employee health and safety representatives have been trained to look out for the safety of their colleagues. They have been trained by ACC working with the New Zealand Council of Trade Unions and with Business New Zealand.

"These employee reps are the people who are actually on the factory floor, behind the computer, or climbing the scaffolding," says CTU President Ross Wilson. "Experts can give you guidance and bosses can put systems in place, but frontline staff can really have an impact on day-to-day safety."

ACC General Manager Injury Prevention, Darrin Goulding agrees. "Overseas research shows that employee involvement in health and safety is the way to go. By helping reduce illness and injuries in the workplace", says Goulding, "health and safety representatives can improve workplace productivity. The outcome is a reduction in economic as well as social costs."

Employers certainly see the value of employee participation. Recent New Zealand research shows that 91% of large employers and 73% of small employers believe employee participation in health and safety benefits their business. They cite reduced accident rates and better employment relations as two of the positives.

Health and safety reps can raise awareness among their workmates, and feed information to managers about safety issues. They can keep an eye on operations, seeing potential problems before they happen. Their contribution can range from knowing where to find a band-aid, to feeding their knowledge into strategic plans.

But it's not just the nuts and bolts of safety that reps can impact on. By acting as a link between workers and management, and showing that health and safety is everyone's business, reps help build a culture of health and safety on the job. In that way they develop not just their own capability, but the skills of everyone in the workforce.

Social dialogue

Social dialogue involves information sharing and consultation with groups and individuals with a common interest. For health and safety in the workplace, the key parties are managers and workers and their unions, with government agencies, health and safety professionals and members of the wider community also potentially involved. Social dialogue processes can range from simple and passive information exchange to formal structures and arrangements for networking, consultation and negotiation.

Social dialogue is critical to this Strategy because it can raise awareness of workplace health and safety within both workplaces and the wider community. Social dialogue processes can also increase understanding of key issues, promote involvement and participation, enable consensus to be reached, and increase buy-in to a course of action. We particularly need to engage groups with specific needs, such as small businesses, self-employed people, Māori, Pacific people and new migrants.

In workplaces, informal discussions, staff meetings, health and safety committees and board and senior manager meetings offer excellent opportunities for social dialogue. Their effectiveness needs to be improved, such as through easier access to information and more available trained health and safety representatives.

At an industry level, social dialogue can best be achieved through industry groups and partnerships that focus specifically on workplace health and safety (although general business networks also have a role). To be effective, these groups should have both business and worker/union representation, and be actively supported by the Government. They can play a key role in developing and promoting industry-specific advice through guidelines and codes of practice. Their roles can also be extended to include promoting health and safety within the industry generally and developing industry-level action plans. The Agricultural Health and Safety Council is an example.

It is possible to have a wider public debate about workplace health and safety. This will be required if we are to shift business thinking away from a negative focus on cost and compliance and towards recognising the benefits of improved workplace health and safety. The debate may also lead to agreement about combined action.

Debate can also take place at different levels of government, i.e. among Ministers, agencies and local government and during critical decision-making forums. Some will cut across government or provide an interface between government and communities.

Good governance

Good governance is about ensuring effective leadership of health and safety activities within business and government.

Governance involves giving direction to an organisation, or group of organisations, to ensure that desirable results are achieved. It tends to involve larger decisions about strategy, direction, roles and resource allocation and has a major effect on what happens in the rest of the organisation.

Governance is a key function of:

- company directors, business owners and shareholders in the private sector
- mayors, councillors and senior managers in local government, and
- ministers, chief executives, senior managers and boards of directors in central government.

Given its significant impact on people and workplace productivity, health and safety needs a higher profile at these senior levels. It is important that leaders are aware of their legal obligations to keep people at work healthy and safe and that they move beyond a compliance focus to recognising the strategic benefits of workplace health and safety and how it contributes to business goals such as productivity, quality, brand value and customer satisfaction.

The Strategy also provides a mechanism for raising the profile of workplace health and safety within government. It will particularly help government to:

- focus on important outcomes
- establish priorities for workplace health and safety
- identify the most appropriate balance of intervention approaches and resources to improve workplace health and safety
- develop structures and processes so that parts and levels of government can work better together, and
- monitor progress and achievements.

In addition, existing governance mechanisms should promote improved systems for managing health and safety in government workplaces, through, for example:

- performance expectations, e.g. letters of expectation and procurement guidelines
- routine government reporting, e.g. reporting against accountability documents and annual reports, and
- performance assessments, e.g. assessment by central agencies and external auditing.

ATV guidelines – social dialogue in action

All Terrain Vehicle accidents are a big killer on kiwi farms, accounting for more than a third of farm deaths. Yet addressing ATV safety has not been easy. When the Agricultural Health and Safety Council produced a guide on “The safe use of ATVs on New Zealand farms” some of its recommendations were controversial and debate continues over issues like the 15-year-old age limit.

But when farmers got the guide, their response was overwhelmingly positive. Five thousand were originally printed, but demand from farmers has seen over a hundred thousand copies go out. While lots of factors affect accident statistics, John Wallaart of ACC says the guidelines appear to have made a difference, with a drop in fatal ATV accidents.

As well as improving safety down on the farm, the ATV guidelines are a great example of groups engaging in social dialogue. The Agricultural Health and Safety Council worked with ACC, Agriculture ITO, FedFarm, MAF, NZ Council of Trade Unions, NZ Deer Farmers Association, NZ Young Farmers, OSH and Rural Women NZ. ATV manufacturers were also involved and Standards New Zealand developed a standard for ATV helmets with input from stakeholders including Safekids.

Getting all the groups around the table was a key part of the project’s success. “It’s not something dictated from a particular group, the industry owns it,” says Gavin Forrest of Federated Farmers. “By working with all these groups you get not only the theoretical perspective but also the practical perspective of what actually happens on the farm. It’s something that FedFarm can say we know it’s realistic, it’s practical, and we know our members support it.”

Better design and technology

Design and changes in technology are powerful intervention approaches.

Major improvements in workplace health and safety have been possible because changes in design and technology have either eliminated hazards or offered greater protection – for example, vehicle improvements and aircraft redesign have contributed to increased safety in workplace transport. Through better design or more appropriate choices of technology, we can prevent many illnesses and injuries or reduce their severity.

However, while technology changes can eliminate hazards, they can also create new challenges for workplace health and safety. For example, the rapid growth in information and communications technology has resulted in lower physical workloads and increased mental workloads, changing competency requirements and greater time pressures. Changes like these, which can outstrip people's ability to cope with work demands, increase the risk of health problems, safety issues from human error, and productivity losses owing to poor performance.

Technological development and increasingly complex work systems highlight a need to design things better, particularly by considering human beings and their characteristics. This requires us to employ user-centred design approaches such as ergonomics, human factors engineering and human-computer interaction.

To achieve better technology we need to develop our capability for designing systems and products that promote workplace health and safety. The design professions (including architects, engineers, product designers and information technology professionals) need a greater awareness of and skills in user-centred design approaches. Managers and other key decision-makers in workplaces also need to be more aware of the importance of healthy and safe design.

In addition, we need to continue exploring the use of incentives and regulation to encourage better design. Designers, manufacturers, constructors and suppliers should be encouraged to design with health and safety in mind so that potential hazards are eliminated or controlled at source.

Finally, businesses should give adequate attention to workplace health and safety in purchasing by assessing new technologies and alternative products and system designs for their potential impact on health and safety (and the flow-on effects on performance and productivity). This Strategy focuses on the Government demonstrating leadership in this area.

Appropriate incentives

Incentives are rewards designed to create a positive motivational influence. They can be financial or non-financial and include discounts, awards, grants and recognition systems.

Well-designed incentive schemes focus on rewarding desirable health and safety behaviour – for example by encouraging near miss and minor injury reporting and promoting employee involvement. Poorly designed programmes, which link rewards too directly to reduced illness and injury rates, run the risk of encouraging workers to hide incidents and errors. This behaviour does not support the learning and improvement processes necessary for achieving excellent workplace health and safety practices.

ACC offers powerful financial incentives through a range of programmes encouraging workplaces to implement health and safety management systems. The main programmes are:

- the ACC Workplace Safety Management Practices programme: in return for having systems and processes for managing and improving workplace safety, employers receive 10% to 20% discounts on the standard ACC levy
- the ACC Partnership Programme: employers act on ACC's behalf by taking responsibility for work injury claims by their employees, including the delivery of all statutory entitlements. In return, employers receive a 30% to 95% discount on their ACC levies, and
- the ACC Workplace Safety Evaluation Programme: this targets employers with significantly more or more severe work-related personal injury claims than other employers in the same industry. ACC can upwardly adjust an employer's ACC levy by 50% if they do not have adequate safety management practices.

The first two programmes tend to motivate medium to large business. Further work is underway on incentives to motivate small businesses effectively, including the self-employed.

The Strategy provides an opportunity to assess whether current and proposed incentive-based strategies and programmes target the right groups, are aligned to the Strategy outcomes as well as the national priorities, and provide the right mix of incentives.

Overall, we need to be mindful of current incentives in the New Zealand environment. Where possible, incentives for businesses and the labour market need to be considered when decisions are first made about new initiatives, then structured most effectively for the target group. What acts as an effective incentive for one group (for example, large business) may not work for others (for example, small business).

Incentives can also provide a disincentive for unwanted (or illegal) behaviour. For example, fines or penalties for breaking laws or regulations are designed to act as a disincentive for such behaviour. These are discussed below.

Effective regulation

Regulation involves setting and enforcing standards. It is an important intervention approach for this Strategy given its ability to motivate good business practice.

The HSE Act (amended in 2003) is the key standard for workplace health and safety in New Zealand. Although further work is needed to update regulations to this Act, the main gains over the next decade will come through improvements in regulatory practice. In New Zealand, the key regulatory agencies for workplace health and safety are OSH, the Maritime Safety Authority, the Civil Aviation Authority, ERMA New Zealand, the Land Transport Safety Authority and New Zealand Police.

Effective regulation requires community support for the existence of standards and the actions of regulatory agencies. Regulators need to build trust and respect in the community for their work, and use strategies that are effective. This Strategy provides an opportunity to ensure regulators are effective in achieving important outcomes and that their contributions are viewed more positively.

A 'responsive regulation' approach assumes that most businesses are 'good citizens' and will make the right moral choices as long as they are able to. For example, a large number of businesses will be prompted by the mere existence of standards (as legislation, codes and guidelines) and use them as

guidance on behaviour. Regulators should therefore seek to raise awareness of standards and the availability of guidance material.

Persuasion by the regulator combined with an underlying threat of punishment will be enough to ensure compliance by most other employers. Stronger enforcement actions will be required, however, for businesses that purposefully breach the law. Regulators must target the worst offenders and eliminate their negative influence on the rest of the business community. This will help lift standards across the board and provide a stronger culture of compliance.

Given the above, we need to ensure that:

- standards are relevant, effective, clear and understood by all
- support and guidance information is easily accessible and specific to hazards and industries
- enforcement is targeted at the worst offenders, including those responsible for the greatest number and severity of work-related illnesses and injuries
- regulators deal with offenders effectively, fairly and visibly, raising the expectation of appropriate but inevitable enforcement, and
- regulators use a flexible approach to intervention, depending on the motivations and responses of individual employers.

New Zealand workplace health and safety regulators need to co-ordinate their efforts and agree/align on roles and activities to ensure seamless and efficient coverage and consistency. Regulators also need to closely work with other agencies with an interest in workplace health and safety, particularly ACC and the Ministry of Health. This co-operation could involve:

- sharing intelligence and agreeing on the priority problems to be addressed
- providing clear and consistent information and guidance about standards
- agreeing on the best approaches for holding the worst offenders to account
- underpinning enforcement actions with targeted provision of encouragement, advice and assistance, and
- sequencing the different approaches, allocating them across government agencies, and involving key business, union and community leaders.

This approach to regulation is co-ordinated, targeted and aligned to workplace health and safety outcomes and may require a repositioning of regulatory agency priorities.

Sawmill safety – effective regulation in action

Sawmill work is labour intensive, requires a lot of manual handling, and involves working with powerful machinery. That combination has led to high accident rates, which in turn inspired the OSH Taupo Eastern Bay of Plenty team to begin an initiative that helps sawmill workers stay safe, well, and on the job.

“We were seeing accidents with manual handling and machinery,” says OSH’s Murray Thompson. “There were also issues around safe access to where you’re working, and avoiding slips, trips and falls.”

OSH brought 26 local sawmills together for an initial meeting in 2002, then began a series of visits. “I think it’s fair to say that in the beginning some would rather have a poke in the eye with a sharp stick than a visit from OSH,” says Thompson. “But recently we’ve had feedback saying they get a lot of value out of it and really look forward to our visits.”

Carter Holt Harvey Woodproducts EHSR Manager Ray Adlam agrees. “It’s great getting a fresh pair of eyes. At Carter Holt Harvey we have a strong focus on health and safety and some good processes in place to identify and eliminate hazards. But it’s easy to miss some hazards when you work with them every day.”

After each round of visits, OSH lets the companies know where improvements could still be made, and tells each sawmill how they’re doing compared to others in the region. “When we did it for the first time, that competition was a big driver to improve health and safety,” says Murray Thompson.

The initiative has helped the region’s sawmill managers and workers become more effective at managing their own hazards. It is now being rolled out nationally. The result will be an industry that is succeeding with safety and has the knowledge and skills to keep building on that success.

National priorities

Work on achieving the Strategy's outcomes should also focus on major hazards and groups with particular needs.

Ten national priorities, listed below, account for a significant proportion of all work-related illnesses and injuries. They also reflect a need to focus on emerging issues, and to help businesses and groups of workers who have particular needs or are at more risk.

Significant or emerging hazards	Groups with particular needs
<ul style="list-style-type: none">• Airborne substances• Psychosocial factors• Manual handling• Slips, trips and falls• Workplace transport	<ul style="list-style-type: none">• Small businesses/self-employed• Māori• Pacific people• Young and older people• New migrants

These national priorities enable us to focus on the outcomes more sharply and target resources more effectively. For example, industries should be encouraged to share information (medium-term outcome 2a) particularly in relation to the effective management of airborne substances, psychosocial factors, etc.

Airborne substances

Airborne substances include fumes, dusts, gases, mists and vapours that cause cancers, respiratory diseases including occupational asthma, and other illnesses. Specific examples in the workplace include asbestos, wood dust, solvents and environmental tobacco smoke. Airborne substances are a priority for this Strategy as they are a leading cause of work-related death and illness in New Zealand.

Psychosocial factors

Psychosocial factors can affect a worker's psychological response to their work and workplace conditions. Those in the workplace include high workloads, bullying and violence at work. They can lead to stress-related disorders and drug dependence, and may contribute to musculoskeletal problems. They are likely to need priority attention given ongoing and future changes in work organisation and technology.

Manual handling

Manual handling work requires a person to lift, lower, push, pull, carry, throw, move, restrain, hold or otherwise handle an object. Examples include packing in a supermarket or fruit shed, lifting boxes, cleaning tasks, operating machinery, construction work, using hand tools and handling hospital patients. Manual handling work accounts for a large proportion of ACC claims for work-related injury and illness. It leads to injuries such as damaged spinal discs, muscle strains and sprains, and overuse disorders.

Slips, trips and falls

Slips, trips and falls are a leading cause of ACC claims for work-related injury. Falls from heights are a common cause of death in the workplace and are a major issue for the construction industry in particular. Fall prevention is also one of the six priorities in the NZIPS.

Workplace transport

Workplace transport is the single largest cause of sudden work-related death in New Zealand, with injuries particularly severe owing to the size of and risks associated with vehicles. Modes of workplace transport include trucks, cars, tractors, all-terrain vehicles (ATVs), motorbikes, forklifts, boats and aircraft. The NZIPS identifies motor vehicle traffic crashes as one of its six priorities.

Small businesses and self-employed people

Small businesses and self-employed people account for a significant proportion of the New Zealand workforce. They require special attention as they are often less able to manage health and safety than larger businesses owing to constraints of cost, time and access to practical information and expertise. Small businesses and self-employed people are also harder to influence through incentive programmes and regulation.

Māori

Māori represent a large and growing part of the New Zealand workforce, with specific cultural needs and practices. They also have higher work-related injury and illness rates than the rest of the population owing to over-representation in high-risk industries such as forestry, fishing and manufacturing. These factors have implications for developing effective workplace health and safety programmes and interventions.

Pacific people

Pacific people are also a growing part of the New Zealand workforce with specific cultural needs. Although it is not yet clear whether Pacific people have higher work-related illness and injury rates than the rest of the population (owing to measurement problems) they generally have high health needs. Pacific people are also highly represented in the service and manufacturing industries, which account for a significant number of workplace injuries. Literacy is a major barrier for many Pacific people working in these industries.

Young and older people

Young employees need special attention as they tend to be unfamiliar with hazards in workplaces. They often lack the experience of workplaces to deal with hazards as adults do. Their perceptions of hazards and risk-taking behaviour can also differ from those of mature employees. Work around illness and injury prevention with a young person can have benefits for the rest of their working lives.

Our workforce is ageing and we will need to do more to accommodate and protect older employees from workplace illness and injury. Muscular strength declines from middle age onwards and older people are more likely to have slower reflexes and health problems, including impaired hearing and vision.

New migrants

New migrants need special attention because they may be unfamiliar with their rights and responsibilities in New Zealand legislation and rules, and may experience communication problems owing to language deficiencies. There is pressure on some new migrants to participate in illegal work and extremely unsafe working conditions.

Delivering the Strategy

Implementation

The final Strategy will be accompanied by an implementation schedule for the initial 2005/06 year. This is likely to involve a process of social dialogue, with a focus on promoting increased awareness of the Strategy in workplaces and among stakeholders, communities and all levels of government.

The implementation schedule will also identify key activities being undertaken by government agencies to progress aspects of the Strategy. These will be selected to support the achievement of medium-term outcomes, with the national priorities used, when necessary, to target activities associated with the outcomes.

The inclusion of specific actions in the implementation schedule may depend on government assessment of other possible options for achieving the outcomes and on additional funding being made available in future Government Budgets.

Implementation schedules developed for beyond 2005/06 are likely to include actions to be implemented by non-government organisations.

Other work will identify the best governance structure for this Strategy, given that co-ordination between government agencies and stakeholders is crucial to its success. A range of mechanisms will be considered, including models such as the National Road Safety Committee.

In the interim, the Strategy implementation will be managed by the Department of Labour, working closely with other government agencies with responsibilities for and interests in workplace health and safety. The Department will also review the Strategy's implementation and progress and encourage workplaces, industry organisations and other stakeholders to play their part in distributing and implementing the Strategy.

Monitoring and evaluation

The Department of Labour will monitor progress with the implementation schedules and report to the Associate Minister of Labour accordingly. Reports will also be made available to the public.

Working with the Statistics New Zealand Injury Information Manager and workplace health and safety experts, the Department of Labour will also identify a set of valid and reliable indicators for measuring progress towards the Strategy's vision and outcomes. Possible indicators include:

- the rate of work-related deaths per 100,000 workers
- the rate of work-related illnesses and injuries resulting in hospitalisation per 100,000 workers
- the rate of work days lost due to work-related illnesses and injuries per 100,000 workers
- health and safety-related awareness and attitudes of business owners and senior managers, and
- the proportion of central government agencies participating in either the ACC Partnership Programme or the ACC Workplace Safety Management Practices programme.

Review

The Strategy will be first reviewed after five years.

Appendix: Stakeholder Group and Government Agency Group

Stakeholder Group members

Member	Nominated by	Perspective
Mike Aberhart	Road Transport Forum	Transport sector, employers
Carl Ammon	Department of Labour	Industry training organisations
Alison Beswarick	New Zealand Occupational Health Nurses Association	Occupational health and safety professionals
Karen Fletcher	New Zealand Council of Trade Unions	Employees
Melissa Haskell	Local Government New Zealand	Local government
Irene King	Aviation Industry Association	Transport sector, employers
No'ora Samuela	Department of Labour	Pacific people
Parekura White	Te Puni Kōkiri	Māori
Ross Wilson	New Zealand Council of Trade Unions	Employees
David Wutzler	Business New Zealand	Employers

Government Agency Group members

- Accident Compensation Corporation
- Civil Aviation Authority
- Department of Labour
- ERMA New Zealand
- Land Transport Safety Authority
- Maritime Safety Authority
- Ministry of Health
- Te Puni Kōkiri, the Ministry of Māori Development
- Ministry of Pacific Island Affairs
- Ministry of Women's Affairs
- New Zealand Police
- Tertiary Education Commission

Glossary

Hazard	An activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation or substance that is an actual or potential cause or source of injury or illness.
Health	A state of complete physical, mental and social well-being.
Illness	A departure from a state of health. A disease or sickness.
Industry	A group of organisations engaged in the same type of economic activity.
Injury	Tissue damage resulting from either the acute transfer to individuals of one of the five forms of physical energy (kinetic or mechanical, thermal, chemical, electrical or radiant) or the sudden interruption of normal energy patterns to maintain life processes.
Medium-term outcome	A state or condition that is a contributing factor towards an outcome. It leads towards the outcome, but is not the result itself.
Outcome	A state or condition that is experienced by a group of people.
Regulation	The setting and enforcing of standards.
Regulator	A government agency responsible for setting and enforcing standards.
Safety	Freedom from danger or risk of injury.
Social dialogue	Sharing of information among and consultation between groups with a common interest.
Work	Physical or mental effort directed towards doing or making something. Paid employment at a job or trade, occupation or profession.
Workplace	A place at which a person works. Includes mobile workplaces such as road vehicles, aircraft and ships.
Workplace productivity	The ratio between the value of the outputs a workplace produces and the inputs it uses.