



OUR VISION  
HEALTHY PEOPLE IN SAFE AND  
PRODUCTIVE WORKPLACES

# > CONTENTS

Foreword	3
Why we've developed the Strategy	4
The Workplace Health and Safety Strategy for New Zealand to 2015	8
Framework for action	11
The vision	13
Outcome 1: Government Leadership and Practices	14
Outcome 2: Preventive Workplace Cultures	16
Outcome 3: Industry Leadership and Community Engagement	18
National priorities	20
Delivering the Strategy	24
Appendix 1: Key statistics for work-related disease and injury in New Zealand	26
Appendix 2: Developing the Strategy	27
Glossary	28

## > 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. It directly supports the New Zealand Injury Prevention Strategy launched in June 2003.

The Strategy aims to lift New Zealand's workplace health and safety performance. Despite our efforts to date, it is estimated that as many as 1,100 premature deaths occur each year because of work-related disease and injury. And, every day, approximately 700 workers are harmed badly enough to seek medical help. By improving our work practices and systems, we will prevent much of the pain, suffering and other losses experienced by individuals and families. Businesses and society will also benefit from increased productivity and growth.

By providing a vision and strategic direction for workplace health and safety in New Zealand, the Strategy reinforces and builds on existing legislative frameworks. It will help raise awareness and provide a basis for co-ordinated action by a wide range of stakeholders including central government agencies, local government, unions, industry and employer organisations, other non-government organisations and workplaces.

During its development, the Workplace Health and Safety Strategy had extensive input from the New Zealand Council of Trade Unions and Business New Zealand, as well as from a wide range of other organisations and individuals. Their contributions are reflected in this Strategy – and I would like to express my appreciation of all the time and thought and work that they have invested in it.

The Strategy's Action Plan 2005/06 sets out the first step in a medium-term work programme. I will be monitoring progress against this plan and the plans that follow, and will ensure that reporting occurs, including through the Strategy website. I will also be working with my colleagues to ensure the Strategy is implemented across our portfolios and areas of influence.

Implementation of this Strategy requires commitment not only from the government, but also from employer and industry organisations, unions, workplaces, and other non-government organisations. It is my hope that all relevant parties will use the Strategy as a basis for working together toward a shared vision of healthy people in safe and productive workplaces.



**Hon Ruth Dyson**  
Associate Minister of Labour



## > WHY WE'VE DEVELOPED THE STRATEGY

### The work toll

Work activities can be hazardous to the health of New Zealanders. Our work-related disease and injury rate is higher than the road toll, and many of these diseases and injuries are preventable.

Each year in New Zealand we have an estimated:

- 700-1,000 premature deaths from work-related disease
- 100 sudden deaths due to work-related injury
- 17,000-20,000 new cases of work-related disease
- 200,000 ACC claims for work-related injuries.

These deaths, diseases and injuries don't just affect the individual worker. Family/whānau, workmates and the community all pay the human costs.

Workplaces can also affect the health and safety of customers, volunteers, bystanders and local residents.

To significantly reduce the current work toll, we need to address a range of issues, including:

- the priority given to workplace health and safety
- health and safety awareness and skills, particularly in small workplaces
- the management of occupational health hazards
- the effectiveness of the government's interactions with workplaces and industry.

### The payoff from doing better

New Zealanders' overall **health** will be boosted by better workplace health and safety. In particular, men's health will improve, as more men work in high-risk occupations. It will also limit the level of impairment in our society: each year, about 6% of people who have work-related injuries are permanently impaired.

Better workplace health and safety practices will also lift **productivity** and improve the quality of New Zealanders' working lives. It will make workplaces more attractive, helping us retain our globally skilled workforce. It will also lower the costs of the health system and ACC. The potential for economic gain is significant. New Zealand loses an estimated \$4.3 to \$8.7 billion<sup>1</sup> each year because of work-related diseases and injuries.

<sup>1</sup> Source: *AFTERMATH: The Social and Economic Consequences of Workplace Injury and Illness*. Department of Labour and Accident Compensation Corporation, Wellington, 2002

## What the Strategy aims to achieve

The Workplace Health and Safety Strategy for New Zealand to 2015 provides a framework for the workplace health and safety activities of government agencies, local government, unions, employer and industry organisations, other non-government organisations, and workplaces.

It is aimed at significantly reducing New Zealand's work toll, and will also:

- raise awareness of workplace health and safety
- help co-ordinate and prioritise the actions of a wide range of organisations
- improve the infrastructure that supports workplace health and safety.

The Strategy is consistent with the Health and Safety in Employment Act 1992 (HSE Act), but has a wider scope. Whereas the HSE legislation places requirements on workplaces, the Strategy includes actions for all levels – national, industry and enterprise. It also seeks to encourage and achieve higher levels of workplace health and safety performance in New Zealand than we would have through compliance and enforcement alone.

The Strategy will ensure we build on past trends and achievements:

- New Zealand's current rate of workers' compensation claims is less than the average for all Australian states.
- One in four New Zealand workers is now employed by a business that participates in the ACC Partnership Programme, which provides incentives to improve workplace safety practices and involve employees
- The national death rate from work-related injuries is at least 40% lower than it was 30 years ago.

## The Strategy's contribution to wider government goals

The Workplace Health and Safety Strategy contributes to two of the Government's goals.

It contributes to the Government's goal of **reducing inequalities in health, education, employment and housing**. And, by reducing economic losses associated with poor workplace health and safety practices, it supports the Government's goal of **growth of an inclusive, innovative economy for the benefit of all**.

The Strategy supports the development of high quality and productive workplaces, which is one of the goals of Better Work: Working Better, the Government's labour market and employment strategy.

The Strategy is also part of the implementation of the New Zealand Injury Prevention Strategy (NZIPS) released by the Government in 2003. It addresses one of the six NZIPS priorities – workplace injuries including occupational diseases – and directly contributes to the NZIPS vision of **a safer New Zealand, becoming injury free**.

# > THE WORKPLACE HEALTH AND SAFETY STRATEGY FOR NEW ZEALAND TO 2015

The structure of the Strategy is shown in the diagram on page 11.

The **vision**, together with the three long-term **outcomes**, provides a strategic direction.

The **objectives** and **actions** are the means for achieving the Strategy.

The **national priorities** help targeting of particular hazards and groups of national significance.

## Four principles

Four principles have been used in developing the Strategy. They will also guide its implementation.

- **Prevention:** Workplace health and safety activities should focus on preventing new cases of illness and injury. The majority of work-related diseases and injuries are preventable, and prevention is the most cost-effective way for society to address workplace health and safety issues.
- **Participation:** Improvements in workplace health and safety can only happen if all groups are involved. In the workplace, this includes the people who carry out the work and their health and safety representatives. At industry and national levels, it includes unions, employer and industry organisations, and government agencies.
- **Responsibility:** Employers have primary responsibility for workplace health and safety. They have a general duty to ensure the safety and health of employees and involve them in health and safety matters. Employees also have some responsibility for their own safety, through how they act in their workplaces.
- **Practicability:** Workplace health and safety activities must be based on what is reasonable, given particular circumstances (such as potential for harm, current knowledge, and the cost of health and safety measures).

## Key challenges for the future

The Strategy will need to monitor and respond to significant environmental trends:

- **Changes in work and society:** Working conditions will continue to evolve as workplaces improve their productivity and cope with skills shortages through changes in technology, work organisation and training. The shift toward employment in the service sector will continue and more workers will work from home or hold multiple jobs. Work relationships will become more varied, complex and fragmented.
- **Growth in precarious employment:** The rise in temporary employment arrangements, independent contracting and non-standard work (such as night work and shift work) is likely to continue. These forms of employment can be precarious, with higher health and safety risks associated with long hours of work, corner cutting, inadequate training, or poor communications.
- **Emerging illnesses:** There will need to be an increased focus on both 'emerging' illnesses (such as stress-related illnesses, musculoskeletal disorders, and harm from workplace aggression and violence) and 'traditional' health hazards (such as chemicals and asbestos). Special effort is required to address occupational health issues, which are often hidden and more complex than workplace safety issues.
- **More small and medium workplaces:** A significant, and growing, proportion of the workforce is engaged in workplaces of small or medium size – and these businesses need further encouragement and support to improve their workplace health and safety practices. Many of the recent improvements in health and safety have occurred in larger organisations.
- **Increasing workforce diversity:** The working population is ageing and becoming more ethnically diverse. Workplaces will need to accommodate a wider range of human characteristics and capabilities (such as size and strength) to ensure a high level of health and safety.

# > FRAMEWORK FOR ACTION

## VISION

Healthy People in Safe and Productive Workplaces



## OUTCOMES

### 1 Government Leadership and Practices

Government promotes a high level of workplace health and safety performance in New Zealand, and has excellent health and safety practices in its own workplaces

### 2 Preventive Workplace Cultures

Workplaces have values, attitudes, practices and systems that prevent harm to people at work

### 3 Industry Leadership and Community Engagement

Industries lead improvements in workplace health and safety practices, and there is strong support for workplace health and safety in the wider community



## OBJECTIVES

1a Set high government expectations for workplace health and safety in New Zealand and ensure that regulatory standards are achieved

1b Provide leadership in workplace health and safety through the government's roles as an employer and purchaser

1c Improve co-ordination and alignment of government agency roles and activities

2a Increase the recognition among business owners, directors and senior managers that health and safety benefits their business

2b Increase the commitment and capability of managers to systematically and effectively manage workplace health and safety

2c Ensure that workers participate effectively in processes for improving workplace health and safety

3a Develop and implement industry-led initiatives to improve workplace health and safety

3b Encourage and enable industry and community leaders to promote workplace health and safety to their networks and communities

3c Raise awareness and understanding of workplace health and safety in the wider community



## ACTIONS

The Strategy identifies broad actions within each objective.

The action plans list specific deliverables to be implemented



## NATIONAL PRIORITIES

Airborne substances • Workplace vehicles • Manual handling • Psychosocial work factors

Slips, trips and falls • Vulnerable workers • Small business • High-risk industries

## > THE VISION

### Healthy People in Safe and Productive Workplaces

The Strategy envisions a healthy workforce in safe and productive workplaces.

‘Healthy’ encompasses physical, mental and social well-being.

‘Safe and productive’ means having workplaces that function well and do not cause harm to the people in them. This is primarily the responsibility of employers and managers – but the people who work in these workplaces also need to be actively engaged in working safely and productively.

The vision is realistic and achievable at a workplace level, and some workplaces have already demonstrated this. To be fully realised, however, it needs the participation of all stakeholders. Employers, contractors, workers and families, health and safety representatives, unions, government agencies, industry associations, and employer and training organisations must **all** become involved.

#### Outcomes and objectives

The Strategy identifies three interconnecting **outcomes** that support its vision:

- Government leadership and practices
- preventive workplace cultures
- industry leadership and community engagement.

The Strategy targets nine **objectives** that provide a focus for action over the next five years. The objectives were chosen because there is evidence that they will have significant effects on the outcomes. They also represent a coherent and balanced framework for action that will involve all key parties in working toward the Strategy’s vision.

#### The intervention mix

The **actions** for each objective are based on a set of intervention approaches:

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

A combination is needed for sustainable improvement in workplace health and safety.

# > OUTCOME 1: GOVERNMENT LEADERSHIP AND PRACTICES

Government's leadership role involves promoting a high level of workplace health and safety performance in New Zealand. The government is able to set expectations, provide information and support to workplaces, and ensure that regulatory standards are achieved. It can also lead by example, through having excellent health and safety practices in its own workplaces and in its purchasing policies for goods and services.

An important part of this outcome is that government agencies will collaborate with one another and co-ordinate their intervention activities. They will also work effectively with workplaces, central employer and union organisations, employer and industry associations, trade unions, and other key stakeholders. This will ensure that government resources are used to best effect and help reduce compliance costs to business.

## Objectives and actions

### OBJECTIVE 1A

**Set high government expectations for workplace health and safety in New Zealand and ensure that regulatory standards are achieved**

#### ACTIONS

- 1 Create an effective governance arrangement, including a tripartite body, to lead and oversee the implementation and future revision of the Strategy
- 2 Promote the Strategy and encourage key stakeholders to build it into their strategic and business planning processes
- 3 Develop performance indicators and targets for workplace health and safety performance at a national level, and track progress against these using improved measurement systems
- 4 Develop, review, align and evaluate standards and guidance (such as codes of practice and guidelines) within the legislative frameworks of the HSE Act and the Hazardous Substances and New Organisms Act (HSNO) 1996, so they are clear, relevant, and effective
- 5 Ensure that practical information and support services are available to help workplaces achieve and surpass standards required under the HSE Act and the HSNO Act
- 6 Ensure that enforcement activities (such as audits, inspections, investigations and prosecutions) under the HSE Act, and the HSNO Act in places of work, are rigorous, fair and adequately resourced
- 7 Improve the effectiveness and efficiency of enforcement activities and ensure that their focus includes the Strategy's national priorities (such as airborne substances and workplace vehicles)

**OBJECTIVE 1B****Provide leadership in workplace health and safety through the government's roles as employer and purchaser****ACTIONS**

- 1 Establish performance expectations for government agencies (as employers) in relation to workplace health and safety practices
- 2 Increase government agency participation in ACC incentive programmes
- 3 Provide practical guidance to improve government reporting (as an employer) in relation to workplace health and safety
- 4 Stocktake workplace health and safety practices in both the central and local government sectors, to encourage best practice and monitor progress
- 5 Review government purchasing and contracting guidelines and practices, to promote workplace health and safety within a fair and effective trading environment

**OBJECTIVE 1C****Improve co-ordination and alignment of government agency roles and activities****ACTIONS**

- 1 Clarify and, where appropriate, realign the roles and responsibilities of government agencies with workplace health and safety responsibilities, and strengthen interagency relationships at both regional and national levels
- 2 Increase joint planning by government agencies to ensure better co-ordination and alignment of work programmes
- 3 Improve collaboration between agencies to get the best possible alignment between ACC incentive programmes and the HSE legislative framework
- 4 Improve agency co-ordination for the management of hazardous substances in workplaces
- 5 Co-ordinate government investment in workplace health and safety research and set research priorities that are aligned with this Strategy
- 6 Develop more effective processes for sharing data and information between government agencies

## > OUTCOME 2: PREVENTIVE WORKPLACE CULTURES

A preventive workplace culture is a shared set of values, beliefs, attitudes, and ways of behaving that supports the prevention of harm to people at work. It emphasises the proactive management of hazards to eliminate them wherever practicable – and, if this is not possible, it then focuses on isolating and minimising the hazards.

Workplaces with preventive cultures have a strong management commitment to health and safety, effective health and safety management systems, involvement of workers and their unions, communications based on good faith, and a willingness to learn from past mistakes. Preventive cultures are ones where health and safety is integrated into everyday business practice. It is not an optional 'add on'.

### Objectives and actions

#### OBJECTIVE 2A

**Increase the recognition among business owners, directors and senior managers that health and safety benefits their business**

#### ACTIONS

- 1 Review the literature and conduct research into the business benefits of a preventive approach to workplace health and safety
- 2 Develop and promote practical tools to help workplaces identify and quantify business benefits
- 3 Communicate the benefits of workplace health and safety to business owners, directors and senior managers through industry networks and business leaders
- 4 Promote more extensive reporting of health and safety performance in public documents (such as annual reports), to enable benchmarking and encourage best practice

**OBJECTIVE 2B****Increase the commitment and capability of managers to systematically and effectively manage workplace health and safety****ACTIONS**

- 1 Provide practical guidance and tools to support the systematic and effective management of health and safety
- 2 Build the capability of managers to manage effectively health and safety systems, particularly in small businesses and high-risk industries
- 3 Raise managers' awareness about the benefits of workplace health and safety, and about employers' legal obligations to provide safe working environments
- 4 Increase the reach and effectiveness of ACC incentive programmes
- 5 Promote the systematic and effective management of health and safety through industry accreditation programmes and industry training programmes
- 6 Acknowledge excellence in health and safety management through recognition schemes and awards

**OBJECTIVE 2C****Ensure that workers participate effectively in processes for improving workplace health and safety****ACTIONS**

- 1 Raise awareness about the benefits of employee participation, and also about employers' legal obligations to involve workers in workplace health and safety
- 2 Provide practical guidance for workplaces on employee-participation systems and practices to support effective involvement of workers in health and safety matters
- 3 Recognise the role that health and safety representatives play in the workplace, and provide them with support, resources, and practical tools
- 4 Build the capability of health and safety representatives through training
- 5 Promote and enforce legal requirements relating to employee-participation systems

## > OUTCOME 3: INDUSTRY LEADERSHIP AND COMMUNITY ENGAGEMENT

Other workplaces, trade unions, employer organisations, industry associations, and training organisations are the linchpins for helping individual workplaces improve their health and safety. They can often work together in providing advice, information, industry standards, training programmes, influential role models, and best-practice examples.

Community engagement is also an important part of this outcome – with greater community awareness and concern about health and safety issues creating a positive and supportive climate for improvements in workplace health and safety. This can be a two-way flow of influence, as workplace health and safety issues can also have a positive effect on community and recreational safety practices.

### Objectives and actions

#### OBJECTIVE 3A

#### Develop and implement industry-led initiatives to improve workplace health and safety

##### ACTIONS

- 1 Create and strengthen industry health-and-safety groups and business/union partnerships as a means of directing and co-ordinating industry initiatives
- 2 Provide more effective government support for industry-led initiatives
- 3 Develop and implement industry strategies and plans aligned to the Strategy
- 4 Produce and promote industry-specific standards and guidance material for significant health and safety issues
- 5 Use industry networks to spread best-practice information and examples
- 6 Develop and modify industry programmes for training and accreditation, to achieve an increased focus on health and safety
- 7 Build the evidence base for industry-led initiatives through investment in research and development
- 8 Strengthen the competency of occupational safety and health professionals and practitioners through specialised education and training, and certification and professional development programmes

**OBJECTIVE 3B****Encourage and enable industry and community leaders to promote workplace health and safety to their networks and communities****ACTIONS**

- 1 Identify industry and community leaders to act as champions or spokespersons for improved workplace health and safety
- 2 Support industry and community leaders by providing them with information and communication resources that will be relevant to their networks and communities
- 3 Establish and provide forums in which industry and community leaders can communicate messages about health and safety to their networks and communities
- 4 Evaluate the effectiveness of the promotional activities carried out by industry and community leaders

**OBJECTIVE 3C****Raise awareness and understanding of workplace health and safety in the wider community****ACTIONS**

- 1 Raise the profile of workplace health and safety as an issue of public importance, by drawing attention to the impact of work-related disease and injury on individuals, families/whānau and businesses
- 2 Increase awareness and understanding of specific workplace health and safety issues in the wider community, through public awareness and education programmes
- 3 Promote the development of personal skills in workplace health and safety within the wider community through school-based education in health and safety
- 4 Make links between workplace health and safety and community-based injury prevention and safety initiatives

## > NATIONAL PRIORITIES

The national priorities outlined in this section will help to focus the Strategy's objectives more sharply and target resources more effectively.

These priorities account for a significant proportion of all work-related diseases and injuries in New Zealand. 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. They are:

- airborne substances
- workplace vehicles
- manual handling
- slips, trips and falls
- psychosocial work factors
- vulnerable workers
- small business
- high-risk industries.

These are **national** priorities. Particular industries will need to develop their own list – although it is very likely that there will be an overlap between an industry's priorities and the national priorities.

Each priority is outlined below. See Appendix 1 and [www.whss.govt.nz](http://www.whss.govt.nz) for more detailed supporting evidence.

### Airborne substances

Airborne substances include fumes, dusts, gases, mists, vapours, viruses, and bacteria that cause occupational cancers, respiratory diseases (including occupational asthma), and other work-related illnesses. Specific examples in the workplace include asbestos, wood dust, welding fumes, and solvents. Airborne substances are a priority for this Strategy because they are the leading cause of premature death from occupational disease in New Zealand.

### Workplace vehicles

Vehicles are the single largest cause of work-related injury death in New Zealand. The average vehicle-related injury is often severe because of the violent forces involved. Workplace vehicles include trucks, cars, tractors, all-terrain vehicles (ATVs), motorbikes, forklifts, boats, and aircraft.

### Manual handling

Manual handling work requires a person to lift, lower, push, pull, carry, or otherwise handle an object. Examples include lifting boxes, packing in a supermarket, cleaning tasks, operating machinery, using hand tools, and handling hospital patients. Poor manual handling practice can lead to musculoskeletal diseases and injuries including sprains and strains, overuse disorders, and damaged spinal discs. These account for a large proportion of work-related ACC claims.

### Slips, trips and falls

Slips, trips and falls result in significant numbers of ACC claims for work-related injury, and are often caused by untidy work areas. Falls from heights are a common cause of death and serious injury in the workplace – and they are a major issue for the construction industry.

### Psychosocial work factors

Psychosocial work factors include excessive workloads, low job control, and aggression and violence at work. In some people, exposures to these work factors can contribute to chronic fatigue, stress-related disorders (such as anxiety and depression), alcohol and drug abuse, heart disease, upper limb musculoskeletal disorders, and suicide. Personal characteristics play an important role in determining whether psychosocial work factors will give rise to symptoms in a particular worker.

## Vulnerable workers

Some workers are at increased risk of work-related disease and injury. Such vulnerable workers may include children, young people, new workers, older workers, new migrants, people with low literacy or impairments, and those working in precarious employment. The protection and accommodation of vulnerable workers is required by international labour conventions and by domestic laws such as the Human Rights Act 1993, the HSE Act, and the Employment Relations Act 2000.

## Small business

Small businesses and self-employed people account for a significant proportion of the New Zealand workforce. In comparison with large businesses, small businesses require special attention because the people in them are often less able to manage health and safety (owing to time and finance constraints, other commercial pressures, and lack of knowledge). Small businesses and self-employed people are also harder to influence through regulation and incentive programmes.

## High-risk industries

Some industries, including petrochemicals and mining, have a potential risk of catastrophic failure. While these types of events are rare they can claim many lives and severely damage the economy, vital infrastructure or the environment. In other industries, the hazardous nature of work leads to high rates of injury across the workforce. Examples of high injury-risk industries include construction and the agriculture, forestry and fishing sector. More work needs to be done to identify industries and sectors that are high-risk in terms of occupational disease and health hazards.

## > DELIVERING THE STRATEGY

### Implementation

The Strategy's Action Plan 2005/06 outlines a programme of activities for government agencies and other key organisations.

The Action Plan contains new initiatives and existing activities that will be modified or improved (for example, through better co-ordination and collaboration). It identifies specific deliverables in terms of what is to be achieved, by when and by whom.

Further action plans will be developed in following years. The inclusion of specific deliverables in future action plans will depend on government assessment of other possible options for achieving the outcomes, and on additional funding being made available in future Budgets.

The **Department of Labour** will lead the ongoing development of the Strategy and action plans. The department will co-ordinate promotion and evaluation of the Strategy, monitor implementation, produce accountability reports, and collect and disseminate information through the Strategy's website ([www.whss.govt.nz](http://www.whss.govt.nz)).

The **WHSS Government Agency Group** will continue to work with the Department of Labour to develop the Strategy, and provide a forum for co-ordination of activities across government.

Government agencies from the WHSS Government Agency Group will have lead roles in the implementation of the action plans. Other government agencies and non-government organisations will also be involved.

### Governance of the Strategy

The governance arrangements for the Strategy are:

- **Cabinet** approves the Strategy and the action plans
- The **Associate Minister of Labour** is lead Minister for the Strategy, its implementation and progress reports

- An **Injury Prevention Ministerial Committee** will have oversight of this Strategy and other national-level injury prevention strategies developed under the New Zealand Injury Prevention Strategy
- The **Secretary of Labour** is responsible for the Department of Labour's performance in developing and implementing the Strategy.

### Advisory bodies

A high-level advisory body will be established to provide leadership, and ensure consultation and co-ordination between representatives of government, employers and employees in relation to the Strategy and its delivery. This forum will provide advice directly to the Associate Minister of Labour.

The **National Occupational Health and Safety Advisory Committee** will continue to provide independent, evidence-based advice to the Associate Minister of Labour on major occupational health and safety issues. This Committee will be asked to comment on the ongoing development and implementation of the Strategy.

### Monitoring and review

The following mechanisms will ensure accountability:

- The Department of Labour will provide regular briefings to the Associate Minister of Labour on progress under the Strategy and the relevant action plan. It will also prepare annual reports and make these available to the public.
- Other government agencies will report to their respective Ministers about their work under the Strategy, as required. They will also provide the Department of Labour with information that will enable the department to brief the Associate Minister of Labour on progress and to produce annual reports.
- The Department of Labour will produce a series of reports on New Zealand's workplace health and safety performance. These reports will include information on indicators that measure progress against the Strategy's vision and outcomes.
- The Strategy will be reviewed after three years.

## Evaluation

Evaluation will provide Ministers, government agencies, key stakeholders and other interested parties with information on:

- progress on implementation
- areas needing more attention or improvement
- the overall impact of the Strategy
- key performance indicators.

An evaluation framework will be developed and implemented by the Department of Labour in consultation with the advisory bodies and the WHSS Government Agency Group.

### Key performance indicators

The Department of Labour will facilitate identification of a set of valid and reliable indicators for measuring progress towards the Strategy's vision and outcomes. Where appropriate, these will be aligned with indicators developed for the New Zealand Injury Prevention Strategy and other national-level injury prevention strategies.

Key performance indicators for the Workplace Health and Safety Strategy will include work-related disease and injury statistics, and also 'positive' performance indicators relating to workplace practices. For example:

- 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
- the number of trained health and safety representatives
- levels of participation in industry accreditation programmes
- the proportion of central government agencies participating in either the ACC Partnership Programme or the ACC Workplace Safety Management Practices Programme.

The Department of Labour will work closely with the Statistics New Zealand Injury Information Manager to facilitate the routine reporting of key statistical indicators relating to workplace health and safety.



# > APPENDIX 1: KEY STATISTICS FOR WORK-RELATED DISEASE AND INJURY IN NEW ZEALAND<sup>2</sup>

## Work-related disease

It is estimated that between 700 and 1,000 workers die prematurely in New Zealand as a result of work-related disease each year:

- About 80% of these deaths occur in men.
- About 30%-40% of these deaths are due to occupational cancers including lung cancer, mesothelioma, leukaemia, and bladder cancer.
- Other occupational diseases representing a high burden include ischaemic heart disease and respiratory diseases.

There are an estimated 17,000-20,000 new cases of work-related disease and 2,500-5,500 new severe cases of work-related disease every year:

- About 75% of these diseases occur in men.
- Musculoskeletal disease is thought to be the highest incidence occupation-related disease, followed by diseases of the ear, skin disorders, chronic respiratory disease, diseases of the digestive system, and cancer.

## Work-related injury

There are about 100 work-related fatal injuries in New Zealand every year:

- Just over 94% of these deaths occur in men.
- The agriculture, forestry and fishing sector has the highest number of fatal work-related injury deaths.
- Deaths from work-related injury are primarily due to motor vehicles, machinery-related accidents, water-transport accidents, people being struck by falling objects, and people falling.

Each year in New Zealand over 200,000 occupational injuries result in ACC claims. This corresponds to 12 injuries per 100 workers:

- About 74% of the work-related injuries occur in males.
- The manufacturing sector has the highest number of work-related injuries.
- The highest injury-incidence rates are in the mining industry, construction industry, and agriculture, forestry and fishing sector.
- Sprains and strains are by far the most frequent injury (90,000 claims), followed by open wounds (37,000 claims).
- An estimated 50% of injuries result in impairment, and 6% in permanent impairment.

<sup>2</sup> Source: *The Burden of Occupational Disease and Injury in New Zealand*: Report from the National Occupational Health and Safety Advisory Committee to the Associate Minister of Labour, Wellington, 2004 ([www.nohsac.govt.nz](http://www.nohsac.govt.nz))

## > APPENDIX 2: DEVELOPING THE STRATEGY

The Strategy was developed by the Department of Labour in association with:

- the WHSS Stakeholder Group (comprising nominees from organisations that represent a range of workplace roles and perspectives)
- the WHSS Government Agency Group (comprising representatives of government agencies that have responsibilities for, or strong interests in, workplace health and safety).

Group members are listed below.

The development process was also informed by:

- the New Zealand Injury Prevention Strategy (NZIPS) and the experiences of the NZIPS Secretariat
- the Managing for Outcomes Framework, which is widely used by government agencies in New Zealand

- the International Labour Organisation proposals to develop a promotional framework for occupational safety and health
- the experiences of other countries (e.g. Australia and Great Britain), which have published and implemented national workplace health and safety strategies
- published statistics and reviews of the literature on the effectiveness of workplace health and safety interventions
- feedback from the National Occupational Health and Safety Advisory Committee and its 2004 report on the burden of occupational disease and injury in New Zealand
- an analysis of 63 public submissions received on a draft Strategy
- a series of meetings and workshops with groups of stakeholders.

Further information is available on the Strategy website ([www.whss.govt.nz](http://www.whss.govt.nz)).

WHSS 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
Bruce Cottrill	Federated Farmers of New Zealand	small business and self-employed people
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

WHSS Government Agency Group members		
Accident Compensation Corporation	Land Transport Safety Authority (now Land Transport New Zealand)	Ministry of Transport
Civil Aviation Authority	Maritime Safety Authority (now Maritime New Zealand)	Ministry of Women's Affairs
Department of Labour	Ministry of Health	New Zealand Police
ERMA New Zealand	Ministry of Pacific Island Affairs	Te Puni Kōkiri

## > GLOSSARY

Disease	An unhealthy condition of the body (or part of it) or of the mind. Illness or sickness.
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	Unharmed. A state of complete physical, mental and social well-being.
Industry	A group of organisations engaged in the same type of economic activity. Includes workplaces, employer organisations, unions, and industry training organisations.
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.
Outcome	A state or condition that is experienced by a group of people.
Productivity	The ratio between the value of the outputs produced and the inputs used.
Regulation	The setting and enforcing of standards.
Safe	All hazards being effectively managed.
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. Usually involves paid employment at a job or trade, occupation or profession.
Worker	A person who works. Includes employees and self-employed people, as well as people undertaking similar unpaid work such as volunteers.
Workplace	A place at which a person works. Includes mobile workplaces (such as road vehicles, aircraft and boats) and other spaces (such as forest and bush, sports fields, and the open road).

Published in June 2005 by the  
Department of Labour

**ISBN 0-478-28017-3**

This document is available on the  
Workplace Health and Safety Strategy  
website: **[www.whss.govt.nz](http://www.whss.govt.nz)**

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