Workplace Health and Safety Strategy for New Zealand to 2015

Rautaki mō te Haumaru me te Hauora o te Wāhi Mahi mō Aotearoa ki te 2015

Draft for Consultation

For typing and e-mailing

Submission Booklet

Submissions close in Wellington at 5pm on 29 October 2004.

Please post or email your submission to:

Stephanie Kerruish
Department of Labour
PO Box 3705
Wellington

email whss@dol.govt.nz

Introduction and Instructions for Completion

About this booklet

This submission booklet has been developed to guide individuals and organisations who want to make a submission on the draft Workplace Health and Safety Strategy.

The submission booklet follows the flow of the Strategy document. You may need to refer back to the Strategy document when completing the booklet.

Each section of the booklet is designed to:

- Get your overall rating on the extent to which each component of the draft Strategy may need to be revised.
- Get your comments on any issues and concerns you have with the draft Strategy, and to receive any positive feedback.

Answer as many or as few sections as you wish.

Written submissions should be posted to the address on the front cover of this booklet to arrive by 5pm on 29 October 2004.

If you need more copies of the Strategy document or submission booklet you can download them from the Strategy's website or telephone (04) 915 4469.

Submissions by email

Electronic submissions are encouraged as they aid our analysis.

Word or pdf versions of this submission booklet can be downloaded from the Strategy's website:

www.whss.govt.nz

Electronic submissions can be emailed to whss@dol.govt.nz.

Please note

Any submission you make may be the subject of a request under the Official Information Act 1982. The withholding of particular submissions on the grounds of privacy, or for any other reason, will be determined in accordance with that Act.

A document providing a summary of submissions will be posted on the Strategy's website early in 2005 after the analysis has been completed.

Submission Details

This submission was made by:

Name:	Eileen Brown/Cee Payne Harker

Postal Address: | P O Box 2128 Wellington

Organisation (if applicable): | New Zealand Nurses Organisation

Role/position (if applicable) | Policy Advisor / Industrial Advisor

**1.   Which of the following best describes you and your organisation?
(please type X in the appropriate box)**

	Central government organisation
	Education provider
	Individual
	Industry or employer association
	Industry training organisation
	Local government organisation
	Māori organisation
	Pacific Island organisation
x	Professional association
x	Union/employee representative
	Volunteer/not for profit organisation
	Other, please specify

**2.   Which of the following best describes your industry or sector?
(please type X in the appropriate box)**

	Agriculture/horticulture
	Communication services
	Construction
	Education
	Finance and insurance
	Fishing
	Forestry
	Government services
X	Health services
	Manufacturing
	Meat processing
	Retail and wholesale trade
	Tourism and hospitality
	Transport and storage
	Other, please specify

The Vision for the Strategy

Vision	Healthy and Safe People in Productive Workplaces

3. **To what extent, if at all, does this vision statement need revision?**
(please type X in one box only)

	Needs no revision
x	Needs some revision
	Needs a lot of revision

4. **Please add comments here (e.g. what you agree with, or think needs revision):**
(please type in the box)

> Though health is a producing sector, the word 'productive' does not resonate well with the health sector. An alternative suggestion is "people working in healthy and safe workplaces".
>
> Rationale: Productivity is a given - we aspire for this too. But it is not necessarily the major objective in a health and safety strategy
>
> We view this as an overarching strategy - for the entire labour market. Is it intended that each sector will then need to translate that vision into an action plan for their sector and the specifics of that will be different for each sector?

The Three Outcomes

The Workplace Health and Safety Strategy identifies three outcomes to be worked toward in the long-term. These outcomes have been chosen because they contribute to the vision.

Outcomes (long-term)	1. **Workplace Quality Culture** A culture of quality, where health and safety is an integral part of productive workplace practices.	2. **Industry and Community Engagement** Industries lead, and the wider community actively supports, improvements in workplace health and safety standards and practices.	3. **Government Leadership and Practice** Government actively promotes a high level of workplace health and safety performance, and has excellent health and safety practices in its own workplaces.

5. **To what extent, if at all, do the three outcomes need revision? (please type X in one box only)**

	Needs no revision
X	Needs some revision
	Needs a lot of revision

6. **Please add comments here (e.g. what you agree with, or think needs revision): (please type in the box)**

> Re:1
>
> One difficulty with incorporating the word quality, in the first outcome, is that it may have connotations of quality improvement and this could lead to confusion in sectors that use quality improvement systems. NZNO is supportive of the term 'growing the health and safety culture in workplaces'.
>
> A participative health and safety culture also has merit as a concept in our view.
>
> Re: 2
>
> The term "industries" may suggest that it is employers who lead and have ownership of this process. Industry needs to be defined inclusively. For NZNO the concept is of all stakeholders in the sector involved – this is inclusive of employers, unions, professional organisations and other stakeholders.
>
> Re: 3
>
> It is strongly supported that Government is a leader in health and safety. We also believe that this should also extend to where Government is the funder. For example, in health there is a large sector that is privately provided, but is funded by public money and appropriations. We believe Government's responsibilities, as a leader, extend to this part of the sector too.

Medium-term Outcomes

The nine medium-term outcomes in the Workplace Health and Safety Strategy provide a focus for the next five years.

Medium-term outcomes			
Medium-term outcomes	1a. Business owners, directors and senior managers recognise that health and safety benefits their business. 1b. Managers are motivated and committed to the systematic management of workplace health and safety. 1c. Workers participate effectively in processes for improving workplace health and safety.	2a. Industry partnerships and networks share information about good practice in workplace health and safety. 2b. Members of the wider community are aware of the impact of workplace health and safety on individuals and families. 2c. Industry and community leaders promote workplace health and safety to their networks and communities.	3a. Agencies and levels of government co-ordinate and align their workplace health and safety roles and activities. 3b. Government sets high expectations for health and safety through its role as an employer and purchaser. 3c. Central government agencies demonstrate improvements in their management of workplace health and safety.

7. **To what extent, if at all, do the medium-term outcomes need revision?**
   (please type X in one box only)

	Needs no revision
x	Needs some revision
	Needs a lot of revision

8. **Please add comments here (e.g. what you agree with, or think needs revision):**
   (please type in the box)

A concern NZNO has is the lack of emphasis in the strategy on the role of unions. A typical response to this concern is that not all workplaces are unionised. And this is a fact. In the private sector there is low union density and unions are concerned about this as it makes the implementation of health and safety structures and processes extremely difficult and sometimes impossible. However, unions are committed to supporting, developing and facilitating structures that improve the processes and the ability for workers to participate in and successfully implement health and safety strategies. This is the reason we want to see the word "unions" more visible throughout the strategy.

Again there is a concern that the word "industry" will be interpreted to mean businesses and primarily employers. .In the health sector the industry refers to health professionals, employers and all those who have a stake/interest in better and improved health and safety. 2c could incorporate this specifically e.g. industry, unions and community leaders promote workplace safety and health etc.

It is recommended that the term and the concept and processes around tripartisim are identified in the strategy. This would be enhanced by using examples.

The difficulty with these objectives is that there are no specifics about how they will be achieved. The action plan must identify processes for implementation.

Intervention Approaches

The Workplace Health and Safety Strategy identifies seven intervention approaches that need to be used in a balanced way.

- Sound research and evidence
- Capability development
- Social dialogue
- Good governance

- Better design and technology
- Appropriate incentives
- Effective regulation

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9. **To what extent, if at all, do the seven intervention approaches need revision?**
(please type X in one box only)

	Needs no revision
x	Needs some revision
	Needs a lot of revision

10. **Please add comments here (e.g. what you agree with, or think needs revision):**
(please type in the box)

We are supportive of all the approaches that are identified here. But a major issue for NZNO is that **effective regulation** is listed last as an effective intervention. The order may not have meant to be hierarchical, but placing this last may be interpreted as the last option. Regulation has been highly effective in improving the effectiveness of health and safety committees and increasing the number of health and safety representatives.

For NZNO, regulation has been the tool which has been the incentive to establish stronger health and safety processes and frameworks. In worksites with difficult employers, regulation has been the mechanism that has ensured the establishment of committees and the election of representatives and enabled some traction. Some employers will not and still won't do anything, or enough, to ensure that the workplace is healthy and safe. Regulation is the only tool for implementation with such employers.

Regulation can also be enabling and it is not useful, or even correct, to frame regulation always as a punitive measure.

Capability development, as an intervention, also needs to include attention to sustaining that capability also. This requires ongoing training and recognition for health and safety representatives. Building the capability and capacity of health and safety representatives could have stronger emphasis as a proven, effective intervention tool and approach.

Research and evidence – more information sharing – especially interpretation of the data. NZNO Would like more access and regular engagement between "industries" and ACC/ OSH on health and safety data and trends.

NZNO supports that **better design and technology** could positively affect the sector – in the health sector this applies to lifting equipment and patient handling resources. It also applies to appropriate systems for e.g. chemical management – adequate resources. This intervention does have funding implications and this factor and issue needs to be stated and expanded in this section.

The use of a **systems model** for health and safety and systems principles is recommended for inclusion as an approach to intervention. Systems based approaches are essential to ensure learning and improvements in processes and reduction in errors.

National Priorities

The Workplace Health and Safety Strategy proposes ten national priorities to enable a sharper focus on the outcomes and better targeting of resources.

National priorities	Airborne substances ▪ Psychosocial factors ▪ Manual handling ▪ Slips, trips and falls Workplace transport ▪ Small business/self-employed ▪ Māori ▪ Pacific people Young and older people ▪ New migrants

11. **To what extent, if at all, do the ten priorities need revision?**
   (please type X in one box only)

	Needs no revision
x	Needs some revision
	Needs a lot of revision

12. **Please add comments here (e.g. what you agree with, or think needs revision):**
   (please type in the box)

> This is a very comprehensive list. NZNO is pleased to see psychosocial factors include high workloads and violence – the latter are psychosocial **work** factors and could be usefully defined as such.
>
> Establishing national priorities is difficult for us to comment on as our knowledge is primarily in regard of the health sector and health and safety needs in that sector. The identification of how and why priorities were set could be more fully explained in the strategy. This will assist each sector to establish its own priorities. Can the strategy state that sectors need to develop their own according to their needs and realities?
>
> In respect of specific groups to target – we are uncertain of this approach. In the health sector there are at-risk areas that require targeting:
>
> ➢ Workplaces with high levels of casual staff are an at-risk area. Lower levels of knowledge, familiarity about the worksite, processes and relationships increases health and safety risks.
>
> ➢ The two nursing groups who are highest at risk of back injuries, and back pain, are newly graduated nurses (who are unused to the lifting demands) and older nurses (who are affected by the cumulative effects of many years of lifting).
>
> ➢ Work sites with precarious and non standard employment. (note below definition of precarious employment)
>
> ➢ Short staffing increases health and safety risks and immediately places health and safety pressures on health workers.
>
> ➢ Heavy patient loads for staff and heavy manual handling loads e.g. in aged care facilities with high numbers of persons with strokes increases health and safety risks – specifically musculoskeletal risks.
>
> ➢ Workers in isolated worksites are at risk – this is particular so for home care workers who have high dependency persons in their care often without any support or back-up.

Definition:

"Precarious employment - employment that is low quality and a combination of factors that put workers at risk of injury, illness and/or poverty from low pay, unsafe work practice and little opportunity for training and advancement".

Delivering the Strategy – Implementation Schedule

The Department of Labour will co-ordinate the development of an Implementation Schedule for the Workplace Health and Safety Strategy with other Government agencies, and other relevant organisations and groups. The plan will identify actions to be undertaken to support the medium-term outcomes in the Strategy.

13.   What, from your perspective, is the most important issue that needs to be considered when implementing the Workplace Health and Safety Strategy? (please type in the box)

Increased support for health and safety representatives. Though NZNO is pleased with the growth in its health and safety representatives (there are over 840 NZNO health and safety representatives) sustaining this role and number and the level of interest is the next critical phase. This will come about by continued and training and opportunities for dialogue between health and safety representatives, health professionals, unions and employers, ACC and OSH.

Health and safety representatives must have the time necessary to fulfil their responsibilities and acquire the necessary knowledge to fulfil that role. The role must be recognised as a specific work function and responsibility. Without recognition, support and time health and safety representatives lose heart and interest and are unable to fulfil their role.

In some workplaces there are senseless arguments from employers about how many health and safety representatives to have. It is our view that there can't be enough. There are unlikely, ever, to be too many.

There is a low level of knowledge generally about standards and the processes relating to the development – especially national standards. The differences between regulation and standards are poorly understood generally.

NZNO wants more attention to the practical application of standards. For example, the implementation of the patient handling guidelines is one example in the health sector. These guidelines were rolled out without a industry wide implementation plan.

Another mechanism for the implementation of the strategy is through collective agreements – CEAs are a tool to effectively deliver the strategy in unionised sites and need to be promoted as such.

NZNO recommends that a priority is identified in the overall plan to assist each work sector to develop its own sector specific health and safety strategies priorities and an implementation plan for the delivery of the strategies.

Specific plans as to how the strategy is going to be achieved with responsible groups/organisation identified and time frames etc in a plan of action.

Overview of the Strategy

14. **Reviewing the draft Strategy as a whole, to what extent, if at all, does the overall content need revision?**
(please type X in one box only)

	Needs no revision
x	Needs some revision
	Needs a lot of revision

15. **Please add comments here (e.g. what you agree with, or think needs revision). You do not need to repeat earlier comments.**
(please type in the box)

> See main text.
>
> ➢ Suggest consider placing in some photos to increase the accessibility and attractiveness of the strategy?
>
> ➢ Need for funding and resources for sector to develop their own priorities and that this involves those in the sector working with DOL to establish priorities.
>
> ➢ Inclusion of unions roles and specification of the union role in relation to health and safety.
>
> ➢ NZNO organisers report the most important issue that needs consideration for the implementation of the strategy is time to be able to attend meetings learn about the strategy and then implement it in the work place. These are process issues around the strategy that need funding.

General Comments

16. **Please provide any other comments on the draft Strategy.**
(please type in the box)

> Given the strategy extends to 2015 there could be more exploration of some of the possible risks and threats in the future.
>
> What is the process for the review of the strategy?

Thank you for taking the time to make a submission. Your contribution is important and will be given due consideration.