



OSH Priorities for Occupational Health

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Principles

Principles - 1

- Behind the cumbersome legal apparatus there is a foundation of humanity
- Employers bear the responsibility for health and safety
- Shared responsibility - Societal influences large
- OSH/ACC influence small - but catalytic
- Health and safety perceived as difficult or too hard
- Hazards never sleep

Principles - 2

- Small business problems:
 - My biggest hazard is starvation
 - I have no time left over anyway
 - No limits - and I don't know where to start
 - I will be blamed, no matter what, afterwards
 - I can't understand what is wanted
 - It's not worth it for the effort involved
 - Advisors don't help - they just rip me off
 - No-one else I know is doing it
 - OSH an ogre, just like the media says

Principles - 3

- The New Zealand Character

- **The pioneer**

- We've done all we can, there's nothing more we can do in the time left and with the resources available – it's getting dark, we're getting tired – let's go home. I'm sure things will still be OK tomorrow - Worrying won't help - "She'll be right".

- **Jaded disengagement from life?**

- Carelessness – It was OK yesterday – it will still be OK tomorrow . . . next week . . . year. Why bother changing it – it has worked fine until now – If anything is going to happen – it won't be to me.

- **In the future . . .**

- We've done it right, as far we can tell, so let's trust in ourselves. We will keep an eye on it. Worrying is always pointless. We will learn from any errors. We can only get better at this!

Principles - 4

- Occupational disease vs injury
- NEOH preliminary report estimates
 - Occupational attributable deaths - 188 pa
 - Injuries* 88 pa
 - Specific diseases 9 pa Poor data
 - Work related diseases 91 pa

* Workplace injuries, Injuries in traffic at work,
Commuting accidents



Frameworks

What are the frameworks?

- Nature
- Humanity
- Human nature (for which nature, humanity and the law do not cater)
- Society - beliefs and expectations
- HSE Act
- WHS Strategic Framework

HSE Act Principles

- Responsibility lies with employers
- Prevent harm
- Manage hazards
- Inform, train and supervise
- Employee responsibility

HSE Act Amendments

- Extension of coverage
 - Duties of persons supplying plant
- Employee participation
- Right to refuse dangerous work
- Hazard notices
- Infringement notices
- Time for laying informations
- Penalties
- Insurance against fines

Data

- Poor quality data at present
- Information manager
- ACC - OSH links re occupational disease
- Links to ESR
 - Notifiable diseases - Leptospirosis
- Links to NHIS
 - Cancer - Death certificate data
- NODS system
 - Expand - but data not the prime purpose



Strategies



WHS Strategic Framework

- States principles under these headings:
 - Policy advice
 - Influence community
 - Investigate
 - Enforce
 - Compliance
 - Provide information

Strategies - Policy Advice

- Develop and maintain the legislative framework
- Plug significant gaps . .
- Work across intersectoral boundaries
- and develop an information base.

Strategies - Influence Community

- Influence beliefs and expectations
- Identify audiences and engage to promote . .
- Reduced tolerance of poor practice and increased recognition of good practice so that . . .
- Workplaces are influenced and there is . .
- Better Practice in workplaces

Strategies - Investigate

- Investigate incidents to . . .
- Identify causes and then . .
- Share the knowledge gained about causes and prevention so that . .
- Workplaces are better informed to manage risks

Strategies - Enforce

- Enforce compliance in order to
- Constrain activity where necessary so that
- Workplaces change behaviour and there is
- Better management of health and safety

Strategies - Compliance

- Share technical knowledge so that
- Best practice systems are promoted through . .
- Alliances, so that . .
- Better management of H&S occurs

Strategies - Information

- Create and provide, where appropriate, by involving New Zealanders and their expertise, keeping industry ownership at the forefront.



Activities - Putting the 'H' (back) in OSH

Activities - the 'H' in OSH

- 'Health focus'
- NODS
 - Overhaul, promotion, more frequent reporting
- Industry Sector Plans
 - Health matters an integral part of Safety
- Information
 - Developments underway
- Implementation

'Health focus' in OSH

- Within OSH, to integrate health matters into the Inspectorate's repertoire of skills
- Many similarities between safety and health - some differences
- Occupational health has been put in the 'too hard' basket.

Character of the health focus

- Often similar to a safety focus but different in terms of timing and latency
- The relation between exposure and outcome may be subtle and hard to define or prove
- Occupational disease vs personal injury
 - maybe this is a profound difference
 - consequences for assessment, treatment and outcomes
 - implications for prevention

Health Versus Safety 1

Safety

- Data is better
- Risks are immediate
- Injuries are visible
- Focus of a lot of effort
- Interventions can have a quick, positive result

Health

- Data is poor
- Risks are delayed
- Injuries may be less visible
- Often put in the too-hard basket
- Interventions less likely to have a quick, positive result

Health Versus Safety 2

Safety

- Clear link to one employer
- Clear compensation cover
- Medical history of victim less relevant
- On investigation of incidents, obscurity may develop because of complex interactions between system components
- OSH investigation only into event itself

Health

- Impact of employment history
- Onus of proof
- Medical history significant part of assessment
- On investigation of disease, obscurity may develop because of the complexity of the body and the interaction of mind and body
- OSH investigation - establish a diagnosis and link to workplace exposure

Uniting factor

- There is a uniting factor
 - Exposure x Time
- Which leads to risk assessment
 - Exposure x likelihood x consequences

NODS

- Overhaul
- Improve
- Promote

Health ISP Topics

- Manual handling
 - Noise
 - Welding
 - Spraycoating
 - Stress
 - Shiftwork
- Boat building
Home based health care
Patient handling

Generic Information

- Noise Code
- Spraycoating Guideline
- Stress
- Shiftwork
- VDU Code revision

Health and Safety Councils

- Such as . . .
 - Agricultural (140/3)
 - Forestry (27/3)
 - Road Building (3)
 - Health Industry
 - Health and Safety Practitioner's Council (5)
 - Construction
 - Hire industry
 - Manufacturing

Roles of a H&S Practitioners' Council

- Certify practitioners' competence
- Promote best practice
- Review standards
- Promote responsible self governance
- Provide advice to OSH and ACC
- Broker information and advice
- Sponsor activities

Possible principles

- Promote a symbiosis with New Zealand small businesses
- State a set of expectations about health and safety that small business owners can relate to
- Be a vital, responsible and productive part of New Zealand

The 'Health Industry'

Health Industries -
Hospitals
Solo health
providers

Occupational
health matters
across all
Industries

Health and
Safety Practitioners -

- 1 - Ergonomists *
- 2 - NZISM
- 3 - Occupational Hygienists *
- 4 Occupational Health Nursing
- 5 Occupational Physician *

**Key NZ Health and
Safety Advisors**



H&S Practitioners' Council

- Interest from all five disciplines
- Two possible projects:
 - Training in noise
 - Health monitoring