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# PERTH WORK SAFE 2009 FORUM • PROGRAM AND PAPERS

A Safe Work Australia Week event

MAKING WA  
WORKPLACES SAFER

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# What makes people tick? The marriage between safety and psychology

Dr Ali Dale, Global Leader Clients  
Sentis



Despite making significant safety improvements in the resources industry over the last 20 years, incident data suggests that there has been a recent plateauing of injury rates within Australia and around the world (Fitzgerald, 2005). There can be little doubt that mature resource business' have invested heavily in the environment (engineering advances) and practice components (safety based policies and procedures and training) of their organisations, and that this has been successful in terms of driving down injury rates. This investment in behaviour based safety programs has also produced a greater awareness of the importance of safety, an increase in safety observations and removal of barriers to safe performance, and even improved use of some behaviour based safety tools (risk assessments). According to Fitzgerald however, further improvement in safety performance is likely to lie within the true engagement and involvement of people, and 'trying something new' instead of simply more of the same.

To date much of the safety literature and safety campaigns that focus on changing individual employee behaviour tend to involve education campaigns (telling someone what to do to stay safe), fear based or persuasion campaigns (what will happen to you if you get hurt), values based 'transformation' (what you should believe in regards to safety), and the very popular, behaviourally based safety approaches (removing barriers to safety and use safety observations as a key driver in change). While all of these campaigns hold at least some merit and have produced some encouraging results, the plateau continues and organisations can still be heard saying 'we have great systems, great training, and great equipment, yet people still break the rules, become complacent or take short cuts – why won't people just do what they are supposed to do'.

Spanning the study of human behaviour, at its heart psychology has been interested in examining how we can influence change, and as such, may have some lessons for the field of safety:

- In 1975, Miller, Brickman & Bolen explored the power of persuasion and corrective suggestions on influencing behaviour. In studies on littering behaviours and maths performance, corrective suggestions (i.e. telling someone how they should behave) was particularly ineffective and produced no significant change in behaviour – and in some cases, was associated with worsening performance.
- Health based research has found that advice, or telling others what to think or do, will work for some and not others – and generally only works for those people already invested in making the changes.

# Duty of care – A shared responsibility

Mark Leverence, HS & E Manager  
RCR Engineering



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## Duty of care

- How many people come to work to deliberately hurt themselves?
- What things are in place to help us achieve zero harm?
- Procedures
- How many of us follow all the procedures all of the time?

## Why not?

- Experience (I have been doing this job for 20 years)
- Inexperience
- Better ways of doing the job
- Don't agree
- Choice
- Ignorance
- Intimidation
- Pressure
- Attitude thieves
- Manipulation

## RCR's safety philosophy

- All injuries can be prevented
- Management is responsible for preventing injuries
- Working safely is a condition of employment
- All operating exposures can be safeguarded
- Training employees to work safely is essential
- Prevention of injuries is good business

## Safety Mates

- Inductions
- OH&S training
- Procedures
- Safety meetings
- Safety inspections
- UAP observations
- Investigate to prevent
- Measure performance
- Set standards
- Risk assessments
- Fit for duty
- Emergency planning
- Involvement
- Competency

## **Behavioural systems**

To a little boy with a hammer everything begins to look like a nail

- Behaviourists believe that implementing a behaviour-based safety program will improve safety performance
- Regulators believe that passing new regulations can improve safety performance
- CEOs look at systems and programs
- While engineers want to improve equipment and system designs

"All are right to a degree," but if you do them and you have a corporate safety culture that is resistant, it won't work.

## **Death or disability**

- Noise
- Moving vehicles
- Operating plant and equipment
- Oils and other spills
- Airborne contaminants
- Hazardous substances
- Hot work
- Confined spaces
- Working at heights
- MANUAL HANDLING

## **Two types of people**

When it comes to safety in the workplace there are two types of people

Those who don't know and those who don't care

Which one are you?

- Janis and Feshbach (1953) first explored the power of fear driven education campaigns on behaviour (tooth brushing). They found that when education messages were designed to elicit fear responses, subsequent behaviour change was minimal. This finding is now so consistent, that many neuroscientists have focused their energy on understanding brain responses to threat, and subsequent impacts on behaviour – generally suggesting that education and feedback needs to be done in such a way that rewards of behaviour change are emphasised and threats avoided.
- Albert Bandura sparked a cognitive behavioural revolution across psychology in the 1960's as he clearly demonstrated the importance of free will and thinking in directing behaviour – thereby showing that the foundations of behaviour based safety are incomplete, and therefore, unlikely to influence lasting change in the majority of people.

According to psychology therefore, simply doing more of the same – i.e. more education, more telling people what they really should think and do, more telling people what will happen if they break the rules, and more observation, rewards and reinforcement - is unlikely to produce the changes we are looking for in safety behaviours.

### **Individual Change Processes: A key to understanding the 'hearts' of our people and designing effective safety interventions**

During the 1980's Prochaska and DiClemente first proposed a model of human behaviour change, known as the 'Transtheoretical' Change model, or more simply, the Stages of Change model. Initially based on work with smokers, this model has since been applied to many health related behaviours, and more recently, to injury prevention and the safety domain (e.g. Raymond, 2004; Banks, Davey & Biggs, 2007; Haslam, 2002; Kidd et al., 2003; and Slappendel, 2001). While it has undergone a number of modifications, the final version proposes 5 distinct stages through which people must pass while engaging in change. Movement through the stages is generally not linear however, and more often than not, is cyclical as individuals may relapse to previous stages until permanent change is achieved. These stages are as follows:

*Precontemplation:* Here the individual has no intention to change. They are either unaware of, or contemplating any need for change.

- *Contemplation:* The individual has no imminent or concrete plans to change, although they have begun to think about a need to change in the future.
- *Preparation:* There is a firm intent and plans for change. They may have even begun making small changes, and will enact more significant changes in the very near future (i.e. within the next 30 days or so).
- *Action:* The individual has begun engaging in the new changes, although they are yet to be cemented over time.
- *Maintenance:* The individual has cemented the change and been consistently acting with the new behaviour for about 6 months.

Importantly, most of the safety initiatives described previously, and the safety tools, reinforcements or strategies we currently employ target actual behaviour modification – or, what people need to do to stay safe, and enact safety behaviour changes. In doing so, they target individuals at the preparation and action stages, missing those pre-action oriented people.

Trying to modify behaviour without awareness or commitment is unlikely to produce sustained behaviour change. Indeed, depending on the context and nature of the program, doing so may breed disinterest, and lead to disengagement, resentment, or forced compliance. That is, doing what ever the regulations say when under supervision, but at 2.00am, or when working or driving alone, breaking the rules, taking short cuts, and acting to 'just get the job done'. Perhaps it is time therefore, that we consciously take these stages of change into account when designing our safety programs and interventions.

To assist in some of the guess work here, research also suggests that for those pre-action individuals:

- 40% tend to be Precontemplators
- 40% tend to be Contemplators
- 20% tend to be in Preparation

(LaForge, Velicer, Richmond & Owen, 1999; DiClemente & Prochaska, 1998)

While there has been little work done looking specifically at the distribution of individuals in a work safety context, intuitively at least, we would expect them to be similar. It would make sense therefore, that we would receive the greatest 'bang for our safety intervention buck' if we target most of our interventions at those falling into the precontemplation and contemplation stages at least initially, and then move onto strategies designed to assist and maintain change.

As a general rule, to assist individuals to move from precontemplation and contemplation to action we need to assist in raising awareness, and then re-evaluating the pros and cons around changing behaviour. To do this we can:

- Ask questions that encourage thinking about his or her safety behaviours, and the personal impact that these could have
- Encourage thinking about 'what's in it for me if I stay the same, and if I change?'
- Encourage exploration about the pros and cons of safe choices (acknowledging that cons do exist, such as a greater investment in time, energy and effort to make the safe choices)
- Provide some education and information in a timely and appropriate fashion that may facilitate greater insight into current behaviour and the consequences of such behaviour.
- Facilitate a re-evaluation of the self and environment in terms of what may be driving their behaviours.

It is important to remember here that trying to tell, persuade, or provide all of the very good reasons why they should change, for people in these early stages, is unlikely to produce any sustained change. Indeed, if anything, it is more likely to produce a strengthening of the current behaviour as individuals seek to defend their current position. This re-evaluation therefore, can only be driven from within, with the goal being of any effective safety program for individuals in these stages, to facilitate this internal questioning and examination of one's goals and behaviours.

Once individuals are committed to action, our intervention efforts can then target the actual strategies that people need to employ in order to stay safe. We can assist individuals to identify those situations or conditions that promote unsafe behaviour, and develop plans for negotiating these. In doing so, we also need to examine the systems, policies and procedures, and environmental conditions and ensure that these support, and not undermine the safe behaviours.

While matching our intervention efforts to stages of change is important, in many ways it is focused on engaging the hearts of our people. That is, it is about facilitating the motivation or drive to do something different. To be able to do this effectively however, it is essential that we also engage their minds...

**The Brain and Safety: Capturing the 'Minds' of our people to design even more effective safety programs.**

More than any other biological endowment, it is the brain which has allowed human beings to develop beyond their primitive forebears, and establish a unique and influential relationship with the external environment. As complex as it is, a relatively simple functional (descriptive) model can be used to describe its operation in a way that is practically useful for us when we are considering safety behaviours.

The key functions of the brain here are:

- Reticular Activating System (RAS)
- Conscious
- Subconscious

To put this in context - Every moment in time (1/18<sup>th</sup> second), approximately 1850 bits of information flood into the brain from internal and external sources. While we cannot pay attention to most of this information, it is our RAS (Reticular Activating System) that decides what we pay attention to, and what remains out of our conscious awareness. It makes this decision on the basis of whether this information is Dangerous, Important, Pleasurable or Interesting. Information that does not meet this criterion is processed subconsciously, outside of our awareness.

Contrast for a moment, the obvious implications of this information with many of the safety advertising campaigns, safety training, tool-box talks, pre-start meetings and inductions commonly on offer in many organisations today. Most are relatively boring or repetitive, and often not practical nor relevant to individuals personally. In doing so, we are setting up our interventions such that most of the information will be processed out of the individuals' conscious awareness – And we wonder why they continue to be ineffective.

Moreover, out of all of that incoming information (1850 bits) our conscious mind is limited to being able to process approximately 0.3% of the information (or between 5-9 'bits'/ chunks of information). This means that not only do we miss some information, but we miss more than 99% of the information coming into our brain. Now consider the complexity of many safety briefings, policies and procedures handbooks, and even inductions. Not only do they often fail to capture our conscious mind, the amount of information is often overwhelming for our processing capacity.

Not only do safety campaigns need to be important and interesting therefore, but our instructions, training, and procedures need to be kept short and simple – and where possible, provided in a variety of formats (i.e. spoken and written). Importantly, these limitations of the conscious mind is also one of the biological reasons why safety observations and risk assessments are important – In this context, they are not so much about policing – as about being strategies designed to help us combat the limitations of our brains and how much we information (potential hazards and risks) we miss in our environment.

Finally, given the limitations of the conscious mind, it is our subconscious (attitudes, habits, values, memories) that needs to the most attention for safety interventions to be effective. If we are operating out of habit or from our subconscious attitudes most of the time, it is at this level that we need to focus if we are to truly evoke effective change. As we have discussed, it is not enough to simply focus on what someone does (behaviour), as mainstream current psychology would argue that what someone does, is simply a function of what they believe. To be effective therefore, we need to target the beliefs an individual holds, in the manner we described previously.

### **Summary**

In summary therefore, we need to do something different if we want to break through the plateau in safety performance. To do so, we need to move beyond traditional education campaigns, fear driven approaches and behaviour based safety strategies, and take individual psychology more deeply into account. In doing so, we will engage the hearts of our people by matching our initiatives such that they systematically lead individuals through the stages of change, onto action and into maintenance. We will engage the minds of our people if we ensure that our initiatives work with brain biology instead of against it. And in doing these things, we will bring our safety performance to a new level.

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# The future: Hazard elimination or risk management?

Tony Cooke, Chair Commission for Occupational Safety and Health

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The Robens Report is 37 years old. It heralded the modern form of occupational safety and health (OSH) legislation with an emphasis on reduced levels of prescriptive regulation and a shift towards a 'performance based' rather than 'compliance based' approaches.

It took 2 years for Robens' recommendations to be adopted into law in Britain. It was not until the 1980s that they were adopted in Australia. A key feature is reliance upon the network of 'duties' with the 'general duty of care' as the keystone.

Essentially the Robens' framework translated the centuries old tradition of rights and duties under the Common Law into legislation and allowed them to be pursued in a positive fashion, rather than being the basis for claims to compensation and damages after an injury or illness had been suffered through work. The changes also took a pragmatic approach and accepted that in practical terms the ability to enforce ever increasing levels of law and regulations was limited.

But the world has changed dramatically since Robens issued his report. Among the changes:

- The ascendance of economic models based in 'free market' thinking and methods. Associated with this are ideological patterns of thought, which often go unchallenged, regarding the legitimacy and effectiveness of attempting to regulate behaviour.
- Major changes in the ways in which work is done, with technologies and systems of work and work organization which are far beyond anything imaginable in 1972.
- The massive shift to globalised production and exchange of goods and services.
- A decline in regular employment arrangements and an increase in numerous forms of contracting and self employment arrangements. The workplace has become far more complex in its organization.
- A significant change in the role of the public sector, with the adoption of numerous methods and approaches from the private sector.
- Seismic shifts in social attitudes and values.

There have also been a variety of major catastrophes and events which have led to changes in the way in which OSH is delivered. Most notable among these is the 1988 Piper Alpha disaster leading to the so-called 'safety case' regime for health and safety in the oil and gas industry.

Has the move to performance based approaches been successful? Probably not is my conclusion. The vast majority of employers continue to adopt a compliance approach. Why wouldn't they? They are too busy making a living to make an art of safety and health.

While the statistics suggest that there has been an improvement in safety and health outcomes a few cautionary notes need to be sounded:

- The significant changes in the organization of work, while making OSH efforts more difficult, may also make the data sets we rely upon for measurement of performance less reliable.

- The statistics reveal that while overall incidents have declined, there remain a number of persistently 'sticky' problem areas.
- Long absences from work, suggesting increased severity of the injury, have increased as a proportion of the total incidents incurred.
- We remain blissfully ignorant of a wide variety of hazards in the workplace, most notably those which may lead to illness and disease in the medium to long term. Chemical exposures are the obvious example, but increasingly psychosocial hazards are taking their place at the table.

It is also the case that because the majority of employers have not made the transition to a performance based approach there has been greatly increased pressures on regulators to be all things to all people. For those employers who are keen to manage health and safety positively there is a demand for information and advisory services rather than conventional enforcement activity. For the bulk of employers still operating in "compliance mode" there is the usual ambivalence towards inspectors and enforcement but generally an expectation that they will be told what to do and how to do it.

This in turn leads to the generation of documents and materials, including regulations and Codes of Practice, directed at the majority but resented by the minority who are actively pursuing performance based approaches in their workplaces. Both sets of employers are often joined as one in a choir of voices singing loud and long about there being too much 'red tape'. The majority in this chorus are just engaging in the time honoured sport of government baiting. The minority, who are working to get it right and take real responsibility for their own workplace safety and health settings, may have a point. But you don't know if the point is valid until you talk it through.

In the age of 'small government' and 'market economies' the response by government has been interesting. The current push to national harmonization is an example. In reality the practical difficulties of interfacing with the minor differences in OSH arrangements across the states and territories of Australia is a problem for only a relative handful of employers. But it appeals to prevailing ideologies; fits with received wisdom; and, is dignified with a political response which has little to do with improving occupational safety and health across the country.

Lots of colour and movement. Enormous amounts of energy and resources being applied. And not one grand vision in sight. The process is in my estimation likely to become a tug of war between regulators and states trying to keep what they have and change based on a lowest common denominator approach. Meanwhile, the bar for health and safety performance is not being lifted to any significant extent.<sup>1</sup>

The fundamental questions need to be:

- Are the Robens Principles still relevant?
- Is there need for a step change in occupational safety and health?

My conclusion on both questions is a firm "Yes". But the way in which we interpret and apply the Robens Principles needs to be revisited. For me one of the greatest challenges is to empower and support those in the workplace to play their part in improved health and safety.

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<sup>1</sup> An exception here is in the attempt to shift from a primary duty of care based on the notion of "control of the workplace" to one based on a "business or undertaking". This may assist clarity in increasing complex workplaces. Another possible improvement may lie in changes to the right to stop work. But the outcomes in both areas remain uncertain.

One of the principal difficulties is the interpretation of the 'duty of care' arrangements. All too often the focus is on the 'primary duty of care' and the presumption that this must lie with the employer. There is no room for naivety here. There can be absolutely no question that the power differentials in workplaces are often deep and stark. The worker on the shop floor has no ability to influence a wide range of decisions critical to safety and health. The exception is where their employer grants them the privilege or they struggle to put in place consultation arrangements using the mechanisms provided by the legislation. But even then the practical outcome is still largely determined by the mindset of the employer. For this reason the Duties of Employers under Section 19 of the Act have become by default the 'primary duty'. The Duties of Employees (Section 20) are largely subsidiary to the employer's 'primary duty'. The duty under Section 21 is about trying to tackle increasingly complex work settings.

But our legislation attaches to this 'primary duty of care' the obligation to **eliminate** hazards. This obligation is heavily conditional upon it being *reasonably practicable* for the employer to fulfill. Where a hazard cannot be eliminated an employer needs to provide personal protective equipment and other controls.

Again the difficulty is ideological. The form of the legislation was forged from the fires of 'class war'. The settings are about protecting employer prerogatives and control. I suspect it may be a case of "be careful what you wish for". In effect the framework is one which cements employer control but at a high price and I very much doubt that the 'elimination of hazards' is a realistic or particularly useful objective in many instances. Clearly at high level and in the case of blatant hazards elimination at source is the obvious solution. The recent emphasis upon Safe Design principles in OSH is an expression of this approach. The continuing toll extracted by injuries from the most obvious hazards, such as the absence of guarding of high risk equipment, demonstrates the need to keep working on the basics.

But my basic proposition is that good and continuously improving health and safety is not primarily about hazards. It is about managing the risks associated with those hazards which invariably exist. And bear in mind that hazards are not always obvious. In the modern workplace the hiring of a Chief Executive Officer by a Board of Directors of a major corporation, or the promotion of a line supervisor in a small workshop, is not viewed as creating a potential hazard. But in occupational safety and health terms if the person is a psychopath and a bully the risks soon become evident.

Perhaps the most problematic aspect of a *hazard focused* approach is that it runs contrary to human nature and experience. We are all capable of taking the most obvious risks in life, whether out of necessity, thoughtlessness or stupidity. In fact living a full and satisfying life requires us to exercise judgment and to confront significant risks. Most of us fall in love at some point! Some of us choose high risk recreational pursuits.

Further, in many areas our society rewards risk taking. Talking to a Board of Directors about *eliminating hazards* for safety and health purposes is entirely inconsistent with the fact that the competitive advantage of their company, which they are legally obliged to pursue, is based on assessing and managing the risks associated with alternative investment strategies. Yet the evidence is clear that management commitment from the Board Room to the shop floor is a key determinant of good safety and health performance. How can we engage the Board when we are talking a different language? How can we expect the frontline supervisor to make safety and health a priority when they are not supported in that role? Witness the extremely low take up of dedicated occupational safety and health training for supervisors and managers? How can a trained workforce representative relate to a supervisor who feels threatened and isolated in their work?

We hear a lot of speculation that the community is becoming more 'risk averse'. I don't see much of it myself. What I do see is people who are promoted as celebrities when they take risks which go wrong. And then it is usually because they are looking for someone to blame; usually someone with deep pockets, like the government of the day. This type of thinking is a contagion across our community. From road rage; government payouts for poor personal investment decisions; bailouts for businesses considered too big to fail but happy to act like Robber Barons; to dramas in the Family Court, we are encouraged by example to find someone else to blame when risk taking goes wrong.

I am coming to the view that, in all walks of life, and occupational safety and health in particular, a deeply institutionalized and rewarded risk assessment and management approach is to be preferred to the hazard elimination ideal. It involves soul searching and deep change in our way of doing business.

For employers the old "control freakery" needs to be set aside. For workers it will involve the taking of greater personal interest and responsibility for their own safety and health. For unions and other support and service providers it will require new ways of doing business in safety and health. For places where work is done it will require investment and sustained effort. For political leaders, advocates and governments it will require new standards of behaviour to be set and observed.

It has happened elsewhere. Piper Alpha led to the 'safety case' regime for the oil and gas industry. The WA mining industry is currently considering the adoption of an 'opt in' safety case type system.<sup>2</sup> Safety Case is no 'silver bullet' but it is a working example of a risk assessment and management approach which is integrated with the industry and employers it serves. There is no perfect solution because they are all designed and implemented by entirely fallible human beings.

For now I believe the 'opt in' approach being considered in mining should be considered across the board. We could wind up with several tiers to our enforcement regime based on business decisions being exercised within a framework which permits them. The level of 'self regulation' may increase through the tiers, but so should the range and levels of penalties to reflect the breach of trust vested in employers who are allowed to 'run their own race'. For the majority of employers there would be no change since they haven't moved to a performance based approach in the 37 years since Robens reported.<sup>3</sup> But employers who want to take the risk need to put some 'skin in the game' and take a risk based approach. They can back their judgment at a price to be negotiated and demonstrate their confidence in their ability to perform.

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<sup>2</sup> Arising from the review report by Commissioner Stephen Kenner.

[www.dmp.wa.gov.au/documents/Reports/MI\\_Act\\_KennerReview1994.pdf](http://www.dmp.wa.gov.au/documents/Reports/MI_Act_KennerReview1994.pdf)

<sup>3</sup> Or if you prefer for fairness, the 25 years that our state legislation has been in force.

# Occupational stress

Kath Jones Inspector/Scientific Officer  
Health Hazards and Plant Safety, WorkSafe



**Stress** = a natural bodily reaction designed to work in short bursts to overcome challenges (“Flight or Fight”). It is generally the result of job demands that exceed the employee’s ability to cope with them.

= a hazard under OSH legislation, as it can cause “*harm to the health*” of a person, and thus is a hazard that employers have a *duty of care* to identify, assess and control as far as is practicable.

## Harmful health effects include:

<i>Physical health effects</i>	<i>Other health effects</i>
Muscular tension neck/ shoulders/ headaches	Anger/irritability
Stomach and digestive troubles	Conflict with others
Breathing problems	Impatience
High BP	Lack of motivation/ difficulty concentrating
Skin rashes/cold sores	Lethargy
Immune system issues	Sleep disturbance
More susceptible to injury/illness	Depression

## Risk factors for stress:

- Work demands/ pressure, competing demands, monitoring
- Control over and flexibility in job tasks; level of job involvement
- Management/ supervisory style
- Organisational support
- Workplace culture
- Exposure to stressful incidents
- General work environment, presence of other work hazards
- Interpersonal conflict
- Role conflict
- Changes in the workplace
- Achievement expectation
- Individual factors (skills & knowledge; background & past experience; motivation; level of job satisfaction; perceived support from management & co-workers)

Like any other hazard, apply a risk management process: Spot the hazard, assess the risk, make the changes.

- **Hazard ID:** look at sick leave, turnover, grievances, incident reports, workers’ compensation claims, vocational rehabilitation return to work programs, employee surveys
- **Risk Assessment:** consider tools such as HSE Indicator Tool for Work-related Stress, or various other research tools
- **Risk Control:** tailored for risk factors identified through hazard ID and risk assessment processes.

### Examples of risk controls for stress:

<i>Organisational controls</i>	<i>Individual controls</i>
Improved management of workload and work flow	Addressing autonomy & control, role issues (through JDRs, JDFs)
Job design, restructuring, team building	Time management skills training
Improving management skills (e.g. time management, delegation feedback)	Conflict resolution skills
Physical / environmental controls	Peer support groups, coaching
Conflict management systems	Pre-employment questionnaires

### Human Factors & Ergonomics Team, WorkSafe WA

Jean Mangharam      Principal Scientific Officer  
 Kath Jones            Inspector / Scientific Officer  
 Christina Paterson    Senior Inspector / Scientific Officer  
 Rodney Powell        Senior Inspector / Scientific Officer

### Publications & further guidance:

WorkSafe Victoria, (2007), Stresswise – Preventing Work-related Stress, Available: <http://www.worksafe.vic.gov.au/wps/wcm/connect/WorkSafe/Home/Forms+and+Publications/Publications/Stresswise>

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Health & Safety Executive, UK, HSE Management Standards Indicator Tool, Available: <http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf> or for more general information on stress: <http://www.hse.gov.uk/stress>

Other stress measurement tools:

<b>Instrument</b>	<b>Types of stressors measured</b>
Stress Diagnostic Survey	Role and task demands, workload, time pressure
Work Environment Scale	Work climate
Job content Questionnaire	Global demands and control
Occupational Stress Inventory	Role demands, responsibility and physical environment
Occupational Stress Indicator	Role demands, interpersonal and climate
Generic Job Stress Questionnaire	Workload, role demands, task demands, control and conflict
Job Stress Survey	Global job pressure and organisational support
Job Diagnostic Survey	Task characteristics
Job Characteristic Index	Task characteristics and interpersonal

# Learning from experience

Jane Ardern, Manager Education and Information Services  
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Frank Carrano, Accident Awareness



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## Frank Carrano's story

Frank worked in a cement works in the engineering department. One of his jobs was to oversee overhaul of equipment during plant shutdowns. On the 7<sup>th</sup> March 2003 a metal plate weighing 496 kilograms fell from a hopper and onto his back with enough force to push his leg through the hip socket. Frank underwent a major hip reconstruction which confined him to a wheelchair for several months and required extensive physiotherapy and pain relief.

Frank returned to work to light duties a year after the incident. He has lost twenty percent capacity, has a titanium plate screwed onto his pelvis to support the hip joint and still suffers pain and discomfort. Frank has had to totally readjust his lifestyle from being an active manual worker who loved sports and dancing to a more passive lifestyle. He is restricted in what he can lift, he will require hip replacements and will suffer arthritis as he ages.

## The Bevan family story

Thirty years prior to Frank's accident, Owen Bevan's dad was working driving a backhoe. He was asked to help fix a road roller because he was mechanically minded and he was more than happy to help his workmates. The roller jumped into gear when he got it started and crushed Bevan's dad against his backhoe - twice. Four of his vertebrae in his back were broken and his chest was crushed. He was confined to a wheelchair and required extensive physiotherapy and pain relief for many years.

Bevan's dad was seventy five percent incapacitated. His comeback consisted of fourteen years of rehabilitation and re-programming. He had been a physical labourer his entire life and was required to modify his approach to every thing he did in life. He still takes pain relief, he suffers spinal degeneration and arthritis in his back and shoulders, his walk is a hobble, he is restricted in lifting and suffers anxiety and stress disorders as a result of the incident.

## What can we learn?

Despite the passage of time and the introduction of safety and health legislation, incidents still happen and the circumstances don't seem to change. Both men worked in organisations that didn't have safety procedures, both men were not trained to be mindful of their safety and the safety of others, both men were unsupervised and the systems of work where both men worked were unsafe.

Moving to a workplace culture where safety and health is understood to be and is accepted as a high priority is the only way to reduce incidents and fatalities at work. The problem is that safety and health does not exist in a vacuum isolated from other aspects of organisations, such as people and financial management, as it both influences and is influenced by them, so safety needs to be made a part of the whole workplace culture.

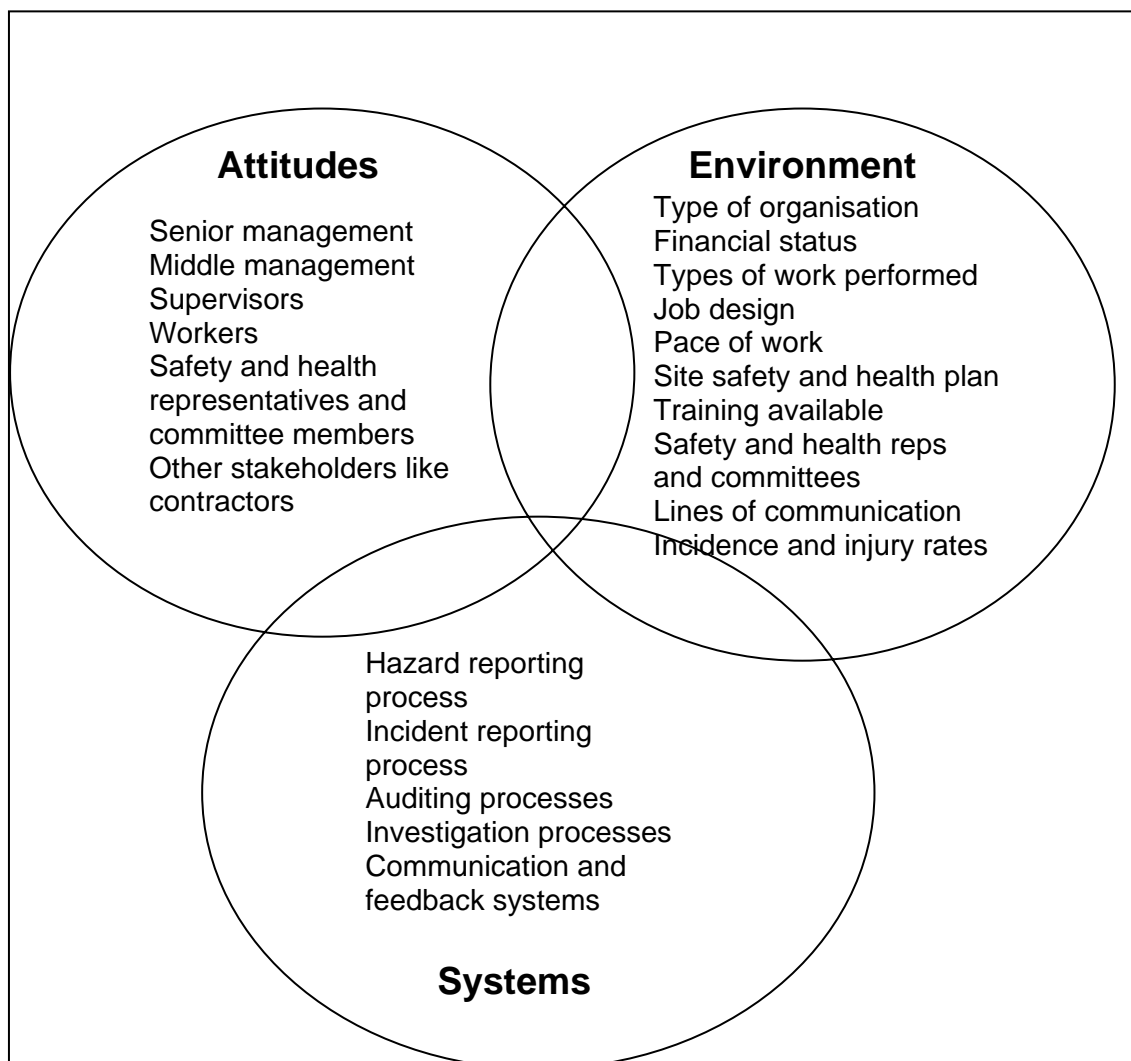
People's attitudes, both personal and organisational, affect the development of a safety culture in a workplace. The environment in which people work and the systems and processes in an organisation also influence safety. Therefore, each organisation needs to consider all of these aspects in developing and nurturing a workplace culture that suits the organisation and the individuals within it.

### Remember

- Good safety requires a commitment at all levels
- Risk management must be funded as an investment not a cost
- Safety and health must be part of continuous improvement through the whole organisation
- Safety training and information must be provided for everyone
- Systems for workplace analysis and hazard prevention and control should be in place; and most importantly
- The environment in which people work must be blame free

Occupational safety and health is an area that both management and workers can see benefits in. Anything you can do to encourage cooperation between all levels of an organisation can only strengthen its culture.

It is easier to promote a safety culture than to bring about changes to productivity, quality and profitability. Yet, establishing and developing a positive safety culture is cost effective, increases productivity and efficiency and improves the organisations financial bottom line.



# Ergonomics in design and Office ergonomics

Christina Paterson, Senior Inspector/ Scientific Officer  
Human Factors & Ergonomics Team, WorkSafe WA



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## Ergonomics in design

**What is Ergonomics?** The science of applying knowledge about the variability; characteristics; strengths and limitations of humans; to the design of buildings, tools, workspaces and work tasks to optimise efficiency and minimise risk.

### What do Ergonomists need to know about people?

- human variability (*consider anthropometrics, body dimensions, racial differences and variation over time*)
- human performance characteristics (*including anatomical, physiological and psychological*)
- operating requirements (*working temperature, sleep, lighting, noise and vibration*)
- human non-variability (*how people interpret and have similar expectations about the world around them*)
- human behaviour (*how people are likely to use an end product*)

### 7 Principles of Ergonomic Design – (addresses human non-variability issues):

1. Feedback
2. Dissimilar actions
3. Dire consequences and unintentional activation
4. Reversibility
5. Fail safety
6. Consistency
7. Mental modelling

## Ergonomics in office environments

Like any other workplace, WorkSafe promotes a risk management approach in office environments:

1. Hazard ID
2. Risk assessment
3. Risk control
4. Evaluation/ follow up

Common office hazards fall into 4 categories of physical; psychosocial/organisational; general environmental; and general safety. Exposure to these hazards increases the risk of musculoskeletal disorders, psychological illness and other physical injuries for workers in office environments.

### Physical Hazards

- Poorly designed seating
- Poorly designed jobs/ tasks
- Slip/trip hazards
- Manual tasks

### **Psychosocial/ organisational hazards**

- Excessive workloads, stress
- Insufficient recognition
- Repetition
- Lack of task variety
- Workplace interpersonal conflict/ poor relationships/ ineffective communication
- Violence and aggression
- Inconsistency/ uncertainty
- Fatigue

### **General environmental hazards**

- Noise
- Lighting
- Climate
- Space

### **General safety**

- Electrical safety
- Chemical hazards/ hazardous substances (including smoking)
- Fire safety
- Security and emergencies
- General housekeeping
- Drugs and alcohol
- First aid

### **Controlling hazards in the office environment** may involve the following:

- Job design and work organisation
- Design of office and workstation layout
- Design/ provision of equipment and furniture
- Design and characteristics of handled loads
- Modifying environmental factors
- Other safety controls e.g. electrical testing; fire evacuation plans; drug/alcohol policies
- Administrative controls – training and instruction

### **Training for people in office environments** should include information on:

- Employer/ employee responsibilities and OSH legislation
- Risk management process and consultative mechanisms
- Hazard/ incident reporting procedures
- Likely hazards in the workplace and existing controls
- Safe work practices (e.g. manual tasks, workstation set up, work postures, task specific work procedures)
- Workplace stress/ grievances/ bullying procedures
- Security, emergency and first aid procedures

### **For further information on office safety and ergonomics:**

[www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au) - use "search" function to find document titled: "Officewise: A guide to health and safety in the office"

Relevant WA Codes of Practice\*: *First Aid, Workplace Amenities and PPE; Managing Noise; Manual Handling; OSH in Call Centres; Violence, Aggression and Bullying at Work*

Relevant WA Guidance Notes\*: *General Duty of Care; Alcohol and Other Drugs at the Workplace; Dealing with Bullying*

\* Above codes of practice & guidance notes available at: [www.worksafe.wa.gov.au](http://www.worksafe.wa.gov.au)

# Setting up OSH systems in your workplace

Rodney Powell, Senior Inspector/Scientific Officer  
Health Hazards and Plant Safety, WorkSafe



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## INTRODUCTION

There are a number of readily available resources on Occupational Safety and Health Management Systems (OSHMSs). A list of recommended readings and references is included at the end of this paper. The purpose of this paper is to supplement these resources. It aims to explain the establishment of an OSHMS in general business terms. This should (hopefully!) make the terminology and principles of OSHMSs more understandable to the reader. To be truly effective, an OSHMS must be integrated into general management systems and as HSG65 (see recommended reading) points out, workplaces need to manage OSH with the same degree of expertise and to the same standards as other core business activities. So it makes sense to talk about OSH as a component of a broader management system.

## SETTING UP A (SAFETY AND HEALTH) MANAGEMENT SYSTEM

Supposing you are appointed a General Manager of an organisation with a mandate to improve its performance. In developing/revamping its management systems you could follow the steps outlined below.

### 1. Establish a mission statement and official goals

Mission statements and goals can have a powerful impact on organisations. They provide a clear statement of intent and help define:

- What we do
- What we want to achieve
- Who we are
- What we value

In providing a clear statement of the organisation's core values and beliefs, a mission statement provides an anchor point for helping define (or change) the organisation's culture (including the safety culture). In addition, goal setting can provide a strong motivator for performance. OSH should be an integral part of an organisation's mission statement. A level of OSH performance should be an official goal.

### 2. Conduct a review of existing system performance

This could involve market research, survey of existing customers (e.g. regards costs, quality, delivery times etc.) review of supply and delivery arrangements, contractor relationships and a review of the effectiveness and efficiency of existing equipment and management systems. In an OSHMS this is sometimes called an *Initial OSH Review* and would involve activities such as:

- Hazard inspections
- Job safety analyses
- Training needs analyses
- Review of accident history
- Identification of legal and other requirements and the degree of current compliance
- Assessment of the effectiveness of existing OSH policies and procedures
- Identify gaps in existing resources

An important consideration is that the problems need to be examined in terms of deficiencies in the existing systems rather than faults that are considered in isolation.

### **3. Develop policies, objectives and performance targets**

These are sometimes collectively referred to as *operative goals*. While the mission statement and official goals provide an ultimate destination where the organisation wants to be, the operative goals provide directions as to how to get there. They should include defined roles and accountabilities, competencies and measurable outcomes, provide clear direction and guidance for decision-making and reflect the core values and beliefs.

They should be supported by appropriate human resource policies and practices. Improved OSH can be found in those organisations that provide satisfying work, are committed to developing their workers and foster a trustworthy and supportive work environment.

An OSHMS would also require a commitment to employee consultation and participation and compliance with all relevant legal requirements. Specific policies and procedures would also be required for risk management (i.e. hazard identification, risk assessment and risk control) and accident investigation.

The profitability of the organisation cannot be ignored. However, preoccupation with the “bottom line” to the exclusion of all else is not good business. An organisation also needs to consider other goals that reflect efficiency, stability and capability (in terms of plant, equipment and human resources) and OSH.

It is a management truism that what gets measured is what gets done. This is especially important where priorities potentially conflict. For example, if the performance of a maintenance department is measured only in terms of expenditure, equipment reliability may suffer. If marketing people are assessed only in terms of sales targets, customers may complain if products are not delivered on time. So it is important therefore, that all important aspects of performance are assessed. With OSH, it is no different.

### **4. Define and allocate roles and responsibilities**

All persons within the organisation must clearly understand what their roles are and their relationships with other parts of the organisation. The organisational structure should create an effective framework to maximise the contribution of all individuals and groups. The roles, responsibilities and delegations should be clearly reflected in the duty statements. Accountability must also be reflected in performance appraisals. The only additional requirement of an OSHMS is that the performance management system also takes into account the OSH-related responsibilities.

### **5. Communication and information systems**

No system is effective unless it is supported by an effective two-way flow of information both up and down the organisational hierarchy and across the different parts of the organisation. An OSHMS also requires that information is readily available and all legal requirements concerning OSH-related consultative processes are met.

### **6. Strategies and improvement programme**

The organisation needs to systematically and address their OSH problems (starting with those identified in the preliminary audit). Adequate resources and training and development need to be provided to comply with the policies and meet the objectives and performance targets.

An OSHMS should also include contingency plans for foreseeable emergencies. Depending upon the nature of the work it may also require the development of safe work procedures. While OSH should be an integral part of all roles, a person with specific responsibilities to oversee and co-ordinate the OSHMS may also be required.

#### **7. Monitoring and review systems**

It would be a badly managed organisation that relies only upon negative measures of its performance (e.g. breakdowns, employee industrial action, nasty letters of complaint from customers, even nastier letters from creditors). The organisation should also proactively monitor all important aspects of its work processes and performance to identify symptoms of problems before it is too late. This may require the use of financial management systems and quality assurance systems. An organisation should also monitor compliance with policies and achievement of objectives and targets.

Similarly, it would be a badly managed organisation that relied only upon lost time injuries as a measure of its OSH performance. An OSHMS requires systems and procedures for conducting hazard inspections, incident reporting and health surveillance (if necessary). It should also tie in with human resource systems that monitor things like sick leave utilization, grievances, staff turnover etc. A proactively managed organisation would also measure compliance with OSH policies and achievement of OSH related objectives as well as the implementation of OSH related procedures. These latter types of measures are referred to (not surprisingly) as "Positive Performance Indicators". A guidance document is referred to in the recommended reading.

#### **8. Informed decision-making**

An organisation needs to make good business decisions. They may also need to make quick decisions to exploit new business opportunities. Some organisations expend considerable resources in the development of information systems to network information on things like inventories, production schedules, quality control and delivery times. Historic information is also used to assist in forecasting and marketing. Why are sales dropping? Can a customer's order be fulfilled by a specified date and price? Information networks can enable such questions to be rapidly and reliably answered.

An OSHMS needs to facilitate informed risk management decisions. Is something an unacceptable risk? What makes it a risk? An OSHMS needs to integrate information from hazard inspections, incident reports, audits and accident investigations.

#### **9. Review, improve and audit**

The benefit of having performance measures, monitoring systems and communication systems is that they enable the organisation to continuously improve. As an added check, the management system itself should be periodically audited to ensure that it is effectively implemented and maintained. For audits of OSHMS there are a number of audit tools available. Several are listed in the references.

### **SUCCESS FACTORS FOR OSHMSs**

The Safe Work Australia publication *Health and Safety Management Systems - An analysis of system types and effectiveness* has a good review of the elements of successful OSHMSs and the barriers to success. Some additional observations follow.

## **Customisation**

Often the temptation (as with many business fads) is to buy the most current off-the-shelf system. As the management expert Peter Drucker once put it: “.....*thinking is hard work....and management fashions are a wonderful substitute for thinking.*” To be truly effective an OSHMS should be customised to meet the organisation’s needs.

Emulating the practices of successful companies is also attractive. But again it is tempting to only copy the most visible and obvious practices. But sometimes the key is to copy how they think, not what they do.

## **Failure to learn**

Experience has shown that many accidents, especially the serious ones rarely happen without warning. Yet all too often problems are either not reported, their seriousness not appreciated, not communicated to the right people or just not actioned. There are a number of possible reasons for this.

*Lack of a corporate memory* - organisations need to actively collect information on hazards, accidents, complaints etc. otherwise, each problem will be assessed in isolation and the nature and level of risk may not be fully apparent.

*Lack of communication* - there can be a trend to develop “organisational silos” in which the various parts of an organisation do not communicate. An OSHMS should pay particular attention to communication linkages across an organisation as well as up and down the hierarchy.

*Risk becomes normalised* - if employees are frequently exposed to near misses, equipment malfunctions etc. these become accepted as a ‘normal’ part of the job and are not reported.

*Lack of training* - if employees do not fully understand the risks they will not complain. Manual handling is a classic example. The risk of injury with manual handling is a function of a number of risk factors including weight, postures, actions, repetition and duration. Manual handling is the most common cause of injury. Yet rarely do employees complain as all too often they are trained to think that the injury risk is only concerned with so-called “safe lifting” techniques.

*Lack of management responsiveness* - if management do not address employee concerns, they will cease reporting them.

## **Not taking systems seriously enough or taking the “system” too seriously**

OSH is important, but it also needs to be appreciated that it can be one of many competing demands upon a manager or supervisor’s time. Unless there is strong commitment to OSH, appropriate performance management and enough time to do it justice, the temptation may be to treat it as just another paperwork exercise and adopt a “tick and flick” approach to compliance.

The other problem (which may also exacerbate the first) is that sometimes too much attention is focussed upon developing the paperwork (i.e. something to meet the requirements of the auditors) and not enough to its implementation. This can occur when there is inadequate involvement (and commitment) of line management in the system’s development. It can also be exacerbated when the auditing process focuses too much upon the paperwork and not enough upon what is really happening.

This can be a problem in small organisations and big ones. This was a criticism of Esso following the explosion at their Victorian Langford facility in 1998. The Royal Commission found that the OSHMS was difficult to understand and taken on a life of its own.

## **REFERENCES**

### **Recommended reading**

*Guidance on the Use of Positive Performance Indicators*  
Safe Work Australia 2005 [[www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)]

*Health and Safety Management Systems - An analysis of system types and effectiveness.* Safe Work Australia (2001) [[www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)]

*New Directions: Innovative Management Plus Safe Place* by Clare Gallagher in *Occupational Health & Safety Management Systems. Proceedings of the First National Conference* (2001) WorkCover NSW [[workcover.nsw.gov.au](http://workcover.nsw.gov.au)]

*Successful health and safety management (HSG65)*  
Health and Safety Executive (1997) [[www.hse.gov.uk](http://www.hse.gov.uk)]

*The Value of Mission Statements for Small Businesses*  
George Washington University [[www.gwu.edu](http://www.gwu.edu)]

Pfeffer, J. & Sutton, R.I. *Hard Facts, Dangerous Half-Truths, and Total Nonsense. Profiting from Evidence-based Management.* (2006). Boston: Harvard Business School Press. *Not really about OSH, but a good source of information on the dangers of management fads.*

### **Australian Standards** [[www.standards.org.au](http://www.standards.org.au)]

AS/NZS 4801:2001 *Occupational health and safety management systems - Specification with guidance for use*

AS/NZS 4804:2001 *Occupational health and safety management systems - General guidelines on principles, systems and supporting techniques*

AS/NZS 4360:2004 *Risk Management*

HB 436:2004 *Risk Management Guidelines Companion to AS/NZS 4360:2004*

HB 240-2004: *Guidelines for managing risk in outsourcing utilizing the AS/NZS 4360:2004 process*

### **OSHMS Audit Tools**

*Safety Achiever Business System* - WorkCover SA [[workcover.sa.gov.au](http://workcover.sa.gov.au)]

*SafetyMap - Safety Management Achievement Program* - WorkSafe Victoria [[worksafe.vic.gov.au](http://worksafe.vic.gov.au)]

*WorkSafe Plan* - WorkSafe WA [[www.commerce.wa.gov.au/worksafe](http://www.commerce.wa.gov.au/worksafe)]

# Healthy active workplaces

**Tahlia Maslin, Healthy Active Workplaces Coordinator**  
Department of Sport and Recreation

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This session will take you through the steps involved in implementing a comprehensive health and wellbeing program. A resource kit will be provided to attendees that will detail the steps involved in planning, implementing and evaluating a health and wellbeing program.

Attendees will also be introduced to an employee health and wellbeing survey, which can be downloaded in hard copy or completed online via the Department of Sport and Recreation website: [www.dsr.wa.gov.au](http://www.dsr.wa.gov.au)

## Implications of unhealthy employees

- Absenteeism - unhealthy workers take 18 days annual sick leave in comparison to two days for healthy workers
- Productivity - healthy workers are almost 3 times more effective than their unhealthy colleagues
- Retirement - unhealthy workers are less likely to remain in the workforce above 55 years of age

## OSH and workplace health

Healthy and active workers have:

- Decreased injury and illness incidence
- Reduced injury severity, duration and medical costs
- Decreased incidences musculoskeletal disorders

## Benefits – Employees

- ✓ Improved physical health
- ✓ Improved concentration
- ✓ Improved relations with co-workers
- ✓ Improved mental health
- ✓ Enriched lives
- ✓ Decrease risk factors

## Benefits – Organisations

- ✓ Improved productivity
- ✓ Boost staff morale
- ✓ Improve corporate image
- ✓ Attraction and retention
- ✓ Decrease absenteeism
- ✓ Decrease injury

## Practical ideas for a workplace health program

- Staff induction packs to include health and wellness section
- Healthy workplace policy
- Stairwell improvements to encourage employees to take the stairs
- Bicycle racks / storage and showers / changing facilities
- Physical activity programs e.g. lunch-time exercise class
- Educational seminars e.g. Nutrition and portion control

# Healthy active workplaces

**Katie Rogers, Health and Wellness Coordinator  
Department of Commerce**



Government of Western Australia  
Department of Commerce

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This session provides practical tips on how to establish a workplace wellness program by presenting an insight into Commerce's Workplace Wellness Program, "Work Safe, Work Well".

Katie discusses the range of wellness initiatives that have been successful throughout the program and shares her experiences in expanding the pilot program across the whole department. She shares the successes that have been achieved and also examines the challenges and barriers faced in implementing the Wellness Program.

## **Our vision:**

- Create a wellness culture
- Create a supportive environment
- Educate, encourage and enable

## **Our main focus:**

- Increased physical activity
- Healthier eating
- Reduced stress levels

## **Setting up:**

- Research
- Project Plan
- Gain management support- including budget!
- Consultation
- Branding
- Environmental Audit
- Launch
- Champions!!

## **Find out what staff want!**

- Employee Baseline Behaviour/Needs Assessment Survey

## **Successful initiatives:**

- Corporate Exercise Challenge
- Healthy Heart Checks
- Healthy Lifestyle/Weight Loss Program
- Exercise classes- Pilates, Yoga, Dancing, Tai Chi
- Meditation
- Lunchtime Wellness Workshops
- Fortnightly Massages

## **Free Initiatives- No need to re-invent the wheel!**

- Posters, articles, quizzes, using the stairs, lunchtime walks
- Take advantage of National/WA health promotions
- Utilise your staff's interests

**Barriers and challenges:**

- Reaching inspectors/call centre staff
- Regional staff
- Time constraints/lack of resources
- Work culture
- Gaining middle management support

**Evaluate! Evaluate! Evaluate!**

- To prove the program's worth
- To see what improvements could be made
- Measure the process, impact and outcomes
- Use a variety of quantitative and qualitative data

**Staff feedback...**

*"I think the Wellness Program is a great way to show staff they are valued. Some of my team have lost weight and now make healthy choices most of the time. They seem much happier for it too".*

*"I think it has been fantastic! It's helped with physical health and staff bonding."*

*"I can see the difference in people just by walking around the building"*

*"The overwhelming sense is that provision of the program has had a very positive impact on staff morale and team building- it is not uncommon to have clusters of staff talking about one or another of the wellness initiatives"*

*"The benefits, particularly of improved posture when sitting (including around the shoulders and hips) and improved energy levels when getting back to the desk means I am much more efficient when I do get back to work".*



# Safety induction

Keith Trayner, Inspector  
Service Industries Team, WorkSafe



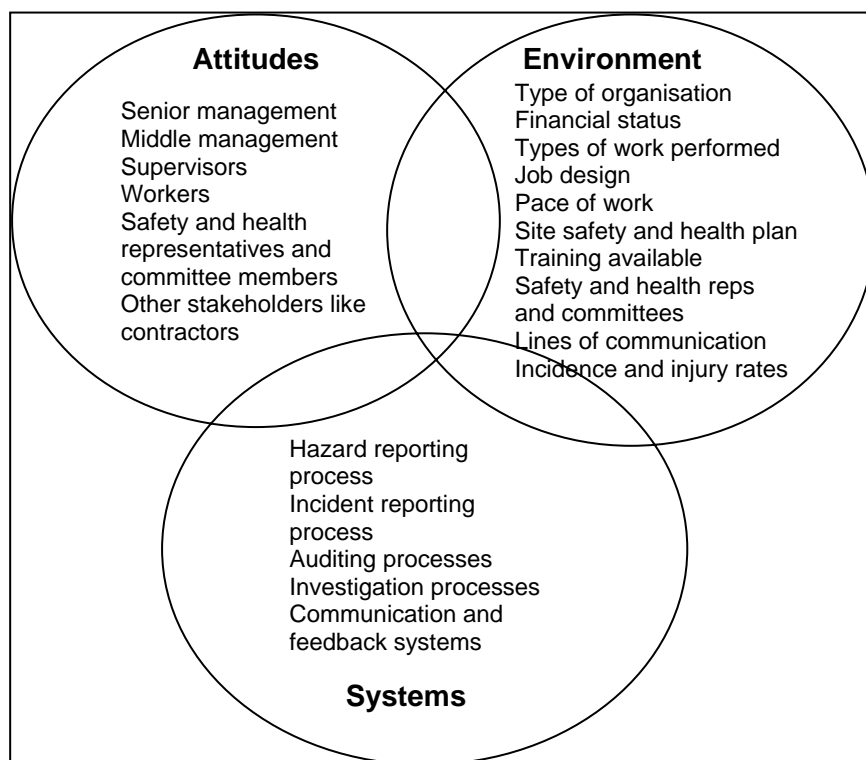
*“The first thirty seconds of meeting a new person are said to be the most crucial to the formation of impressions.*

*Similarly, the first few minutes on a new job can speak volumes on how the next few hours and weeks are going to go.”*

*Robert Bean*

## Why focus on inductions?

The safety culture of a workplace is influenced by the interaction of attitudes, personal and organisational, the environment in which people work and the systems and processes in an organisation.



Therefore, each organisation needs to consider all of these aspects in developing and nurturing a safety culture that suits the organisation and the individuals within it.

Inductions can be a first step in establishing a safety culture. A good induction can influence the attitudes of staff, establish an environment in which safety is considered a high priority in everything the organisation does and ensure that individuals understand the systems and processes in place to support safety in the workplace.

From a legislative perspective, a good induction program can assist in fulfilling the duty of care owed by employers, contractors and people in control of workplaces to those who work in them.

## Types of inductions

There are three types of inductions that can be run for new employees.

### 1. **Safety awareness training – general induction**

In industries, such as construction or mining, all workers must have undertaken mandatory safety awareness training prior to commencing work. This ensures that new workers have had some exposure to occupational safety and health information prior to commencing work.

Generally, this form of induction covers the duty of care, rights and responsibilities of employers, employees, contractors and people in control of workplaces, general information about common hazards and how to eliminate or control them.

### 2. **Site induction**

Site induction would usually cover those aspects of the law that would otherwise be covered as part of a general safety induction in addition to orientation to the specific occupational safety and health issues in the workplace. This could include:

- General organisational policies – e.g. drugs and alcohol, equal opportunity, bullying, working hours.
- Emergency procedures – e.g. first aid, emergency exits, emergency evacuation procedures and equipment e.g. fire extinguishers.
- Key personnel - i.e. managers, safety and health representatives and committees.
- Occupational health and safety procedures – e.g. duty of care, hazard identification, reporting of hazards, injuries, illnesses, near misses, what needs to be reported, and how is it reported?
- Who to talk to if the person has an occupational safety and health concern.
- Workers compensation procedures - e.g. what should the person do if they get injured?

### 3. **Job specific induction**

This involves the specifics of the job and tasks the new worker will undertake. Information, supervision and training are requirements under the *Occupational Safety and Health Act 1984*. A significant number of the prosecutions undertaken by WorkSafe, as a result of incidents in the workplace, involve these aspects of the duty of care not being properly discharged by the employer.

Job specific induction can include:

- Specific training - e.g. manual handling or use of hazardous substances
- Work arrangements - e.g. meal breaks, sick leave, time sheets, pay arrangements, car parking, lunchrooms, toilets / change rooms, work station, restricted areas, job description.
- Hazards associated with the work – e.g. how to do the work safely, specific hazards and strategies to control hazards like risk assessment, JSA procedures, company rules and requirements on issues like manual handling, fatigue, heat stress, sun safety, lock out/tag out, hard hats, ergonomic chairs, housekeeping.
- PPE (personal protective equipment) and safety equipment – e.g. when is PPE used? how is it used? maintenance, repair, replacement
- Safe use of machinery – e.g. maintenance / repairs / alterations, the importance of guarding, PPE.
- Chemicals – e.g. safe use and storage, MSDS, PPE, first aid, location of safety showers and eye baths.

## Who should be involved in inductions?

- Supervisor / manager
- Employer
- Safety and health representatives or committee members
- Any other key people

Mentor programs are useful – new workers often find it easier to talk to a co-worker. This allows for constant supervision. The mentor can show the employee procedures, alert them to hazards and be a support person. Some workplaces use this strategy for the first month of employment.

However, if mentoring is used as a strategy, make sure other staff are setting a good example.

## Tips for good inductions

Don't bombard with information – Don't just put the worker in front of a file of information on their first day and expect them to absorb it all. If you bombard new workers with safety information they aren't likely to remember it all, and may miss or forget important safety information.

Staggering the induction can be useful - Give them the essentials on day one, review on day five, final review with supervisor on day ten, with additional information given each day.

Use plain English - If you are providing induction material, make sure it is written in plain English to suit low literacy workers. Avoid using jargon as new workers probably won't understand it.

Make material available in other formats - Some companies have many different languages in their workforce and it may not be possible to translate an entire handbook, but translate the main points and important safety and health information. Get bilingual employees or approved translators to check the translations for mistakes – some mistakes could be deadly.

Use pictures and symbols where possible - For vision impaired workers use audio tapes or Braille.

Bring in a translator or get an experienced bilingual worker to induct and mentor a person in their first language. However, avoid developing mono-lingual workgroups and isolating employees, as this will slow their acquisition of English.

Give clear instructions - Explain something, and get the new worker to repeat the information so understanding can be checked.

Demonstrate - Show as well as tell a new worker how to perform a task.

Observe - Watch a new worker perform the task and correct any mistakes.

Assume nothing - Don't assume prior knowledge, even if the new worker comes from a similar workplace.

## Inducting young workers

Research has shown that employers and industry associations acknowledge that young workers differ from older workers in terms of physical ability, attitudes and experience, but youth-specific training / induction is rare.

Telling young workers to follow rules is ineffective → make it relevant.

Safety is often not a priority for young workers. Some are risk takers, others have limited safety and health knowledge. Parents also often don't realise the importance of safety so don't necessarily convey the message. Young workers also crave responsibility and autonomy, which may lead them to develop short cuts and their own way of doing things.

However, every worker is different and will have different attitudes and values towards safety, and different learning needs.

### **What makes young workers different?**

Brain development is not complete until late teens / early twenties (especially decision making and organising) which may require a different approach to learning.

Manual handling (lifting) - Young workers may be at greater risk of manual handling injuries because of their small size, and the fact that their muscle strength is still developing. They may misjudge the degree of difficulty when handling items that are heavy, bulky or out of reach and may persist when a more experienced worker would ask for assistance.

Repetitive work - Young workers may not be able to recognise the early symptoms of work-related overuse injuries.

Vibration - Young workers may be at greater risk of damage to the spine because their muscle strength is still developing and the bones do not fully mature until around 25 years of age.

Noise - Young workers may face a greater risk of damaged hearing because of their poor understanding of the effects of excessive noise and failure to follow safety instructions. Research suggests that hearing impairments at a young age is likely to affect education and employment opportunities.

Extreme cold, heat or sunburn - Young workers may not recognise the symptoms of heat stress etc. They may be unwilling to tell someone if they feel unwell.

Chemicals - Exposure to certain substances may have more serious consequences for young people e.g. Lead.

Vehicles - Young workers with no driving experience, are likely to drive vehicles in off-road situations, without the necessary skills/experience. They may lack experience in situations like driving in sand. They may not know what to do if they are stranded in a remote location.

Violence - Young workers have less ability to deal with violent and aggressive behaviour. Initiation ceremonies may also be an issue. Make sure they know who to talk to if they're bullied.

Unpopular work - Young workers are often keen to make a good impression, and may be given jobs that are unpopular with other workers such as cleaning toilets, cleaning up spills etc, that they may not have the skills/knowledge for.

Paced work - Young workers may be less skilled in pacing the work according to their capabilities. They may take on too much work too quickly.

### **Further information on induction training**

Work Safe Smart Move is an online education package for young people. Go to [www.worksafe.wa.gov.au](http://www.worksafe.wa.gov.au) → Education → Smart Move.

SafetyLine Institute is an online education package which contains information about induction training. Go to [www.worksafe.wa.gov.au](http://www.worksafe.wa.gov.au) → Education → SafetyLine Institute.

New to the Job DVD is an induction DVD aimed at new and young workers developed by WorkSafe as a general induction package. Contact the WorkSafe library on 089 327 8777.

The First Step is a WorkSafe publication that contains a checklist for induction training and is available online or in hard copy. Contact the WorkSafe library on 089 327 8777 or go to [www.worksafe.wa.gov.au](http://www.worksafe.wa.gov.au) → Publications.