
WORKSAFE POSITION ON WORK-RELATED (OCCUPATIONAL) HEALTH

PURPOSE

This position sets out our expectations of duty holders (you) in following the work-related health requirements of the new Health and Safety at Work Act 2015 (HSWA) and the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 (GRWM regulations).

The **appendix** to this document describes our view on work-related health.

WHY IS THE REGULATION OF WORK-RELATED HEALTH IMPORTANT?

The Independent Taskforce on Workplace Health and Safety recommended that the health and safety regulator significantly strengthens the regulation of occupational health.



The HSWA and the GRWM regulations strengthen the requirements for a Person Conducting a Business or Undertaking (PCBUs) to provide more focus on protecting the health of workers.

Every year some 600 to 900 people die from work-related disease in New Zealand. The number has not changed much since 1999. More than 80% are men, and about 50% of deaths are from cancer (mainly from exposure to asbestos). The number of people who die of a work-related disease is about 10 times the number who die from work-related instant trauma, such as a fall.

In addition to work-related deaths, each year about 30,000 people suffer from work-related health conditions. Of these people, about 6,000 are hospitalised. Often a work-related injury is immediately visible. Yet the effects of being exposed to a work-related health hazard may not be visible for days, weeks, months or even decades. This makes it hard to decide whether an illness is related to a person's work or caused by other lifestyle factors.

This means that the regulation of work-related health risks requires a different approach to the regulation of work-related safety risks.

WHAT DOES THE LAW REQUIRE?

The HSWA requires a PCBU to keep workers, and other people at its workplace, healthy and safe. This includes monitoring the health of workers and workplace conditions to prevent illness and injury. These requirements are all part of a PCBU's primary due of care.

The GRWM regulations set out a risk management process for substances hazardous to health. The process requires a PCBU to identify risks associated with substances hazardous to health, and to maintain and review its method of controlling those risks. The process includes a range of actions. A PCBU must use at least one of these actions to minimise health-related risks.

Actions include:

- > substituting the hazard with a less hazardous process
- > isolating the risk from some workers
- > putting engineering controls in place.

For substances hazardous to health a PCBU must:

- > monitor exposure if they are unsure whether they are exceeding a set exposure standard
- > monitor a worker's health when:
 - the worker is doing ongoing work involving a substance hazardous to health that is specified in a safe work instrument as needing to be monitored, and
 - the worker's health is at serious risk because of exposure to the substance.

The GRWM regulations also allow us to prescribe exposure standards to protect workers in the workplace. We have not prescribed any such standards to date* but we will work with industry and other interested organisations as standards are developed.

WHAT DOES WORKSAFE EXPECT FROM A PCBU?

We expect a PCBU to understand their duty to manage work-related risks effectively. A PCBU must understand how to manage any changes to work processes that may increase work-related risks, and make sure any new risks are managed.

ELIMINATING WORK-RELATED HEALTH RISKS

A PCBU must ask "What could potentially harm a worker's health in this workplace or through the work they do?" Once a PCBU identifies a work-related health risk, they must, so far as is reasonably practicable, eliminate those risks. Changing the way a task is done may eliminate some risks. One example is using technology to automate a process that previously involved workers using vibrating tools.

MINIMISING WORK-RELATED HEALTH RISKS

We recognise that in some circumstances it is not reasonably practicable for a PCBU to eliminate a health risk.

* However, exposure standards set under the Hazardous Substances and New Organisms Act 1996 may apply.

If a PCBU cannot eliminate a risk, it should focus on the source of the risk, and try to minimise the risk. Examples of minimising a risk include:

- > replacing a hazardous substance or process with a less hazardous substance or process
- > isolating the risk from some of the workers, such as limiting noise at the source to limit exposure to those working nearby, or
- > an engineering solution, such as installing a ventilation system.

Where risk exists, WorkSafe expects preference to be given to those controls that protect multiple at-risk workers at the same time, so far as is reasonably practicable.

In most instances, using personal protective equipment (such as ear-muffs) to protect a worker's health should not be the first or only option to control the risk of harm to health.

DIFFERING HEALTH REACTIONS TO BEING EXPOSED TO A HAZARD

Exposure standards are not a safe threshold. Individual workers may react in different ways to the same hazards. Some workers may experience discomfort or develop ill-health from exposure at levels below any set standard. Further, exposures to airborne substances may vary from day to day. This means the risk to workers will vary. The aim should be to achieve a level as far below an exposure standard as is reasonably practicable.

Exposure and health monitoring are not controls; they do not protect workers. Rather, they are ways to assess whether the workplace controls in use are managing a risk effectively. Where monitoring indicates that the controls do not seem to be working adequately, a PCBU must use this information to re-assess how they will eliminate the risk or minimise it more effectively.

WHAT APPROACH WILL WORKSAFE USE TO ENCOURAGE AND DEVELOP A BETTER UNDERSTANDING OF WORK-RELATED HEALTH?

We prioritise work-related health. We will engage with, educate and encourage PCBUs to provide healthy and safe workplaces. We are developing publications to help PCBUs identify work-related health risks and to understand what controls will eliminate or minimise those risks. We are improving our inspectorate capability and knowledge to be more proactive at assessing controls for work-related health risks.

PROMOTING A BROADER APPROACH TO HEALTH AND WELLBEING

Our focus is on the efforts of PCBUs to protect the health of workers in the workplace. We expect PCBUs to put steps in place to do this before they look at activities that promote the general health and wellbeing of workers.

Yet, we recognise that PCBUs and workers will benefit from promoting that broader approach. To get these benefits, a workplace might:

- > help workers to get and stay fit
- > make sure the workplace culture promotes worker resilience and social wellbeing.

Figure 1 shows the continuum from workplace health and safety protection through to the promotion of workplace health and wellbeing.

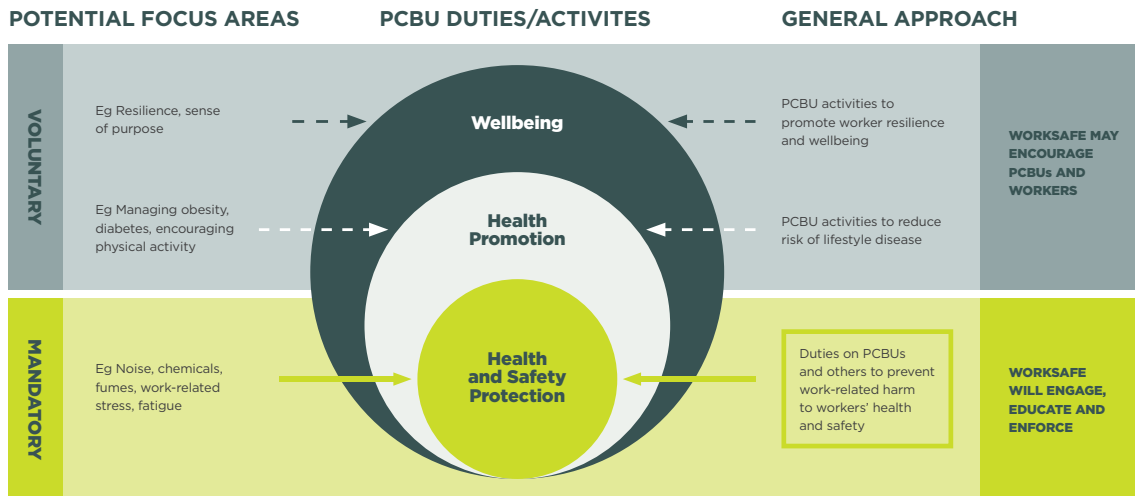


Figure 1: Continuum of workplace health and safety protection and promoting health and wellbeing

TAKING ENFORCEMENT ACTION

We may consider taking enforcement measures and actions if:

- > the PCBU has failed to put in place controls for significant work-related health risks (such as controls set out in approved codes of practice or in law, or that an organisation working in a particular industry should know)
- > the PCBU has failed to put in place processes to assess workplace exposure levels, where required and/or exposure levels have been exceeded
- > the PCBU has failed to put in place processes to monitor workers' health, particularly when the requirement to monitor health is prescribed (such as for substances hazardous to health)
- > results from monitoring health, or workplace exposure assessments, suggest that controls are not working effectively, and the PCBU shows no evidence of tackling the problem effectively.

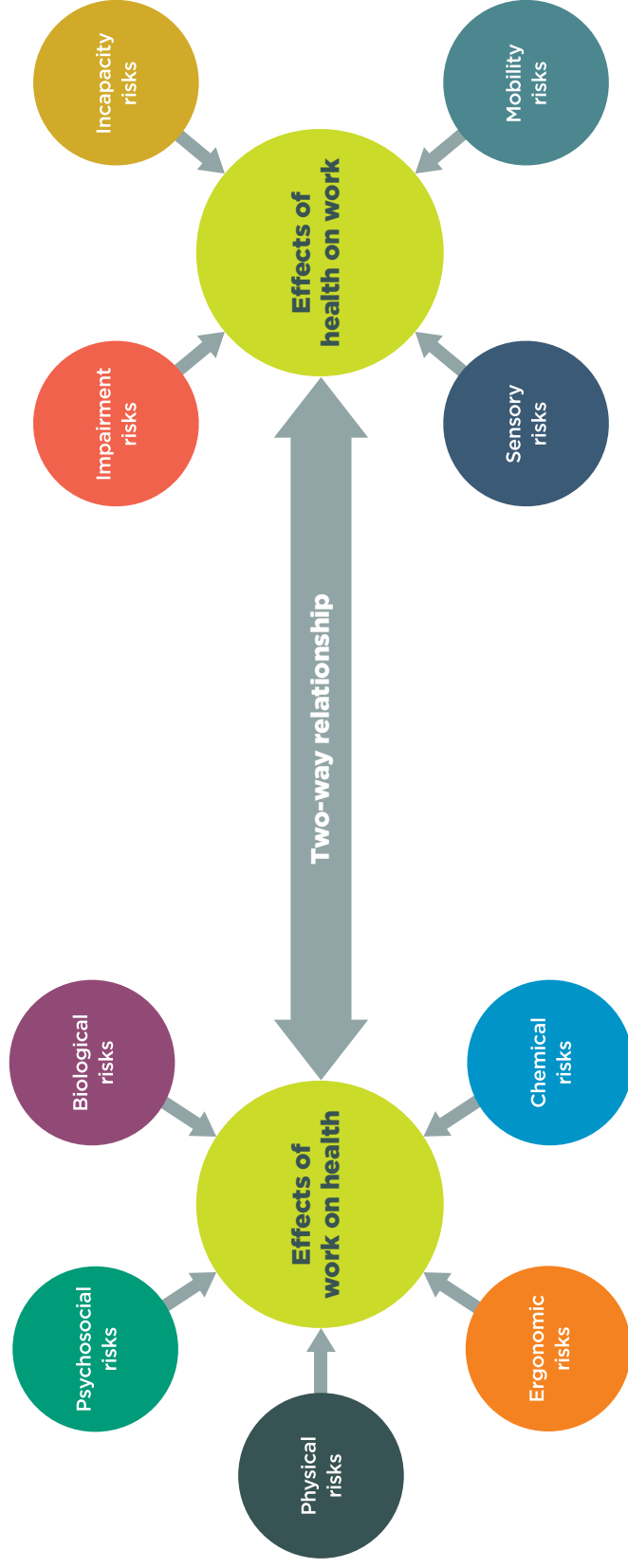
Any enforcement measure or action we take, and any actions we require a PCBU to take, will be consistent and proportionate to the risk of harm to worker health.

APPENDIX

WHAT IS WORK-RELATED HEALTH?

Work-related (or occupational) health recognises that work can affect health and health can affect work. Although work can be good for health and health can be good for work, workers can become unwell or develop poor health from their work and work environment. Similarly, poor health or physical and mental impairment may reduce a worker's ability to work safely and productively. A PCBU plays an important role in protecting their workers' health and promoting mental and physical wellbeing.

Figure 2 illustrates many ways that work can affect health and health can affect work.



EXAMPLES OF WORK-RELATED HEALTH RISKS ('WORK ON HEALTH') AND HEALTH-RELATED SAFETY RISKS ('HEALTH ON WORK')

WORK-RELATED HEALTH RISKS (‘EFFECTS OF WORK ON HEALTH’)			HEALTH-RELATED SAFETY RISKS* (‘EFFECTS OF HEALTH ON WORK’)					
Biological risks	Chemical risks	Ergonomic risks	Physical risks	Psychosocial risks	Impairment risks	Incapacity risks	Mobility risks	Sensory risks
Blood borne viruses e.g. Hep C	Asbestos	Manual handling	Noise	Bullying	Fatigue	Poorly controlled diabetes	Physical frailty	Colour vision deficiency
Animal bacteria e.g. Leptospira	Solvents	Shift work	Vibration	Excessive workload	Stress or mental distraction	Poorly controlled heart disease	Bone and/or joint conditions	Reduced visual acuity
Bacterial infection	Pesticides	Job design	UV radiation e.g. sun exposure	Lack of autonomy	Drugs/alcohol consumption	Poorly controlled high blood pressure	Severe obesity	Reduced hearing capability

* Health-related safety risks are specific to the tasks, situation and work environment that they exist within and are not a risk in all circumstances

Figure 3: The effects of work on health, and health on work