Globalising the health and safety profession

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The OHS professional: value engineer and continuous improvement expert? David Borys on reconceptualising the role and capability of the OHS professional

Globalising the health and safety profession: Lifting the practice and standard of OHS through The OHS Professional Capability Framework

Leading safety at Honeywell: Diversified, technology-driven industrial company Honeywell takes a methodical and effective approach to driving safety outcomes

Getting workplace drug & alcohol testing right: There have been a number of recent developments in workplace drug and alcohol testing

Making wellbeing a reality: The organisational wellness and wellbeing industry is fragmented and lacks clarity of purpose as well as consistent organisational ownership
There is a global push to raise the standard and practice of OHS. After the International Network of Safety and Health Practitioner Organisations (INSHPO) released The OHS Professional Capability Framework: A Global Framework for Practice late last year, numerous countries around the world have already adopted (or are in the process of adopting) the framework in a number of ways. Certification of generalist OHS professionals and practitioners is already standard practice in countries such as the USA, Canada, the UK and Europe, and locally, the SIA has taken a proactive approach to adopting the framework with a view to improving the standing of OHS. For the full feature story on this please see page 10.

Similarly, David Borys explores the evolving role of the OHS professional, which he says is at odds with the model of continuous improvement enshrined in current management system standards, including OHS management system standards. Put another way, he says there may be a benefit if the role of the OHS professional is reconceptualised as a continuous improvement expert, or value engineer, as opposed to the current conceptualisation of the role as a problem solver, or safety engineer. For his full article see page 8.

Also in this issue, Dame Judith Hackitt, chair of Britain’s Health and Safety Executive, talks about the evolution of OHS and explains that her commitment to health and safety is founded on a very firm personal belief that for any business to be successful it must manage the risks it creates by what it chooses to do – it is simply not possible to be “successful” in all other aspects of running a business but be poor at health and safety. See her story on page 18.

Lastly, we look at how diversified, technology-driven industrial company Honeywell takes a methodical and effective approach to driving safety outcomes and drives a positive HSE culture. For the full interview with Paul Dew, global HSE director at Honeywell Building Solutions, see page 20.

“There may be a benefit if the role of the OHS professional is reconceptualised as a continuous improvement expert, or value engineer”
SIA’s strategic plan: have your say

The SIA recently released a consultation draft version of its Strategic Planning Framework 2016-2021

Each year, the SIA board updates a five-year rolling plan, and this year a number of changes have been made to the plan. The board is seeking feedback from members and other stakeholders to ensure we are taking all of the issues into account in our planning process. This consultation document reflects the SIA’s commitment to functioning transparently and seeking collaborative approaches to achieve our goals.

There are five key pillars of the draft Strategic Planning Framework, the first of which is capability. Developing the skills, knowledge and capability of the profession to deliver highest quality OHS advice to industry is critical to its future success, and there are five key objectives that support the realisation of this pillar.

The first one is to make a positive contribution to influencing the quality of OHS education and training, including the accreditation of higher education. The five-year goal to support the realisation of this objective is consistently higher quality tertiary education, VET sector training and other health and safety training, influenced by the SIA within a sustainable funding model.

The second objective is to provide professional development opportunities for the health and safety profession, and we envision this will be realised through a diverse range of SIA-approved CPD products, including an active mentoring program available to the profession.

Another objective of the SIA is to continue to provide an up-to-date body of knowledge for the profession on which higher education and continuing professional development is based. We see this being realised through a fully sustainable, funded framework for ongoing maintenance and development of the body of knowledge, supported by evidence-based practice.

Fourth, we aim to provide a recognised certification program for the health and safety profession, through providing a well-run program with strong participation from the profession, demand-driven by industry, and greater confidence of regulators, employers and employee bodies in the quality of health and safety advice.

The last objective to support this first pillar is supporting and promoting innovation within the health and safety sector, and we envision that the SIA will be recognised and function as an incubator of ideas and innovation.

There are four other key pillars to the draft version of the Strategic Planning Framework 2016-2021 (policy and research, engagement, member services, and successful business), and they all complement and support each other in realising this framework. The reason I have outlined the capability pillar is that it ties in closely with the cover story for this issue: the road to professionalisation.

In October 2015, the International Network of Safety and Health Practitioner Organisations (INSHPO) released The OHS Professional Capability Framework: A Global Framework for Practice, which defines the roles, knowledge and skills for university-educated (or other higher education) OHS personnel. The framework was developed by a small working party including Pam Pryor, registrar of the Australian OHS Education Accreditation Board (AOHSAB).

The framework will be an important foundation for the fourth objective above — providing a recognised certification program for the health and safety profession. The SIA is just one of a number of OHS member organisations around the world which have taken the framework and run with it, with a view to raising the bar internationally for OHS and genuinely paving the way for OHS to become recognised as a profession in its own right.

The SIA is actively seeking comment on this draft consultation document, and we would welcome any constructive feedback you would like to share by completing the consultation survey at www.surveymonkey.com/r/R6883BQ

The deadline for submissions is Friday 25 March.

Patrick Murphy, chairman, board of directors, SIA

“We envision that the SIA will be recognised and function as an incubator of ideas and innovation”
Quad bike safety under the spotlight

There were 69 non-intentional on-farm injury deaths in 2015 and the main cause of these fatalities was quad bikes, according to research by the Australian Centre for Agricultural Health and Safety. There were also a number of cases involving tractors (13) and other types of machinery (7), while quads and tractors alone accounted for just over 40 per cent of the cases. Overall, six (9 per cent) of the deaths involved children, with quads again being the main cause. “These figures represent an increase on 2014 (54), and sadly we know that each case brings significant impacts for families and communities,” said Tony Lower, director of the Australian Centre for Agricultural Health and Safety. “It just re-emphasises how important it is to have safety as a major priority in your farm business.”

Unions sound alarm on black lung disease

A total of nine cases of black lung disease are either confirmed or feared in Queensland, with one new case confirmed and another four cases awaiting official diagnosis, according to the CFMEU. More than one case per week has been diagnosed in the last two months, said CFMEU Queensland mining and energy division president Steve Smyth, who said he expects many more diagnosed cases in coming months.

“We can’t put a figure on it because the regulatory system that is meant to detect problems has been asleep for decades, but it could be a big number. They haven’t had specialists, who are known as ‘B-readers’, checking miners’ X-rays, and according to data reported by mining companies themselves, dust levels have been five to 10 times the legal limit. That has to change.”

Ageing infrastructure threatens gas pipeline safety

Ageing facilities as well as new technologies/facilities in the gas and pipeline industries will present significant regulatory as well as operational safety challenges over the coming years, according to RMIT University. Much of Australia’s early oil and gas infrastructure has now reached the end of its design life, said Jan Hayes, associate professor at RMIT University. “Effectively managing and regulating safety so that these facilities are either upgraded in selected ways to continue or safely closed down and decommissioned is a big challenge. At the same time, there are major new facilities under development and being brought online.”

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The OHS professional: value engineer and continuous improvement expert?

Reconceptualising the role and capability of the OHS professional as one of a value engineer expert in continuous improvement will allow OHS to keep pace with the ever-changing nature of work, business demands and societal needs, writes David Borys

Occupational health and safety professionals are often cast in the role of problem solvers. The problems they are required to solve range from helping organisations to identify hazards and assess their attendant risks, to proposing solutions to control those risks. Furthermore, OHS professionals may be called upon by senior managers to provide advice on how to combat increasing or plateauing rates of fatality, injury and illness, to investigate near misses and “accidents” or to devise programs aimed at driving out worker violations and, conversely, improving worker compliance with safety rules.

Ironically, this picture of the role of the OHS professional is at odds with the model of continuous improvement enshrined in current management system standards, including OHS management system standards. Put another way, there may be a benefit if the role of the OHS professional is reconceptualised as a continuous improvement expert, or value engineer, as opposed to the current conceptualisation of the role as a problem solver, or safety engineer.

Reconceptualising the role of the OHS professional in this way has the potential to move the profession beyond its current hazard-centric focus to one that truly understands work processes as a system, hence offering solutions to improve the system of work before anything goes wrong or a problem is identified.

This shift in role is commensurate with the model of continuous improvement enshrined in management system standards. Unfortunately, there is evidence to suggest that sometimes such standards result in increasing volumes of paperwork disconnected from the reality of work processes and work-as-done. Put another way, management system standards may generate a lot of heat without light, the antithesis of the continuous improvement model.

Through understanding work processes, opportunities exist for the OHS professional to not only improve safety for workers but also quality and productivity for the organisation. A further benefit of this approach is the potential to break down barriers (silos) between safety and operations. Safety is integrated into business operations as OHS professionals work alongside and with workers, supervisors and managers with the shared purpose of

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<td>Bureaucracy • Work-as-imagined • Improvement through a management system used to identify and control hazards • Continuous constraint of the worker • Reduce variability in the process and workers • Workers as a liability • Static system state • Lean and mean</td>
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continually improving work processes. As a result, OHS professionals stand to increase their value to the organisation.

As a value engineer expert in continuous improvement, OHS professionals stand to generate business value by improving operations with a spin-off in safety improvements. By comparison, being confined to the role of safety engineers, or problem solvers, OHS professionals – despite good intent – may be perceived by managers and workers to detract from business value and safety through the imposition of a litany of constraints implemented in the name of safety.

Reconceptualising the role and capability of the OHS professional as one of a value engineer expert in continuous improvement, is not only consistent with the continuous improvement model originally intended to reflect the principles of quality management, but also with contemporary safety thinking. This nexus allows the OHS profession to break the shackles of the status quo, to explore the practical benefits (or otherwise) of leading-edge safety thinking and, with an underpinning evidence base, contribute to the body of knowledge and the subsequent standing of the profession. This will allow the profession to keep pace with the ever-changing nature of work, business demands and societal needs.

Dr David Borys is adjunct associate professor at RMIT University, adjunct teaching instructor at East Carolina University, and independent safety educator, researcher and consultant based in the USA.

“Through understanding work processes, opportunities exist for the OHS professional to not only improve safety for workers but also quality and productivity for the organisation”
Globalising the health and safety profession

In October 2015, the International Network of Safety and Health Practitioner Organisations (INSHPO) released The OHS Professional Capability Framework: A Global Framework for Practice. INSHPO represents the OHS profession globally and provides an international forum for engagement on OHS-related matters and for advancing the OHS profession through the exchange of evidence-based practices and the development of a harmonised framework for the profession. Its member organisations include OHS professional bodies from the United States, Canada, the United Kingdom, the European Union, New Zealand, the Russian Federation, Singapore, Korea, and Australia in the form of the Safety Institute of Australia (SIA).

INSHPO recognised the need for a global framework for practice of OHS professionals in releasing the landmark report, and The OHS Professional Capability Framework defines the roles, knowledge and skills for university-educated (or other higher education) OHS personnel. The framework was developed by a small working party consisting of Dennis Hudson, director of professional affairs for the American
Society of Safety Engineers (ASSE), Andrew Hale, emeritus professor at the Netherlands’ Delft University of Technology and chairman of HASTAM in the UK, and Pam Pryor, registrar of the Australian OHS Education Accreditation Board (AOHSAB).

The OHS Professional Capability Framework is an attempt to indicate to OHS personnel and those who employ them what their OHS staff should be able to do competently for those employers, their core functions, what education and training and guided experience they should possess, and what skills they should be capable of mustering to carry out those functions, according to Hale.

“It is written in generic terms as broad objectives and competencies, because it has to be applicable to any country, no matter what its OHS regulatory policy and regime and no matter what the level of maturity of the country’s and its work organisations’ safety culture,” says Hale, who notes that it indicates that OHS roles can be broadly divided into two categories: the first being a true professional, “a strategic adviser of senior management, a designer, deviser and improver of policy and of an effective safety management system, a change agent, a champion and a pilot for the organisation through the dangerous shoals of operational reality”, he says. The other category comprises practitioners, which Hale says are “working much closer to the operational sharp end as a tactical adviser on the nitty-gritty of workplace safety and health, training, procedures, workplace design and compliance. Within these two main roles there are nuances which we have crystallised out into three levels within each role,” he says.

Defining OHS in practice

Many organisations have already built frameworks for most (if not all) positions, according to Hudson, who explains that The OHS Professional Capability Framework essentially paves the “road to professionalisation”. There are seven hallmarks of established professions all around the world. The first is a Body of Knowledge, which Hudson says Australia has “certainly taken a global lead on”, while another hallmark is having barriers to entry: “not just anyone can claim that they are a safety professional,” he explains. “As long as people come in with no credentials and call themselves safety professionals, that’s going to undermine high-performing safety professionals.”

As more organisations become lean and some roles are becoming hybrid positions, he says it is important to hire the right person. “As people climb the ladder within your organisation, you have to make sure that you’re investing in the right people. How are you going to do that? You’ve got to understand what knowledge and what skills they need. It’s not enough that someone has got some on-point experience in an area. You’ve really got to step back, do the work upfront and identify the true scope of the job,” says Hudson, who explains that this was a key focus in developing the framework.

Having organisations understand the value of the safety professional is key to the success of any safety management system, according to Eldeen Pozniak, vice-president of INSHPO. “Having this framework will assist in that. When we see an organisational job posting for a ‘safety’ position, certifications and designations are often grouped together like they are all the same … For those of us practising, we often look at it and comment on how these organisations do not understand what we do and what different certifications mean. This framework will allow employers to make better hiring decisions, because they can see the roles and functions within each category and tie capability to a specific level of practitioner, she says.”

Organisations can hire someone who has taken a four-day course or a university degree, and they can call them the same thing, Pozniak observes. “Having someone in a position without a set level of skills, when there may be expectations of something more, can negatively affect the organisation but also puts all of us in the profession in a negative light,” she says. “My background and previous profession was medical, and I often use it as an example. Who do you want medically treating you – someone who has specific capabilities and has been tested to have them, or someone who read it in a library book and wants to give it a try?”

Raising the standard

Another key question relates to proving one meets the standards required of a profession, and Hudson says employers will be able to look for credentials that will be issued by groups that are accredited. There is a global standard called ISO 17024, and Hudson says certifications against this standard are going to meet a certain level of rigour. “Where this comes into play is when I get calls on a regular basis from corporations saying, ‘I need to hire someone in Ecuador or Thailand. What credentials should I be looking for there?’ We can’t really answer that now, but this process will evolve. We’ll go and evaluate education requirements in countries, their certification requirements and their continuing education requirements,” he says.

“This is a far cry from the traditional role of policeman and enforcer”
Certifying generalist OHS professionals and practitioners in Australia

The Safety Institute of Australia has taken a proactive approach to adopting The OHS Professional Capability Framework: A Global Framework for Practice, with a view to improving the standing of OHS locally and following the road to professionalisation that many other countries around the world are in the process of doing. Certification of generalist OHS professionals and practitioners is already standard practice in countries such as the USA, Canada, the UK and Europe.

“This is a big task for the SIA, and involves working on a number of fronts. This is a journey that will take time but a journey that, in time, will do its part in a suite of measures that will advance our profession significantly,” says CEO of the SIA, David Clarke, who explains that the structure and process for the Australian generalist OHS professional certification scheme was developed over three years of research, consultation and discussion.

The SIA conducts certification through a program which acknowledges the capability and credibility of OHS practitioners and professionals through the combination of their education and work experience. There are three categories for the generalist profession: Certified Generalist OHS Practitioner (COHSPrac); Certified Generalist OHS Professional (COHSPProf); and Certified Chartered Generalist OHS Professional (ChOHSP). Once certified in these roles, practitioners and professionals can only retain their certification level through maintaining their membership of the SIA and participating in continuing professional development (CPD).

There are also two “in-training” categories of certification, for people who have completed the educational requirements but have not yet completed the work experience requirements: Certified Generalist OHS Trainee (COHStrainee) for people who have completed a Diploma or Advanced Diploma in WHS/OHS; and Certified Generalist OHS Graduate (COHSgrad) for those who have completed a Bachelor Degree, Graduate Diploma or Masters in OHS.

For more information visit www.sia.org.au.
their work for their employers or their clients,” he says.

“We have learnt the hard way through accidents, occupational health epidemics and disasters that OHS is not just a matter of obedience to simple rules. It is multifactorial and multidisciplinary and requires sophisticated interventions to manage it effectively and efficiently. Employers need to know who is capable of guiding them through these complexities.”

Challenges of evolution

As with any change process and raising of the bar, there will be challenges associated with the framework and its adoption, according to INSHPO. “We have anticipated that there would be pushback,” says Hudson. “People will say, ‘I’ve been practising for 30 years, and you’re telling me that I’m not a safety professional?’ Really what we’re telling them is ‘we have no mechanism to gauge your competence’. So the framework has mechanisms – like other professions – to help ascertain competence, and many other professions have gone through the same process on the road to professionalisation. The approach is right, and the framework gives people a pathway to get there. There will be some people who are maybe advanced in their career and who complain about it. Again, nothing personal. It’s a necessary step if you’re going to move the profession forward,” he says.

Hale says another challenge is to accept that the OHS professional role of the future is primarily as a change agent, working through line and staff management and drawing on what are often called “soft skills” such as communication, persuasion, organisation, influence and guided decision making. “This is a far cry from the traditional role of policeman and enforcer. Good OHS management comprises the need for flexibility in tackling the dynamics of industry and work, constant monitoring and evaluation and creativity in devising and adapting approaches,” he says.

“This need for constant adaptation is given very concrete form for the OHS personnel in the need to keep the knowledge and skills up to date through continuing professional development (CPD). No longer can anyone achieve a diploma during early training which...
is valid for life. Competence needs updating, refreshing and re-evaluating for it to become true capability. This requires a complex of short-course and distance-learning provision, which also needs to be kept up to date and which may form part of the certification process."

Pryor agrees that the future of OHS is in moving the profession from a compliance-driven mode to a much more proactive one which requires a different set of skills. "Some people may find that challenging. One of the important things about the framework is that we’re tackling the question of personal and professional skills. In many countries, including Australia, OHS professionals have been criticised for their lack of what are sometimes called ‘soft skills’: leadership, mentoring, engagement and communication. As a profession, OHS is sometimes criticised for not having these skills, so this framework emphasises these personal and professional skills," she says.

“One of the things we will be looking at is a self-assessment type process, to help identify gaps where maybe someone needs some development. This is more about looking at this as an opportunity rather than a challenge, because it will only improve the skills and standing of OHS.”

Implications for OHS
The framework has a number of implications for OHS personnel, according to Hale, who says they need to view their roles as the stage for their continuous development, to meet the challenges of changing technology, changing forms of employment and sub-contracting, and changing maturity of their employers’ OHS and related management systems.

“One of the challenges of any certification system is that, like any system of safety rules, it needs to be flexible enough to cope with a diverse reality and a dynamically developing set of hazards and risks. There is always a danger of too detailed and rigid rules which do not keep up with changing realities, which can lead to over-regulation and to the stereotyped overzealous advocates of super-compliance,” says Hale, who explains that this is why the INSHPO document is called a framework, which provides guidance as well as scope for adaptation and updating to fit it to the realities of different countries, cultures and regulatory regimes.

Pryor explains that the framework targets different groups, such as educators and current students or people aspiring to be a student in OHS, in that it delivers a vision for what they’re teaching or being educated for. The framework also has implications for employers and managers in the workplace, she adds. “So they will be able to say, ‘this is what the framework says you ought to be able to do, but your performance appraisal says you’re potentially not performing at that sort of level’. So there may well be more expected of the role in some areas. Overall, the framework is very much a positive and that’s how I hope the profession will see it. If we’re going to move on and have a more professional approach then we need this sort of documentation,” says Pryor.

“As an aside, we’re doing a project with the international mining industry and using the framework as a basis for developing a capability framework and benchmark for OHS in mining. It has very much been a two-way process in that it has enabled us to do some more work on the framework, but it has most certainly enabled us to take a specific look at the OHS role in mining and come up with some very constructive developments around a framework to suit them. From an industry point of view, this will have a significant impact, and it’s just one example of how it might be used.”

Pryor also observes that, in Australia in particular, there’s an increase in demand for professional qualifications for all people operating as professionals, rather than as vocational educated roles, and she says the framework provides clarity as to what to expect in this. “Part of the issue in Australia is a lack of confidence in OHS VET qualifications. That’s why employers are looking for more professionally, university-educated people who also have experience,” she says.

Future OHS trends
A final, expanded framework is due to be launched later this year, and this will have a number of uses, according to Pozniak, who says this will include position postings, individual professional development and adoption by certification and designation organisations, to mention a few. “In the long run we will then see more effective systems and roles within organisations, job growth and stability, and

“As long as people come in with no credentials and call themselves safety professionals, that’s going to undermine high-performing safety professionals”
recognition through compensation levels and organisational positions,” she says.

“I believe that there will be a greater understanding, applicability and transfer of OHS professionals on a national and international basis. We have built a framework that, when applied, allows us to be a more geographically mobile profession. With that I see a trend will be where there is greater understanding of what is needed to practise in different countries, and will ease the ability to obtain what is necessary to do so. Within that, certifying bodies will be looking at reciprocal agreements to be able to work together to maintain a high standard for the profession. I’m sure that those who have come into the profession with their experience, versus educational-based history, may have some issues with what they need to do within the profession to be classified at a specific level within the framework, and we will have to work to address that over the next few years.”

Hale notes that there has been enormous growth in the numbers of OHS staff over the last 30 or so years, and there is a “huge demand” for advice and relevant experience in meeting workforce, customer and regulatory requirements for safe and healthy workplaces, products and premises. “We have seen a huge increase in the quantity of OHS staff. What is needed now is a growth in quality across the board to fill the gaps in capability which have sometimes been displayed. But what we also see in some countries is a proliferation of certification schemes competing with each other. The hope is that the INSHPO framework can bring some order in this complexity as well as being a template for countries which are currently not so far along the road to develop their OHS professions to guide them along that road,” he says.

Sustainability is also a key trend for OHS in the future, according to Hudson, who notes that while it has been around since the ‘80s, it will become more important and “over the next three years you will absolutely get more safety professionals in the boardroom,” he says. “Let me give you an example. In the US we have a group called the Sustainability Accounting Standards Board, which comprises some of the leading financial organisations around the world. Their goal is to get better non-financial information to investors, shareholders, senior manager teams and boards of directors. How are they recommending that be done? Instead of trying to collect all this information that has been asked of them in the sustainability world, look at material issues.”

Simply put, he says material issues focus on whether or not an investor would have changed their mind, so to speak, if they had different information at the time they were making their investment decision. The Sustainability Accounting Standards Board has looked at 80 industries, and in a significant number of these, OHS was viewed as a material issue. “Now think about that. When investors are only looking at a small handful of material issues, they’re going to ask questions about it. Senior business members, including boards of directors, are going to want to perform well in those areas. All of a sudden, the board is now interested in safety. To me that is going to have a dramatic impact. This will necessitate safety professionals having a new financial literacy and perhaps working with new external stakeholder groups, and that’s a change that’s going to come,” says Hudson.

Prevention through design will also be a significant trend over the coming years, and Hudson says that while there are some overlapping skill sets with engineers in safe design, they don’t have all of the skills, background, experience and context that safety professionals do. “Corporations need to recognise that safety professionals play a role in safe design. They play a role in sustainability. They play a role in enterprise risk management. Now that leads us all back to the capability framework. You need to make sure that you have these skill sets,” he says. “That’s why you can’t just let somebody with minimal education or minimal credentials claim that they’re a safety professional. They may be tremendous performers, but if we don’t know that, and they’re called professionals, again, there’s the potential to drag down the whole profession or undermine that image if they don’t have the skill set.”

Pryor underscores the importance of the need to evolve, and in this process, being flexible and adaptable not only in the changing business environment but in a changing professional environment. “In order to do that, we have to have strong underpinning concepts around health and safety, about work, and about business,” says Pryor, who adds that it is also important to understand where health and safety fit in to work.

“Rather than saying health and safety is something which sits to one side, and employees have to do what the health and safety people tell you, it’s about adding value to the organisation and adding value to the business, while still keeping that objectivity around workplace fatality, injury and disease prevention. I think we need to evolve into a different mindset from the OHS role. Yes, we’ve got to understand the hazards, but we’ve also got to understand work, how we fit in and how health and safety can add value to work. The framework is certainly working towards that.”
Leading HSE in the UK: Dame Judith Hackitt

Craig Donaldson speaks with Dame Judith Hackitt, chair of Britain’s Health and Safety Executive, about her greatest professional achievements, challenges and goals, and the evolution of the OHS profession in Australia

What is your ongoing motivation for furthering the cause of OHS?

My commitment to health and safety is founded on a very firm personal belief that for any business to be successful it must manage the risks it creates by what it chooses to do – it is simply not possible to be “successful” in all other aspects of running a business but be poor at health and safety. It is as fundamental as that. If you choose to employ people to work in your business, then every single one of them has the right to expect to go home at the end of the day unharmed by the work you have asked them to do.

My personal energy around this comes from knowing from my own experience that it is not just a pipe dream but that it can be achieved in any business no matter what the risks are. I spent more than 25 years of my career managing high-hazard chemical processes. Getting it wrong was not an option. I hate it when people say, “But this is a dangerous industry – accidents are bound to happen” – NO, they’re not.

What do you consider your greatest achievements?

There is no doubt at all that I felt a great sense of achievement when I was appointed as chair of HSE back in 2007, but I also saw it as a big challenge – to raise the profile of what the organisation really did – as opposed to much of the way it was being represented in the popular press – and to get decision makers and people in business to recognise that risk management is the role of business, not the regulator. Looking back on what we have achieved over the last eight years, we have come a long way and I take a great deal of pride in that – not just personal pride but pride in HSE.

I believe that we have changed people’s perceptions of what health and safety is about, and we have most certainly helped to debunk many of the myths and legends which surround it. I’m not just talking about the silly stories in the press but also about the over-the-top interpretation that many people choose to put on what the law actually requires. The key to good health and safety is keeping it simple and proportionate, so that people understand why they need to do it and it just makes sense.

What would you say has been your greatest professional challenge?

For a young woman who decided to become an engineer back in the 1970s, it feels like there have been quite a few challenges in my career! The first, of course, was convincing people that I was serious about engineering. I also worked for more than 25 years in the chemical industry, which continues even today to be very much male dominated. What has mattered most to me throughout my career is being valued for who I am and what I can bring to the party; my biggest challenge has been dealing with those few men – who are still out there – who simply don’t listen when a woman speaks in the workplace. These days we call it “unconscious bias”, but it’s always been around.

Just as I believe we all have a right to go home unharmed by our work, I believe we all have the right to be valued for who we are and what we have to bring – irrespective of our gender, race or any other form of difference. I have never been a supporter of quotas or positive discrimination to increase diversity, but I am passionate about everyone being given the opportunity to contribute and be heard.

What are some of the most interesting experiences in your professional life?

The first would be just how much I have enjoyed everything that I’ve done. When I first decided to study engineering, my fall-back plan was to become a science teacher, because that’s what I always thought I would end up doing. I never needed the fall-back plan, because being an engineer has provided me with a fascinating and rewarding career. What is so great about working as an engineer is the teamwork. This is a profession where no one ever achieves anything by working in splendid isolation – achievement comes from collaboration, so I’ve made many good friends.

I guess my second reflection would be on that point about friendship and collaboration. I’ve enjoyed my work because I’ve enjoyed working with people and achieving things together. There is something very much more rewarding about collective achievement than personal achievement – that’s why I measure what I’ve achieved over the last eight years in what I have been able to contribute to HSE’s success.

My final reflection would be to take opportunities when they are presented to you. There is no way I could have imagined 40 years ago when I graduated that I would be where I am today. I’ve had great support, especially from my family, and we share the view that anything is possible, so never let anyone

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tell you that something is out of your reach or not for you.

What do you believe OHS professionals can do to take the profession to the next level?
First of all we need to agree on what “the next level” looks like. I firmly believe that first we have to focus on training managers and business leaders to recognise the role that they must play in taking responsibility for health and safety and making it an integral part of the way they manage the whole of their business. It’s about changing that mindset from one of health and safety being something that must be done to keep the regulators or the health and safety manager happy, to truly understanding that it is just an integral part of running the business well.

Can OHS professionals help in achieving this? Without a doubt. They can help by ensuring that they offer sensible and proportionate advice, by keeping paperwork and bureaucracy to a minimum and by ensuring that it is the real risks, not the trivia that gets attention. They can also help by working as facilitators, by demonstrating that they understand the needs of the business and showing how health and safety can contribute to greater profitability and productivity. Throw the clipboards away and join the team.

What is your view on the state of the OHS profession globally, and how does Australia compare?
Over the last three or four decades I have watched the OHS profession continue to grow… and grow. I have recently been quoted as saying that I think there are too many health and safety professionals, and I stand by that. Why? Because I go back to what I believe health and safety is all about – it is everyone’s responsibility and we all have a duty to look out for ourselves and our workmates, in any work environment. The problem with having so many health and safety professionals is that we have created a situation where others now look to those professionals to “do it for them” rather than accepting their own responsibilities. Effective health and safety happens when it is part of the culture, led from the top and integral to everyone’s job.

Too many people today think, or even say, “That’s not my responsibility – it’s the job of the health and safety manager to look after that”. Any organisation that has reached this point in its culture is missing the very essence of what it’s all about. Health and safety professionals are there to advise and support and to enable the business to do what it is there to do whilst managing the risks – but that has to be done with and through others, not in a separate department.

The solution lies in getting managers to recognise the key role they have to play in leading and creating the right culture – and in valuing the support and advice of the specialists in health and safety where and when they are needed – but not in delegating everything to them.

From what I’ve seen on my frequent visits to Australia, I think the challenge here is much the same as I have seen in Great Britain and in other parts of the world.
Leading safety at Honeywell

Diversified, technology-driven industrial company Honeywell takes a methodical and effective approach to driving safety outcomes, writes Craig Donaldson

In Australia, Honeywell has been delivering solutions to business, industry and consumers since 1962. Today, Honeywell employs over 1200 people in 27 offices across the country, and with a presence in every state and territory, it is predominantly a projects and service business delivering tailored technology solutions to large building and large infrastructure sites.

The major HSE risk Honeywell faces revolves around the effective HSE management of a large geographically dispersed workforce and subcontractor management, according to Paul Dew, global HSE director at Honeywell Building Solutions. “The challenge is to drive a positive HSE culture of preventing unplanned events and influencing the behaviours of staff you cannot see to work in a safe manner. The risks they face in the field are typically associated with gaining access to our systems to install or service the items. Working at heights, ladder safety, roof access and working in restricted access spaces are very common,” he says.

The other major risks Honeywell’s personnel face is exposure to other items while working on its systems, such as exposure to electrical busbars while working on equipment, other high-risk contractors onsite (but not working for Honeywell) or fibres, dust, mould, vermin, spiders and snakes, Dew adds.

Safety leadership

The single most important thing to improving health and safety outcomes across the business is demonstrated leadership engagement in HSE performance, and Dew says business leaders and supervisors must visibly demonstrate HSE expectations in their day-to-day actions and communications. “They must set a high standard, as that sets the performance level and expectations in the workforce. Leadership training in HSE is important, but more important than that is ensuring HSE staff have an equal position at the leadership table to provide the support, advice and direction to help the business leaders set a high standard,” he says.

“From a leadership standpoint, we have an expectation that the branch managers of every Honeywell site as a minimum conduct a ‘Gemba safety walk’ of their site once a month.” The intent with these walks is to get managers out of their offices and take the time to look around, identify areas that need attention, talk to staff about safety in the workplace and demonstrate that safety performance is important and they are genuinely involved.
“It takes a lifetime to create a culture and a lifetime to change one”
**“Compliance merely means you are now on the start line, everything you do from that point forward is value-adding and should be the aim”**

When more senior leaders are travelling globally, Dew says they are expected to ask specific questions around the safety performance of the site they are visiting. “They submit a feedback form on their findings, what was discussed and any findings that need to be followed up after they leave the site. Both Gemba walk and senior leader reviews’ findings are entered into a management system and tracked to completion,” he says.

**A culture of safety**

There are a number of other ways in which safety is embedded in Honeywell’s culture, according to Dew. “Driving a culture often means ensuring our systems enable consistency in application and provide real-time information/feedback to line managers of actual performance, so that they can react to that information in a positive way. By doing so they can correct issues, reward good performance and demonstrate their focus on HSE performance,” he says.

“Of course, that same information that enables them to be proactive with their teams can also be used to drive and assess the business maturity and provide high-level management with an overview of the entire system. Ultimately, I find that a well-managed HSE system, if used as intended, will identify areas for improvement and give credit for good performance.” Managers need to be trained to understand the system so that they apply it appropriately and benefit, and if they have a high level of understanding of the system, Dew says they generally embrace it and drive it. “This is demonstrated leadership in HSE and helps drive the culture through the organisation,” he says.

**SOS and HSE playbook**

Another important driver of health and safety is Honeywell’s “Safety Observation System”, or SOS. “All employees are expected to be on the lookout for unsafe conditions and behaviours in Honeywell workplaces and report them into an online system,” says Dew. “These are then assigned to someone to implement actions to correct what was reported. Globally, there are in excess of 120,000 SOSs raised in our business each year, and this has had a significant impact in reducing unplanned events since implemented. There has been more than a 50 per cent reduction in medical treatment injuries since inception,” he says.

Another contributor is what Dew calls the “HSE playbook”. “Yes, I know this is an American term, but we are an American company. All supervisors of Honeywell staff working in the field on our customer sites are enrolled in the HSE playbook. It is a simple tool,” says Dew, who explains that the playbook is a calendar of HSE activities that a supervisor must conduct each month with their team in the field. So supervisors will verify all staff are trained on a particular subject each month (such as ladder safety, for example), and this is then reviewed against the Honeywell procedure associated with the subject of the month (in this case, the ladder safety procedure).

Vehicle, tool and PPE inspection checklists must also be completed each month, while supervisors conduct an employee and a subcontractor observation checklist. “The advantage is that something is done every month from a HSE perspective that keeps our field staff’s knowledge, awareness and understanding high in their mind on a continuous basis,” says Dew.

**Setting the example**

As HSE director, Dew says his role is to set the HSE strategic direction of the business over a five-year horizon and then work with the HSE team in each region to assist the business in meeting the annual plan and the strategic plan over time. One of the levers to achieve this is ensuring all regions are working consistently with standardised tools and processes, says Dew.

“In addition, I drive HSE teams in a process of continuously verifying actual performance in the field. We continuously identify evidence of performance to determine the current maturity score of each region and at the same time assist field staff to improve,” he says. “As part of this continuous verification process, I am also looking for gaps in our systems or processes. These systemic issues are raised to a HSE projects team to develop solutions for the business. The focus of the HSE projects team is to reduce low-risk, low-value activities and increase effectiveness in managing high-risk, high-value work, improve productivity and effectiveness in the field.”

**Delivering HSE results**

As a result of the above, Dew says HSE has risen to very mature levels in Honeywell and reduced the frequency and severity of unplanned HSE events (see figure). “This result has not been easy and
The journey is long and not always fully appreciated, but persistence and maintaining the focus will deliver the results

has taken significant time to achieve. It has been a journey of more than 10 years to get to this point,” says Dew.

“Influencing the HSE maturity is a very difficult and slow process; even achieving a one-point improvement is a lot of effort to ensure it is supported by evidence and is driving a cultural shift throughout the organisation. As the maturity has improved year on year, and now in the high 80s, the injury rate has dropped. The journey is long and not always fully appreciated, but persistence and maintaining the focus will deliver the results. The improved maturity and cultural change, and the reduction in injuries have the flow-on effect of making Honeywell an employer of choice and helps us to retain talent in the business and be seen as a low-risk provider in the eyes of our customers.”

How OHS leaders can drive effective outcomes

For OHS leaders looking to improve OHS results in their organisations, global HSE director at Honeywell Building Solutions, Paul Dew, says not to give up – and do not expect miracles in six months, a year or even five years. “It takes a lifetime to create a culture and a lifetime to change one,” he says.

Continuous application with steady improvement is necessary, according to Dew, who says it is important to move the business away from thinking of HSE as a cost centre, and start driving the HSE function as value adding to the business. “Some people think that being compliant to standards and regulations means you are on the finish line. In fact, being compliant should be a given. Compliance merely means you are now on the start line – everything you do from that point forward is value-adding and should be the aim,” he says.
Getting workplace drug and alcohol testing right

There have been a number of recent developments in workplace drug and alcohol testing, and OHS professionals need to be across these in order to proactively improve compliance and positive workplace outcomes.

The OHS risks associated with use of alcohol and drugs in the workplace are obvious. If a worker’s ability to exercise judgment, co-ordination, motor control, concentration and alertness are impaired, this can lead to increased risk of injury or incidents to themselves or others. Research has found that up to 15 per cent of workplace injuries worldwide are attributable to drug and alcohol use, while around 60 per cent of individuals who consume drugs and alcohol at harmful levels are in full-time employment.

For employers, alcohol and other drugs can cause a range of problems, and in some cases, their use may lead to loss of life, injury and damage to plant or equipment. The economic cost of alcohol use in Australia is estimated at over $4.5 billion per year, with lost workplace production accounting for the largest proportion of this cost. Furthermore, employers have a general duty of care obligation to ensure that – as far as practicable – workers are not exposed to hazards and risks that could arise from workers being impaired by alcohol and/or other drugs and, where they may arise, address them through a systematic risk management process.

Workplace drug and alcohol trends

There are a few trends in drug and alcohol consumption that might pose a risk to a workplace, depending on the makeup of the workforce, according to national technical and product development manager for Medvet, Steve Korkoneas, who observes that the highest risk category for problematic usage is younger males without a university education. “This is why
occupations such as unskilled labouring or the trades have slightly higher usage. Combine that with the general safety risks of such jobs, drug and alcohol consumption could lead to serious injury or worse,” he says.

There is also much made of the “ice epidemic”, but this isn’t actually supported by Medvet’s laboratory confirmations, Korkoneas adds. “We speculate that this could be due to the types of industries testing. We have found that services, hospitality or construction have had low rates of testing, while the more visibly safety-conscious industries such as mining and resources, aviation and rail transport test more commonly. In construction in particular, we might see a significant shift with Australian Government policy changes coming into effect,” he says.

It’s important to note that drug and alcohol use or abuse occurs across age, gender and family background; there might be higher usage rates within some groups, but problematic use can be occurring with any worker, so Korkoneas says it’s “vitaly important” employers and supervisors are aware of the signs and symptoms. “If responsible managers are alert, they can assist in providing a safe, healthy and productive workplace,” he says.

Managing director of Andatech, Irwandy Tan, says an emerging problem in the workplace is the rising presence of synthetic drugs, such as synthetic cannabis and flakka. These can be hard to detect in regular drug testing kits because Tan says their formula often changes, and not all varieties of synthetic drugs can be picked up by drug tests. “Not only that, but according to the United Nations Office of Drugs and Crime there are many new substances entering the market – up to two new substances each week,” he says.

Pharmaceuticals are also a hidden problem for workplaces, and worldwide. Tan says the misuse of pharmaceuticals is increasing: “employers need to be mindful that recreational drug use isn’t always going to show up in a test as an ‘illicit drug,’” he says. “Even if it does, it may not be illicit drug misuse: the USA has this year been grappling with the challenge of zero-tolerance drug and alcohol policies based around the previous blanket illegality of marijuana, yet now several states have legalised it for recreational and medicinal purposes. Workers claiming unfair dismissal would be unlikely for an illegal drug; but now, the weakness in policies based on legality rather than impairment is exposing a problem.”

It’s not all about technology

Our research and development staff fly all over the world to maintain our place at the cutting edge of the drug & alcohol testing industry—to everything from international trade shows to law enforcement conferences.

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The discussion needs to shift to workplace presence of drugs being about the safety risks created by alcohol and drug use in the workplace

This can be shown even more clearly with methamphetamines that are used illicitly but which also have legitimate pharmacological uses such as the treatment of narcolepsy, according to Tan. "The discussion needs to shift to workplace presence of drugs being about the safety risks created by alcohol and drug use in the workplace. It doesn't matter if the drug is prescribed and under the supervision of a doctor, if it's technically not outlawed because it's a new synthetic, or a pill off the street – if it's affecting someone's judgment and safety, then it's an issue. The policy is there to help address for the sake of the business, the worker and their co-workers."

Managing director of Medvet, Steve Korkoneas, also points to the rise in the use of synthetic marijuana/cannabis (also known as Kronic or K2) and recalls a client who reported that its employees were goading OHS staff that they were smoking "grass" and that they could not be detected. "This situation was quickly shut down with the introduction of our synthetic marijuana kits. When employees were made aware any use of synthetic marijuana was now detectable using onsite testing kits, the use of Kronic ceased," he says.

Interestingly, Lane notes that synthetic cannabis is not mentioned in the Australian Standard 4308 for conventional urine testing. "As a banned substance Australia wide, sadly it is still used and remains a threat to worker safety and overall health. Many workplaces include random testing for Kronic as a matter of course. This random testing is a clear deterrent for use in workplaces. While there is no specified or required cut-off level for Kronic, levels are set at a low threshold making detection easier," he says.

Managing workplace drug and alcohol risks

According to research by the National Centre for Education and Training on Addiction at Flinders University, about 75 per cent of Australian workplaces have a drug and alcohol policy of some form, with testing policies in around 7 per cent of workplaces. "That leaves nearly one in four workplaces leaving things entirely to chance," says Tan. Only around one in 10 workplaces has a comprehensive system in place of a policy statement, backed up by testing, employee support, safety promotions, and drug and alcohol education, he adds. "That leaves around 90 per cent of Australian workplaces with potential opportunities for improvement. The mining industry is normally quite strong on occupational health and safety, but even there, around half are still able to improve their drug and alcohol policy by moving towards a comprehensive system," says Tan.

Organisations lack in-depth awareness of all the emerging synthetic drugs and their symptoms, according to Tan, who says most focus on drug testing programs in terms of detecting drug abuse in the workplace, but miss the opportunity to also use it as a prevention and early intervention tool. "In poorly designed testing policies and procedures, employees can temporarily change their behaviour to avoid drugs being detected, rather than the policy acting to encourage workers to reduce risky drug use practices, and limit drug-related risk in the workplace. When testing is poorly designed, it tends to have a negative impact on the workplace safety culture as a whole," he says.

Korkoneas observes that services or hospitality generally fails to OHS to work with suppliers to develop and conduct the testing program, and Korkoneas recommends the following steps for OHS professionals:

1. If you haven’t formally and openly addressed drugs and alcohol in the workplace, it’s never too late to begin – don’t wait for an injured worker to prompt action.
2. If you have an active policy, review it annually to make sure it’s accurate and relevant.
3. Don’t underestimate the value of educating your workforce. Not everyone knows the dangers drugs and alcohol can pose, so help them to understand why you’re running a program.
4. If you have a policy but aren’t testing, it’s just paper. Put it into practice or you might not see any benefit out of your program.
5. Rely on outside, expert opinion. External viewpoints might notice gaps and can bring cross-industry experience. Medvet works with businesses of all sizes to review policies, procedures and programs to maximise the benefit for your workforce. A comprehensive drug and alcohol program is an investment in your team’s safety, not a cost to be endured.
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Workplace alcohol and drug testing developments

The vexing question that continues to dominate discussion in workplace drug testing conversations is, “Do I use saliva or urine as a matrix for my workplace drug testing?”, according to managing director of LaneWorkSafe, Stephen Lane. “In many cases there remains confusion as to which is the better-suited matrix. Many claim saliva is more indicative of recent use, while urine is more indicative of impairment as a matrix for my workplace is, “Do I use saliva or urine to manage" employee’s system,” he says. Lane says a point worth mentioning is the number of police departments Australia-wide which use urine drug testing for officer testing and not saliva, as used for roadside testing (a usual stumbling block being the ease and practicality of specimen collection). “Organisations using drug testing to ensure a safe workplace need to consider what is their best option, taking into account suitability of specimen collection, time taken, and accuracy important.”

There are also some increases in regulation requiring businesses to conduct testing, according to Steve Korkoneas, national technical and product development manager for Medvet. “Construction companies subject to the Building Code saw regulation updates late last year, with auditing beginning recently. We have also recently seen Western Australia and Queensland join other states in testing requirements under the Office of the National Rail Safety Regulator,” he says. From a provider’s perspective, he says standards are often reviewed and Medvet and other providers looking to be accredited to the standards are audited by the National Association of Testing Authorities (NATA). “Recently, this has meant that laboratory tests of urine to meet AS4308 must go through a multi-stage process with samples undergoing a screen first, then full confirmation to detect the drugs or drug groups we have identified onsite. These kinds of changes occur from time to time and ensure the highest level of result accuracy and reliability, so Medvet recommends choosing a NATA-accredited testing partner,” says Korkoneas.

In terms of regulatory movements further afield, managing director of Andatech, Irwandy Tan, says the Germanwings crash in 2015 has resulted in Germany looking at legislative changes to commercial pilots, and that shift is happening here in Australia too. “The purpose is to uncover alcohol, illicit drug, and pharmaceutical use from an occupational health and safety perspective. They are also considering establishing a European database of medical visits; psychological screening of pilots; more effective oversight of doctors responsible for pilot medicals; and better support networks for pilots. The goal is early detection and intervention before there’s a problem, rather than trying to catch people out,” he says.

The four most commonly used drug tests continue to be urine, blood, hair and saliva. Blood testing is highly intrusive, but with saliva testing now having on-site screening, Tan says it is adding to the appeal of this method for some employers. Better and faster drug and alcohol tests are making it easier for employers to conduct quick, on-the-spot tests as and when they are required, rather than waiting for off-site lab reports. “But remember that if the test is going to affect someone’s income then the test will need to be of legally defensible (i.e. ‘evidential’) quality, conducted by a qualified test administrator, under a high-quality/quality-assured program, where any equipment is also quality assured,” he says.
who the policy and procedure is for (employees, contractors, visitors), testing methods (oral fluid or urine), various cut-off levels (drug concentrations as set out by Australian Standards, specific breach alcohol levels) and what happens if a positive result is returned onsite (stood down with or without pay, light duties), and finally lead into an employee assistance program. “An employee needs to be able to understand the process and how it affects them.

This leads in to education. When rolling out a new drug and alcohol program, Medvet recommends discussing it with your workers. Educate them on the workplace implications of drug and alcohol misuse, and then highlight the specific expectations set out in the policy. You may not be able to enforce a policy if it was never officially announced to your workers,” he says.

Tan agrees that a successful workplace alcohol and drug testing policy should be part of a broader healthy workplace solution that includes training and education, employee wellness strategies, safety awareness, and employee assistance programs. “Overall, it should consider not solely alcohol and drug use but also mental health, fatigue and other impacts on fitness for work. Workplaces with effective drug and alcohol policies aim for a holistic workplace safety culture and see success in the shape of satisfied, more productive employees and reduced absenteeism,” he says.

“To be fully effective, alcohol and drug testing should be part of the safety management system and, as such, will cover testing at various trigger-based points such as after an accident; on reasonable suspicion; as part of pre-employment screening checks; after someone returns from sick leave; and random tests. Testing is the action to go with the words: that intolerance towards the safety risks posed by someone being impaired by alcohol, recreational substances or pharmaceuticals is not just the words in a manual but something that is actively monitored, benchmarked and addressed on a case-by-case basis.”

Lane adds that each workplace drug and alcohol policy should be unique, as “one size does not fit all”, and “tailor making” the drug and alcohol policy reduces the possibility of ambiguity and focuses on special needs and requirements. The policy should be clear and written in simple, easy-to-follow “speak”, so it becomes the hub or cornerstone for a program. “Prepare by consulting all stakeholders, making the document workable and easy to understand. Set out how, when and why particular testing will occur, so everyone has a feeling of involvement; this leads to policy acceptance and adoption in a simple manner,” says Lane.

The role of OHS professionals
There is a simple but key function all OHS professionals should employ in setting up and maintaining an effective workplace alcohol and drug testing program, according to Lane: “consult, consult, consult with all stakeholders,”
“You may not be able to enforce a policy if it was never officially announced to your workers”

he says. By making all parties feel involved and important to the structure of any policy, he says the adoption and implementation will become streamlined and workable. “With a simple and easy-to-understand drug and alcohol policy, making clear the reasons for its introduction and proposed operation, no person should feel left out. The endeavour of such a policy is to assist in ensuring the OHS obligations of employers and the welfare and wellbeing of employees, ensuring they are managed with respect and fairness. It is recommended that all workplaces keep in mind that a drug-free workplace is fundamentally unachievable, however, a drug-safe workplace is certainly achievable with co-operation and honesty from all parties,” he says.

Tan explains that establishing and maintaining an effective workplace alcohol and drugs testing program requires a holistic approach, of which OHS is an integral component. “After all, to be as effective as possible it must be part of the safety management system. At establishment and during regular reviews, the policy should also consider including, for example, human resources for its use in pre-employment screening and the employee assistance program; the legal department to ensure adherence to any regulatory requirements and to maintain clear and enforceable language; and negotiation with unions and other stakeholders is a must so that the policy maintains whole-of-workforce support,” he says. OHS professionals may also wish to consider bringing in outside expertise such as organisational psychologists and drug and alcohol testing practitioners to help further explore these issues in-depth. “Of course, because drugs and alcohol at work are a serious safety issue, naturally the policy needs to be under the umbrella of the department responsible for the safety management system,” says Tan.

Today’s OHS professionals have a greater role to play than just conducting alcohol and drug testing in isolation, and he notes that OHS professionals need to be aware of and take into consideration the latest drugs in the market, their symptoms, risks to the workplace and drug tests suitable for detecting them. “More importantly, OHS professionals have a role in creating and developing strategic employee wellness programs, educating and raising awareness of risks to workplace health, and early intervention in unsafe practices. The goal is not only to curb the effects of alcohol and drugs in the workplace but also to raise employee mental health and wellbeing at work,” he says.

Building a case for testing

There has been significant resistance to workplace drug and alcohol testing in Australia, particularly from the viewpoint of industry groups and unions, who have argued that testing represents an employee privacy invasion.

The Australian Industry Group (AiG) acknowledged this in a submission to the Parliamentary Joint Committee on Law Enforcement inquiry into drug use (specifically, crystal methamphetamine) in industry. Yet AiG concludes that under Australia’s rigorous WHS legislation, businesses must be permitted to implement a structured policy and program of testing if that will enable meeting these WHS obligations.

The report cites a number of industrial relations cases whereby it has been determined that the right of an individual to privacy must be considered in a wider context — namely, the provision of adequate health and safety measures. Increasingly, the need to deliver a safe working environment is seen as paramount, particularly in an industrial context where risks and hazards are more common and lapses can lead to potentially catastrophic outcomes in the wider community.

AiG delves into specific cases and the subsequent rulings, which consequently impact on testing method choices. They cite a number of cases, including Shell Refining v CFMEU from 2008, whereby it was found that Shell had every right (and indeed, an obligation) to try and eliminate the risk created by employees who are impaired by drugs or alcohol. As an adjunct, however, it concluded that Shell could not conscionably dictate the drug and alcohol intake of employees in their own time and found that it would be both unjust and unreasonable for the company to do so.

The inference that can be drawn from these findings is simple: implementing a program of saliva testing (rather than urine testing) in the workplace will better meet the needs of both parties.

Aside from the physical factors related to privacy and handling of bodily fluids, oral testing is a less invasive method of drug screening as it only detects recent use, which determines fitness for work. The longer detection times provided through urine sampling could provide unwarranted insight into an employee’s lifestyle choices, which could be deemed unreasonable under the guise of meeting WHS obligations and therefore represent an undue invasion of privacy.

Source: Recreational drugs and the workplace: the potential for impact, Pathtech
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The organisational wellness and wellbeing industry is fragmented and lacks clarity of purpose as well as consistent organisational ownership, write Medibank’s Karen Oldaker and Asciano’s Richard Coleman.

Reasons for wellbeing fragmentation

<table>
<thead>
<tr>
<th>Issue</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Lack of organisational ownership</td>
<td>Sponsorship is absent and programs are easily shelved, underinvested or poorly scoped</td>
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<tr>
<td>HR is “reward” focused and “engagement score” orientated</td>
<td>Interventions are seen as a benefit – a one-way transfer of value to the employee rather than a mutually beneficial intervention with obligations on both parties</td>
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<td>Conceptualisation of “health” as purely absence of disease</td>
<td>Limited program scope – only the unwell are targeted; social and intellectual development opportunities are missed</td>
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<td>Focus on program cost versus investment potential</td>
<td>Headline cost numbers are the primary focus, not benefits to the individual and organisation; tendency to minimise spend</td>
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<tr>
<td>Investments in safety crowding-out investment in wellness</td>
<td>Organisations group spending together and focus on areas of compliance or external risk; wellness is seen as optional in this paradigm</td>
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<td>Lack of OHS professional capability to articulate the case for wellness</td>
<td>OHS professional expertise is often limited to case-making in the regulated environment; an area of organisational crossover such as wellness with human resources requires different skills and understanding of different datasets</td>
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<tr>
<td>Wellness industry marketing and “product” focus</td>
<td>Suppliers in the wellness space recognise organisational reluctance to make large-scale integrated investments in wellness and have responded rationally with narrow, cost-focused product sets; the practitioner is then faced with multiple approaches for multiple products and solutions</td>
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<tr>
<td>Organisational bias to implementation over evaluation</td>
<td>Interventions are rarely evaluated, therefore, the case for what works or doesn’t work is rarely made</td>
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<tr>
<td>Legislative overlaps</td>
<td>The overlap between bullying, harassment, diversity, inclusion, flexibility and OHS legislation leads to blurred lines of organisational responsibility</td>
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A fragmented framework of wellbeing

It’s our view that the organisational wellness and wellbeing industry is fragmented – it lacks clarity of purpose from both an individual and organisational perspectives. The organisational wellness and wellbeing industry is fragmented and lacks clarity of purpose as well as consistent organisational ownership, write Medibank’s Karen Oldaker and Asciano’s Richard Coleman.

The World Health Organisation defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. It is our view that the OHS profession has yet to fully grasp the complexity inherent in this definition and has not yet convinced organisations to effectively intervene to build integrated wellbeing. The focus remains on physical and in some cases mental health. It is rare to find an integrated approach.

Twenty years ago the “H” in OHS, even in progressive organisations, was limited to health promotion activities – mostly posters and pamphlets about broad public health-related issues. At that time the vast majority of workplace health activity fell squarely in the realm of occupational hygiene, and in a few industries such as mining, mandatory occupational medicine interventions such as chest X-rays.

In the intervening years we’ve seen rapid growth in more programmatic workplace interventions either narrowly focused on single issues such as mental health or more broadly based general health initiatives with aspects of assessment, advice, intervention and follow-up. In parallel with a growth in the costs and societal burden of disease, there has been an increase in research on the relationship between wellbeing and the workplace. At the same time, however, we’ve seen even more rapid growth in what we refer to as “spot interventions”, for example, the weekly fruit basket, the roving office masseuse, wearable devices and the gym membership offer or discount.

Wellness industry marketing and “product” focus

Suppliers in the wellness space recognise organisational reluctance to make large-scale integrated investments in wellness and have responded rationally with narrow, cost-focused product sets; the practitioner is then faced with multiple approaches for multiple products and solutions.

Organisational bias to implementation over evaluation

Interventions are rarely evaluated, therefore, the case for what works or doesn’t work is rarely made.

Legislative overlaps

The overlap between bullying, harassment, diversity, inclusion, flexibility and OHS legislation leads to blurred lines of organisational responsibility.
perspective and lacks consistent organisational ownership (see table: Reasons for wellbeing fragmentation).

The challenge of ownership and responsibility for the execution of wellbeing strategy is evident from the published research, which shows that within Australia and New Zealand, responsibility for wellbeing is split across a range of functions but predominantly between OHS and HR.

In HR functions, wellbeing is often seen as an opportunity to increase employee engagement scores and reduce absenteeism. We believe that there is significant value in linking the OHS perspective with the HR perspective. OHS success more generally has come through a clear understanding of the interplay of the work systems, the working environment and the specific human capabilities and constraints that people bring to work. The challenge for OHS professionals today is for them to bring the same interconnected thinking to wellness and not simply lob a box of fruit on the lunchroom bench. Furthermore, those professionals need to lead organisational investment in wellness while not always having (or, more to the point, needing) control over all aspects of the strategy and programs of work. Partnering with the HR function to deliver multiple organisational benefits and to more effectively implement programs of work is critical. This potentially provides challenges to technically strong OHS professionals who lack organisational agility and the capacity to implement through others.

**Reframing the wellbeing model**

To be successful – defined by delivering measureable uplift in objective and subjective measures of wellbeing – wellness strategy needs to avoid the fragmentary pitfalls of the “health” programs of the past, along with a reframing of wellbeing from one that focuses on fixing broken people to one that builds on the strengths and individuality of everyone in the workplace and is supported by the physical workplace.

The fragmentation we see today risks people implementing programs and not establishing strategy. We need to stop thinking about a “wellness program” for an organisation but rather about the wellness strategy – alignment to corporate plan, the integration of programs, resources, budgets, our physical workplaces and the engagement of employees.

<table>
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<th>OHS professionals’ opportunities in wellbeing</th>
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<tr>
<td><strong>Opportunity</strong></td>
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<tr>
<td>Influence corporate sponsorships</td>
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<tr>
<td>Influence community partnerships/ foundations</td>
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<tr>
<td>Establish and influence volunteer leave</td>
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<tr>
<td>Enable locally led initiatives</td>
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<tr>
<td>Review policy support for wellness</td>
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<tr>
<td>Seek involvement in facilities design and layout</td>
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We believe that wellbeing strategy in the workplace context will increasingly evolve beyond a narrow focus on health as absence of disease to encompass:
- psychological wellbeing
- physical wellbeing
- social connectedness
- intellectual growth.

We have already begun to see examples of wellbeing strategy linking to corporate brand and connection to the community.

There are a number of quick wins for OHS professionals that may enable them to create more effective and sustainable wellbeing strategies (see table). These are unlikely to require significant extra resources; they build on activities that are often present in large-scale organisations. To integrate them and implement them well requires the partnering focus referred to earlier.

For us, the keys to overcoming the fragmentary nature of workplace wellness and strategically shifting the focus of organisations are:
- OHS professionals seeing the opportunities in partnering
- OHS professionals embracing an opportunity focus, not a risk focus to wellbeing
- OHS professionals recognising that wellness is more than physical health
- OHS professionals being willing to articulate the long-term benefit of wellness versus the short-term focus on safety.

Karen Oldaker is general manager – wellbeing and community for Medibank, and Richard Coleman is GM HSE for Asciano. Both Karen and Richard are members of OHS Professional’s board.
Your voice in WHS and workers’ compensation

The Australian Chamber strives to make Australia a better place to do business at all levels, writes Carolyn Davis

The Australian Chamber does this by understanding Australian industry, working with organisations and representing their views. This is a brief outline of how the Australian Chamber operates in workplace health and safety and workers’ compensation.

Australia’s largest and most representative business advocate, the Australian Chamber, develops and advocates policies that are in the best interests of Australian business, the economy and the community – towards a better future. We achieve this through the collaborative action of our national member network of over 300,000 businesses that:

• operate in all industry sectors
• include small, medium and large businesses
• are located throughout regional as well as metropolitan Australia.

“We collaborate, distill and collate industry views and endeavour, where possible, to provide a consistent and strong industry message”

Eighty-five per cent of these organisations are small and medium businesses, and together, they engage over four million employees or contractors.

The Australian Chamber’s core services are private sector advocacy and representation, and policy development on national and international matters that impact business – including work health and safety (WHS) and workers’ compensation (WC). The policies support good work practices for prevention, management and return to work.

Our objective is to ensure that the voice of Australian businesses, whether one of the top 100 Australian companies or a small sole trader, is heard in national and international forums. We work hard to represent the broad interests of the private sector rather than individual businesses or narrow sectional interests.

In WHS and WC, the Australian Chamber’s national member network collaborates with industry through a range of reference groups on particular topics, including WC. The 50 reference groups involve not just our members but a wider network of experts in the particular areas. These include WC, workplace bullying, explosives, asbestos, construction, chemicals, mining, mental health, fatigue, high risk work and more.

We collaborate, distill and collate industry views and endeavour, where possible, to provide a consistent and strong industry message. The Australian Chamber’s range of policy committees including the WHS&WC Committee, allows members to shape the organisation’s policy agenda. (More information on Australian Chamber and national policy activities can be found at acca.asn.au.) In short, this means we provide:

• representation and advocacy to governments, parliaments, tribunals and policymakers, both domestically and internationally
• business representation on a range of statutory and business boards and committees
• representation for business in national forums, including the Fair Work Commission, Safe Work Australia and many other bodies associated with economics, taxation, sustainability, small business, superannuation, employment, education and training, migration, trade, workplace relations and occupational health and safety
• research and policy development on issues concerning Australian business
• provision of forums for collective discussion amongst businesses on matters of law and policy.

Safe Work Australia

Safe Work Australia (SWA) is an Australian Government statutory agency. SWA’s primary responsibility is to improve work health and safety and workers’ compensation arrangements across Australia. SWA members are made up of governments, unions and industry, working together towards the goal of reducing death, injury and disease in the workplace. The Australian Chamber is a member of SWA. The Chamber’s role through SWA has involved:

• development of the national WHS Model Act and associated regulations and guidance
• development and communication of SWA supportive materials and strategies
• liaison with members to develop and promote national employer policies on WHS and WC
• provision of secretariat services including providing information to members and the Australian Chamber’s wider network of employers.

Other national forums and activities

The Australian Chamber is represented on other national forums. The Australian Chamber’s member network is represented on the National Industrial Chemicals Notification and Assessment Scheme (NICNAS), the Asbestos Safety and Eradication Council and Standards Australia.

The Australian Chamber also partakes in strategic partnerships or collaborations with other agencies or bodies, for example, the Mentally Healthy Workplace Alliance, beyondblue and the Safety Institute of Australia. Contact us and find out how we can work together.

Carolyn Davis is director, work health and safety and workers’ compensation policy, for the Australian Chamber
Safety Institute of Australia corporate memberships now available

Corporate members of the SIA receive a number of significant benefits. Corporate memberships are open to government and private sector corporations, organisations, companies and associations, and there is a range of membership levels available. In return for each corporate membership, we invest in you.

Diamond Category - Sharing our vision
Annual investment commitment: $10,000 (ex gst)
As a Diamond member of the SIA, your company is recognised as making a significant contribution to workplace health and safety in Australia by investing with us in our aims and objectives, and sharing our vision for the elimination of injury, illness and death in Australian workplaces.

Gold Category - Investing in health & safety
Annual investment commitment: $5000 (ex gst)
As a Gold member of the SIA, your company is recognised as working with us to invest in workplace health and safety in Australia. The funds you invest contribute to our operational activities across a range of critical areas.

Silver Category - Get connected
Annual investment commitment: $2500 (ex gst)
As a Silver member of the SIA, your company is connected to and engaging with individuals and organisations that are part of the workplace health and safety profession, delivering effective workplace health and safety to Australian workplaces. The funds you invest contribute to our operational activities across a range of critical areas.

Bronze Category - Be part of the network
Annual investment commitment: $1250 (ex gst)
As a Bronze member of the SIA, your company is investing in being part of a network of individuals and organisations that are part of a capable and credible profession delivering effective workplace health and safety to Australian workplaces. The funds you invest contribute to our operational activities which are designed to advance the health and safety profession, and contribute to making Australian workplaces safer and healthier places to be.

For more information
Contact the SIA National Office on (03) 8336 1995 or email membership@sia.org.au to discuss the many options available.
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