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Health & wellbeing:
There are a number of important reasons for improving the health and wellbeing of employees, as both research and case studies demonstrate.

Communication:
Mastering safety information content creation and delivery is key to driving behaviour change that achieves business results.

Drug & alcohol testing:
How organisations can successfully implement a program and the role of OHS professionals in the process.

Event preview:
With a range of international and local presenters, the SIA Brisbane Safety Conference 2015 will focus on WHS innovation in the workplace.
How health and wellbeing drives business outcomes

The links between health and wellness and better business outcomes are well established, and there are many reasons why OHS professionals should work collaboratively to improve health and wellbeing.

Harvard research found that for every dollar large employers spent on wellness programs, they saw company medical costs fall about US$3.27, and for every dollar spent on wellness programs, companies’ absenteeism-related costs fell about US$2.73. Many studies have concluded that better health and wellbeing equals better business outcomes. In our cover story for this issue, we explore how companies such as Seqwater and Orora have implemented successful health and wellbeing programs, with demonstrable results to show for it, and examine why organisations should consider mental health, ergonomics and work design in the bigger OHS picture. For the full story turn to page 14.

Also in this issue we look at how OHS professionals can go about improving safety communication. A Gallup study found that companies who score in the top percentile for employee engagement have 48 per cent less safety incidents, 22 per cent higher profitability and 37 per cent lower absenteeism than those firms that rank in the bottom percentile. Turn to page 22 for the full article. When it comes to communicating workplace safety, most companies go about it in a way that works against how people actually make decisions, but as Marie-Claire Ross explains on page 22, successful employee communication is all about engaging employees in order to drive behaviour change that achieves business results.

Our opinion piece on page 10 is written by Goran Prvulovic, who observes that little information exists to assist employers with appropriate recording of injuries. This creates an existence of practices and behaviours aimed at undermining severity of injuries resulting in a loss of opportunities for improvements in overall organisational safety performance. And in some cases, these practices can also create further damage to injured persons and, as a result, increase adverse legal exposure for the senior decision makers. As Prvulovic explains, even when recorded accurately, injury frequency rates have very limited value as a lag performance indicator.

Keep an eye out for the next issue of the Journal of Health & Safety, Research & Practice too. It contains an important report, The Value Proposition for the Occupational Safety and Health Professional – A Review of the Literature, which was prepared for the International Network of Safety and Health Practitioner Organisations (INSHPO) and authored by David Borys. While there is evidence OHS professionals do have an important role to play in reducing fatality and injury rates, evidence of the role it plays in reducing the rates of disease and ill-health needs to be stronger and addressed by further research.

The OHS Professional editorial board 2015

Craig Donaldson, editor, OHS Professional

“Even when recorded accurately, injury frequency rates have very limited value as a lag performance indicator”
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**Fresh eyes: getting the independent perspective in governance**

The new year is well and truly upon us, and this year will prove to be a significant year for not only the SIA but the safety profession and practice.

As chairman of the SIA, I remain committed to rebuilding the Institute and to fundamentally improving safety outcomes across the country through strengthening the voice, and harnessing the efforts of our members to eliminate occupational fatalities, disease and injuries is a key enabler to achieving such change.

During 2015 the board and the CEO will be focused on:
- **Capability**: delivering programs to ensure access to capable and credible health and safety advice
- **Growing membership and member services**: assisting members to gain access to products and services beneficial to their work, and growing our membership
- **Policy & research**: advancing occupational health and safety outcomes through policy and research
- **Engagement**: bringing people together to establish communication, collaborate and achieve our shared interests in occupational health and safety (internal and external).

The board is working with the CEO to establish specific initiatives for each of these key areas. Members and other key stakeholders will have the opportunity in the coming months to contribute and be involved in our future direction.

Members of the Safety Institute of Australia will be aware of recent constitutional changes and of my commitment to strengthening the governance arrangements which underpin our Institute. A key feature to enabling this is our ability to bring best practice and external perspectives into the organisation.

The appointment in September 2014 of our chief executive David Clarke from outside the workplace health and safety sector, brought fresh eyes and new skills to our operations with immediate results. Independent directors also provide a great opportunity for the Safety Institute of Australia to look at how we govern, getting the same fresh, external perspective. This is critically important for effective leadership, assisting us to stay relevant and strategically outward focused.

Throughout the last quarter of 2014, the board undertook an extensive search and selection process for two new independent directors. As a result, I am very pleased to announce the recent appointments of Ms Victoria Taylor and Mr Peter Henneken, both members of the Australian Institute of Company Directors, to the board of the SIA for initial 12-month terms.

Victoria Taylor is from the ACT and comes to the SIA with a wealth of knowledge and skills. Canberra based, she is accustomed to working with government at the highest levels. Her specialty is in communications, and she is the director of her own communications company, Flourish Communication. Victoria is an experienced association executive in the not-for-profit sector having run a member-based organisation, as well as having professional bodies as clients of her communications business. As a result, Victoria explained that she “understands the eternal quest to create and deliver member value, while operating within policy, governance and financial constraints”.

This reflects a very strong understanding of the competing values and challenges of the SIA.

Peter Henneken is based in Brisbane and has over 25 years’ executive experience as a public servant at state and federal levels, including director-general, Department of Employment, Economic Development and Innovation; director-general, Department of Employment and Industrial Relations; deputy director-general, Department of Employment, Training and Industrial Relations; and executive director, Labour Market Reform: Department of Training and Industrial Relations. Peter also has lengthy experience as chair and/or director on various statutory authorities, corporations and trusts and is a member of the Order of Australia.

Their fresh eyes and exceptional backgrounds bring additional knowledge and skills that are well articulated towards our strategic priorities and add further capability and credibility to an already strong board. We are thrilled to have them on board and welcome them to our community.

In the last edition, David and I reported together on how we are now moving from planning to action at the SIA. As David describes in the following article, making a difference isn’t always easy and can only be achieved by changes occurring across the wider health and safety community. Some of the challenges are complex and long standing, and would benefit from us considering them from new perspectives and with fresh eyes. Let’s try that. 

Stay Safe.

Patrick Murphy, chairman, board of directors, SIA
Can we really make a difference in health and safety?

The SIA chief executive reflects on the challenge of succeeding in doing things that are meaningful and influential, and whether change is possible

Everyone is so frustrated.
In the field of workplace health and safety everyone has a point of view, and the diversity of those views is extraordinary. So many things are not agreed. Even though many of these views are based on the strong evidence of direct personal experience, they are often opposing. Social media around safety issues is full of frustration – too many sharp minds expending their energy on a deep cynicism.

The focus isn’t on solutions, it’s on critique – of everything. It’s as if many aren’t willing to entertain the hope that change can occur, so railing against and sitting in judgment of the machine might as well be a worthy pastime.
The government has it wrong, regulators have it wrong, industry has it wrong, unions have it wrong, and even the SIA has it wrong. Have many people in this field moved past despair into a full state of resignation?

Of course, when it comes to workplace health and safety, as a wider community of players, we DO have it wrong. The status quo is unacceptable. Why should we be satisfied to live in one of the world’s most wealthy countries and stand by while so many Australians are hurt or killed in accidents and working in unhealthy environments, many of which are preventable?

We have the knowledge, but we’re not using it well enough. We have the capacity to co-operate more effectively, but we are not. The statistics tell us that we are plateauing rather than continuing to improve performance in workplaces.

For everybody working to improve health and safety – from HSRs, managers, advisers, through to senior safety executives – who are continually exposed to preventable incidents, the experience can be devastating. Many of us are tired and frustrated.

I’m concerned about our health and wellbeing.

Imagine all of the stakeholders in health and safety as one corporation – government, regulators, unions, employers and industry groups, the different safety bodies, and everyone in the country that plays some kind of role in workplace health and safety. Let’s call this corporation the Australian Workplace Health and Safety Community Ltd.

It’s a big company with a lot of divisions, both in terms of states and territories, and in the production of products. Some of the products are legislative and regulatory, some are highly market driven, and some are there simply because they are safe and healthy for people. This corporation can make a profound difference. It is potentially very powerful. It has the market cornered. Employees across all divisions are generally passionate about their work and wanting to make a difference. There is common interest across the divisions, even though the businesses are different.

All that is required is that everyone work together in that interest and work through the differences. Even though the market is a little flat at the moment, putting limits on investment and growth, careful investment can produce great results.

However, all is not well at the Australian Workplace Health and Safety Community Ltd. Productivity is down. Recent attempts by the legislative arm of the corporation to get some more consistent rules in place have only been partly successful.

There are morale issues in all divisions. Communication in the corporation is poor. Even within divisions, some of the staff are not talking to each other. We have bullying issues, and some of the supervisors won’t listen to the staff. Complaints are high, and across the corporation constructive solutions to endemic problems are lacking. There is a lot of management turnover, so corporate knowledge is being lost. The problems are ingrained in the culture of the corporation. Efficiency is down and the waste of energy is massive.

If the corporation is going to succeed, and Australian workplaces become safer and healthier, many things in the corporation will need to change. It seems too big a task. It’s all highly, incredibly complex. Is it impossible?

It isn’t impossible.

At the Safety Institute of Australia (one of the corporation’s divisions), our task, with whatever human technical and financial resources we can harness, is to work for our members as hard as we can towards eliminating workplace injury, illness and death. This is what really matters. It’s straightforward. We already know that our colleagues in the other divisions of this imaginary corporation – the other industry bodies, regulators, governments, employers and unions – would call this a worthy goal.

Their own functions and goals are not aligned with us. Surely all we have to do is listen to each other’s issues and concerns and work out how we can pool our resources to produce better results?

The goal is straightforward, but that doesn’t mean it’s easy. At the SIA, we are just a part of this community of interest. We have to realistically identify the things that we believe will make a difference and are potentially within our power to achieve, and then have a go.

This is why the SIA built the Body of Knowledge, created accreditation for higher education OHS qualifications and certification of OHS practitioners and professionals. It’s why we are extending our workshops and seminar series more widely for our members, and building a stronger professional development experience for the health and safety profession. It’s why we are building a national policy agenda, why we want to improve the quality of health and safety training in Australia, and why we will be talking much more closely with government, industry and unions to more actively contribute to their goal of making workplaces healthier and safer.

Yes, we can make a difference in health and safety. But if we’re going to help turn the fortunes of this imagined corporation – the Australian Workplace Health and Safety Community Ltd – we need to start with our own division of the company and do our part. We’re deadly serious about making a difference, and we’re already underway.

David Clarke, chief executive officer, SIA

David Clarke, chief executive officer, SIA

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March 2015 | OHS PROFESSIONAL
Introducing **OHS Professional**’s 2015 editorial board

**OHS Professional**’s editorial board will play an important role in guiding editorial direction and provide key insights into how OHS professionals can become more effective business partners.

As the official publication for the Safety Institute of Australia, **OHS Professional** provides OHS leaders, managers, practitioners and related professionals with unique, practical and helpful information that is immediately and directly relevant to their professional needs.

The SIA is continuously seeking to lift the standards of Australia’s OHS profession and the benefits it provides to members. As part of this journey, **OHS Professional**’s editorial board helps provide editorial direction for the magazine. Each issue of the magazine will feature key contributions from board members on the greatest successes and challenges facing Australia’s OHS profession as well as insights into how OHS professionals can best demonstrate individual and organisational value.

**David Bond** is group manager health & safety at Thiess. Over the past 13 years, David has been a corporate leader in health & safety for large international organisations and is currently leading safety for the construction, mining and services contractor, Thiess. During this time he has worked around the world with responsibilities for major contract maintenance projects and turnarounds in the oil and gas and mining sectors, as well as major construction and long-term services contracts across a broad range of industries. David has a Bachelor of Applied Science with a major in occupational health and environment.

**Gus Saunders** is manager environmental health and safety, Australia and Asia, for Olam International. He facilitates QEHS for cotton ginning, almond orchards and warehousing, grain/pulse processing and packaging. He is also the group leader for the Olam safety group which helps maintain responsibilities at the global level for health and safety compliance in Olam operations for various manufacturing and processing facilities, providing services to Olam’s corporate manufacturing and technical services team. Gus has had extensive experience in health and safety over the past 21 years, specialising in risk management and system design in Australia and the international arena.

**Greg Ford** is the executive general manager safety, environment and assurance with Queensland Rail and has more than 40 years’ experience in safety and quality roles – with 28 of those years spent in the rail industry. For 10 years Greg worked in various rail operational roles before becoming the rail safety regulator for QLD Transport for 10 years. In 2005 Greg moved back to Queensland Rail. In his current role, Greg is responsible for leading rail safety, workplace health and safety, environment, investigation/assurance, emergency management, the Centre of Safety Excellence and the zero harm philosophy.

**Introducing OHS Professional’s 2015 editorial board**

**Gus Saunders** is manager environmental health and safety, Australia and Asia, for Olam International. He facilitates QEHS for cotton ginning, almond orchards and warehousing, grain/pulse processing and packaging. He is also the group leader for the Olam safety group which helps maintain responsibilities at the global level for health and safety compliance in Olam operations for various manufacturing and processing facilities, providing services to Olam’s corporate manufacturing and technical services team. Gus has had extensive experience in health and safety over the past 21 years, specialising in risk management and system design in Australia and the international arena.
Michael Tooma is head of occupational health, safety and security – Asia Pacific, for Norton Rose Fulbright. He advises clients on health, safety and security compliance issues on a global basis and assists in the development and implementation of global safety management systems. Michael has reviewed or written these systems for companies in a variety of industries. He is the author of numerous texts on occupational health and safety law and practice, has written and lectured extensively on OHS law, and also serves as an Adjunct Professor of law at Edith Cowan University and a senior Visiting Fellow of the University of New South Wales School of Safety Science.

Karen Oldaker is general manager – health, safety & workplace relations for Medibank, and her portfolio includes WHS, workers compensation and rehabilitation, and recently workplace relations across Medibank group nationally and in NZ. She has more than 14 years’ experience in the field of OHS, and in her previous role Karen worked in telecommunications as a group manager for health and wellbeing, delivering health and wellbeing strategies and early intervention programs aimed at the reduction of psychological and musculoskeletal injuries. She has a Bachelor in Arts and a postgraduate degree in Occupational Risk Management.

Kirstin Ferguson is a professional company director on ASX listed, private company and government boards. Kirstin also has specific expertise in the area of safety governance and safety leadership for board members and senior executives. She has a PhD in the field and was awarded the QUT Colin Brain Corporate Governance Fellowship for her research. Kirstin is also a former independent member of the Queensland Workplace Health and Safety Board, and in her most recent executive role, she was CEO of the global safety organisation, Sentis, where she worked with mining, resources and utilities clients in locations around the world.

Paul Breslin is HS&E manager, construction + development, for Brookfield Multiplex Australasia. In this role he is responsible for influencing the management of OHS throughout operations in Victoria and South Australia. He has almost 20 years’ practical experience as a safety representative and OHSE manager in safety and environmental management at national and site-specific levels in the civil, commercial, domestic and industrial sectors of the construction industry. This experience is complemented by a strong technical and analytical focus with a Masters Degree in Applied Science (OHS) from the University of Ballarat, and research in the areas of Safety by Design and Safe Work Method Statements (SWMS).
Classifications of workplace injuries:

Recording and classification of workplace injuries in Australia has historically been unregulated and lacking in guidance for employers, writes Goran Prvulovic.

Part from severe injuries specifically mandated by the regulatory authorities and associated standards, little information exists to assist employers with appropriate recording of injuries, especially in the selection of lag performance indicators associated with injury frequency rates other than lost time. This creates an existence of practices and behaviours aimed at undermining severity of injuries, resulting in a loss of opportunities for improvements in overall organisational safety performance. In some cases, these practices can also create further damage to injured persons and, as a result, increase adverse legal exposure for the senior decision makers.

Even when recorded accurately, injury frequency rates have very limited value as a lag performance indicator. Although widely acknowledged as a better lag indicator, accumulated financial losses arising from workplace injuries are still sparsely used by many organisations.

**Recordable injuries and injury classification**

Despite all efforts and progress made in occupational health and safety, disabling workplace injuries continue to occur. On top of the 186 workplace fatalities in 2013 alone, many Australians sustained injuries that resulted in a complete absence from the workplace or restrictions in hours or duties. Just in 2011–2012, a total of 128,050 cases of injuries occurred in Australia that led to temporary or permanent incapacity to perform work for one week or more (Safe Work Australia, 2013). Those are only injuries which are deemed to be reportable or notifiable by each regulatory jurisdiction. Their timely reporting is mandatory and required by legislation. In addition, there are other groups of injuries which are often left unreported, undermined and relatively unrecognised by organisations and regulators. These are:

- **Medically Treated Injuries (MTIs)**, which require medical treatment beyond the first aid capability or authority of an industrial paramedic
- **Restricted Work Injuries (RWIs)**, which are injuries resulting in some restrictions of duty or work hours lasting less than one week.

Neither of these non-reportable categories is properly and uniformly recorded or used at the national level for setting any meaningful reporting standards, targets and requirements for employers. They are seldom used for driving any national injury prevention initiatives or strategies unless the injury actually results in a workers compensation claim. Large numbers of those injuries are associated with the potential for a more significant outcome, and an increased focus in this area would represent a more proactive, upstream approach in measuring safety performance. Instead, most Australian regulatory jurisdictions focus primarily on lost time injuries (LTIs), fatalities and data from known and reported injury compensation claims. On the other hand, most organisations do use MTIs and RWIs as part of their overall safety performance lag indicators. When reported and correctly classified, they form part of the Total Recordable Injury Frequency Rate (TRIFR), which is often used as a primary and, sadly in some cases, the only organisational lag indicator of safety performance.

To a large extent, employers in Australia are left to define their own methods of measuring their safety performance and associated lead and lag performance indicators. Lag indicators have traditionally been heavily based on personal injuries and their frequency rates. In terms of those, most organisations use a combination of LTIFR and TRIFR or, in some cases, All Injury Frequency Rates (AIFR). In most cases the primary measure is LTIFR, which draws most attention by senior decision makers and is usually a mandatory reporting element going to boards of company directors. TRIFR and AIFR are also sometimes used at the board level as a secondary performance lag indicator, although to a far lesser extent. In any case, the concept is to implement organisational systems able to record personal injuries, track their trends and use this data as part of the overall organisational proactive strategies in injury prevention. That is the theory; however, the practice is often different.

**Manipulative practices**

The methods used to distort the warning system are many. It is not uncommon in
why are we deluding ourselves?

Classifications of workplace injuries: why are we deluding ourselves?

Some organisations to have a practice where someone delivers a couple of procedures to an injured person’s home and considers this as an active duty, therefore eliminating a need to classify such injury as lost time. In many cases, an employee is brought back to work with little if any capacity to perform any duties, and this is done for no meaningful reason other than to prevent a recordable injury, especially where there is a long-standing LTI record at stake or a department bonus involved.

Obtaining an alternative medical opinion – known as “doctor shopping” – is another popular strategy. In some cases, return-to-work programs are developed and utilised contrary to medical certificates. This can prolong recovery of the injured person and delay rehabilitation to pre-existing duties. Some organisations have taken a completely different angle to recordable injuries and have simply opted to discard whole categories of recordable injuries such as RWIs. This practice ensures that only those restricted work cases that have resulted in administration of specific medical interventions get accepted as recordable, thus driving a range of personal injuries resulting in restricted duties out of the TRIFR calculation. Medically treated injuries are treated in a similar fashion.

Of particular concern are some practices involving actual delays of proper medical assessments and treatments. This is done in an apparent attempt to “manage” injuries in-house and reduce or avoid the risk of receiving first medical certificates with partial or full disability. Admittedly, in some cases there is simply no need for a person to be assessed by a general practitioner, as the injury is well within the scope of local paramedics. The real issue is with cases which do require proper medical examination and where this is denied or delayed due to internal written or unwritten expectations and protocols. In other words, pressures are applied to site-based treating health professionals, and in some cases, this is a clear management expectation and unwritten, but accepted, way of managing recordable injuries. The ethical norm of “erring on the side of caution”, which is so deeply entrenched in all health professionals through their training, is compromised, which causes extreme discomfort, dissatisfaction and stress through cognitive dissonance in the workplace.

There are cases where a general practitioner is consulted over the phone but the action taken is not always in line with the advice received. This is a quite unique situation in the medical arena where a nurse or a paramedic is actively encouraged by non-medical personnel to act contrary to the advice received by a medical person of higher training and qualifications. Much can be said about the ethical dilemmas, legal ramifications and potential of further harm to the injured person. It may be difficult to believe, however, sadly, this does occur.

Over-focus on TRIFR

It is interesting to note the practices in some organisations around the promotion of senior personnel based on a TRIFR as a key performance indicator. The impact these promotion practices have on an open and honest information flow to the top decision makers cannot be underestimated. People can be the greatest barrier to effective communications, especially when their key interests are at stake. Another important factor involved in the incorrect classification of recordable injuries is a state of silent acknowledgement, which is present in some organisations. This is a conscious acceptance of the failure to manage risks to the advertised acceptable levels combined with a strong need to stay competitive and
compare favourably to other organisations. This acceptance is often unspoken and even denied, yet easily observable through actions of individuals and organisational practices.

The limited importance, intention and purpose of TRIFR as one of the key lag performance indicators used in measuring overall organisational safety performance is generally well known. It is simply a measure of harm (above a defined point) to employees as a result of various organisational system failures.

It is a reactive measure, not predictive of the future performance, and has limited ability to provide specifics in terms of system failures and issues. It is really one of the last alarms for the organisation indicating occasions where all control has been lost, and there is a need for evaluation and change of the applied risk controls.

One of the most damaging effects of this behaviour is a simple chain reaction. As the severity of injuries is undermined, the need for a comprehensive root causes analysis investigation is often driven down; the underlying causes are not uncovered and addressed appropriately. The issues now lay dormant, waiting to combine with other workplace factors and surface again, often with unpredictable consequences far more severe than the original injury itself.

Where TRIFR becomes important is in consideration of the overall strategic business planning and resourcing for safety. In absence of better measures, it becomes a focal point of attention for senior decision makers and one of the key factors potentially influencing the allocation of funds towards health and safety strategies.

TRIFR and LTIFR have been with us for a long time. The practices discussed in this article do not suggest lack of understanding on what those statistical measures are meant to achieve, rather they represent a set of intentional, although impulsive actions aimed at avoidance of negative perceptions and creating an illusion of better performance.

**Is there a better way?**

A lot can be at stake for managers – not only a potential promotion but also an annual bonus, pay rise and company shares. In some cases, survival in the organisation is a primary goal. However, if we look at the problem from the standpoint of some senior managers, it is far easier and faster for someone to “tweak” a figure than to seriously engage and apply efforts in management of health and safety. If this kind of practice was to be done with some other organisational process, other indicators would be able to show the anomaly and it would not be tolerated. With recordable injuries, there is usually not much in place to provide secondary checks of data accuracy and there are rarely any redundancies in the system, although it’s worth noting that some organisations have specific auditing processes in this area.

Most organisations have dedicated budgets for some injury-related costs, however, they do not usually have detailed systems for tracking business losses specifically associated with the occurrence of recordable injuries. It is unfortunate that the monetary costs of injuries is treated this way, as it is a much better reactive safety performance indicator than any recordable injury frequency or duration rates currently used in the industries. Injury management and rehabilitation costs, including various secondary losses such as time lost managing the injury, time off work for injured employee, retraining, replacement of injured personnel and other similar factors, are far more capable of defining true impacts of workplace injuries on the organisational performance and profitability. Any costs associated with injuries are losses straight off the bottom line, yet there is still a lot of reluctance to use it as a lag indicator. Maybe this is the case of decision makers simply being afraid of what they may find out, or perhaps it is just a case of ignorance on behalf of some advisers.

Workers compensation insurance is mandatory in all Australian jurisdictions, and it is seen by most businesses as an unavoidable operating cost. Although conceptually everyone will agree that this cost can and should be driven down, in practice this cost tends to be accepted and many opportunities to reduce it are left unexplored. Unless there is a drastic increase in these costs and premiums, these costs are simply normalised. There are many reasons for this, including previously mentioned human tendency to focus on tangible and certain and ignore intangible and uncertain. This is why many decision makers find it difficult to commit resources in the upstream injury prevention
strategies, even when all evidence points towards much more costly consequences if resources are not directed at the problem proactively. As per the old saying – there is never enough money or time available to do it right but enough time and money to do it again.

There are simple and more effective strategies which can be implemented to better measure business losses arising from injuries. They are systems aimed at measuring hidden costs associated with workplace injuries. Most financial mechanisms needed for effective implementation are often present and operating as part of the organisational systems. The new, additional measure could simply be called the Injury Cost Index (ICI) and could include inputs such as:

- individual breakdown of the injury costs (injury management and rehabilitation, insurance premiums)
- labour replacement costs
- injury management and investigation costs
- administration costs
- training and overtime
- loss of productivity (interrupted schedules), and many others.

Quantifying, collating and reporting these inputs may not be an easy task and it may require careful selection of automated systems, training and procedures; however, any expenses incurred will most likely be far superseded by potential benefits.

**Conclusion**

The reality is that good safety performance and reliability is very difficult to achieve and sustain. It requires constant attention to something which is largely intangible. Proper resourcing, mature systems, well-developed operational discipline and, above all else, an organisational commitment and appetite to succeed are paramount. Successful management of health and safety requires substantial organisational effort as a whole. Understanding how safety works is paramount, as is respect for monitoring and preventative systems and correct risk management advice, which is not always available. Above all, just like in any other operational setting and environment, if the operational discipline and organisational culture is not in place to prevent silencing of critical warning systems, no strategy will ever truly work. This will continue to create a culture of mistrust, injury-related business losses which are relatively easily preventable, and will enable existence and tolerance of systemic conditions capable of creating significant personal and organisational damage.

We have the ability to change inappropriate injury classifications by examining our own behaviours and changing the key underpinning factors involved in creation of such practices. The change is within our power and sphere of influence, we just need to change our thinking and reach within ourselves. The answers are there.

Goran Prvulovic is regional HSE manager – west at Transfield Worley Power Services. The views expressed in this paper are the author’s alone and do not reflect any formal opinion of the author’s current or former employers or any other party.
There are a number of important reasons for improving the health and wellbeing of employees. **Craig Donaldson** looks at how two organisations have approached this successfully and speaks with industry experts about different facets of health and wellbeing.

Links between health and wellness and better business outcomes are well established, and a number of research reports have evidenced these links over the years. A 2010 paper by Harvard researchers, for example, reported that for every dollar large employers spent on wellness programs, they saw company medical costs fall about US$3.27. The paper, which was based on a meta-analysis of 36 studies into the business benefits of corporate wellness programs, also found that for every dollar spent on wellness programs, the companies’ absenteeism-related costs fell about US$2.73.

There are many other research reports into the benefits of health and wellbeing programs (see box), and a number of companies have personally seen the bottom line benefits of health and wellbeing programs for themselves.

**Seqwater’s holistic health approach**
Seqwater is one of Australia’s largest water businesses and is responsible for the bulk drinking water supply for 3.6 million people across South East Queensland. With operations extending from the New South Wales border to the base of the Toowoomba ranges and north to Gympie, it also supplies water for irrigation to about 1200 rural customers, provides essential flood mitigation services and manages catchment health as well as popular lake recreational areas visited by more than 2 million people each year.

“**Be Healthy, Be Wealthy**” is Seqwater’s workplace health and wellbeing program that delivers targeted health initiatives based on identified health risks and wellbeing issues present in the staff population and the SNAPOM (smoking, nutrition, alcohol, physical activity, obesity/overweight and mental health) risk factors for chronic disease. The program, which was awarded the best workplace health and wellbeing initiative at the Queensland Safe Work Awards 2014, operates with full board, CEO and management endorsement to continue to support employees in improving their physical, mental and emotional wellbeing, while reducing their health risk profile, in particular for cardiovascular and other chronic disease.

“**Be Healthy, Be Wealthy**” origins
Seqwater’s injury management and health program coordinator, Tracy Co, recalls that the journey of “Be Healthy, Be Wealthy” began with a conversation between management and a registered nurse who was employed at Seqwater. The nurse was relaying stories from her decades of clinical experience where she encountered
people with chronic and largely preventable health conditions that for many people had debilitating effects on daily function and quality of life. “Management posed the question: ‘As an organisation with the potential to reach 600 plus people, what can we do to improve the wellness of employees and reduce the risk of chronic health problems in our workforce and therefore impact on organisational capability and productivity?’,” recalls Co.

From there stemmed the business case for a formal workplace wellness program, which included statistics on the prevalence of chronic disease and mental health issues. The business case also explored the demographics of Seqwater’s workforce and included feedback from employee and leader focus groups as well as broad organisational benefits associated with improving employee wellbeing such as greater productivity, retention, decreased absenteeism and presenteeism and employee engagement. “Current research tells us that organisations that promote health and wellness can be 2.5 times more profitable than those that don’t and that poor employee health and absenteeism is costing Australian businesses $7 billion annually, so the business case is definitely there for everyone,” says Co.

Continuous improvement

“Be Healthy, Be Wealthy” is embedded into Seqwater’s work health and safety management system framework and has an allocated budget each year. The framework has a health and wellbeing element comprising processes and procedures to formally promote and manage workplace wellness, making health and wellbeing an inherent part of the way health and safety are managed at Seqwater.

Another key element is making sure that health initiatives are evidence based and relevant to the Seqwater workforce. Co says annual health and wellbeing assessments provide information about “health risk hot spots” in the organisation so that health initiatives can address actual health risks, and in particular, modifiable or lifestyle risk factors. “Generally, almost a third of our workforce participates in the health assessments each year with equal participation across operational and corporate teams, giving us a fairly good snapshot of employee health. Ensuring health initiatives are targeted, evidence based and utilise staff feedback helps to maximise effectiveness, engagement and return on investment in wellness programs,” says Co.

Leadership support

Leadership commitment to wellness has been key in the success of “Be Healthy, Be Wealthy”, according to Co, who says managers of all levels assist with sharing the wellness vision through communicating the importance of health and encouraging participation as well as serving as wellness role models. “This visible leadership commitment and participation is important,” says Co. “For example, our CEO, most general managers and leaders of all levels participate in our annual 10,000 Steps Challenge, and this year members of our executive leadership team are entering as first-timers in an upcoming triathlon. Another important facet of an integrated health and safety and wellbeing program is to ensure that you have the same board and CEO commitment to budget allocation for the wellbeing program and that this is not a nice-to-have component of the overall WHS budget plan that can be removed in tough economic climates.”

With more than 40 work sites and various shift rosters, working closely with team leaders when running on-site programs helps to increase the availability of initiatives to staff and maximise access. In many cases, health seminars become included during team meetings, which leaders encourage in order to improve audience reach. Collaborating with other organisational functions is also important, such as working closely with the internal communications team to develop effective communication strategies and mediums to keep wellness information fresh and engaging, says Co.

Employee consultation is also key, which is achieved through an annual “Be Healthy, Be Wealthy” feedback survey, engagement across the business to discuss wellness initiatives, a dedicated health email box to receive suggestions, and by having wellbeing as a standard agenda item on all WHS improvement committee meetings.

Lessons learned

With a highly mobile workforce of 650 staff located across more than 40 sites in South East Queensland, having a geographically widespread workforce is always a challenge logistically. As such, informal leaders, or “wellness champions”, as well as team leaders, play an important role in promoting wellness and engaging with staff to get health initiatives off the ground on-site.

“Initially, limited consultation and communication with on-site leaders led to inefficiencies and staff being unavailable due to poor timing,” says Co.

“Stakeholder management is important in keeping informal and formal leaders on the bandwagon of health and wellbeing and keeping them abreast with latest wellness information and programs. Looking back, something we could’ve done differently was to establish a formal wellness committee. However, discussing employee health in WHS improvement committees is working well and culturally integrates wellbeing and health in work health and safety.”

The role of OHS

“One of our catchcarts at Seqwater is ‘putting the H in WHS’,” says Co. “Systemically and culturally, we have embedded health and wellbeing in our safety management system. The health
and wellbeing function resides with the WHS team, which is responsible for driving a positive health and safety culture and communicating the link between wellbeing and safety.” The WHS manager in particular has an important role in fostering the wellness vision with the executive and board for both leadership commitment and a dedicated budget that is resilient against organisation change. Wellbeing is embedded in the organisation’s WHS management plan, and business performance and outcomes resulting from health and safety initiatives are measured and reported on regularly. “The success indicators of our wellbeing programs are reported to our board, CEO and executive monthly, and its members are also actively encouraged to participate in the program. To date, the feedback from our senior executives has been highly positive. They have heard first-hand the positive effects of these programs through their own group and team communications channels,” says Co.

**Results and business benefits**
Through Seqwater’s annual health and wellbeing assessment data, it can compare de-identified individual results from year to year, which provides an accurate representation of actual health risk change and therefore tangible results from wellness initiatives, says Co. For the group of staff who each participated in both the 2013 and 2014 assessments, results indicated 44 per cent of individuals improved the number of nutrition guidelines they were meeting, short-term alcohol consumption improved for 18 per cent who are no longer ‘binge drinking’, and 11 per cent of staff have moved down a body composition classification, four of which have moved from high risk back down to elevated risk (i.e. out of the obese category), with one losing an impressive 38 kilograms.

Seqwater also conducts a yearly return on investment analysis based on these results by applying the research conducted by Burton et al. (2005)*, which found that, on average, for every health risk an individual has, productivity decreases by 2.4 per cent. “By applying this conversely, it is calculated that the return on investment in 2014 was $96,000,” says Co.

“Another example is the case of a staff member who had a melanoma detected at a workplace skin check. Through early detection and treatment, the staff member has recovered. Stories like these are shared throughout the organisation to increase staff participation in our program. This melanoma story resulted in 40 more people taking up the workplace skin check the following year. At the end of the day, “Be Healthy, Be Wealthy” is about improving the physical, mental and emotional health of our employees to enable them to be fit for work and to promote a resilient, healthier and happier workforce.”

**Committed to health and wellbeing at Orora**
Orora was created from a 2013 demerger by Amcor, and its products and services include corrugated boxes, folding cartons, recycled paper linerboard, glass bottles and jars, aluminium beverage cans, bulk bags, packaging design & testing services and recycling services. Orora’s revenue for FY 2013/2014 was $3.2 billion, and with 75 distribution centres and 36 manufacturing plants, it employs 5500 people across seven countries.

An innovative and collaborative safety program at one of its sites has led to a number of demonstrable benefits to the business, and there are plans within Orora to take the initiative to a wider audience in the business. It began when Neil Drapper, a site manager in the business, sent three Orora team members from its Heidelberg factory on a company leadership course. The team members – a designer and two people from the shop floor – were chosen for their potential to influence at the “grass roots” of the business.

“One of our Orora corporate values is ‘teamwork’. Keeping each other safe is a key part of what that value means,” says Drapper. “Safety is also one of the four ways in which we at Orora commit to health and wellbeing at Orora.”

[How poor health impacts productivity]

On average, six days of productivity are lost each year as a result of poor health, according to Medibank Private research, while workplace stress is responsible for a loss of 2.14 working days per employee annually as a result of presenteeism, which equates to a cost of $533 per employee annually. The research found the biggest contributors to the overall productivity loss caused by presenteeism are depression (21 per cent), allergies (17 per cent), hypertension (13 per cent) and diabetes (12 per cent).
deliver outperformance. The three Heidelberg team members returned from the course invigorated and passionate about what they could do to improve safety. They challenged everyone at our site to commit to ‘not walk past an unsafe act or condition’. The response was amazing. Our entire staff, 100 per cent, jumped in heart and soul. Everyone took the pledge. Signatures were collected voluntarily. Everyone committed. The signatures were recorded on a high-visibility shirt that was later framed and displayed at the site.”

This became known as “I Commit…”, and Drapper says it invigorated the safety conversation at Orora’s Heidelberg operations, so much so that another group of team members saw it as an opportunity to take the “I Commit…” pledge and use it to address what they believed to be the three greatest barriers to improved safety at the site: sprain and strain injuries, inadequate team-member acceptance of responsibility for safety, and an ageing workforce that was constantly challenged to improve productivity.

At the time, the strain and spray rate was 72 per cent of all injuries – significantly higher than for Orora’s packaging and distribution business group and significantly higher than that of its Australasian operations as a whole.

**Key program elements**

Key elements of the program have been its grass roots origins and its “voluntary” basis, says Drapper, who notes that importantly, the idea for “I Commit…’ came from team members on the shop floor making a voluntary commitment to their own and their team members’ health and safety – rather than a management directive.

“I Commit…” was launched in a very visible way with former AFL star and TV personality Matthew “Richo” Richardson, and Drapper says this created a lot of interest and excitement. The launch was supported with strong collateral including posters, signage and the simple yet effective and instantly recognisable campaign name: “I Commit…” “I printed this on the back of our uniforms as a constant reminder of the voluntary pledge we had all made,” says Drapper.

Another key element of the program is DorsaV, a sports science approach to map musculoskeletal dynamics, which is used when assessing and redesigning at-risk tasks to reduce risk. “We also established an on-site health, wellbeing and injury prevention centre and program which includes a gym. We gave team members access to a personalised program and monitoring. Specific exercises to assist with injury prevention helped team members improve muscular condition and flexibility to address the increased risk of injury associated with ageing,” says Drapper, who adds that 50 per cent of Heidelberg-based team members consistently participate in this injury prevention program.

Holistic health and lifestyle factors were addressed through “care programs” such as gifts of sunscreen and car tyre checks at Christmas holiday time, and gifts of vegetable and herb seedlings linked with nutrition advice. “In addition, we have now held two voluntary health fairs on Saturday mornings at which team members can access medical and other experts to assess their health. Despite these fairs being conducted in team members’ own time, they have been incredibly well received and supported, with 50 per cent of staff attending the first and 80 per cent attending the second. We are now planning our third annual health fair,” says Drapper.

**Keys to practical implementation**

Programs like “I Commit…” need passionate support and advocacy if they are to enjoy longevity and success, says Drapper.

“Engagement, and in particular a grass-roots approach, backed by the support of senior management have also helped drive its continued success. Senior management was incredibly supportive. They couldn't help us enough and kept saying ‘run with it’. Management was very open to all our ideas, never shutting the door and proactively recognising the program across the business,” he says.

Another key to practical implementation was a scientific approach to risk reduction, and Drapper says taking a scientific approach to at-risk task assessment and redesign helped source funding to address embedded issues.

Training and knowledge sharing continue to be keys to practical implementation, according to Drapper. Given the prevailing demographic of Orora’s workforce, largely comprised of 40- to 55-year-old males, mental health was identified as an issue for the business. “We recently ran an on-site course with our leaders, training them to identify someone who might be having mental health challenges. We are supporting that training with the reintroduction of meditation into the ‘I Commit…’ program. Being a collaborative and innovative organisation, aspects of the program have been shared with and implemented at other Orora sites,” he says.

Different care programs have also been rolled out at various times, linking them to issues that were relevant at the time, and Drapper says this helps keep the program fresh and interesting and maintains momentum.

**Challenges and lessons learned**

Looking back, adequate time and resourcing to devote to the program in the longer term can be a challenge, according to Drapper. “Those of us who launched it remain passionate, but finding others prepared to invest the time and energy can be tough,” he says.
“For this reason, the sustainability of the program is a priority. We address this by keeping the program fresh and coming up with new ideas to keep people motivated. Mental health and fatigue are two areas on which we are currently working. We are now going ‘back to the future’ – revisiting and adjusting some of the successful initiatives of the past. With winter coming, car tyres and windscreen wipers will again be checked. We are bringing back meditation to help with mental health issues. In our office we continue to get up and do stretches each day at 10am.”

Drapper says it is also important to celebrate “wins”, and recalls one person was taken straight to hospital from the last health fair. She now credits Orora with saving her life. “We have a poster in our foyer area quoting her and celebrating the success of this intervention,” he says.

The role of OHS
“I Commit…” is a grass-roots initiated program, and Drapper says OHS was supportive from the outset, “if a little sceptical about our ability to get some of the initiatives to happen”, he says. “This just spurred us on and made us more determined to succeed. To do so we need to own the project – be courageous, defy the sceptics, take responsibility and deliver. Given the program’s success, and in the spirit of ‘One Orora’, without silos, OHS has now integrated it at other Orora packaging and distribution sites,” according to Drapper, who says the program is now “part of the fibre of our OHS program”.

The program was recognised and rewarded with a company-wide CEO award, giving it broader exposure and profile across the business, and he says this was also a key driver behind Orora’s inclusion in the 2014 BRW list of most innovative companies.

Outcomes of “I Commit…”
The tangible results of the program have been a leaner, healthier and more knowledgeable workforce in terms of nutrition and improved safety metrics, says Drapper. In 2014, 46 per cent of surveyed team members strongly agreed that they actively participate in the health and wellbeing activities in place, compared to just 25 per cent the year before. Importantly, he says, employees also have a stronger understanding of materials handling based on fact figures and a scientific approach.

In the first year of the program, the strains and sprains as a percentage of injuries measure decreased from 72 per cent in 2012 to 38 per cent in 2013 – “a rate well below the average for our business group, which was tracking slightly...
above 50 per cent at the time,” says Drapper. “Since then we have maintained this level in 2014, and we have reduced our overall level of injury by 15 per cent from 2013 to 2014.”

Safety surveys also demonstrate a highly engaged workforce, with 93 per cent of surveyed team members agreeing or strongly agreeing that Orora cares about health and wellbeing, up from 86 per cent the preceding year. In addition, 81 per cent of surveyed team members report making changes to their health since the program began.

“We have shared the learnings from the program with other sites, and safety metrics have also improved at other sites where aspects of the ‘I Commit…’ program have been adopted,” says Drapper. Orora’s Botany and Regency Park sites have seen increased participation in the “I Commit…” program, and there has been a 22 per cent decrease in the Recordable Case Frequency Rate (RCFR) at Botany and a 65 per cent decrease at Regency Park where the program has been in place for a longer period of time.

At Regency Park, 87 per cent of surveyed team members have made changes to their health and wellbeing since the program began, and 82 per cent actively participate in the health and safety activities in place at that site, he adds.

“In short – our safety metrics have improved across the business and people are now taking greater responsibility for their own safety, general health and wellbeing. Many of our people have improved their health and wellbeing. That of itself is something to celebrate,” says Drapper.

### The ROI of a mentally healthy workplace

A report by the World Economic Forum in co-operation with PricewaterhouseCoopers found that the ROI for every dollar invested in creating a mentally healthy workplace is 2.3 to 1, while organisations that do so are eight times more likely to have staff engaged in the business, 2.5 times more likely to be a ‘best performer’ company, four times less likely to lose staff, three times more likely to be more productive and 3.5 times more likely to encourage creativity and innovation.

### The rise of mental health

There is a unique range of complexities and challenges associated with improving mental health in the workplace, according to David Burroughs, managing director and principal psychologist for CommuniCorp

Associated with the challenges of improving mental health is the increasing recognition of the importance of a psychologically safe and healthy workplace: “That is, workplaces that promote individual, team and organisational psychological wellbeing and prevent reasonably foreseeable harm to employee mental health,” says Burroughs.

“This type of approach is somewhat of an evolution from traditional approaches that focus on physical wellbeing and on mental health awareness/clinical disorders, in that it focuses on psychological health from a practical, systemic and workplace-specific perspective,” says Burroughs, who notes that almost every organisation is asking its people to do more with less resources, is undergoing some degree of rapid workplace change, and has staff grappling with the blurred lines between work and home life.

“Many corporates are now driving their workplace psychological health initiatives out of their OHS areas, and they are focusing on psychosocial risk, moving away from community-based and diagnosis-based/medicalised approaches to ones customised for the idiosyncrasies of their own workplaces, business units and job types.” There is a growing appetite for outcomes to be more than just awareness or participation, but to have a discernible impact on human resource metrics and business indicators, and consider the sustainability of impact, according to Burroughs.

### Mental health challenges

While the whole workplace mental health area can seem incredibly complex for many organisations, he says some of the biggest challenges they face in this area is getting the right strategy in place. “We are still seeing an overreliance on EAPs or tertiary-type
approaches that kick in after an issue has arisen, rather than a genuine focus on early intervention and prevention of psychological issues and approaches that address the psychosocial factors that contribute to psychological ill-health,” says Burroughs.

“For many organisations, there is still a misguided sense that having an EAP in place, doing R U OK? Day, or participating in Mental Health Week is all that’s required. While R U OK? Day/ Mental Health Week are great ideas and can be an incredible opportunity for launching more strategic initiatives, by themselves they are generally not sufficient to make a sustainable impact on workplace psychological health.”

Many organisations grapple with the issues of how to move beyond awareness-raising to build real workplace mental health capabilities and how to build and implement practical solutions to complex workplace mental health issues, when much of the information available is of an academic or community mental health nature, he says. “Of course, getting executive buy-in for adopting a more strategic, evidence-based initiative still remains a challenge,” says Burroughs.

**The role of OHS**

It is critical that organisations understand the “business case” for developing mental health, as it applies to their own organisation, according to Burroughs. “There is no ‘one size fits all’ when it comes to workplace mental health – some organisations want to contain workers compensation costs, others want to ensure WHS compliance, others want to improve customer outcomes, drive productivity, reduce absenteeism and presenteeism, while others want to be an employer of choice,” he says.

“Defining what you want to achieve is important, as it helps guide the approach taken and helps define the metrics/measures you would use to help evaluate the success of the initiatives being put in place.”

Understanding the psychosocial priority areas of an organisation is also a key part of the process. This can be done by having a closer look at existing HR metrics – such as absenteeism, psychological injury rates and types, grievance rates and so on – and identifying “hot spots”, running targeted focus groups; alternatively, deploying one of the many psychosocial risk assessment tools now on the market, some of which are free to use. “In reality, though, all you need to do is ask most internal HR/WHS team members which business units are under most pressure, or look at the roles with the most uncertainty and change or scrutiny and you will often have a good indication of where your priority areas are,” says Burroughs.

It is also important that organisations have a good look at what they have done already, what resources they have in place, what psychological health-related policies and procedures they have already and how effective they are. “No one wants to reinvent the wheel. Most organisations have some psychological health-related infrastructure in place, and especially in times of limited budgets, it’s important to build on what is already in place,” he says.

**Mental health benefits**

If an organisation implements practical initiatives to develop the psychological health and safety of their workplace, there are a number of benefits that can be realised, says Burroughs. “This can include improved productivity, reduced absenteeism and presenteeism, reduced number of psychological injuries, greater engagement from employees, reduced bullying/harassment grievances, and improved teamwork and interpersonal relationships. Of course, it also relies on organisations capturing these metrics before and after initiatives, and on an ongoing basis.

“From research done to date, there are estimates of an ROI figure of upwards of 15, with greater benefits documented for small business. However, similar results would most likely be seen at team or business unit levels for larger organisations, should initiatives target the psychological health needs of the organisation at these discrete levels. With increased capability of people leaders and WHS/HR leaders, it is also more likely that opportunities for intervention and proactive management of psychological health issues are undertaken, and the outcome is likely to be far better than if no action had been taken. Through identifying and acting upon psychosocial risks impacting on their workplace, organisations will also be far better equipped to prevent psychological injury or illness, thereby supporting and building the psychological health and safety of the workplace.”

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**Workplace safety and design**

There are a number of trends when it comes to effective workplace safety and design, particularly in ergonomics, according to Paul Brabender, health & safety trainer at SAI Global.

“T he most significant issue at the moment for ergonomists is emerging technology and therefore what constitutes a workplace. Workers, through the evolution of technology, no longer work in a traditional environment, rather their workplace can now be a café, a client’s office or their home,” says Brabender.

An emerging issue for ergonomists is the effect of psychosocial aspects in the workplace, and Brabender says this concern may be driven by the efforts of the regulators and their recent focus on bullying and harassment in the workplace. “This also relates to the organisational aspects of the workplace – that is, how the demands of the job, the level of control for individual workers in their job, and the support afforded to workers by management affect the mental health of workers,” he says.

**Common challenges and issues**

The advent of non-traditional workplaces through new technology can potentially cause a sense of isolation and disconnection and/or further exacerbate musculoskeletal disorders. Stress, and stress-related workers compensation claims, can be exacerbated by matters over which management has control, such as:

- poor role clarity
- low or non-existent recognition and reward
- poor support from supervisors, inadequate information about work priorities or inadequate equipment, training or instruction
- unfair discrimination, harassment or bullying.

Another related aspect is the matter...
of workplace culture, especially with respect to the perception of poor organisational justice, he says. “Workers can see management as unconcerned with addressing those matters that affect them in a way that is transparent, fair and expedient. These risks should not be considered in isolation as they are interrelated and the effects of each can be cumulative, leading to mental health issues that could be avoided,” says Brabender.

How OHS can help
There is no single, simple solution to this matter, but there is evidence that a combination of the following can have real benefits, according to Brabender:

- changing the way people work with respect to movement, redesigning tasks to include regular breaks, encourage standing where possible
- improving the level of worker interaction and collaboration wherever possible
- getting away from fixed postures and boring routine
- in order to effectively address movement aspects of a job, an analysis and implementation of insinuating movement into all jobs
- not just the gym, but encouraging incidental movement
- moving more – walking up stairs, not using the lift, placing printers across the room so people must get up and walk to their print outs
- supplying workers with Fitbit watches to monitor their activity levels
- risk break app to monitor movement.

Movement is important, and not just from a musculoskeletal perspective. It has been shown to have benefits with respect to cardio-metabolic health, and reducing risks of cardiovascular disease, diabetes and back injury. Brabender adds. “It is also important to gain adequate knowledge and training on the ergonomics of human-system interaction. Effective workplace design that considers psychological welfare and risk management principles can be effective and proactive tools that can prevent incidents related to musculoskeletal health,” he says.

Best practice design principles are detailed in ISO 26800:2011 Ergonomics - General Approach, Principles and Concepts. SAI Global has helped numerous health and safety professionals gain knowledge on the principles and processes of matching people and tasks through attendance at their course, Effective Workplace Safety and Design, according to Brabender, who adds that this course is now available online. Health and safety professionals are able to study in their own time and gain nationally recognised qualifications that lead to the BSB51607 Diploma of Quality Auditing and the BSB60612 Advanced Diploma of Work Health & Safety.

“The immediate benefit is in real dollar terms. According to research, depression costs Australian employers approximately $8 billion per annum, and $693 million of this is due to job strain and bullying,” he says. “There are other, less easily measurable (in dollar terms) benefits that relate to improved productivity, lower rates of staff turnover and reduced absenteeism. Most importantly, worker mental health risks will be reduced, and that should be the real target of any health initiative.”


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Mastering safety information content creation and delivery is key to Driving behaviour change that achieves business results, writes Marie-Claire Ross

How to improve safety

When it comes to communicating workplace safety, most companies go about it in a way that works against how people actually make decisions. Given that humans use past patterns of behaviour to know what to do, organisations need to make a concentrated effort to transform old habits into new ones. That’s why one email being sent by a senior manager mandating people change, or a communication campaign that coincides nicely with the employee brand complete with a vacuous slogan, always fails.

Creating effective safety communication is all about motivating employees and management to take action on organisational processes and goals. It’s all about driving behaviour change. Yet, somehow, this frequently gets lost in safety communication, which can often end up being all hype and no substance.
It’s been estimated that 95 per cent of the time, humans are operating from their subconscious mind, which means they are just replaying old programs of how to behave. Only 5 per cent of the time people are actually using their conscious mind, meaning that they are intentionally working towards creating their dreams and desires. The rest of the time we are just on autopilot and not making any new decisions. As Henry Ford once said, “Thinking is the hardest work there is, which is probably the reason so few engage in it”.

Considering that 95 per cent of the time employees aren’t consciously thinking, organisations need to improve how they get their attention in order to transform old behaviours into new, to propel their organisation forward.

According to a Watson Wyatt Communication ROI study, organisations that communicate effectively are 4.5 times more likely to report high employee engagement compared to other firms. Not surprisingly, they are also three times more likely to be focused on behaviour change, rather than program cost.

Successful employee communication is all about engaging employees in order to drive behaviour change that achieves business results. A Gallup study found that companies who score in the top percentile for employee engagement have 48 per cent less safety incidents, 22 per cent higher profitability and 37 per cent lower absenteeism than those firms that rank in the bottom percentile.

A multitude of research studies have found that when employees are meaningfully engaged in their work it drives business outcomes in better cost control, reduced employee turnover, greater employee loyalty, better customer service, higher product quality and safety. Engaging employees is a keystone habit. You focus on engagement and, voilà – the organisation reaps benefits in myriad areas.

During the late 1980s, former Alcoa CEO Paul O’Neill transformed the floundering organisation from a declining $5 billion market capitalisation to $27 billion in his last year in 2001. Laser-like focus on improving safety flowed on to increase productivity, product quality, cost control and even sales.

Alcoa was totally transformed by just improving poor safety habits. Nothing else. One of the first steps was getting attention on safety matters in order to break up old patterns and create new ones.

But employee engagement doesn’t occur in a vacuum. While executive leaders set the tone of communication, all managers throughout an organisation must have the right skills to influence and engage on safety, as well as other important workplace issues. This means safety staff and managers need to master two aspects of communication – content creation and delivery.

8 steps to credible safety communication
When working to influence others, it’s important to communicate to the left brain, right brain and the whole brain.

Our left brain is rational and analytical, it loves logic. While our right brain is instinctive, empathetic and understands context (the left brain handles what is said, while the right focuses on how it’s said), non-verbal and emotional cues. It sees the big picture. Effective communication needs to encourage both sides of the brain to work together.

In the book, Transform Your Safety Communication, there is a simple formula you can use to create communication that is whole-brained. It’s about getting people to listen to the message, rather than switch off. It is called SELLSAFE.

The eight elements work together to create influential communication. They include:

1. Simple message: The more information you give people, the more they become paralysed by it. Prioritising information by providing a clear message, rescues people from having to work out what to do next.

2. Emotion: Our brains have evolved to learn from emotional events so that we don’t put ourselves in danger. Feelings inspire people to act. Often, safety professionals shy away from being emotional with their communication. This is a mistake.

3. Look and feel: Make sure that when promoting your safety message in a variety of mediums, you use the same colours, font style, language, message
and design. This is because it creates a mental model for readers and enhances their understanding of the topic. It must look professional and include visuals.

4. Lasting: Repeat your message in multiple places, multiple times to ensure that your communication is lasting and memorable. After all, the more people see a message, the more they believe it.

5. Stories: Our right brain prefers stories. We remember stories better than if we were just told facts. They provide an emotional connection to information.

6. Authority: Humans look to others to learn what behaviour is appropriate. Include the opinions of other people such as senior leaders, customers and those who have been injured, to provide proof about the need for safety.

7. Focus: One of the reasons why you see so much bad safety communication is because the majority of communication tries to be all things to all people. All safety communication requires a clear goal or objective that focuses on one topic.

8. Energy (action): Advertisers know that there is no point in just promoting the benefits of a new product. You’ve got to inspire consumers to take action by getting them to buy. However, in safety communication, it’s all about getting people to think about the safety issue and make changes to their behaviour. Always end your safety communication with the action you require.

Centres of influence
Creating engaging safety information is only one component of changing behaviour. How it is delivered also affects its credibility and power to influence.

We are more likely to believe those that we know and trust. This means for really large organisations, having the CEO dictate a new safety initiative has the critical step in its credibility and power to influence. The CEO dictating a new safety initiative is only one component of changing behaviour. How it is delivered also affects its credibility and power to influence.

We are more likely to believe those that we know and trust. This means for really large organisations, having the CEO dictate a new safety initiative usually has little impact. Instead, employees are more likely to trust the reasons for getting behind a new safety initiative from their direct manager who they work with daily.

A few years ago we created a manual handling training program for a large company that had 3000 staff Australia wide. The executive general manager travelled the country to launch the new program with much fanfare. Yet, employees refused to get on board and the executive was booted on stage. Staff saw it as something being done to them rather than with them, and they revolted. The company had massive cultural issues due to a merger with a competitor, and employees were still having turf wars among themselves.

This was a perfect opportunity for the organisation to let staff know they cared about their health by consulting supervisors in the early stages of the project. Unfortunately, supervisors were ignored until the executive got on stage. Organisations need to be more

TOP 5 Safety communication challenges
1. Ignorance about the importance of safety communication: A lot of safety professionals slap together safety information believing they know what they are doing. Over-confidence in your ability to communicate sets you up for failure.

2. Lack of focus on the message: Too often, safety communication is too wordy, complicated and unfocused. Avoid waffle and be clear.

3. Failure to follow through: Frequently, organisations launch a new safety goal, but the workforce resists, so the goal is discarded. This is a sign of poor culture, inability to execute and poor credibility of safety and senior management. Safety professionals need to work with management to ensure follow through, otherwise the next safety goal will be even tougher to achieve.

4. Not asking for what you want: We often underestimate the power of just asking. The surprising thing is that research studies have found that people get really high compliance rates when they ask. Be clear and direct.

5. Lack of alignment: It is crucial that your safety message is in alignment with broader company goals. If you want safety but the CEO cares more about productivity, staff will be expected to work faster despite increased risk of accidents. Your safety message will be ignored.

Tips for improved communication
1. Know how to change behaviour: Front-line managers and safety professionals need training on how to convince others to work safely and work together on achieving safety goals.

2. Know how to get attention: This is the critical step in making any safety communication interesting for the brain to take notice. It means creating content that isn’t bland and is noticeable among a sea of corporate communication.

3. Enable people to understand: Write simply so that you reduce safety message misinterpretation, and work on making the content more meaningful. Include the elements in the SELLSAFE formula to improve your communication.

4. Provide information that is easy to remember: It’s important that safety is front of mind to minimise mistakes and doubling up of communication. Use relevant safety slogans and pictures.

5. Measure results: Focus on getting a return on investment with any communication you create that costs hard dollars. Learn to measure results. This will prove your value to the company regarding how you can improve safety.
strategic in how they distribute their internal safety communication. This means providing supervisors and front-line managers with the skills to positively influence behaviour change with their workforce. The key requirement is to cut through people’s in-built inertia to change efforts. Supervisors must be accountable for communicating safety to their teams, and high performance companies create KPIs for supervisors around clearly communicating goals and getting results.

It’s important that safety communication is packaged differently to front-line managers and supervisors, in order to increase the likelihood that they will promote (and support) the information to employees. This is key to improving employee engagement and it is a skill safety professionals need to master.

For any successful safety effort, safety professionals must first rally support from front-line managers by:

• seeking their input early in the process
• keeping them up to date with changes
• providing them with the information they need to inspire and motivate employees.

There is also one more important criterion to any workplace safety communication, in particular for companies with upwards of 150 employees. All safety communication needs to be evaluated for behaviour change and levels of attention and message comprehension.

This is critical, as you will never be able to fix your safety communication if you do not know how it is performing. Companies that outperform their competitors are the most likely to measure the performance of all their internal communication.

Getting everyone on the same page
Organisations that are excellent at influencing their workforce to embrace change, groom both their front-line managers and safety staff to champion new communication initiatives, by articulating the importance of safety and how it relates to each individual’s contribution to the organisation. In doing so, they paint a clear picture of what needs to be done and generate employee commitment that drives organisational success.

In addition, an important consideration that safety professionals are mostly unaware of is that a safety campaign must actually make a return on investment. The standard is to aim for around 1.5 to 3 per cent.

An organisation with 300 employees nationwide had a problem with slips. To avoid it, they created a big safety campaign that involved the production of glossy brochures. Employees threw them in the bin during the launch saying that they didn’t believe anything would change. A year later the company called me wanting to make a video instead, not realising it was a bandaid approach to their obvious culture issues.

When I asked the safety professional how much money had been wasted on the previous launch, he believed it was only $5000 – the cost of printing brochures. He omitted production and travel time, but the big kicker was that it achieved nothing. Rather than reduce injuries and the related costs, injuries increased. It was a massive fail that achieved a negative return.

Safety communication can only achieve results when senior management work with safety professionals to create the right conditions, so that new behaviours can flourish. This means a healthy workplace culture is a requirement for any workplace safety information to be taken seriously. Any indications that safety communication is being ignored highlights serious issues with company culture overall, not just safety.

The new rules of safety engagement
The new role of the safety professional is to critically think about what the safety information is highlighting and then help people understand what it means and how it is relevant to them. Throwing information at people does not drive behaviour. They need the insight into why safety is important.

The next step is to then disseminate safety information in a timely manner – and quickly – throughout an entire organisation, through leveraging the power of supervisors. Remember, clear communication means a healthy safety culture.


Safety communication at Alcoa
Danny Spadaccini, safety director for Alcoa of Australia, has worked closely with the organisation’s internal communication group to improve safety communications over the past five years. Some key elements of this have been focusing on why a subject is being communicated, preparing the message to achieve an outcome, structuring the message for the recipients, and allowing recipients to respond.

“There have been many lessons as part of this process,” he says. “We make many assumptions when we communicate. These include believing that everyone has an email address or even reads all email. The message itself needs to take into account the cultural and social diversity of our workforce ensuring the messaging works for all.”

Another challenge has included learning to prepare messages based on the best way to communicate with the receiver. “As safety professionals, we often write technical messages with jargon that is unclear,” he adds.

Effective communication of health and safety information is central to reducing the risk of injury and illness in the workplace, according to Spadaccini. “By improving our communication we improve employee competency in different areas such as where the hazards are in our workplace, how we control our hazards and demonstrate our values as to managing the safety of all employees and contractors,” he says.

While it is difficult to assign a single form of communication to being the sole driver for improvement in the business, Spadaccini notes that where there has been a focus on communication in a specific area of safety in the business, there have been dramatic increases in participation over the past five years. “Participation in safety programs is a key leading indicator for improvement,” he says.

“For safety professionals some advice would be to develop a communication plan for each project you start or wish to communicate. Ensure you are writing for your target audience not for yourself and seek advice from your target audience prior to preparing communication,” he recommends.
Testing for alcohol and other drugs

Workplace alcohol and drug testing policies and programs come with more than their fair share of challenges. Craig Donaldson explores how organisations can successfully implement a program, and the role of OHS professionals in the process.

Alcohol and drug use is costing Australian businesses $5.2 billion a year in hidden lost productivity and absenteeism, according to the Australian Drug Foundation, which has also estimated that the annual cost of absenteeism alone due to alcohol is up to $1.2 billion. “The costs of lost productivity or absenteeism due to alcohol and other drugs are well hidden in most businesses,” says the foundation’s head of workplace services, Phillip Collins. “Employers and HR departments simply don’t have enough information to attribute the days of work their staff are missing as being due to drug and alcohol use. Alcohol and other drug use, especially when it’s outside work hours, is a hard issue for many businesses to deal with. Many resort to targeting individual ‘problem’ employees, which is misguided.”

Alcohol and drug testing trends

A serious and dangerous trend in the industry has been the prolific increase in the use of synthetic marijuana (also known as K2 or Kronic) in Australian workplaces, according to Stephen Lane, managing director of LaneWorkSafe. “Synthetic marijuana should be considered a dangerous substance and is readily available Australia wide. While it is not a prohibited substance, it is categorised as a ‘banned’ substance in most states,” he says.

Producing similar effects to that of conventional marijuana, the substance does not contain THC – the main component of conventional marijuana – and Lane says it is entirely different in composition and make-up. “Strong evidence suggests the overseas manufacturers of this banned substance continually change and alter the contents, consequently making its detection difficult using on-site testing – not just here in Australia, but worldwide. Currently, there is no saliva or oral fluid device capable of detecting synthetic,” he says.

Early in January 2015, two males in Queensland allegedly used the substance and collapsed. They were subsequently rushed to hospital, where they failed to respond to treatment and later passed away. Lane observes that there are numerous reported hospitalisations of users who experience life-threatening episodes, right around Australia and internationally.

Natalie Dixon, national sales & marketing manager for Medvet, says that although synthetic drugs are still appearing in some industries around Australia, the supply and easy availability of amphetamine-type substances in the community means the use of this drug is much more prominent.

The 2013 National Drug Strategy Household Survey found that 7 per cent of Australians aged 14 and above have tried methamphetamine/amphetamine. For 50.4 per cent of those who used the drug in the preceding year, the main form used was ice, followed by powder/speed (28.5 per cent). Dixon says amphetamines are a highly addictive stimulant drug, which means they speed up the messages travelling between the brain and the body. The effects of amphetamines may be felt immediately if injected or smoked, or within 30 minutes if snorted or swallowed. “High doses and frequent heavy use can also create an ‘amphetamine psychosis’, characterised by paranoid delusions, hallucinations and bizarre, aggressive or violent behaviour. These symptoms usually disappear a few days after the person stops using amphetamines,” she says.
Testing for alcohol and other drugs
Successful testing policies and programs

There are a number of hallmarks of successful workplace alcohol and drug testing policies and programs within organisations. First and foremost among these is accuracy and compliance of devices, according to Lane. Whether an organisation performs in-house testing or outsources the task to a third party supplier, he says it is imperative the on-site devices used in the programs are Australian Standard compliant. “More specifically, ensure that the devices/kits being used meet the Australian Standard cut-off levels AS4308:2008 (Urine); requesting an authentic compliance certificate issued by an Australian NATA-accredited laboratory is vital; and don’t just accept the supplier’s verbal assurance that their product meets the cut-off levels. In some cases, unscrupulous suppliers offer a compliance certificate issued overseas, which are totally inadequate,” says Lane.

Secondly, success of any alcohol and drug testing policy and program should not just be measured by test results, she adds. “Acceptance of policy and programs is vital and should be the initial target. The provision of a safe and healthy workplace resulting in no injuries or deaths is indeed the mission. LaneWorkSafe consider it is impossible to provide a drug-free workplace,” he says. “However, we believe that a drug-safe workplace is achievable when organisations are committed and prepared to work together with all employees and reputable suppliers to achieve this.”

Meeting the lawful requirements of OHS legislation and producing an environment where all stakeholders are important and treated with respect, should be the underlying foundation of all alcohol and other drug policies, Lane adds. Policies require acceptance by all that they are for everyone and are designed to ensure that employees “return home to their loved ones in the same condition they came to work”, he says.

Making sure that all stakeholders clearly understand the importance of their time at work and how the alcohol and drug policy is in place and acts as a roadmap for all to follow is important, says Lane. “Full disclosure and explanation as to what is expected relevant to elimination of substance abuse is paramount. It should not be the intention of organisations to assume a role of quasi police, [but] merely complete their role as custodians of employees’ safety both at the workplace and to and from their workplace,” says Lane.

Dixon says that carefully drafted policies and procedures can mitigate the risk of successful employee and union challenges to your testing program and secure the safety of your employees. “Drug and alcohol testing policies and procedures should take into account all potential situations

The role of OHS professionals

While the reason for taking drugs may differ from person to person, so too can the effects, according to Natalie Dixon, national sales & marketing manager for Medvet. “Education about the effects and the serious impact on their health assists each individual to make an informed choice about whether or not to take drugs,” she says. “Make sure all employees are familiar with their company’s policy and procedure and are educated in the effects of alcohol and other drugs. For OHS professionals, it is important to understand and recognise the effects of drugs and alcohol to manage employees who may be affected while at work. Medvet offers training in drug and alcohol risk management for supervisors and managers to assist in building confidence around this sometimes difficult area of management.”

Stephen Lane, managing director of LaneWorkSafe, asserts that it is important to “consult, consult and consult with all stakeholders”, and other key factors include having an alcohol and drug policy that is clear and simple, and choosing an accurate and reliable on-site drug and alcohol testing device. “Our split specimen cup is made to meet the cut-off levels of Australian Standard AS4308 and has a compliance certificate issued by a NATA-accredited laboratory. Likewise, our Alcosense Breathalyser is Australian Standard Certified AS3497:2007,” says Lane.

“Secondly, have a short- and long-term plan. Ensure it covers what drugs will be tested for; how often employers will be tested; if there will be random or blanket tests conducted; and what method of testing will be used.”

DRUG & ALCOHOL TESTING
You don’t have to outsource.  
In-house drug testing solutions that are simple, quick and reliable.

Many organisations around Australia are familiar with the process of on-site drug and alcohol testing for staff and contractors – but did you know that the process can be conveniently and easily managed in-house, without sacrificing accuracy?

With an estimated 62% of harmful drug and alcohol users in full-time employment¹, the need for workplace testing is clear in safety-critical industries. Administering your own testing program in-house allows you to have greater control of this important process.

¹ Guidelines for Drugs, Alcohol and The Workplace; WorkCover Corporation of South Australia, 2001

Reduce costs, retain control and rely on the results

If you are currently using a service provider to manage your drug and alcohol testing, or simply exploring your options, consider the benefits of managing the process in-house:

1. **Reduce costs.** Outsourcing testing to a service provider can be expensive. Save both on the cost of the labour of having someone come to site and in the downtime set aside for your staff to undergo the tests.

2. **Retain control.** Testing can be conducted at your convenience – this is especially important in the case of incident testing to rule out drug use when a third party may not be immediately available to assist you. You can have both the devices and your own trained staff available to respond immediately.

3. **Rely on the results.** Think roadside drug testing as conducted by the Police. The devices relied on by all of the Australian Police jurisdictions are also used by many companies who administer their own drug testing.

4. **Scale up with ease.** Remote or small sites that may not have previously warranted the additional cost of a visit from a testing provider can still be kept safe by having your on-site staff trained and available to conduct the testing.

5. **Remain responsive and flexible.** By having the right equipment and knowledgeable staff on hand you will be able to increase random testing if you so wish and hence help ensure safety remains the priority.

DrugWipe. One simple step, reliable results in 8 minutes.

If you are concerned about the potential complexity of administering a drug test, don’t be. Any such hesitations can be dispelled by the simple, quick and highly accurate operation of the saliva DrugWipe.

Available from Pathtech, the DrugWipe is an ideal solution to on-site testing due to its simple one-step application and fast results (total test time 8 minutes).

Workers can get back to the job at hand quicker as the DrugWipe requires only one wipe down the tongue to collect enough saliva for the test to run. This also makes the DrugWipe the most comfortable saliva test to both administer, and be tested with.

If you have ever been drug tested by the roadside you would have experienced first-hand the simplicity of the saliva DrugWipe. The same device used by all Australian Police jurisdictions is also available to assist you in eliminating drugs in your workplace.

Furthermore, Pathtech offer free and comprehensive training to the manufacturer’s specifications to help ensure that you are completely happy and confident using the devices.

Documented accuracy, consistency and specificity

The technical benefits of saliva drug testing have been widely documented. In particular there are a number of independent studies available which highlight the high accuracy, consistency and specificity of the DrugWipe device.

DrugWipe is being successfully used by many mining, drilling, civil engineering, transport and construction companies where convenience, cost and comfort are all important yet safety is still paramount.

Want to know more?

If you would like to investigate the option of conducting your testing internally, please contact Pathtech for a no obligation discussion on how to establish your own program.

Alternatively, if you like the sound of the benefits offered by the DrugWipe, but are required to outsource your testing, Pathtech can work with your service provider.

For more information on the DrugWipe or a range of on-site alcohol testing units, call the Pathtech team on 1800 069 161.
that can arise when implementing the program. Fair Work Commission decisions can provide us with guidance when writing policies and procedures, especially when rare situations arise which many policies may not take into account,” says Dixon, who explains that policies should clearly describe how to proceed in rare situations, which may include:

- determining on-site results where there is ambiguity
- how to stand down or change the duties of an employee pending a laboratory result
- how to proceed if the employee refuses to undertake a test or provide a sample
- how to manage declarations of prescription medication which may appear as a drug in an on-site screen.

**Common challenges and pitfalls**

Workplace alcohol and drug testing policies and programs come with more than their fair share of challenges due to potentially controversial outcomes for both individuals and organisations. As such, when choosing to test between oral fluid and urine, Dixon says policy statements

Each workplace has its own unique customs, practices and conditions which impact the workplace culture and drug use, so there is no one-size-fits-all answer, according to the Australian Drug Foundation’s head of workplace services, Phillip Collins, who says there are four basic components central to any effective workplace alcohol and drug program. “Workplaces need to develop and implement a sound formal written alcohol and drug policy which fits the organisation’s needs and addresses workplace-specific risks,” he says. “Education and training about drugs and alcohol is necessary to ensure employees understand your organisation’s policy and have enough information about alcohol and drugs in the workplace, including the risks of harm.

“Employees need to have access to confidential counselling and treatment services, and they should be provided with paid or unpaid leave to attend sessions. By investing in providing access to these services, organisations can avoid the financial costs and loss of morale amongst co-workers associated with employee dismissals.”

“Ongoing evaluation of alcohol and other drug programs is essential to long-term effectiveness. Like any business program, we need to regularly review and improve processes to make sure they reflect changes in the workforce or improvements that can be made,” says Collins, who adds that a preventive alcohol and drug workplace program can help organisations of any size become healthier, happier and more productive.

**Workplace alcohol and drug program components**

Drugs and Alcohol. Is Your Workplace At Risk?

Reduce your company’s risk of alcohol and drug related harm in the workplace by incorporating a holistic approach including:

- Robust and easy to understand workplace drug and alcohol policy and procedure
- Education and training of your employees including health promotion
- Access to counselling and treatment services, often through an Employee Assistance Program
- Regular (but not routine) workplace drug and alcohol testing
- Timely evaluation of your policy to ensure your company goals are met

Medvet can help you implement a complete drug and alcohol program incorporating:

- Drug and Alcohol Policy Review and/or Development
- Employee Training and Education
- On-site and Laboratory Based Drug and Alcohol Testing
- Drug Test Kit Sales

Medvet is a Registered Training Organisation (RTO 40379) and NATA accredited (Section 2 AS 4760 & AS/NZS 4308 including Appendix A) drug and alcohol testing company using Australian Standard compliant urine and oral fluid drug test devices and assessed and certified Collectors nationally.

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and objectives are very important and may determine how you can test employees. “Fair Work Commission decisions have shown that purpose statements in the beginning of a policy describing the goal of your testing program may influence the interpretation of the testing methods available. In fact, how procedures are written may determine your flexibility of switching testing regimes between oral fluid and urine, where the program has been agreed through an enterprise agreement,” she says.

It is also important the communication of your policy to employees is consistent with the drafting of your policy and procedure, and that employees are adequately educated on your program. “Failing to educate your employees on your program could reduce its effectiveness in promoting workplace safety,” says Dixon.

Lane also notes that many responsible organisations wishing to implement a workplace alcohol and other drug policy commonly fail to consult with all stakeholders. As such, he says it is beneficial for organisations embarking on this path to inform all staff of their intention and the reasons for the implementation, and explain how the policy will operate and the reasons for implementation.

To many organisations, a lack of understanding as to the importance of accuracy of results is another challenge. “On the one hand, no one seeks to wrongly accuse anyone of using drugs. This may lead to costly and time-wasting processes including stand downs, unnecessary costly confirmatory testing and inference of wrongdoing amongst co-workers,” he says.

“What should be considered equally as important is the situation where an employee is found to produce a negative result, when in fact they are not free from substances. They are incorrectly allowed to return to the workplace and resume their function. Should this employee later become involved in an incident resulting in death or serious injury to either themselves or another, serious consequences could result. So the importance of accuracy and consistent results from a reliable on-site device is paramount.”

Organisations also continue to face the challenge of what drug testing method to use, with a choice of a saliva testing device or urine testing device, Lane adds. “Urine drug testing has not been questioned by NATA in its reliability and still withstands accreditation in on-site testing,” he says. “However, with some union-orientated workplaces, saliva continues to remain the more popular choice. OHS professionals need to assess their workforce, their company culture and their short- and long-term objectives in conducting a drug and alcohol program to ultimately choose which method is more suitable to their needs.”

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Innovations in work, health and safety

The SIA Brisbane Safety Conference 2015 will be held on 22 and 23 April 2015. With a focus on WHS innovations in the workplace, the conference features a range of high quality international and local presenters.

The SIA Brisbane Safety Conference, which will be held at the Brisbane Convention and Exhibition Centre, features speakers including Queensland Attorney-General and Minister for Justice Jarrod Bleijie; Con Fourkiotis, state manager: health, safety and wellbeing, Westpac; Gordon MacDonald, chief executive, WorkSafe New Zealand; and Professor Mike Behm from East Carolina University and member of the National Institute for Occupational Safety and Health (NIOSH), USA.

How can WHS be innovative and creative?

Defining and operationalising the term “innovation” is problematic and ambiguous for many professional disciplines, and work health and safety is no exception. Speaking ahead of the conference, Professor Mike Behm, whose presentation will focus on innovations in work health and safety, says each discipline has its own definition of innovation. “Universally, occupational safety and health does not have such an agreed upon definition,” he says. “I think we simply talk about it and believe whatever we do is innovative. That is problematic when we talk with other disciplines which have been using the term innovation in a more definitive sense.”

The other conundrum is that there are so many perspectives and definitions of innovation, says Behm. “It also seems that there is a muddling of the terms 'creative' and 'innovative', and often these terms are used interchangeably. Creativity refers to idea generation, whereas innovation refers to the subsequent implementation of ideas towards better procedures, practices, or products.”

When higher order controls, such as elimination, reorganising work and engineering, are utilised to enhance WHS, he believes there is a better opportunity to be innovative. “I think in Australia, you call it 'working above the line'. It's difficult to work above the line when you're at the jobsite – the hazards are already there and difficult to change,” he says. “WHS-driven innovation has a better opportunity to occur upstream. When the hierarchy of controls is used upstream, we shift the thinking to the ‘hierarchy of ideas’. Innovative WHS is about generating better ideas and implementing them. We also need to differentiate between innovations that impact WHS and WHS-driven innovations. I'll talk about those opportunities at the conference.”

Behm adds that WHS professionals need to incrementally shift the point at which they do their work away from the sharp end. It’s about anticipating hazard and risks. “WHS professionals are great at identifying hazards but not so good at anticipating them. I don’t believe WHS works enough (if at all) upstream, and we are missing opportunities for WHS-driven innovations,” he says.

“We need to shift the still-prevailing view that workers at the sharp end are the problem of safety mishaps. We need to collect data on new ideas such as Dekker’s Safety Differently and Hollnagel’s Safety-II. I would love to do a research project on these new concepts and explore how they are related to better design, planning and work organisation.”

Behm also affirms that business benefits are necessary for any “something” to be an innovation. When WHS is shifted upstream, he says the biggest benefit will be a more efficient task or project. “When WHS is built into a task or project through good design, planning and/or work organisation, an efficient end result is highly likely,” he says.

Improving mental health for FIFO workers

Aaron Anderson, partner with Norton Rose Fulbright, will also speak at the conference about legal issues related to mental health among FIFO workforces. While there have not been any prosecutions of businesses under the harmonised WHS laws for failures concerning the mental health of workers, he believes it is only a matter of time before a regulator will take enforcement action on this issue.

Regulator action is all the more likely given that mental health disorders have been given priority in Safe Work Australia's Australian Work Health and Safety Strategy 2012–2022 and the media focus on suicide in the construction and FIFO industries, says Anderson. “The emergence of mental health as a WHS issue serves as a reminder to WHS professionals to incrementally shift the point at which they do their work away from the sharp end.”
“We need to shift the still prevailing view that workers at the sharp end are the problem of safety mishaps”

professionals of the continuously changing nature of the way we work. With the resources boom in Australia, FIFO work arrangements have become the norm where they did not previously exist,” he says.

“Businesses have an obligation to ensure, so far as reasonably practicable, the health and safety of their workers. This includes both physical and psychological health. Businesses should seek to build on their existing frameworks for managing risks to health and safety in the business and develop an effective strategy for the management of mental health in their workplaces.”

He also says businesses will need to take steps to understand the particular hazards relevant to their industry and business activities. If there are risks that arise from the way a business conducts its business (such as through onerous work rosters or FIFO arrangements), he says the business will have a legal duty to put in place appropriate strategies or controls to manage those risks. “WHS professionals will have an increasingly important role to play in assisting businesses to assess the risk factors in a workplace and develop strategies to manage the risks to mental health of workers,” says Anderson.

Boosting safety culture through building trust

Also speaking at the SIA Brisbane Safety Conference 2015 is Dalrymple Bay Coal Terminal HSEQ manager – business services, Chris Cashman, who says improved relationships in the workplace will also lead to improved safety culture, and better safety performance as a result. Trust is the keystone for all relationships, and Cashman says research has found that the better the quality of interpersonal relationships, the more productive and happy a workforce is.

“This, I believe, is the real reason behind the fact that behavioural-based safety programs are doomed to provide only short-term gains – the process of making observations is counter-intuitive to building trust. I know the science behind behavioural-based safety programs, and yes I believe behavioural-based safety may have a role to play, but certainly not for all organisations, and certainly not as a sustainable pathway to improved performance,” he says.

Cashman, who will be speaking on implementing the new due diligence requirements under the Queensland Work Health and Safety Act 2011 (WHS Act) and its potential impact on safety culture, says the problem with behavioural-based safety programs is that “unless you properly define the critical behaviours that are to be observed, you end up ticking a sheet to indicate that old mate was or was not wearing his hard hat. In my mind, critical behaviours should be those things that are required to prevent a serious injury/illness or fatality, and not whether the contractor was carrying his gloves in accordance with company policy,” he says.

These “critical behaviours” are a lot more difficult to define and not easily observed, according to Cashman, who says a better approach is the one afforded by relationship-based safety. Cashman, who is currently undertaking a PhD on this issue with a focus on his experience at Dalrymple Bay Coal Terminal, says he suspects that the new obligations under the WHS Act will have had an impact on trust relations with the workforce, as management’s compliance behaviours (on face value) are “about checking up on people and controls – hardly a demonstration of trust”, he says.

“As with all things, anytime you are dealing with people you are dealing with complexity. Being a better OHS professional means embracing the grey areas and loving the challenge, not simply seeking a quick solution for what invariably are complex problems ... I always ask myself, am I the leader who can inspire people to climb out of the trenches under machine gun fire, and for any given situation/issue? What do I need to ‘demonstrate’ in order to be that leader? Additionally, what can I do which will inspire people to be better?”

What can a generalist safety professional learn from a book about pipeline failures? A book by these authors might naturally be expected to provide a view of safety way beyond the context of the title, and this text does not disappoint.

The first author Jan Hayes is a program leader in the Energy Pipelines Cooperative Research Centre at RMIT, and the text draws on its research. The focus is on two disasters in the USA, and the book analyses the causes and compares and contrasts organisational factors associated with the respective pipeline operators. Of general interest to everyone is that we are facing increasing likelihood of pipeline failures owing to ageing infrastructure, urban encroachment on pipeline corridors, the changing nature of materials being transported and, as becomes evident, the risk management failures of some operators.

The specific details of the circumstances associated with the two pipeline failures did not capture my imagination but I began to wonder if this is because the sorry pattern of the stories Hopkins tells in his books is becoming just too predictable, and that in itself speaks volumes.

The authors suggest that the book is written to be read in its entirety or dipped into for individual chapters. I think it works well in both ways, but I did find the later chapters the most useful.

“"A book by these authors might naturally be expected to provide a view of safety way beyond the context of the title, and this text does not disappoint’’

In particular, I found Chapter 6: The Meaning of Safety to be rich. Through references to Texas City and Deepwater Horizon, the lessons about focusing on personal safety versus the potential for major incidents and discussions about compliance ("does it comply?" versus "is it safe?") were all useful. In respect to the latter, Chapter 10: The Compliance Paradox has some thought-provoking discussion. It highlights challenges for those managers and leaders one meets who I had previously thought had a "compliance mentality" but now realise that they have a "compliance is enough" mentality.

I recommend the book and have already drawn some materials into both teaching and practice.

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SOURCE: NCVER, Australian vocational education and training statistics: Students and courses 2013. Data refers to ‘only fee for service - domestic’. Figures have been rounded off to the nearest hundred.