



**A Report on the
2001 National Survey
of Health and Safety
Representatives**

September 2002

PREFACE

In Australia, more than eight people are killed at work every week. It is estimated that diseases such as cancer and asbestos-related illnesses cause a further forty-four deaths per week – perhaps more. That is more than fifty work-related deaths per week. (Road accidents claim about thirty lives per week). More than fifteen serious injuries occur every hour.

Occupational health and safety is a priority issue for working people and their unions. Good health and safety comes from unions campaigning for better standards and laws, and from union and worker action on the job.

Elected union health and safety representatives and committee members play a crucial role in representing the interests of their fellow workers. They exercise their rights and powers under occupational health and safety law on a voluntary basis, often in difficult circumstances, and usually on top of their usual workloads. There is no doubt that without them, the toll of work-related deaths, injuries and disease in Australia would be much higher.

This report presents the results of a national survey of health and safety reps about their experiences and the issues they say are affecting them at work. It is a health and safety 'snapshot' from 1,275 Australian workplaces, and is the first of a planned series of biennial national surveys of union health and safety representatives.

Some of the findings of the survey are sobering:

- *Less than half say the employer regularly carries out workplace health and safety inspections. More than one in ten say the employer never does*
- *Almost one quarter of health and safety reps do not believe that their workplaces meet safety standards and regulations.*
- *Over 30% say that sick or injured workers are pressured by management to return to work before they are ready.*
- *Around one-quarter say that they have been pressured by the employer and/or management to not raise health and safety issues.*
- *Almost one in five say they have been bullied or intimidated by the employer and/or management because they raised health and safety issues.*

Healthy and safe work is not a 'favour' from employers. It is not an 'optional extra'. Employers have a legal duty to do make sure work is not a risk to safety or health. The findings of this survey suggest that many employers still have not got the message.

Governments should not be let off the hook either. They must do much more to reduce the number of people who are killed, injured or made sick at work.

Sharan Burrow
ACTU President

Union workplaces are safer places

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SUMMARY OF FINDINGS

Health and safety hazards:

The main health and safety hazards identified in this survey are:

- poor ergonomics and manual handling hazards
- lack of resources and maintenance
- difficult working hours, shift work and rosters
- physical security issues, including violence from clients, customers, patients, etc
- stress
- inadequate staffing
- noise

Work-related injuries and illnesses:

The main injuries and illnesses include sprains and strains, back injuries, cuts/abrasions, stress, viral infections, overuse injuries, and slips, trips and falls

Health and safety standards in the workplace

Almost one quarter of health and safety reps surveyed (23%) do not believe that their workplaces meet health and safety standards and regulations. Another 14% are unsure whether standards are being met.

Consultation, training and time to be a health and safety representative

Despite the requirement for employers to consult with workers about health and safety, only one-third of the reps say their employer automatically consults them or other workers about changes which may affect health and safety, eg. new chemicals, machinery, work processes, or staffing. 15% say they are never consulted.

Only one-quarter of the reps say that they are automatically informed by their employer when an injury occurs. 18% say they are never informed.

Just over one-third (37%) are automatically involved in the investigation of health and safety incidents. Almost one-quarter (24%) say they are never involved.

Almost one-quarter of the health and safety reps have not received any health and safety training, even though training is a basic requirement.

Slightly more than half (53%) say they are provided with enough time to carry out their health and safety role. The majority spend less than five hours per week, with over half spending less than one hour per week on health and safety activities.

Employer duties

Less than half (49%) of the reps say the employer regularly carries out workplace health and safety inspections. More than one in ten (11%) say the employer never does.

Only half say that they or other workers are regularly included in health and safety inspections. 14% say they are never included.

Negative pressure from management

Over 30% of the health and safety reps say that sick or injured workers are pressured by management to return to work before they are ready.

Around one-quarter (24%) say that they have been pressured by the employer and/or management to not raise health and safety issues.

Almost one in five (19%) say they have been bullied or intimidated by the employer and/or management because they raised health and safety issues.

Use of PINS and/or stop works by health and safety reps

Just 10% of health and safety reps say they have issued a PIN or default notice. 95% of those who issued one say it was effective in resolving the health and safety issue.

Only 16% say they have either issued a cease work order or stopped work for health and safety reasons. 98% say it was effective in resolving the issue.

BACKGROUND

This report presents the results of a national survey of health and safety representatives (health and safety reps¹) about their experiences and the issues affecting them at work. It is the first of a planned series of biennial surveys of union health and safety reps.

The survey was developed in conjunction with the ACTU OHS Committee and was distributed by unions to health and safety reps between May and November 2001. Unions collected the surveys, collated the results and forwarded these to the ACTU OHS Unit, which combined the results from the participating unions to produce this report.

Limitations of the survey

A total of 1,275 health and safety reps from a range of industries, including manufacturing, retail and hospitality, health, education, construction, and transport participated in the survey. They were from both public and private sector workplaces.

However, there were higher responses from some industries and occupations than from others. Nor are the states and territories equally represented. These factors, together with the relatively small total sample, make it difficult to draw meaningful comparisons between different states, or between industries and/or occupations.

The majority (94%) of the health and safety reps indicated that they are union members. This compares with around 24% of the total workforce who are union members.

Therefore, it is acknowledged that this is not a representative sample of the workforce as a whole. Nevertheless, it should also be recognised that union health and safety reps are in a unique position to report to the wider community on the hazards, injuries and illnesses that they are seeing and experiencing in workplaces.

¹ The terms 'health and safety reps' (or simply 'reps') is used throughout this report to refer both to elected health and safety representatives - as in the Commonwealth and Victoria, etc., and to members of health and safety committees - as in NSW, where there has not been a formal system of health and safety representatives under the OHS Act.

WHO RESPONDED TO THE SURVEY?

Age and social demographics

Of the 1,275 respondents to this survey, 60% were male and 40% female. 28% identified themselves as a) an elected health and safety representative, 17% identified as b) a member of a workplace health and safety committee, 31% reported that they are both a) and b), and 22% identified themselves as a general workplace representative or shop steward.

Just under 1% identified themselves as an Aboriginal or Torres Strait Islander, and 7.5% identified as of non-English speaking background (NESB).

Around half (49%) of the respondents were in the 26 to 45 year age bracket, and a third in the 46 to 55 year age bracket (see Table 1). There were two significant variations by industry. In education 61.2% of the health and safety reps were over 45 years of age, and in retail 32.1% of the representatives were under 35 (13.1% under 25).

Age	%
Not stated	>1
16-25	5
26-35	17
36-45	31
46-55	35
55+	11

Table 1 - Age range of survey respondents

State/territory distribution

The states most represented in this survey are Victoria, with 35% of the health and safety reps; NSW, with just over 20% (committee members); and Queensland with almost 19%. (See Table 2) The relatively smaller representation from NSW is to be expected, because although NSW is the most populous state, there was no established system of elected health and safety reps under NSW legislation when the survey was conducted.

State/territory where employed	%
ACT	7.5
NSW	21
NT	0.3
QLD	19
SA	4
TAS	4
VIC	35
WA	9

Table 2 - State or territory in which the health and safety representatives work

Industries represented

A range of industries are represented in the survey, including manufacturing, retail and hospitality, health, education, construction and transport. (see Table 3) There were some anomalies. In NSW, health makes up 33.5% of the sample due to a high response from the NSW Nurses Association; in Victoria, manufacturing makes up 41% of the sample and in WA 36 % of the representatives are from education. Responses came from both public and private sector workplaces.

Industry	%
Business services	3
Construction	7
Education	8
Govt administration	10
Health	16
Manufacturing	26
Primary industry	0.2
Retail/hospitality	20
Telecommunications	2
Transport	4
Warehousing	3
Other	0.8

Table 3 - Main industries represented

Range of occupations

A range of occupations are represented in the survey, including administration and clerical workers, tradespeople, salespeople, para-professionals (including teachers and health workers), machine operators, construction and other labourers, trades assistants and factory hands. (See Table 4) However, over 60% of respondents are drawn from four occupational groups, which are more or less equally represented – tradespersons, clerical, sales and para-professionals. 46% of the respondents from Queensland are clerical workers.

Occupation	%
Clerical	16
Construction labourer	5
Driver/mobile plant operator	3
Machine operator	6
Manager	1
Miscellaneous labourer	8
Para-professional	15
Professional	9
Sales	15
Trade assistant/factory hand	5
Trades-person	16
Other	1

Table 4 - Main occupations represented

Large/small enterprises

Health and safety reps were asked whether they would describe their workplace as a small business. Just on 11% indicated that their workplace is a small business and 89% indicated that their workplace is not a small business. However, these figures are not very reliable. For example, one respondent indicated yes (is a small business), then mentioned later in the survey that the workplace had almost one thousand workers.

There are always difficulties in ascertaining, particularly by survey, whether workplaces are small, medium or large enterprises. For example, a bank branch, which is part of a large organisation, could be described by someone working there as a small business due to the small number of staff on site.

Employment arrangements

Health and safety reps were asked to indicate on what basis people in their workplaces are employed. (See Table 5) Over half said their workplace included casual workers, with this figure rising to 88% in the retail industry. Contract workers and labour-hire workers are also present in a significant proportion of workplaces. Contract workers are particularly common in government administration (40%) and education (31%), while labour-hire or agency workers are most frequently found in warehousing, construction, telecommunications and manufacturing.

Employment arrangements	Workplaces with this employment arrangement present
Full-time permanent	94%
Sub-contractors	20% (construction 62%, health 15%, retail 7%)
Part-time permanent	52% (retail 88% health 70%, education 68%, government admin. 62%)
Casual workers	51% (retail 85%, business services 84%, construction, 18%, transport 18%, govt admin 26%)
Fixed-term contractors	18% (government admin. 40%, education 31%)
Labour-hire or agency workers	20% (warehousing 38%, construction 30%, telecommunications 33%, manufacturing 29%)

Table 5 -Range of employment arrangements present in the workplaces
(figures add up to more than 100% because respondents could tick all boxes that applied)

Union membership

The overwhelming majority (94.1%) of the health and safety reps indicated that they are union members. This is not surprising since the survey was distributed and collected by unions, and also because unionised workplaces are more likely to have elected health and safety reps and/or health and safety committees than are non-unionised workplaces. Table 6 indicates representation in the survey by union.

Union	
Australian Manufacturing Workers' Union (AMWU)	21%
Shop, Distributive and Allied Employees Union (SDA)	20%
Community and Public Sector Union (CPSU)	9%
Australian Services Union (ASU)	9%
Construction, Forestry, Mining and Energy Union (CFMEU)	8%
Australian Nursing Federation (ANF)	7%
National Union of Workers (NUW)	6%
Liquor, Hospitality and Miscellaneous Workers' Union (LHMU)	4%
Rail, Tram and Bus Union (RTBU)	4%
National Tertiary Education Union (NTEU)	2%
Independent Education Union (IEU)	2%
Australian Education Union (AEU)	1%
Communications, Electrical and Plumbing Union (CEPU)	1%
Australian Workers' Union (AWU)	0.2%
Australasian Meat Industry Employees Union (AMIEU)	0.1%
Media, Entertainment and Arts Alliance (MEAA)	0.1%
None	5.6%

Table 6 -Unions represented, by percentage

THE RANGE OF HEALTH AND SAFETY HAZARDS AT WORK

The survey provided a table listing a large range of health and safety hazards, from which health and safety reps could indicate all that were present in their workplaces. Table 7 reproduces that section of the survey, showing the percentage of reps who indicate that hazard as being present in their workplaces.

Exposure to:			
Noise	60%	Electrical hazards	27%
Vibration	24%	Power Tools	28%
Uncomfortable temperatures	57%	Moving plant/machinery	35%
Ultraviolet radiation	18%	Forklifts	37%
Electromagnetic radiation	14%	Computers	67%
Lead or other heavy metals	9%	Other screen based equipment	20%
Paints or inks	27%	Mobile phones	35%
Industrial solvents	29%	Dangerous machinery	24%
Detergents/cleaning fluids	40%		
Pesticides/herbicides	13%	Long hours of work	40%
Bleaches	12%	Skipped rest breaks	38%
Chemical sterilisers	11%	Not enough time off	20%
Hair & beauty chemicals	5%	Poor shift rosters	17%
Other chemicals	22%	Inadequate staffing	49%
Asbestos	14%	Work overload	42%
Dust/fibres	38%	Lack of training	36%
Fumes/gases	34%	Excessive performance monitoring	16%
Infectious materials	13%	Intrusions on privacy	13%
Environmental tobacco smoke	13%	Job insecurity	29%
Work involving:		People experiencing:	
Heavy lifting	59%	Bullying by managers, supervisors or employers	31%
Awkward postures	53%	Bullying by co-workers	15%
Repetitive work	64%	Sexual harassment	5%
Monotonous work	40%	Violence from customers, clients or patients	25%
Fast paced work	42%		
Confined spaces	31%		
Working at heights	27%		
Working alone	38%		
Poor or inadequate personal protective equipment	12%		

Table 7 - The range of health and safety hazards as reported across all industries

What are the hazards of most concern?

In order to get a feel for the priority hazards across industries and occupations, health and safety reps were asked to identify the three health and safety issues of most concern to people at their workplaces. Table 8 lists the hazards which are most frequently reported.

Hazards which are frequently reported as being present in the workplace in Table 7 may not necessarily be included in the list of health and safety issues *of most concern*. For example, noise is identified as being present in 60% of the workplaces, whereas 12% of health and safety reps include it among the three issues of most concern to them.

Type of health and safety hazard	Frequency of listing among the 3 main hazards of concern
Manual handling	25%
Lack of resources and maintenance	18%
Ergonomic problems	15%
Physical security and/or violence from clients, customers, patients, etc.	13%
difficult working hours, shift work and rosters	13%
Stress	12%
Inadequate staffing	12%
Noise	12%
Poor management communication, consultation and organisation	9%
Work overload	9%
Lack of training	8%
Uncomfortable temperatures	8%
Chemical exposures	8%
Dust and fibres	7%
Dangerous machinery	5%
Working at heights	4%
Fumes, gases and vapours	4%
Indoor air quality/air conditioning	4%
Job insecurity	3%
Infectious diseases	3%
Forklifts	3%

Table 8 - Hazards reported by representatives as among the three of most concern

INJURIES AND ILLNESSES AT WORK

Table 9 lists major injuries and illnesses, and the percentage of reps who identify them as among the three most common injuries/illnesses at their workplace.

Main injuries/illnesses at work	Most commonly reported
Sprains and strains	43%
Back injuries	42%
Cuts/abrasions	29%
Stress	21%
Viral Infections	20%
OOS	10%
Slips, trips and falls	9%
Eye injuries	7%
Bruising/contusions	6%
Headaches	5%
Burns	4%
Fatigue	3%

Table 9 -most common injuries/illnesses at work.

Work related diseases

When asked, “Have workers or former workers at your workplace suffered from work-related diseases?”, almost 14% of health and safety reps responded *yes*. The most commonly reported diseases are cancer, asbestosis, silicosis, lung disease, hearing loss, back problems, heart disease, stroke and asthma.

Significantly, only 35% are able to answer *no*; Almost half (47%) indicate that they do not know.

WHAT DO EMPLOYERS/MANAGEMENT DO ABOUT HEALTH AND SAFETY?

Workplace inspections

Slightly less than half the health and safety reps (49%) report that the employer and/or management *regularly* carries out workplace health and safety inspections. Over a third (37%) say the employer and/or management only *occasionally* carry out inspections and 11% say they *never* do.

Worker participation

Just over half (52%) of health and safety reps say they or other workers *regularly* participate in health and safety inspections. Around a third (31%) say they *occasionally* do, and 14% say they *never* participate in workplace inspections.

More than three quarters (77%) of health and safety reps say that employers and/or management act to fix problems identified in the inspections. However, 11% say that they “don't know whether the problems have been fixed” and 8% say the problems haven't been fixed.

Health and safety committees

Most (85%) of the workplaces represented have a health and safety committee, although one in ten (11%) report that there is no committee. However, almost half (43%) of those representatives where there is a health and safety committee report that it doesn't work “properly and well”, and 12% are not sure how well it works.

Training

One in four (25%) of the health and safety reps report not having received any training. Of those who have received health and safety training, the overwhelming majority (94%) report that it has been useful to them in carrying out health and safety activities. Many health and safety reps mentioned the importance of training and other referred to the difficulties experienced in getting access to training. Their comments include:

Provision of training - it has taken me 9 months to be placed in an OHS course despite regularly requesting to provide one. Deputy representatives are refused training.

Working on building sites need more safety training.

Adequate training for every worker will mean less injuries or accidents. Unions, government and companies should do everything possible to instruct workers on safety and prevention of accidents.

Consultation

Despite their clear legal duty, only 36% of employers *automatically* consult with health and safety reps or other workers over changes which may affect health and safety (eg. new chemicals, machinery, work processes, or staffing arrangements). Nearly half the representatives (45%) say they are consulted '*only when they ask*' and 15% say they are *never* consulted.

Only 40% of health and safety reps report that they are *automatically* informed by the employer and/or management when an injury occurs. 38% say they are informed *only when they ask*, and 18% say they are *never* informed when an injury occurs.

Only 37% of health and safety reps say that their employers/management *automatically* involve them in the investigation of health and safety incidents. A third (33%) say they are involved *only when they request* to be and almost a quarter (24%) say they are *never* involved.

Injured workers

Almost one third (30%) of the health and safety reps surveyed say that sick or injured employees *are pressured by the employer and/or management* to return to work before

they are ready. Another 20% say they *don't know* whether sick or injured employees are pressured to return to work.

Health and safety standards

While 59% of the health and safety reps feel that their employer and/or management is meeting the required health and safety standards and regulations, almost one quarter (23%) say that required health and safety standards and regulations are not being met. Another 14% are unsure whether the required standards are being met.

Provision of resources

Health and safety reps were asked which of a range of health and safety resources are provided to them by employers and/or management. Responses to this question are shown in Table 9.

Resource	% of employers/ management who supply it
Copies of legislation & regulations	60
Codes of practice	58
Australian standards	48
Relevant equipment (eg. meters, etc)	39
Equipment safety manuals	56
Health surveillance reports	35
Material Safety Data Sheets (MSDS)	58
Access to office equipment	60

Table 9 - Resources provided by employers/management

Only 7% of representatives report that health and safety information is provided to workers in languages other than English. While 65% indicate that NESB information is not needed, a significant number (17%) report that NESB information is needed but not provided.

Time

Just over half the representatives (53%) say they are provided with enough time by employers and/or management to carry out their role. However, over one-quarter (28%) report that they are not provided with enough time.

Over half (57%) the health and safety reps say that they spend less than one hour each week on health and safety matters, 23% spend between one and five hours, 4% spend between five and ten hours, and 4% say they spend over 10 hours per week on health and safety matters.

Comments included:

We are not allowed enough time in addition to our normal duties, causing more stress to others who have to cover our normal duties.

I simply don't have enough time to properly do my job as the Secretary of the OHS Committee due to the time it takes to do my office work.

THE ROLE OF HEALTH AND SAFETY REPRESENTATIVES AND COMMITTEE MEMBERS

Inspections

A significant majority of the health and safety reps say that they either *frequently* (43%), or *occasionally* (40%) carry out their own health and safety inspections. Only 9% say they *never* carry out their own inspections.

Almost three-quarters of the reps (73%) say that health and safety problems they have identified have been fixed by the employer and/or management.

Information

Almost three-quarters of the reps say they *frequently* (31%) or *occasionally* (40%) hand out health and safety information to workers. 20% say they *never* do.

PINS, default notices and stop works

Health and safety reps in some states and those who work for a Commonwealth Government Department or Agency can issue a Provisional Improvement Notices (PIN) or default notice, if a health and safety problem is unresolved.

Only 10% of reps say that they have issued a Provisional Improvement Notice (PIN) or default notice. The use of PINS/default notices is highest in warehousing (33%), construction (29%), transport (20%) and manufacturing (17%). Retail/hospitality (11%), health (10%) and government administration (7%) use PINS/default notices at near the average rate.

Of those reps who do report having issued a PIN or default notice, 95% say that it was effective in resolving the health and safety issue.

Only 16% of reps say they have ever issued a cease-work order or stopped work for health and safety reasons. Use of cease-work orders is highest in construction (60%), manufacturing (30%) and warehousing (29%), lower in government administration (9%), and business services (8%), and lowest in retail/hospitality (5%), education (3%), transport (2%) and health (>1%).

Of those who report having issued a cease work order or had stopped work for health and safety reasons, 98% report that the action was effective in resolving the issue.

Pressure, intimidation and bullying of health and safety reps

Almost one in four (24%) health and safety reps report that either they, or others in the workplace, have felt pressured, intimidated or bullied by the employer and/or management not to raise health and safety issues.

Almost one in five (19%) representatives say that they, or others in the workplace, have been intimidated or bullied by the employer and/or management as a result of raising health and safety issues. Comments include:

I feel I have been victimised as OH&S Representative and also shop steward, professionally and personally.

I'm now hated by my management. They would like to push me out of my job.

Discrimination victimisation of safety and union delegates and that is why its hard to get workers to become delegates.

Raising work safety matters brings punishment to worker.

Fear of job security for employees who when placed under pressure by employers to do the job - place safety secondary.

I find I am not bullied in anyway by being an OHS representative - so there are no disadvantages.

It is generally not a case of bullying and pressure here but indifference and generally taking way too long to deal with issues.

WHY DO PEOPLE BECOME HEALTH AND SAFETY REPRESENTATIVES OR COMMITTEE MEMBERS?

More than two-thirds (69%) of the health and safety reps responded to this question. Typical responses included a concern for the health and safety of work colleagues and/or a desire to improve the working environment. Many also report being in the position by default, because no one else was prepared to do it. As one respondent put it, "no other bastard would do it". Some of their more positive feelings are expressed in the quotes below:

To provide input to OH&S & workplace issues, but has proved frustrating, management seem to give these issues very low priority & I have to raise them again and again to get anything done

Former delegate had a strong personal interest - only the union has kept up the importance of active OHS committees

See the need for HSR's to keep plugging away at management to ensure they meet their OH&S obligations to employees, contractors and visitors

Having seen two people killed I thought that I needed to improve our safety standards so our employees could work in a more safer environment

I had a serious workplace injury and from that I saw a need for the job to be done

I've been in construction a long time seen a lot of good people injured or become ill. I care about workmates and get a lot of job satisfaction

Sick of working in a crap environment

To speak on behalf of those who are too shy or intimidated. To eliminate hazards in the workplace.

I was voted in by the shop floor because my safety standards are very high and I won't back down

Concern for fellow employees. Not afraid of management

Not scared to tell boss

By default - I feel conditions are deteriorating, and somebody must take a stand against further erosion of standards

WHAT ARE THE ADVANTAGES AND DISADVANTAGES TO BEING A HEALTH AND SAFETY REPRESENTATIVE?

Responses to this question ranged from seeing the role of health and safety rep as a very positive experience to finding it one of great difficulty. The reasons reported above – lack of time, resources and/or support from employers/management, pressure, intimidation and bullying by employers/ management – were often cited as causes of difficulty. However, most health and safety reps had mixed feelings, listing both positive and negative aspects of their role.

Advantages:

To have an input towards a safe working place is an advantage.

To make a positive difference to the workplace.

You have some power behind your requests and can convene a committee to assist, otherwise management would ignore the issues.

Being able to apply pressure to resolve OH&S issues which would otherwise not be dealt with.

I know how to fix a problem or if not I know where to go to find out how.

Knowing the law and knowing your rights. Being able to help people.

Improved access to latest information on OH&S issues is the major advantage. I see no disadvantages.

Disadvantages:

No advantage, only more work

No personal advantages just a lot of stress

Disadvantage is the pressure to not rock the boat which is made personal

Mixed responses:

None- it's a pain in the ass, but someone has to do it. Some improvements have been made to the office and work procedures because of OH&S.

It is fairly easy on your body but sometimes it is hard on the mind and soul.

The advantages are that you have a strong union back-up. The disadvantage you are discriminated against for future employment.

Advantage - making sure your workmates go home in the same condition they arrived for work in the morning. Disadvantage - very stressful.

Advantages:- Hopefully stopping an accident before it happens. Disadvantages:- being thought of as a trouble maker because you're always complaining about things.

Advantages - having direct input into health and safety matters, rewarding.

Disadvantages - can be intimidated, threatened by employers.

Advantages - feel good when you achieve something. Disadvantages - pressure from employers.

Advantage : law is on your side - able to collectively represent issues.

Disadvantage : management often goes through the motions but resolves little.

HOW COULD THIS SURVEY BE IMPROVED?

The health and safety reps were asked whether there were other health and safety questions or other issues, which were not raised in the survey, which they feel are important. Responses range from direct comments on the survey to more general comments/observations on the state of health and safety, with some particular comments directed towards the OHS authorities:

Direct comments on the survey:

Some of the questions are too general about what is going on. It should be more to the industry that is being surveyed.

The questions do not provide for details

There is nothing about toilets, meal rooms and facilities, including fumes in your meal rooms.

Toilets and water coolers, first aid room and officers.

Fatigue management for shift workers.

Stress in the workplace, counselling.

Health, mental, especially the insecure working environment we now find ourselves in. The abuse of casual labour.

More questions required on subcontractors

No discussion of how to make management value compliance with OH&S legislation

The survey seems to presuppose conflict or reluctance on the part of the employer whereas some employers (the ... included) treat OH&S with sensitivity and respect.

Some comments on the general state of health and safety:

There must be fines, jail for bosses who don't look after OH&S and cause injury and death.

If we are going to have codes of practice everyone must comply (engineers, architects, builders etc).

I don't think there is enough protection from unions to carry out your job to the maximum. Eg If you give an employer hard time on safety issues they get rid of you.

I know they don't always get it right but my employer appears to be hard [sic] to do that. Far more consultation these days and OH&S committee has established itself well as not just a pack of whingers, but getting some good things achieved.

I don't think there is enough protection from unions to carry out your job to the maximum. Eg If you give an employer hard time on safety issues they get rid of you.

Our company does not own or control the infrastructure on which we work. Rail Infrastructure Corporation does not want to spend money to make improvements.

Provision of OH&S training for managers and supervisors, maybe a half day or full day session on what their responsibilities are, legislative requirements, etc. Something that they can use that will give them some confidence when faced with OH&S issues.

Safety induction prior to commencement of work.

DISCUSSION AND CONCLUSIONS

The legal framework

State and territory OHS laws are based on the general duty of care of employers to ensure that their operations are not a risk to health or safety. Employers have an obligation not only to direct employees – whether full time, part time and/or casual – but also to employees of labour-hire companies, to sub-contractors and their employees, and to visitors and bystanders. These laws cover all places of work, not just large workplaces or major hazardous industries.

The details of OHS laws vary between the states and territories, but there are certain basic requirements which employers must fulfil. These include:

- consultation with workers and elected reps on working conditions and health and safety at work
- appropriate and timely action to eliminate or 'control' health and safety hazards
- provision of appropriate information, training, instruction and supervision
- monitoring of working conditions and the health of workers
- provision of appropriate welfare facilities for all workers
- maintaining information and records about working conditions and any dangerous occurrences at work

State and territory OHS laws provide basic rights and protections to all workers and to health and safety reps and/or committee members, but they do vary in the extent of legal powers they provide for elected health and safety reps and/or employee members of health and safety committees.

Employers still not serious about health and safety

The results of this survey suggest there is still a long way to go before we can say that most employers take health and safety seriously. It is of concern that, despite their general duty of care to carry out risk assessments of all hazards associated with their work environments and work processes, the reps report that less than half of the employers regularly carry out workplace health and safety inspections, and more than one in ten never do. The majority of reps report that when health and safety problems are identified, they are fixed. However, almost one quarter (23%) of the reps say that required health and safety standards and regulations are not being met.

This survey was conducted in workplaces where there are health and safety reps and/or health and safety committees, and where there is a union presence. As national and international evidence indicates that there are less accidents and injuries in workplaces with union membership, it is to be expected that health and safety standards would be lower in those workplaces without such infrastructure.

Employers still not consulting

Many employers continue to have a poor record when it comes to genuine involvement of employees in decision-making at work, despite the evidence that such involvement results in fewer health and safety problems and better working environments.

There are specific provisions in state and territory OHS legislation regarding the duty of the employer to consult with employees, and on the rights of health and safety reps and employees to be consulted about health and safety. However, only 36% of the respondents to this survey say they are *automatically* consulted about changes which may affect health and safety at work, and 15% say they are *never* consulted. Only half are *regularly* included in health and safety inspections and 14% are *never* included.

Unlawful pressure by employers and/or management

The behaviour of a significant proportion of employers and/or management towards health and safety reps is a matter of serious concern. Around a quarter of the health and safety reps in this survey say they have been pressured not to raise health and safety

issues, and almost one in five say they have been bullied or intimidated because they raised health and safety issues.

This situation is unacceptable – for example, health and safety reps have the right to *not be dismissed or otherwise discriminated against by reason only that they are performing or have a health and safety reps task in performing any function or duty.* (Victorian OHS Act, section 54(1)) Unions, employers and governments need to do more to support and assist health and safety reps in carrying out their role without fear of reprisal. OHS authorities need to impose penalties on any employers who bully health and safety reps.

Impact of contract and casual workers

Over half of the workplaces represented in the survey have casual workers on site, and almost one in five have contractors and labour-hire workers present.

While this survey asked no specific questions regarding the impact of labour hire and contract workers, a previous ACTU survey¹ found that 30% of health and safety reps said that the presence of contract and/or labour hire employees has an impact on health and safety, with comments including:

“contract staff are not considered relevant by management in terms of OHS”

“they must be monitored closely to make sure no short cuts are taken”

“often cutting corners and are unwilling to follow requests”

“lack of safety standards and unsafe work practices”

“not sure who’s responsible for what, too many grey areas”

“reduces standards ... requires more vigilance ... they tend to take short cuts... they are less careful... and ... they do not want to cause conflict in the hope they may get a permanent position”

Similar concerns were expressed by some respondents to the current survey:

Advantages [of being a health and safety rep]- workplace safety, less injuries, workers much happier. Disadvantages - more pressure on me to keep up a high standard, employing cheap 'subbies' with little or no thoughts on safety.

I can to a certain extent identify and prevent most of the obvious accident/incidents and hopefully have a positive impact on subcontractors' mentality towards improved OH&S.

The ACTU and unions have been advocating that governments pay more attention to the issues raised by casual and contract employment arrangements in terms of health and safety representation, duty of care and levels of injury and illness. However, governments have been slow to take action to address these problems.

Not enough time, training or resources

Around a quarter of the health and safety reps in this survey have not received health and safety training. It is a specific requirement in OHS legislation, where it provides for health and safety reps, that they have access to at least introductory health and safety training. This finding of the survey confirms anecdotal evidence from unions and trades and labour council training centres which suggests that it is becoming more and more difficult for health and safety reps to attend introductory training. It seems that employers are reluctant, or are refusing outright, to allow the reps time off from their usual duties to attend training.

Both employers and governments need to lift their game. If employers are committed to improving health and safety in their operations, they must ensure that health and safety reps and/or committee members at their workplaces are appropriately trained and

¹ The ACTU 2000/2001 national pilot survey of workplace health and safety representatives prepared for NOHSC.

provided with adequate time and resources. If governments are truly committed to improving health and safety, they must take action where employers are obstructing this. Only slightly more than half (53%) the reps say they are provided with enough time to carry out their health and safety role. The majority spend less than five hours per week, with over half spending less than one hour per week on health and safety activities.

Similarly, a quarter of the reps surveyed say that their employer does not provide copies of OHS legislation or regulations, codes of practice, material safety data sheets, or does not offer access to office equipment for the rep. This is also in breach of state and territory laws, which generally provide that health and safety reps and committee members be supplied with appropriate information and resources.

Health and safety hazards

The survey shows that there are still too many preventable health and safety hazards across industries and workplaces. 60% of the health and safety reps report noise as a hazard in their workplaces. The effects of exposure to noise are well known, as are prevention measures. Another 57% of reps report uncomfortable temperatures. Exposure to seasonal heat and cold, or to uncomfortable temperatures caused by work processes, can be a serious health and safety hazard, and should be generally preventable.

The hazards of manual handling are also well-documented, yet heavy lifting is still reported as a hazard in workplaces by 59% of the health and safety reps. There is no justification for expecting any worker to engage in heavy lifting. When we see that repetitive work (64%), awkward postures (53%), monotonous work (40%), and fast paced work (42%) are also frequently reported, it is not surprising that manual handling is reported as the hazard of most concern by the largest number of reps (25%). Nor is it surprising that sprains and strains (43%) and back injuries (42%) are reported by the reps as among the most common injuries.

Unreasonable workloads and working time arrangements are also clearly significant issues. Common hazards identified in the survey include inadequate staffing (49%), work overload (42%), long hours of work (40%) skipped rest breaks (38%), not enough time off (20%) and poor shift rosters (17%). The recent Industrial Relations Commission decision on reasonable hours recognised that “the working of long hours is likely to give rise to a risk of fatigue and to adverse health consequences”; the results of this survey point to how common those long hours are.

Bullying by managers, supervisors or employers is reported by 31% of the reps and bullying by co-workers by 15%. Violence from customers, clients or patients is reported by 25% of the reps. Another 5% reported sexual harassment occurring in their workplaces. When this is combined with job insecurity (29%), excessive performance monitoring (16%) and intrusions on privacy (13%), it is no shock that stress is reported by 21% of the reps.

These hazards require more urgent and serious attention from governments. Despite the efforts of the ACTU and unions, governments still concentrate most of their prevention efforts on injuries and illnesses that are high in the workers' compensation statistics. However, it is widely recognised that psycho-social issues, such as stress, bullying and violence, which are increasing problems in the workplace, are not reflected in the workers' compensation data.

More than a third of the health and safety reps (36%) mention lack of job training generally as a health and safety problem in their workplaces. There are two aspects to this –the risk associated with lack of knowledge of potentially dangerous machinery or processes, and the extent to which feeling inadequately trained is a continuing source of stress in the workplace.

Exposure to a range of chemicals continues to be common. Detergents and cleaning fluids are reported as present by 40% of the health and safety reps, industrial solvents by 29%, paints and/or inks 27%, pesticides/herbicides by 13%, and lead or other heavy

metals by 9%. It is also worrying that 38% indicate the presence of dust and/or fibres in their workplaces (including a disturbing 14% who list the presence of asbestos), 34% report fumes or gases (34%) and 13% report environmental tobacco smoke.

A significant proportion of reps report exposure to hazards such as working alone (38%) or in confined spaces (31%), working at heights (27%), electrical hazards (27%), dangerous machinery (24%), vibration (24%), ultraviolet radiation (18%), electromagnetic radiation (14%), infectious materials (13%), and poor or inadequate personal protective equipment (12%).

The use of mobile phones is reported in 35% of workplaces, and this figure would seem likely to continue increasing rapidly. More attention needs to be paid to the health and safety implications of the required use of mobile phones at work. Despite industry claims, there is sufficient evidence to cause disquiet about the longer-term health effects of radiofrequency radiation. Occupational health and safety agencies need to start taking a more active role in setting exposure standards for electromagnetic radiation. Mobile phones also constitute a hazard when used while other activity is being undertaken – the effects on attention and concentration while driving are an extreme example – and the psycho-social consequences of being constantly on-call even when not at work need examination.

Clearly, much remains to be done to remove both long-recognised and newly-emerging hazards from workplaces. Again, it must be emphasised that the workplaces represented in this survey are those which have health and safety reps and/or committees and where at least some attention is being paid to health and safety by employers and management. It is disturbing to consider the likely state of workplaces without such formal health and safety structures.

Injuries and illnesses at work

The proportion of health and safety reps who report sprains and strains (43%), back injuries (42%) and OOS injuries (10%) among the three most common injuries/illnesses is consistent with the numbers who identify manual handling as among the three hazards of most concern. The high frequency (29%) of reps also reporting cuts and abrasions as among the three hazards of most concern also indicates manual handling problems.

More than one in five reps identified stress (21%) and viral infections (20%) as among the three most common injuries/illnesses. The high incidence of work-related stress is not surprising given the high frequency of stressors such as violence, difficult working hours, inadequate staffing, work overload and poor management organisation, communication and consultation. It may also be that stress can weaken the immune system, and result in higher susceptibility to illness.

The growing tendency for people to present at work when ill because of job insecurity may also play a role in spreading infection within workplaces and/or a reduced capacity of people to fully recover from viral infections – colds and ‘flu. As one health and safety rep commented:

Some staff think they are indispensable and come back too early from sick leave (endangering everyone else). Management makes it hard on some individuals to take leave by not ensuring that at least one other person can do the work in their absence.

Work-related diseases

Almost 14% of the health and safety reps report that workers or former workers at their workplaces have suffered from work-related diseases. The most commonly reported diseases are cancer, asbestosis, silicosis, lung disease, hearing loss, back problems, heart disease, stroke and asthma.

It should also be noted that another 47% of the reps report that they do not know whether workers or former workers suffered from work-related diseases. This is to be

expected, given the long latency of many work-related diseases and it reinforces the need for more information about the nature and extent of work-related disease in Australia.

The National Occupational Health and Safety Commission has estimated that 2,300 people die in Australia each year from work-related illness or disease. This figure is probably conservative. Despite this, the issues of work-related ill-health and occupational disease continue to receive inadequate attention from either OHS authorities or government health departments. Apart from asbestos-related disease, we know little about the incidence of occupational disease in Australia.

It is acknowledged that workers' compensation statistics are poor indicators of the nature and/or extent of work-related disease. The health system – government departments, hospitals, GP's, specialists, etc. - collects very little information about occupational diseases or about the work histories of their patients. One effort, *Bettering the Evaluation and Care of Health* (BEACH), released in December 2001, details findings from general practice activity between 1998 and 2000. BEACH found that workers' compensation was paid for only 39% of new work-related problems. Work-related dermatitis, respiratory conditions, anxiety/stress and ear disorders were all poorly covered by workers' compensation. Less than 32% of persons suffering these work-related conditions received any compensation.

The ACTU continues to advocate for the development of a national OHS data strategy which moves beyond workers' compensation data to better understand the suffering caused by work-related injury and illness. However, progress by governments is slow.

Provisional Improvement, or written/default Notices

In Victoria, Tasmania, South Australia and the ACT, and in Commonwealth workplaces, elected health and safety reps have the legal right to issue a Provisional Improvement Notice (PIN) or a written/default notice to order an employer to fix health and safety problems. Through issuing such a notice, the rep gives the employer time to fix health and safety problems.

Employers have often objected to the idea of PINS or default notices, claiming that they could be used in a vexatious way. However, the findings of this survey indicate that PINS and/or default notices are not overused by health and safety reps, and that when they are used, they are effective in resolving health and safety issues.

Cease work orders

Some employers and governments claim that it is not lawful to take industrial action (stop work) for health and safety reasons, but every worker has the common law right to stop work if it is an immediate risk to his or her health and safety. In addition, Commonwealth and some state laws allow health and safety reps to order that work stop if there is an immediate risk.

Again, only a minority of reps report using their right to stop work for health and safety reasons, but the overwhelming majority have found that doing so resulted in the health and safety issue being resolved.

It is important that PINS and/or default notices remain available to health and safety reps where they exist and are extended to them where they do not. This would enable reps to address significant hazards where the employer has been reluctant or has refused to fix the health and safety problem/s.

No one should be expected to put their health and safety at risk while at work. The right to refuse to do unsafe or unhealthy work is fundamental.

Government health and safety inspectors

In most states and territories, reps have the right to request assistance from a government health and safety inspector. This can include a request for a workplace

inspection. Again, the detail of the law varies between states and territories. All government inspectors have the power to stop work that is a risk to health and safety. It is therefore disappointing that comments made by health and safety reps in this survey about government health and safety inspectors are not very positive:

The survey is fine, but without follow up action, available funding and resources will be of no use. The lack of Workcare field officers with construction experience in the area is a joke.

I don't see much of inspectors and when I do they don't communicate very much.

Laws are not worth sh.... if 1) Work-cover 2) anti discrimination laws are not enforced. "Put your head up it will be cut off" is the saying. It happens, but its not right

Advantages - being well trained having input into site safety bringing employer into line on OH&S, helping injured workers (compo etc). Disadvantage - Lack of support from bodies in the field (Workcover).

Need more DIA inspectors. Not enough getting done by the Government

One big problem is new operators are not assessed properly just a drive around the block and tickets issues. [sic].

Work-cover inspectors don't do their job.

This mirrors the general comments made in the 2000-01 pilot survey of health and safety reps¹, in which only 27% of the reps said they had seen a government inspector in the last 12 months, 16% saw an inspector between one and three years ago, and 9% had never seen an inspector.

Also in that survey, only 11% indicated that the visiting inspector had automatically spoken with them. Most said that the inspector spoke to them only when they asked. This is contrary to explicit provisions in OHS legislation in some states and territories (see particularly Victoria, NSW and Queensland).

Only about half the health and safety reps in the pilot survey said that government inspectors were effective in fixing the health and safety problems. These findings should prompt some soul searching by the OHS authorities as to their priorities and/or the effectiveness of their interventions at the workplace level.

Future surveys

This survey is the first of what is planned to be a biennial survey of union health and safety reps and committee members, and so serves as a health and safety 'snapshot' from 1,275 workplaces. It is expected that over time, subsequent surveys will include a larger and more representative sample of industries and occupations. This will provide a valuable addition to our knowledge of what issues are really worrying people in Australian workplaces, in the absence of any comprehensive attempt by governments to look beyond workers' compensation statistics, which we know record only a minority of work-related death, injuries and illnesses.

¹ The ACTU 2000/2001 national pilot survey of workplace health and safety representatives prepared for NOHSC.

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