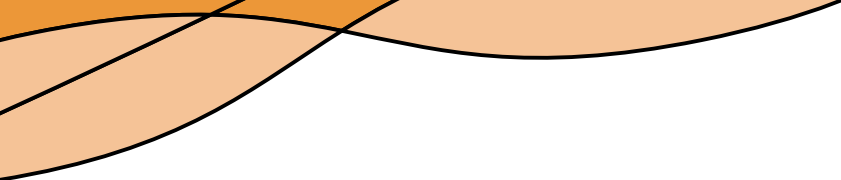


# Queensland Workplace Health and Safety Strategy 2004-12



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## Message from the Minister

The *Queensland Workplace Health and Safety Strategy 2004–12* is part of the Government's commitment to reducing the human and financial cost of work-related injury and illness. Each year in Queensland, work-related injury and illness is estimated to cost the community more than \$5 billion and claim around 100 lives.

The Queensland strategy follows a number of other safety initiatives, such as reform of the *Workplace Health and Safety Act 1995* and the *Electrical Safety Act 2002*. It is a blueprint for what Queensland aims to achieve over the next decade.

New penalties and responsibilities applying in workplaces have come into effect over the past 12 months. Some changes have brought new and tougher penalties; other changes provide better protection for workers. We have more inspectors to enforce the laws and have increased education and training for industry.

The co-operation and support offered by the community, particularly unions and employer groups, has shown what can be achieved when everyone works together to prevent work-related injury and illness.

The Queensland strategy, developed by the Workplace Health and Safety Board in partnership with Workplace Health and Safety Queensland, builds on this spirit of co-operation. It unites industry, unions, and the Government in the battle to make workplace health and safety a priority for all Queenslanders, city and country, across small and large workplaces.

The Queensland strategy adopts the principles of the National Occupational Health and Safety Commission's *National Occupational Health and Safety Strategy 2002–2012*, highlighting priorities and goals to reduce work-related death, injury and illness.

Five priority industries will be targeted to cut workplace incidents: manufacturing, construction, transport and storage, health and community services, and rural.

Three mechanisms of injury—musculo-skeletal disorders; falls, trips and slips, and being hit by moving objects or hitting objects with a part of the body—are also targeted. The Queensland strategy continues the partnership of Government, industry and unions working together to minimise the risk of workplace incidents.

I commend the Queensland strategy, and the Workplace Health and Safety Board, in presenting a far-reaching plan that reflects the needs and wishes of employers and employees—a plan that uses training, education and enforcement measures to help make Queensland workplaces safer and more productive.

**Tom Barton MP**

Minister for Employment, Training and Industrial Relations

## Statement of commitment

As key parties to the improvement of workplace health and safety in Queensland, we have accepted responsibility for the development and implementation of the *Queensland Workplace Health and Safety Strategy 2004-12*.

The strategy will focus our efforts in working together to implement interventions to dramatically improve Queensland's workplace health and safety performance to foster sustainable, safe and healthy enterprises that prevent work-related death, injury and disease.

We are committed to working cooperatively on the priorities, goals and actions identified in the strategy. We also commit to regularly reviewing our achievements against the strategy's plans and targets and will further develop the strategy in light of these achievements. We recognise that there are many other stakeholders who make significant contributions to improving Queensland's workplace health and safety performance. We invite them to adopt or contribute to the strategy and their contributions will be taken into account in its future development.

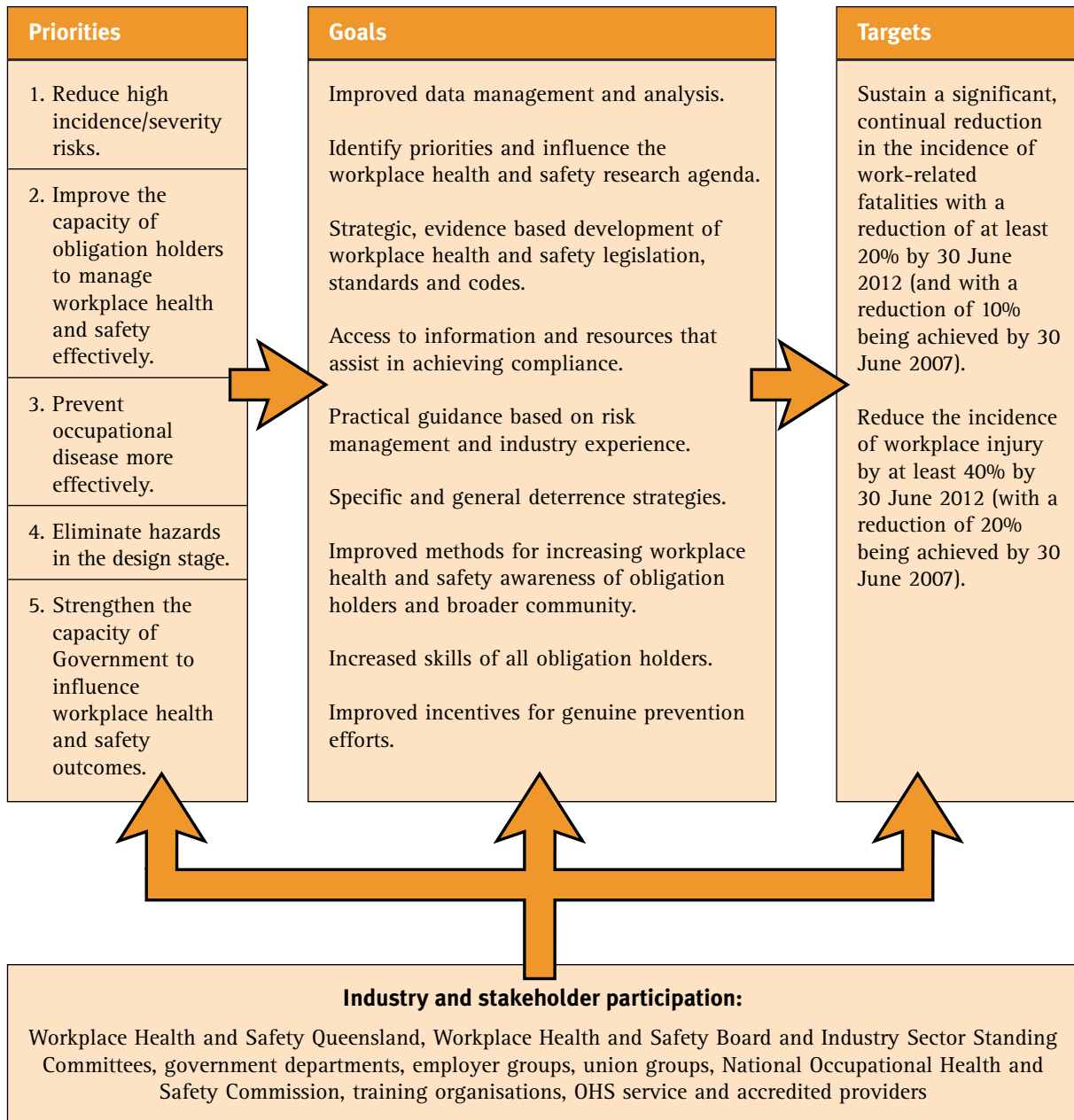
We commit to a strategy that is implemented in line with the following guiding principles:

1. partnership and commitment to improved workplace health and safety outcomes by all stakeholders
2. effective communication and consultation between stakeholder groups
3. priority be given to the goals and actions contained within the strategy
4. the strategy to be monitored and evaluated on a regular basis to ensure currency and effectiveness.

**Peter Henneken**  
**Director-General**  
Department of Industrial Relations

**Vince O'Rourke**  
**Chair**  
Workplace Health and Safety Board

## Queensland Workplace Health and Safety Strategy 2004–12



### Queensland vision

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The long-term vision for Queensland is workplaces free from death, injury and disease.

#### Queensland targets

The Queensland strategy has set targets as a step towards achieving its vision of Queensland workplaces free from death, injury and disease. These targets are also reflected in the National Occupational Health and Safety Strategy 2002–12.

The initial targets are to:

- sustain a significant, continual reduction in the incidence of work-related fatalities with a reduction of at least 20% by 30 June 2012 (and with a reduction of 10% being achieved by 30 June 2007)
- reduce the incidence of workplace injury by at least 40% by 30 June 2012 (and with a reduction of 20% being achieved by 30 June 2007).

Individual industries are encouraged to set or refine their own targets to complement the Queensland targets.

The targets are set to be challenging but achievable. The early stages of implementing the strategy will be used to refine the targets to reflect those set by individual industries and to refine the methodology and benchmarks for measuring and reporting progress against them. Current data limits the measurements of achievement largely to compensated work-related injury and disease.

Other targets and the data sources to support them will be identified over time.

#### Queensland priorities

Queensland priorities have been identified to guide the activities of the Workplace Health and Safety Board and Workplace Health and Safety Queensland in order to achieve a sustained and substantial improvement in Queensland's workplace health and safety performance over the next decade.

The *Queensland Workplace Health and Safety Strategy 2004–12* will be supported by five industry and three mechanisms of injury strategies that will provide a specific focus to the prevention effort. To guide and target prevention efforts, priority hazards, injuries and industries will be periodically reviewed to achieve continued improvements in health and safety.

#### Priorities:

1. reduce high incidence/severity risks
2. develop the capacity of business operators and workers to manage workplace health and safety effectively
3. prevent occupational disease more effectively
4. eliminate hazards at the design stage
5. strengthen the capacity of Government to influence workplace health and safety outcomes.

## 1. Reduce high incidence/severity risks

Although workplace health and safety problems can affect workers in any work situation, not all workers face the same degree or type of risk of injury as others. Risks may vary by, for example, the type of industry, occupation or work. By targeting hazards, injuries, industries or occupations where the incidence of injury and/or numbers of deaths is particularly high, significant improvements may be made to Queensland workplace health and safety performance.

Queensland priority hazards, injuries, industries or occupations will be periodically identified for prevention efforts in accordance with implementation of the national strategy.

Four industry groups have been nominated as initial national priorities for intervention commencing in 2004. Other priority industries will be identified in future years. The four industry groups are:

- manufacturing
- construction
- transport and storage
- health and community services.

Queensland has also identified the rural industry as a specific Queensland priority to commence in 2004.

The following mechanisms of injury have also been highlighted as national priorities for 2004:

- musculoskeletal disorders (body stressing)
- falls, trips and slips of a person
- being hit by moving objects/hitting objects with a part of the body

Workplace Health and Safety Queensland is currently working with the Industry Sector Standing Committees to develop strategic plans for each of the priority injuries and priority mechanisms of injury.

## 2. Develop the capacity of business operators and workers to manage workplace health and safety effectively

Capacities to control workplace health and safety risks and manage workplace health and safety effectively in workplaces range from the ability to identify, choose, implement, evaluate and adapt systematic approaches to workplace health and safety management, through to being able to participate in consultation on workplace health and safety matters, and carry out good workplace health and safety risk management practices. Such management practices should be integrated into day-to-day business operations.

This priority recognises that before employers and others take action to manage workplace health and safety, they must be motivated to do so. An aim of this priority is for obligation holders to understand the case for better systematic workplace health and safety management, including greater worker participation. A specific focus of this priority will be small to medium size workplaces.

### 3. Prevent occupational disease more effectively

Unlike traumatic injuries and fatalities, it may not always be possible to clearly identify the cause and effect relationship in the case of occupational disease and associated deaths. The effects may not show up for a considerable time after initial exposure to a particular hazard. Sometimes a particular disease may be caused by work and non-work exposures. The result of these factors is that opportunities to protect the health of workers may not always be immediately recognised.

This priority aims to develop the capacity of authorities, employers, workers and other interested parties to identify risks to occupational health and to take practical action to eliminate or otherwise control them.

### 4. Eliminate hazards at the design stage

Responsibility to eliminate hazards or control risk rests at its source. This principle applies to all sources of hazards. Responsibility falls on a wide range of parties, including those outside of the workplace such as designers, manufacturers or suppliers. This priority aims to build awareness and observance of this approach and to give people the practical skills to recognise design issues to ensure safe outcomes.

### 5. Strengthen the capacity of Government to influence workplace health and safety

The Queensland Government is a major employer, policy maker, regulator and purchaser of equipment and services. It has a leadership role in preventing work-related death, injury and disease in Queensland. This priority aims to sharpen the effectiveness of government departments and agencies in securing better workplace health and safety outcomes and providing examples of good practice.

#### Other indicators of success

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In addition to reducing work-related deaths, injuries and diseases, the strategy should improve the overall workplace health and safety environment. Some indicators of success will be:

- workplace parties recognise and incorporate workplace health and safety prevention efforts as an integral part of their normal business operations
- increased workplace health and safety knowledge and skills in workplaces and the community
- Governments develop and implement more effective workplace health and safety interventions
- research, data and evaluations provide better, more timely information for effective prevention.

## Workplace health and safety in Queensland

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Under the *Queensland Workplace Health and Safety Act 1995* and the *Workplace Health and Safety Regulation 1997* anyone whose actions could affect the health and safety of others has an obligation.

Workplace Health and Safety Queensland is responsible for regulating and enforcing workplace health and safety in Queensland. Together with the Queensland Workplace Health and Safety Board they provide strategic leadership across Queensland and coordinate efforts to improve workplace health and safety performance.

Workplace health and safety improvement ultimately depends on the actions of all those with the capacity to affect workplace health and safety in Queensland. This includes, but is not limited to:

- Queensland Workplace Health and Safety Board
- Workplace Health and Safety Queensland
- employers and employer groups
- workers and union groups
- OHS service providers
- WorkCover and Q-COMP
- training organisations (certification, workplace health and safety officers training and workplace health and safety representatives training)
- other Government departments and agencies
- National Occupational Health and Safety Commission
- designers, manufacturers and suppliers of workplace equipment, materials and buildings.

## Implementation of the strategy

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The *Queensland Workplace Health and Safety Strategy 2004-12* will be implemented through the workplans of the following groups:

- Workplace Health and Safety Queensland
- Queensland Workplace Health and Safety Board
- Industry Sector Standing Committees (formed under the *Workplace Health and Safety Act 1995*)

The strategy will require the commitment of all stakeholders and it is proposed that the Workplace Health and Safety Board (the peak consultative forum), in conjunction with Workplace Health and Safety Queensland, monitor and evaluate the implementation of the strategy.

## The challenge

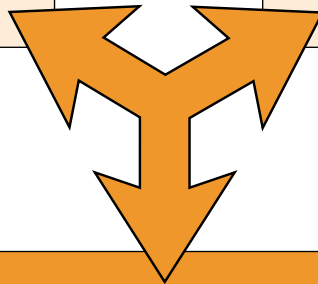
### Where we are in 2004?

#### Queensland workplace environment

- Increase in non-standardised work arrangements (e.g. casualisation, labour hire, 24 hour economy).
- Large percentage of workplaces are small to medium-sized enterprises.
- Higher growth in service industries compared with goods producing industries.

#### Workplace health and safety prevention issues

- Continued existence of the same predominant injuries and illnesses (injury from slips, trips and falls; musculo-skeletal disorders; and injury from being hit by objects).
- New and emerging work-related health issues (e.g. psychosocial issues, fatigue, occupational disease).
- Establishing a balance between education/awareness and enforcement.
- Declining workplace health and safety skills and awareness especially in small to medium-sized enterprises.
- Monitoring the regulatory framework to ensure coverage of workers and people with capacity to affect health and safety.
- Insufficient data on workplaces and workplace incidents. Many workplaces are not captured by traditional data collection methods.



#### Implications for the prevention of workplace injury and illness

- Existing resources need to be maximised to accommodate traditional, new and emerging issues (e.g. specialised intervention activities targeted for high-risk industries and injury groups).
- New data sources, management and analysis need to be developed.
- Greater coordination and partnering between industry, unions, and Government departments needs to occur.
- The regulatory framework requires greater strategic consideration, including more targeted and evidence-based inspection and enforcement programs.
- New and innovative ways of increasing workplace health and safety awareness and skills need to be developed particularly for small to medium-sized enterprises, new obligation holders (e.g. designers of buildings) and non-unionised workplaces.

## Goals and key actions

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The Queensland strategy identifies nine areas where action is required to underpin improvements in each of the five Queensland priorities and in workplace health and safety generally.

### Key areas

1. workplace health and safety data
2. workplace health and safety research
3. regulatory framework
4. compliance support
5. practical guidance
6. strategic enforcement
7. workplace health and safety awareness
8. workplace health and safety skills
9. incentives

In Queensland, prevention efforts will be focused in these action areas, with consideration given to the five priority areas. To implement the Queensland strategy a nine-year goal has been identified in relation to each of these areas.

Short-term key actions to achieve each goal are also identified. These key actions will be implemented over a one to three year period and will be reviewed and modified throughout the duration of the strategy.

## 1. Workplace health and safety data

### Goal: Improved data management and analysis

Data is essential for highlighting the major sources of workplace injury and disease and targeting prevention efforts. Comprehensive data also assists in identifying benchmarks for assessing workplace health and safety performance.

Key actions	Proposed completion date
1.1 Use existing data sources (qualitative and quantitative) to develop a workplace health and safety data warehouse for strategic information on workplace health and safety outcomes and effective prevention strategies.	June 2004
1.2 Introduce an objective methodology based on the analysis of warehouse data to identify priority areas for policy development, legislative review, compliance auditing and program evaluation.	June 2004
1.3 Review and evaluate outcomes of data warehousing and targeting.	Ongoing

## 2. Workplace health and safety research

### Goal: Identify priorities and influence the workplace health and safety research agenda

Research provides information and advice on the most current and effective methods of preventing workplace injury and illness. It is essential that this evidence is utilised to improve the effectiveness of prevention efforts.

Key actions	Proposed completion date
2.1 Identify research priorities for Queensland that support the prevention of workplace injury and illness.	July 2004
2.2 Explore research partnerships and influence workplace health and safety research agenda.	Ongoing
2.3 Communicate, disseminate and apply relevant research findings.	Ongoing

### 3. Regulatory framework

#### Goal: Strategic evidence-based development of workplace health and safety legislation, standards and codes

Workplace health and safety in Queensland is regulated by the *Workplace Health and Safety Act 1995*. In addition, Workplace Health and Safety Queensland develops supportive subordinate legislation in the form of regulations, advisory standards and codes of practice. They comprise the regulatory framework.

Strategic, evidence-based development of the regulatory framework entails focusing on areas of activity where evidence indicates high risk of death, injury or illness.

Key actions	Proposed completion date
3.1 Review effectiveness of regulatory framework in relation to Queensland priorities (i.e. priority industries and injuries, safe design, occupational disease etc).	August 2004
3.2 Use evidence to identify need for new changes to regulatory framework.	Ongoing

### 4. Compliance support

#### Goal: Access to information resources that assist in achieving compliance

The provision of and access to information and tools that assist obligation holders achieve compliance with workplace health and safety legislation is essential to achieving improved workplace health and safety outcomes. Compliance support includes providing easy access to clear and simple workplace health and safety information that will assist in improving compliance with legislation.

Key actions	Proposed completion date
4.1 Identify the industries/stakeholders requiring compliance support.	August 2004
4.2 Determine the best approaches for the nature of the target industry (e.g. small business and big industry have different information support needs).	December 2004
4.3 Improve access, where necessary, to existing information e.g. website, publications.	Ongoing

## 5. Practical guidance

### Goal: Practical guidance based on sound risk management principles and industry/worker experience

Practical guidance is required to assist obligation holders in recognising the relevance of legal requirements to their operations and to support their application of risk management principles in their workplaces. Practical guidance focuses on providing practical and useful information and solutions to workplace health and safety issues. Practical guidance forms a central part of the compliance support action area.

Key actions	Proposed completion date
5.1 Assess the need for and effectiveness of current guidance material.	July 2004
5.2 Develop a strategy framework for the creation of guidance material (e.g. Departmental driven vs industry driven).	October 2004
5.3 Identify gaps and eliminate overlaps in guidance material (e.g. greater use of materials from other jurisdictions) and align it with priority areas.	June 2005

## 6. Strategic enforcement

### Goal: Specific and general deterrence strategies

The key principles of strategic enforcement are targeting, consistency, transparency and proportionality aligned with contemporary statutory legislation.

To administer workplace health and safety throughout Queensland and across diverse industry groups effectively, resources must be focused on achieving the greatest impact. Strategic enforcement requires the allocation of regulatory effort to high risk industries and situations in order to ensure that workplace health and safety interventions have the most significant positive outcomes. Enforcement action will be proportionate to risks at the workplace and the seriousness of an injury when it occurs. More serious risks will warrant more severe enforcement action.

Key actions	Proposed completion date
6.1 Maintain and regularly review <i>Queensland's Enforcement Framework</i> with consideration given to Queensland priorities and current research.	July 2004
6.2 Update and enhance the enforcement and compliance strategies including targeted reactive and proactive interventions and enhanced investigations and prosecution processes to ensure strong deterrence and improved workplace health and safety outcomes.	Ongoing
6.3 Develop new inspection strategies and tools including testing current approaches and exploring new alternatives.	Ongoing

## 7. Workplace health and safety awareness

### Goal: Improved methods for increasing workplace health and safety awareness of obligation holders and broader community

Raising community awareness and expectations is an important element in strengthening workplace commitment and motivation for higher standards of workplace health and safety performance. Such programs can assist in the community accepting that work-related injuries are preventable and not just 'part of the job'. The messages of community awareness programs need to be targeted to specific audiences and provide for a response through structured follow-up activities, events and programs.

Key actions	Proposed completion date
7.1 Conduct stocktake of current 'public awareness' strategies in Queensland and nationally.	July 2004
7.2 Review the effectiveness of different types of public awareness strategies.	December 2004
7.3 Introduce new strategic public awareness strategies for Queensland.	March 2005

## 8. Workplace health and safety skills

### Goal: Increased skills of all obligation holders

Developing the skills of obligation holders to manage workplace health and safety ensures Queensland workplaces have the ongoing capacity to manage existing and emerging workplace health and safety issues. Skills need to be developed in the workplace and among all practitioners, inspectors, researchers and obligation holders—particularly those that have the ability to impact on workplace health and safety.

Key actions	Proposed completion date
8.1 Stocktake of existing training programs (e.g. vocational education and training, schools, inspectorate, higher education, registered training organisations etc).	August 2004
8.2 Review the effectiveness and appropriateness of existing training and education programs.	October 2004
8.3 Introduce a new strategic framework for maximising workplace health and safety skills development.	June 2005

## 9. Incentives

### Goal: Improved incentives for genuine prevention efforts

As workplace health and safety performance appears to plateau, it is necessary to provide effective incentives to encourage Queensland workplaces to focus on prevention and safety management in order to reduce the significant cost of workplace injury and disease. Effective incentives will motivate behavioural change towards improved health and safety outcomes.

Key actions	Proposed completion date
9.1 Explore and develop incentives for workplaces (e.g. link to enforcement strategy).	July 2005
9.2 Examine linkages between claims experience and potential incentive programs.	December 2005
9.3 Implementation of effective incentive programs.	December 2005







**Queensland**  
Government

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