

AMENDMENT TO FIRE SAFETY REGULATIONS - PROPOSED

This is what we have proposed to the Minister of Local Government Hon P Bennett.

Proposed Schedule 5 - Fire Warden Training to be provided.

- (a) The occupants of a building who are employees of the owner of the building or, if the building is tenanted, the occupants of the building who are employees of the tenant, must be trained to assist any other occupants of the building to evacuate the building, in a fire emergency requiring evacuation, in accordance with the evacuation procedure for the building. <This is the present clause 8 (2).> The training must include:
- (b) The different types of fire extinguishers and their limitations. The practical use of the correct type of extinguisher for the fire being engaged.
- (c) The importance of Fire Wardens being trained in the shutting of windows and doors to seal off the fire from the rest of the building.
- (d) The need for a Head Warden to carry out satisfactory monthly Fire Safety inspections to achieve a high level of protection from fire.
- (e) The provision of suitable smoke detectors plus the checking of smoke detectors or other apparatus provided for advance (early) detection and control of fire.
- (f) The need to understand and to follow the stated Regs and not just those for the evacuation procedures. This is Regs 9 to 13 - about appliances, control of open flames, packing and unpacking of goods, storage of materials and refuse, use of fire equipment.
- (g) The Building Owner will be responsible to ensure that at all times there is one Fire Warden plus a Deputy for every fire cell (part of the building) appointed and properly trained in the role and duties. There must also be a Head Warden plus a Deputy Head Warden. For large sites there should be a Security Warden to control the car park. For the very large sites there should also be Rescue Wardens with appropriate rescue gear.

HUGE FINE FOR FARMER

Southland farmer Frederick McCullough has been ordered to pay reparation of \$100,000 and has been fined \$52,000 over the August 2013 death of a worker on his farm. The employee died when he was crushed between an excavator and some tree stumps while he was helping to clear scrub at the Orepuki farm run by McCullough. The employee was in a position five metres away from the excavator, which McCullough was driving, as it was dragging a log backwards.

"McCullough should have identified a 'safe area' on site and ensured the employee was in it before driving or slewing (turning) the excavator. Safe areas are a simple but important way to protect workers. "The excavator could also have had rear vision mirrors and a travel alarm that warns people when the machine starts to move.



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News & views from Summit December 2014



HEALTH & SAFETY LAWS IN SOME PARTS OF SE ASIA?

MALAYSIA was an example of a country where they wanted to show their allegiance to the Commonwealth and hold the Commonwealth Games of 2002. For several years prior to the games there was hustle and bustle as the villages were constructed with modern accommodation and event centres.

Then almost as an afterthought, they were forced to adopt Health and Safety laws so that the competitors would be safe and would enjoy safe standards on the streets and at the venues. Fines of 50,000 ringits were specified for offences. In plain language, enough money to buy a nice new motorcar. In practice, Malaysia adheres to Muslim law plus a mixture of English Law.

INDONESIA The ILO office for Indonesia has closely worked with its tripartite partners to strengthen national OSH system and to ensure that OSH issues are fully integrated and covered in all ILO's programmes as a fundamental part of the ILO Decent Work agenda in Asia. All programmes and projects under the ILO-Jakarta have a component to ensure the improvement of OSH implementation through research and training programmes. The ILO's health and safety mandate includes helping workers, employers and governments respond to the challenges created by HIV/AIDS and by influenza pandemic through its HIV and AIDS programme and Avian Influenza and the Workplace project.

To assist the workers in Indonesia in applying their right to receive protection on OSH, ILO Jakarta collaborated with Japan International Labour Foundation (JILAF) and the three major confederations (KSPSI, KSPI, and KSBSI) in Indonesia in implementing joint OSH training programs based on the existing JILAF-KSPI POSITIVE Programme in Indonesia.

THAILAND is much more progressive and has even updated the original laws. Thailand revised its laws concerning health and safety at work Part II - The Safety, Health and Workplace Act (2011). In December 2010, the Labour Protection Act (No. 4) was passed. It came into effect in July 2011. The purpose of this Amendment Act was to delete certain provisions of the Labour Protection Act (1999), and in consequence to revise certain punishment provisions contained in the LPA.

SINGAPORE is the winner of the second prize for SE Asia. Singapore adopts a national, strategic and long term approach to achieve sustainable, continuous improvement in Workplace Safety and Health performance. WSH 2018, the National Strategy for Workplace Safety and Health for Singapore, aims to bring down the national fatality rate to less than 1.8 per 100,000 workers by 2018, and thus achieve one of the best safety records in the world. The Ministry of Manpower places considerable emphasis on inculcating a culture of safety and health in all workplaces, and reinforcing the message that poor safety management could lead to costly losses. All employees and stakeholders are encouraged to take responsibility for workplace safety and health, and proactively plan to minimise risks. Also, those who create workplace safety and health risks will be held accountable.

2.

VIETNAM IS TO BECOME SAFE IN 2015?

Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) Viet Nam ratifies Convention 187. The Convention is expected to help the country with its work safety laws and international trade negotiations. It will enter into force on 16 May 2015 and it aims to promote the continuous improvement of working conditions to prevent work injuries, diseases and deaths through national policies and programmes in line with international labour standards. Viet Nam has also ratified the Occupational Safety and Health Convention, 1981 (No. 155) in 1994.

PHILIPPINES IS REGIONAL ASIA WINNER, WITHOUT A DOUBT

Since 1948, the Philippines has ratified 31 ILO Conventions, including OSH related Conventions, such as ILO Conventions (138 and 182) on the Elimination of Child Labor. Initiatives are under way to consider ratification by the Senate of ILO Convention 155 on Occupational Safety and Health and Working Environment and ILO Convention 161 on Occupational Health Services. Ratification of ILO Convention No 155 as well as the new ILO Convention on the promotional framework for OSH would give a great boost to OSH practices in the Philippines. The Philippines has had good quality legislation in place for HSE since 1974 which is almost the same date as it was enacted by President Richard Nixon USA.

SMOKE DETECTORS MAY WORK?

We are informed that the Photo type will work in about 3 minutes whereas the other types (Ionising – those best for chemicals) may take 15-20 minutes and are of little use until the fire has become well established. We further understand that it is now possible to get a dual type of detector that will activate for both smoke from smouldering and from accelerants. Currently, 80% of the detectors in use are best for chemicals.



HSNO & RMA - BIG FINES APPLIED

Ruapehu Alpine Lifts Limited, which operates and manages the Turoa ski field, has been convicted and fined \$60,000 after approximately 19000 litres of diesel contaminated Raetihi's water. Between 26-27 September 2013, the diesel leaked into the Makotuku Stream from an above ground storage container at the company's operations base at the ski-field. The leak happened when a booster pump continued to operate after transferring 3000 litres of diesel between two storage containers. The pump caused pressure to increase and a hose detached, pumping the entire contents of a half-full 40000 litre container into the environment.

A WorkSafe New Zealand investigation found there was a lack of maintenance and repair work completed on the storage container system in the five years before the spill. A number of issues were identified, including dispenser sumps leaking water and requiring gaskets, and a failure to control rock and ground movement to prevent impact damage and to allow for proper visual inspections of the container system and electrical control box.

Ruapehu Alpine Lifts was convicted under the Hazardous Substances and New Organisms Act for failing to adequately maintain the diesel storage container. Ruapehu Alpine Lifts was also sentenced in respect to one charge laid by the Manawatu-Whanganui Regional Council under the Resource Management Act. Additional fines of \$240,000 were imposed in respect of that charge.

3.

HOW ACC LOADINGS ACTUALLY WORK IN REALITY

Most Medical Practitioners have a good knowledge of the process of making ACC claims. Usually, they do not realise that the victims (patients) pay four lots of ACC. One is deducted as the employer fund from their IRD tax. The second one is the motor vehicle fund. The third one is employee fund or for accidents away from work and number four is the non-earner fund for the very young and very old paid out of general taxation. The Medical Practitioners sometimes do not understand the implications for the employer.

The employer has to pay the first week of wages to the victim and then ACC takes over at 80% of the normal pay in recent weeks and then after one month it changes to 80% of the whole year including lost time and holidays or about 70% of the normal wage.

But there is worse to come. When the victim report for an employee is received in Wellington it becomes part of the employer file. All treatment is added to the file. This means not only the doctor expenses but also a night in Hospital plus any drugs or bandages etc. In addition there is likely to be a case Manager, possibly a PhysioTherapist and an Occ Therapist. In addition, it may be necessary for the Doctor to refer to a Medical Specialist if complications develop.

Some Doctors do not understand the huge expense wheel that is now turning. When I was Planning Manager for Secondary Care in Canterbury, one night in Christchurch Hospital 25 years ago was \$960. In today's language you need to think about \$5,000 per night. Some of the lesser Hospitals are a lesser amount of course. A plaster cast is likely to be several hundred dollars. But the real expenses have only started.

A Case Manager that I knew some 20 years ago was a 40-year-old nurse and she was on \$65 per hour. Her travel was \$100 every time she moved her car. In today's language you need to think about \$200 per hour plus \$200 per trip. The Physio may be about the same amount and the Occ Therapist about the same amount again. These three people are providing victim support with extensive reports on behalf of ACC and their payments could come to \$1,000 each plus travel costs. Specialists seldom try to set up an income stream and are well known for best endeavours to get a prompt high quality victim outcome.

A broken leg on a Farm Bike was costed by ACC at about \$14,800 in 1992. You now need to multiply that by 5 and this means \$74,000. Using the Company Doctor scheme would not mean avoiding proper treatment of the Farm Bike accident but it might mean a reduced level of cost. This can happen, if the Employer is willing to take a positive involvement and agrees to assist with good quality rehab treatment such as visits from the workmates and back to work schemes on light or restricted duties.

In our view, the worker would much prefer to have visits from his or her workmates than from an unknown professional caregiver that may be highly qualified but unlikely to be able to provide the same level of camaraderie and moral support available from good friends.

In the case of a less severe laceration or fracture involving a plaster cast with no nights in Hospital, it could be possible for the good Employer to provide rehab support and light duties and have the worker getting back to work in one week instead of five. The bottom line costs are likely to be a fraction of the normal loadings on the employer account.

In summary, the benefits of the Company Doctor scheme are several. They benefit the employer who saves considerable expenditure and retains some potential use of the worker. It should be noted that the ACC penalty loadings go on file and can last for up to three years. Also the employee (who may be referred to as the victim - not the patient) in terms of an improved income and improved rehabilitation with an option of partial return to work early.