

**The Cancer Society of New Zealand's  
submission on the discussion document  
outlining proposals for new Health and Safety  
Regulation to support the new Health and Safety at Work Act**

30 July 2014

As pointed out in its oral submission on the Health and Safety Reform Bill (22 May 2014), the Cancer Society is supportive of the Bill's aim to protect the health and safety of any person working for a PCBU, regardless of whether they are paid or volunteers. The Bill recognises that volunteers should have their health and safety protected because their well-being and work are as important as the well-being and work of paid staff.

It's important that the Health and Safety at Work Act and its regulations don't impose unnecessary or disproportionate cost on the community and voluntary sector, and that it is easy to for duty holders to understand how, and feasible, to meet their primary duty of care.

The Cancer Society therefore recommends that clear and concise information is provided to the voluntary and community sector. This could be through the inclusion of "what might this look like in practise" examples in the regulations and/or the provision of factsheets similar to what Safe Work Australia provides.

The implementation of the Health and Safety at Work Act will come with an upfront cost to workplaces. Therefore a sufficiently long transition period for workplaces to adjust will be required. Financial support is also required for the community and voluntary sector that operates with decreasing budgets and increased demands.

In regards to the draft regulations the Cancer Society has the following comments.

**Chapter 3 Regulating worker participation, engagement, and representation**

Q12. - 16.

Under the new Act, a workplace is defined as a place where work is carried out for the purpose of the PCBU. Any regulation put in place should only apply to workplaces where the PCBU has control over this workplace.

For example: the Cancer Society volunteer drivers use their own cars for the Cancer Society transport service. Although the Cancer Society can check whether the car is registered and carries a WOF, it cannot influence what car (with what safety standards) this volunteer should drive while engaged with a job for the Cancer Society.

If a rural group is having a group meeting or are undertaking a Cancer Society activity (e.g. sewing silky pillows for breast cancer patients) from a group member's home, this group member should not be required to develop an emergency plan, provide first aid equipment and/or ensure someone is trained to administer first aid in the workplace.

Suggestions and examples that can be done by the Cancer Society to promote safe environments in these contexts would be welcome.

Context for Q 39. - 49.

PCBU must commence negotiating for a work group with the workers and any worker representatives when a worker notifies the PCBU that they want a Health and Safety representative. Since the definition of a worker includes volunteers, it could be a volunteer requesting for this.

Q 39. The factors that need to be taken into account when deciding on work groups could mean that a multitude of workgroups is required for organisations like the Cancer Society that engages over 3 000 volunteers who undertake a variety of work at many different places of work. This would result in increased administration/bureaucracy and is therefore unrealistic.

The Cancer Society suggests to include examples of what work groups would look like for a range of community and voluntary organisations. The regulations should provide alternative ways that enable worker participation and engagement that are better suited to the community and voluntary sector.

Q 41. For organisations that have set up a work group made up of volunteers it may not always be possible to find a Health and Safety representative that meets the criteria as set out in the Regulations. Additionally, trends show that volunteers are increasingly interested in project based - short term commitments. Health and Safety representatives take time to become familiar with their role and perform it effectively. The regulations should therefore provide alternative ways to establish Health and Safety representation for these situations.

Q 46 + 49. Training provision that is most cost effective (incl. less time away from work, less travel), is most sustainable for the community and volunteer sector. This could include blended learning or online learning. Volunteers Health and Safety representatives often are employed (full time) by another organisation or business. The training offered needs to be accessible to these people who may not be able to take time off from their paid employment to attend the Health and Safety training (as part of their voluntary role).

#### **Chapter 4 Regulating work involving asbestos and Chapter 5 Regulating work involving hazardous substances**

We note the technical aspect of these two chapters and seek assurance that relevant experts (academics, health practitioners) have been engaged to comment on these proposals. For example the Asbestos Disease Panel for Chapter 4.