



Factors driving safety performance

- **Changing Safety Behaviour - Persuading and Influencing**
- **Improving Safety Meetings**
- **Training and Safety**
- **Workload / Overload and Safety**
- **Employee Selection and Induction**
- **Medical programs and facilities**
- **Fear of Repercussions**

Process

Review the actions for each factor.

Identify three things we do well and three things we could do better.

In relation to the things we could do better, ask – what needs to happen?
What do I need to initiate?



Changing Safety Behaviour - Persuading and Influencing

1. Assumptions about safety situations are identified and compared against the known facts.
2. Facts are separated from opinions or inferences in discussions about safety situations.
3. We explore why and where assumptions have come from.
4. Pre-conceived ideas about safety situations are challenged constructively.
5. We express what we are really thinking and feeling about a safety situation.
6. We encourage others to express what they are really thinking about safety situations by stressing the importance of doing this and that we are genuinely interested.
7. Even if what others are really thinking is something uncomfortable but important to safety we would rather know than not know.
8. We ask people where and why they feel unable to change their behaviour in relation to safety.
9. We explore what it is that people are afraid might happen or what it is they are fearful of losing by changing their safety behaviour.
10. We explain how what we are proposing will provide safety benefits for us and others.
11. Any negative aspects of changes in relation to safety and the consequences on all relevant people are explored.
12. We check how people feel about things once the situation has been explored in greater depth.
13. We check the level of conviction and commitment to changes in relation to safety.
14. We confirm what people will do as a result of discussions about changes to safety practices.
15. In discussing safety, we look for the best argument, not to win the argument.
16. In discussions on safety, we ask others to explain how they came to their view or to expand on their view.
17. We make our own reasoning clear by saying how we arrived at our view and on what it is based.
18. We achieve better ways of thinking about safety by providing different background, information, knowledge, perspectives and interpretations.
19. We explore what it is about the safety situation, about me or others that is making open exchange difficult.
20. We explore what we see as possible limitations in our thinking.



Improving Safety Meetings

1. The need, importance and benefits of improving safety meetings are agreed.
2. Participants raise issues to include on the agenda.
3. Prior to the meeting, we circulate the agenda and its objectives and agree the expectations regarding the input required from relevant people.
4. We think through the issues prior to the meeting to plan our contribution.
5. We set a time limit on the meeting's duration which will allow enough time for the discussion of all agreed objectives.
6. We start the meeting on time, even if some people aren't present.
7. We end the meeting on time, regardless of whether objectives are achieved.
8. The number of objectives are limited to those that can be achieved within the time available.
9. We employ different ways of making the meeting interesting.
10. The discussion is managed by nominating who is to talk, and when.
11. The objectives, format and expectations are clarified at the start of the meeting.
12. The key points and decisions reached during the meeting are recorded by all relevant people.
13. The leadership role is rotated so that other people develop the confidence and competence to conduct effective safety meetings.
14. Participation is encouraged by ensuring that every person's contribution is heard and by asking questions of non-contributors.
15. We ensure that all discussion is relevant to the objectives of the safety meeting.
16. We ask talkative members to clarify how their comments relate to the objectives of the safety meeting.
17. We maintain a record of what is agreed, who will do what and by when. (I call it a Risk Accountability Record).
18. Ground rules governing the way we conduct ourselves during safety meetings are agreed and applied.
19. Safety meetings are held at a frequency and duration to maintain a constant focus on safety.
20. Decisions made during safety meetings are followed through.
21. The effectiveness of our safety meetings is reviewed appropriately.
22. Weekly or fortnightly safety meetings are supported by all relevant people including sub-contractors and elected trade representatives on site.
23. The timing, duration and frequency of safety meetings are effective.
24. Ways to improve the effectiveness of our safety meetings are explored and applied.



Training and Safety

1. The need for and benefits of improving safety training are explored and accepted.
2. The specific, high priority, safety training needs of all people in our work group are identified.
3. We contribute to determining our safety training needs.
4. A safety training plan and strategy is prepared.
5. We are informed of and participate in safety training opportunities.
6. The prepared safety training plan and strategy is followed through.
7. A budget is provided for future safety training needs.
8. We assist in the safety training of each other by providing on-the-job training through coaching and mentoring when required.
9. Safety training priorities for staff which link into the strategic plan for our area are established.
10. People who take the initiative to develop their safety competence are acknowledged and given recognition.
11. The multi-skilling needs of staff are identified and incorporated in the safety training plan and strategy.
12. Quality “off-the-job” safety training opportunities are provided to meet identified needs.
13. Team members undergoing safety training in a specific area know what will be expected in terms of application to their role.
14. After safety training has taken place, we discuss how the newly acquired skills and knowledge will be applied back at work and transferred to others, if relevant.
15. We follow through to ensure that new skills from safety training are applied in the workplace.
16. Safety training activities for team members to learn better safety behaviours are provided and applied in the work place.
17. We seek opinions from our workmates in relation to the safety skills that they think we need to develop.
18. Training in how to be a safety coach or mentor is provided to those who may be required to perform this role.



19. People who have a particular expertise in safe work practices become an authority and adviser to relevant others.
20. Team members have the competence to achieve safety objectives and targets.
21. We have a process for ensuring that people performing tasks are competent, considering their education, training and/or experience.
22. Safety training is provided when employees transfer to different jobs.
23. Training is provided and evaluated for positions requiring particular training because of the potential risk.
24. Safety training is provided for non-English speaking people in a format relevant to their language skills.
25. Training records are effective and used.
26. Senior management do what needs doing to support the implementation of the safety training plan.



Workload / Overload and Safety

1. We discuss how our workload may be compromising safety.
2. We explore more efficient ways of managing our workload safely.
3. We identify staff that has spare capacity.
4. We agree which jobs / tasks could be allocated to another person.
5. We confirm that the other person is capable of performing the allocated task(s).
6. We check whether the way we or others do things is contributing to a work overload where safety is compromised.
7. Time-wasting activities that create pressure to work unsafely are explored and remedied.
8. Our systems and procedures are reviewed on a regular basis to check that they are not contributing to an unsafe workload.
9. We collaborate with other areas to help to reduce unsafe workload.
10. The priorities of the current workload where safety may be compromised are re-assessed.
11. Our focus is on high priority tasks as long as safety is not compromised.
12. We make sure that others are aware of the work overload of a team member and seek ways to reduce that overload.
13. Those who seek to assist others to reduce their workload are acknowledged and recognised.
14. We ask how we can all help each other to ensure that a team member is not overloaded.
15. Senior management do what needs doing to assist us to reduce workload/overload where safety may be compromised.
16. Actions to reduce workload/overload where safety may be compromised are implemented and followed through.



Improving Safety 4

Employee Selection and Induction

1. Demonstrable evidence of health and safety performance features in selection criteria for recruitment.
2. Previous health and safety performance is checked prior to selection.
3. A pre-placement medical examination is conducted.
4. If required by the nature of the work activities, subsequent medical examinations are conducted for health surveillance purposes.
5. Information from medical examinations is recorded.
6. Relevant psychological and motor ability tests are conducted and used to guide the selection decision.
7. Physical requirements for the job are described in the position description.
8. All new employees receive an effective induction.
9. Our health and safety policy, practices and expectations are clarified during induction.
10. Health and safety training is covered and tested during induction.
11. Training includes written job instructions, work method statements, safe operating procedures.
12. Job instructions include health and safety aspects.
- 13. Checks are made to ensure employees' competence to carry out their tasks safely.**



Medical programs and facilities

1. We employ or have access to the appropriate qualified, medical staff – first aid attendants, occupational health nurses, occupational physicians, occupational hygienists – as required.
2. First aid training is effective and sufficient.
3. We have an effective arrangement for the provision of first aid supplies and facilities.
4. We have an effective procedure for obtaining first aid assistance.
5. First aid facilities and medical treatment facilities are effectively located and kept in good order.
6. Emergency facilities are available if the normal first aid attendant is unavailable.
7. Emergency telephone numbers to contact medical staff are readily available.
8. Facilities are available for the transportation of injured to hospital.
9. A directory of physicians, hospitals, ambulances is easily and quickly accessible.
10. We conduct and evaluate health education programs.
11. Leisure facilities are available, promoted and used (eg. sporting, gymnasium, recreation).
12. Counselling and / or referral facilities are available to employees with health problems such as stress or alcohol / drug addiction.
13. We promote a healthy lifestyle.
14. Particular health risks / problems at the workplace, such as harmful substances / work processes are discussed and agreed.
15. The hazards associated with these are understood and accepted.
16. We take the appropriate action to minimise the effects of these hazards.



17. We investigate the warning signs of problems, such as 'disease patterns' (examples - a number of people suffering from headaches, nausea, rashes, eye irritations, coughing, etc.)
18. Health surveillance is carried out appropriately or as required by legislation.
19. Rest breaks are adequate.
20. Our rehabilitation program has reduced the cost of injuries.
21. The rehabilitation services provided are effective.



Fear of Repercussions (This is an important factor but it does require a mature group to be able to deal with it effectively).

1. The benefits of exploring any fear of repercussions from anybody for raising issues related to unsafe work practices are discussed and accepted.
2. The possible threats or possible repercussions for raising issues related to unsafe work practices are explored.
3. The consequences of people being reluctant to speak openly and honestly about unsafe work practices because of a perceived threat to them or fear of repercussions are examined.
4. The things which currently happen which reinforce the perceptions of threats or repercussions are identified and discussed
5. We identify the nature of repercussions and agree what behaviour is acceptable and unacceptable.
6. We have an open environment where we all feel free to raise issues regarding unsafe work practices with no fear of repercussions.
7. We deal with the facts when discussing issues which pose a threat to people.
8. We identify which perceptions about repercussions can be influenced by management.
9. We discuss what can be done to reduce the perceived fear in each situation.
10. The role of all people in reducing fear of repercussions or threats in the workplace is agreed and followed through.
11. Senior management do what they need to do to help reduce fear in the workplace.
12. How our 'organisational culture' contributes to psychological fear and what needs to be done to change it is examined and resolutions agreed and followed through.
13. Unacceptable behaviour is monitored and remedial actions taken where necessary.



Reasons why safety issues are not raised

- Speaking out about unsafe work practices will cause trouble for others.
- Desire to avoid conflict
- Nothing will change – speaking up does no good
- Being cut out of high level discussions
- Looking ignorant
- Looking incompetent
- Damage to relationship with boss
- Loss of employment
- Being rejected by boss
- Damage to relationship with workmates
- Being rejected by workmates
- Embarrassment / loss of self-esteem
- Suggestions being ignored
- Raising 'bad news'
- Losing influence
- Being labelled