

**NOHSAC**

National Occupational Health  
and Safety Advisory Committee  
*Komitii Tōhūohu Māhi A-Motu Hāora me te Haumarū*

# FOURTH ANNUAL REPORT TO THE MINISTER OF LABOUR

**AUGUST 2007**

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# Foreword

This is the fourth annual report of the National Occupational Health and Safety Advisory Committee (NOHSAC). The report summarises the work of the Committee during 2006–2007. NOHSAC was established in July 2003 to provide independent contestable advice and currently reports to the Minister of Labour on major occupational health and safety issues. During this time, the Committee has produced a series of reports that have focused on the major issues relating to occupational health and safety in New Zealand.

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The Committee's latest report, *National profile of occupational health and safety in New Zealand: Report to the Minister of Labour*, includes issues identified not only by the current research but also after extensive consultation with stakeholders. It also summarises the relevant findings from our earlier reports. All of the elements of an effective occupational health and safety system are potentially present in New Zealand, but these are spread across a number of government agencies and are often not co-ordinated. This is particularly true with regard to the surveillance of occupational disease and injury and the surveillance of workplace exposures and controls.

What is worrying is that many of the issues identified in the national profile report have been identified in previous reports to the government, not only by NOHSAC, but also by various government agencies and other advisory committees. Stakeholders interviewed for the national profile report expressed particular concerns about codes of practice and other guidance materials, standards for health and safety consultants, the Accident Compensation Corporation's incentive programmes and the decline in technical capacity for occupational health within government agencies.

Recently announced funding initiatives will provide more funding for occupational health and safety but will at best restore funding to the equivalent of the level of a decade ago. As noted in the national profile report, increased spending on occupational health and safety alone will not necessarily lead to a corresponding reduction in work-related disease and injury. Prevention programmes and health and safety policies developed by government agencies must be evidence-based and evaluated for effectiveness. Workplaces must be able to access relevant and current information from government agencies to assist in the development of effective health and safety systems in the workplace.

Most importantly, successful occupational health and safety systems are characterised by effective co-ordination and integration between research and analysis, policy development, data systems (including surveillance) and programme implementation in an all-of-government approach.



**NEIL PEARCE**

*Chair, National Occupational Health and Safety Advisory Committee*

# The National Occupational Health and Safety Advisory Committee

The National Occupational Health and Safety Advisory Committee (NOHSAC) was established in July 2003. The Committee's function is to provide independent advice directly to the Minister of Labour on major occupational health and safety issues.

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## **TERMS OF REFERENCE**

The key tasks for the Committee are to:

- provide an independent assessment to the Minister on the major occupational health and safety issues for the New Zealand workforce
- advise the Minister on measures that would deliver the greatest benefit for the prevention of occupational injury and disease
- develop an evidence-based approach to occupational health and safety issues
- develop and implement an annual work programme approved by the Minister, including a research agenda
- have due regard for available resources and how the Committee's advice might impact both on occupational health and safety and on economic development
- advise the Minister on such other matters as the Minister specifies by notice to the Committee.

## **MEMBERSHIP OF NOHSAC AT JUNE 2007**

The membership of the Committee represents a range of expertise within the broad fields of occupational health and safety. The Committee meets at least five times a year to discuss issues related to its Terms of Reference and to review progress on its work programme. The Committee is supported by a Secretariat, comprising a project manager and a part-time administrative support officer.

## **PROFESSOR NEIL PEARCE**

Professor Neil Pearce is currently the Professor and Director of the Centre for Public Health Research, Massey University. Professor Pearce has extensive research experience, with particular interests in occupational epidemiology, asthma epidemiology and more general public health research. Professor Pearce has previous experience in chairing committees, including chairing the Health Research Council Public Health Research Committee. Since 1988, Professor Pearce has been appointed to numerous committees advising government, including the Occupational Health Technical Advisory Committee and the Ministerial Advisory Panel on Work-related Gradual Process, Disease, or Infection.

#### **DR EVAN DRYSON**

Dr Evan Dryson is a practising occupational medicine specialist, lecturer and the Immediate Past President of the Royal Australasian College of Physicians – Faculty of Occupational Medicine. Dr Dryson has significant expertise and experience in the clinical practice, diagnosis, management and rehabilitation of people with occupational disease. He has strong affiliations with a range of international occupational health/disease bodies. Dr Dryson has also published widely in New Zealand and overseas on original research into occupational medicine.

#### **ANNE-MARIE FEYER**

Anne-Marie Feyer is currently Partner, Health Advisory Practice, PricewaterhouseCoopers, Sydney. She continues to have a professorial appointment in the Department of Social and Preventive Medicine, University of Otago, Dunedin. An expert in occupational injury epidemiology, Anne-Marie Feyer was previously Director of the National Centre for Environmental and Occupational Health Research, University of Otago.

#### **PROFESSOR PHILIPPA GANDER**

Professor Philippa Gander is currently the Director of the Sleep/Wake Research Centre, Massey University in Wellington. Professor Gander's research interests are in circadian and sleep physiology and its implications for occupational safety and health, particularly in shift work. She has extensive international experience in developing and implementing fatigue and shift work management programmes with the transport sector.

#### **PROFESSOR JOHN LANGLEY**

Professor Langley is the Director of the Injury Prevention Research Unit (IPRU). He has been involved in injury prevention research since 1978, and received his PhD from the University of Otago in 1985. He has written numerous articles in academic, professional and lay publications on a wide range of injury prevention issues. Professor Langley is an active advocate for improvements in injury prevention policy and practice.

# Reports Released by NOHSAC During 2006/2007

## *Surveillance and control of workplace exposures in New Zealand: Report to the Minister of Labour<sup>1</sup>*

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In December 2005, NOHSAC released its report on the surveillance of occupational disease and injury in New Zealand<sup>2</sup> (the second in its work programme). The report recommended a major emphasis on surveillance, as it will enable us to find out how many work-related deaths and cases of work-related disease and injury happen in New Zealand each year. The report also noted that surveillance of “exposures and hazards and controls” is as important as, and should ideally be integrated with, the surveillance of disease and injury.

New Zealand currently has no national system for collecting workforce or workplace exposure data. In addition, individual agencies responsible for occupational health and safety (OH&S) do not collect current exposure data for use in determining and informing prevention programmes, and while several studies conducted in New Zealand have provided valuable information on workplace exposures, they do not offer a workplace exposure surveillance system to monitor existing and identify emerging hazards.

On-going exposure surveillance systems are needed to enable preventive action earlier than is usually possible when monitoring occupational disease and injury. This is particularly true when there is a long latency between exposure and the occurrence of the resulting disorder, as is the case with many work-related diseases such as occupational cancer.

The lack of exposure data for the New Zealand workforce means we cannot:

- develop accurate risk assessments for occupational diseases
- effectively target and support prevention activities
- develop effective preventive policies
- evaluate the effect or efficiency of interventions or OH&S management
- identify trends in OH&S and changes over the years
- identify awareness of and compliance with legal requirements.

## **RECOMMENDATIONS FROM THE REPORT**

### **1. INTEGRATE WORKPLACE EXPOSURE SURVEILLANCE WITH AN OCCUPATIONAL DISEASE AND INJURY SURVEILLANCE SYSTEM**

Successful exposure surveillance systems depend on a long-term commitment to providing resources and structures that support the approach and are, in turn, supported by employers and employees. Exposure surveillance systems should be embedded within, and operated in conjunction with, other data collection systems, particularly occupational disease and injury surveillance systems.

### **2. USE A MATRIX APPROACH TO DEVELOP AN INTEGRATED WORKPLACE EXPOSURE SURVEILLANCE SYSTEM**

An integrated system is the best workplace exposure surveillance system as it provides a way to combine into one system a number of surveillance methods for workplace exposures and occupational diseases and injuries. Links within this system enable early identification of opportunities for risk control that can be tracked through monitoring outcome data.

However, the exposure of interest determines the most appropriate surveillance method and must be used in determining the matrix of surveillance methods. For example, exposure to chemicals in the workplace is best measured and monitored via workplace surveys, workplace observations and registers, while exposure to hazards relating to musculoskeletal disorders is most appropriately monitored by working condition surveys and workplace observations.

### **3. DEVELOP A SET OF DATA RULES OR A DATA DICTIONARY IN CONJUNCTION WITH OCCUPATIONAL DISEASE AND INJURY SURVEILLANCE CODING SYSTEMS**

Workplace exposure surveillance systems must develop, in conjunction with agencies and researchers, a set of common definitions and fields for recording data. Without this, we will be in danger of replicating the same issues and problems that NOHSAC identified in an earlier report, *The surveillance of occupational disease and injury in New Zealand: Report to the Minister of Labour*.<sup>2</sup>

These data fields should be consistent with the coding system developed for occupational disease and injury, and with Australia's coding systems to enable joint workplace exposure surveillance projects.

In addition, research contracts and research conducted by agencies should stipulate that the above basic data fields be used in conjunction with approved test methods where applicable.

#### **4. ENSURE GOVERNMENT AGENCIES HAVE DEDICATED RESOURCES FOR CONDUCTING WORKFORCE AND WORKPLACE SURVEYS**

Successful surveillance systems employ a long-term, dedicated resource to design, implement and evaluate surveys and conduct measurements. There should be a specialist occupational health workforce consisting of occupational hygienists, occupational medicine specialists, occupational health nurses and occupational epidemiologists with line authority. There should also be a long-term commitment to the employment of such a workforce.

#### **5. UNDERTAKE REGULAR WORKFORCE SURVEYS**

Regular workforce surveys should be undertaken, both in the general population and in specific subgroups, to provide data and information on:

- the estimated number of workers exposed to a wide range of specific hazards and the number exposed at varying qualitative exposure levels
- hazard distribution according to occupation, industry, geography and worker demographics
- the nature and extent of hazard controls relating to worker exposures
- the nature and extent of specific OH&S programme components
- previously unrecognised groups at risk from known hazards
- new and emerging hazards (by comparing data from surveys over time).

#### **6. AMEND THE ACC ACCREDITED EMPLOYER PROGRAMME (PARTNERSHIP PROGRAMME) AND WORKPLACE SAFETY MANAGEMENT PRACTICES (WSMP) PROGRAMME TO INCLUDE THE COLLECTION AND REPORTING OF WORKPLACE EXPOSURE DATA AS A MANDATORY REQUIREMENT FOR ADMISSION**

ACC's incentive programmes are designed to encourage employers to adopt best practice approaches in managing safe and healthy workplaces. The incentive programmes are consistent with the Health and Safety in Employment Act, but do not meet all of its requirements. The two main incentive programmes cover more than 2,000 organisations estimated to employ 542,000 full-time employees. Organisations in the ACC incentives programme already collect data on exposures in their individual workplaces as a key step in identifying and controlling workplace hazards. Exposure levels could be reported to ACC as part of the audit programme and used as part of a national exposure surveillance system.

#### **7. PROVIDE CONTESTABLE FUNDING FOR INVESTIGATOR-INITIATED RESEARCH**

One of the key functions of workplace exposure surveillance is to identify:

- previously unrecognised groups at risk from known hazards
- new and emerging hazards (by comparing data from previous surveys and future surveys). It is essential that funding be provided to enable researchers to investigate new and emerging issues, such as nanotechnologies and the changing work environment.

## 8. UNDERTAKE WORKPLACE SURVEYS FOCUSING ON SPECIFIC EXPOSURES

Workplace surveys should be undertaken in addition to workforce surveys, focusing on a number of specific exposure areas. These exposures are a significant known risk to large numbers of employees and are present in a wide variety of workplaces, from large companies to small to medium enterprises. The surveys should be undertaken by relevant agencies and/or contracted researchers and involve collecting quantitative and qualitative data in association with industry and unions. The exposure surveillance methods should reflect the risks associated with each exposure of interest. Routine data should be collected by a suitably trained and resourced Department of Labour inspectorate.

The specific exposure areas are:

- noise (including exposure to ototoxic chemicals)
- hazardous substances – skin
  - wet work
  - epoxy resins
  - latex (powdered gloves)
- hazardous substances – carcinogens
  - organic solvents
  - wood dusts
  - solar radiation
  - diesel fumes
  - biological exposures
- musculoskeletal disorders – physical and psychosocial risk factors
- respiratory disease – hazardous substances
  - wood dusts (also related to asthma and dermatitis)
  - biological exposures
- work organisation
  - night work
  - fatigue and stress.

Data from existing New Zealand, Australian and international studies can be used to supplement these workplace surveys, but they should be flagged in the dataset and a qualitative assessment undertaken of their validity and reliability.

## *National profile of occupational health and safety in New Zealand: Report to the Minister of Labour<sup>3</sup>*

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The overriding aim of all comprehensive occupational health and safety systems is to prevent work-related disease and injury. NOHSAC has produced a series of reports<sup>1,2,4,5,6</sup> that show that, in many key areas, New Zealand does not have effective systems in place to prevent work-related disease and injury.

Workplaces in New Zealand face many of the same occupational health and safety risks as workplaces in Australia, Canada, England, Finland and the United States of America. The agencies responsible for occupational health and safety in New Zealand are responsible for the same issues as larger and better-resourced agencies from countries with similar occupational health and safety legislation.

It is clear that the resources (financial and people) are, and will always be, constrained in New Zealand in relation to the challenges faced in providing “healthy people in safe and productive workplaces”.<sup>7</sup>

National occupational health and safety systems that lead to healthier and safer workplaces require the effective integration of research, data systems, policy development and prevention programmes. Effective systems are also characterised by a sustained commitment to a strategic vision. Occupational health and safety in New Zealand has long been characterised by a lack of long-term strategic vision, epitomised by many intervention programmes concerned about high profile interventions with quick results. These interventions have often been based on inadequate data rather than following strategic evidence-based intervention programmes.

Stakeholder comments and previous NOHSAC reports also clearly demonstrate that agencies responsible for occupational health and safety often appear to operate in ‘silos’, with a resulting inability to effectively work together in the crucial areas of research, policy and prevention programmes.

In the New Zealand context, all of the elements of an effective occupational health and safety system are potentially present, but these are spread across a number of government agencies and often not co-ordinated. Many of the government agencies, particularly the Department of Labour, are increasingly under-resourced to meet the challenge of growing and increasingly diverse workplaces and workforces. Our recommendations, while particularly relevant to the work of the Department of Labour as the lead agency for the Workplace Health and Safety Strategy, are also relevant to the work of a number of other government agencies including ACC, the Environmental Risk Management Authority, the Civil Aviation Authority, Maritime New Zealand and the Ministry of Health.

**1. REVERSE THE DECLINE IN THE QUALIFIED OCCUPATIONAL SAFETY AND HEALTH WORKFORCE IN GOVERNMENT AGENCIES, AND RESTORE THE FORMER TECHNICAL CAPABILITIES BOTH ON THE GROUND AND AT HEAD OFFICE LEVEL**

- Ensure an increase in the number of specialist health and safety inspectors.
- Ensure that appropriate training and remuneration is provided for health and safety inspectors and aligned with other agencies.
- Occupational health specialists, including occupational medicine specialists, occupational health nurses, occupational hygienists and occupational epidemiologists, have line management roles.

**2. MEMORANDA OF UNDERSTANDING BETWEEN GOVERNMENT AGENCIES RESPONSIBLE FOR OCCUPATIONAL HEALTH AND SAFETY SHOULD CONTAIN MECHANISMS TO ENSURE THAT BOTH POLICY AND INTERVENTION OUTCOMES AND OBJECTIVES ARE ACHIEVED AS DESCRIBED**

- The performance of senior managers within the agencies is reviewed against the objectives and outcomes contained within the memoranda of understanding.
- Planning cycles of the agencies responsible for occupational health and safety are aligned.
- Social partners (Business New Zealand and the Council of Trade Unions) are formally consulted in the development of annual plans.

**3. INTERVENTION PROGRAMMES AND ENGAGEMENT PROGRAMMES ARE EVIDENCE-BASED AND EFFECTIVE**

- Provide adequate and on-going funding for:
  - existing occupational health and safety issues
  - new and emerging issues.
- Ensure that evaluation methods are developed as part of all intervention programmes.
- All publicly-funded research regarding occupational health and safety interventions and evaluations of interventions should be published.

**4. FULLY ALIGN THE AUDIT STANDARDS OF THE ACC WORKPLACE SAFETY MANAGEMENT PRACTICES PROGRAMME AND OTHER ACC PROGRAMMES WITH THE HSE ACT**

- Ensure that the audit focuses on the hazards and associated risks prevalent in each industry sector. To achieve the effective control of such hazards, it is essential that the auditors for the programme have relevant experience and training in occupational health and safety.
- Evidence should be required not only of the system, but also of the practical implementation and appropriateness of controls and interventions within the workplace.

**5. ESTABLISH MINIMUM STANDARDS FOR OCCUPATIONAL HEALTH AND SAFETY CONSULTANTS TO ENSURE THAT THE ADVICE AND SERVICES PROVIDED TO WORKPLACES REFLECTS CURRENT PRACTICE AND KNOWLEDGE**

- DoL and ACC provide funding, and work with recognised groups such as the New Zealand Institute of Safety Management and the New Zealand Safety Council and accredited training providers to develop agreed minimum professional standards for accredited occupational health and safety consultants.
- The Department of Labour maintains and promotes a register of accredited occupational health and safety consultants on its website.

**6. IMPLEMENT THE RECOMMENDATIONS OF NOHSAC'S REPORT ON THE SURVEILLANCE OF OCCUPATIONAL DISEASE AND INJURY IN NEW ZEALAND**

- Implement the specific recommendations contained within the report for improving data quality, within the next twelve months.
- Develop a strategic plan for the implementation and resources required for the general recommendations of the report in the next three years.
- Independently review and progress the Injury Information Manager Project.

**7. IMPLEMENT THE RECOMMENDATIONS OF NOHSAC'S REPORT ON THE SURVEILLANCE AND CONTROL OF OCCUPATIONAL EXPOSURES IN NEW ZEALAND**

- Develop a strategic plan for how this can be implemented and resourced over the next five years, in the next twelve months.
- Implement joint projects for the surveillance of workplace exposures with Australian authorities.

**8. PROVIDE APPROPRIATE ADVICE AND TECHNICAL ASSISTANCE FOR NEW ZEALAND WORKPLACES**

- Provide increased levels of appropriate guidance materials for workplaces, particularly small to medium enterprises.
- Ensure that the guidance material is developed with the end users as the priority, rather than just meeting the needs of separate agencies.
- A streamlined process should be adopted for the development of approved codes of practice and other regulatory instruments for occupational health and safety.

**9. THE GOVERNMENT SHOULD PROVIDE LEADERSHIP IN OCCUPATIONAL HEALTH AND SAFETY**

- An independent review of occupational health and safety practice in government departments is conducted every two years and a report provided to the Minister of Labour and the Minister for ACC on establishing and maintaining best practice, particularly with regard to procurement procedures.
- All government departments and Crown entities must meet and maintain tertiary level status in either the ACC Partnership Programme or WSMP.
- Occupational health and safety managers within government departments are appropriately trained and supported.

# Summary of the Committee's 2006/2007 Work Programme

NOHSAC commissioned two further reports in 2006/2007.

## **1. THE EVOLVING WORK ENVIRONMENT IN NEW ZEALAND: IMPLICATIONS FOR OCCUPATIONAL HEALTH AND SAFETY**

This project will identify trends in the workplace that may generate emerging occupational disease and injury risks, or exacerbate existing risks over the next decade.

The report will:

- summarise existing information and projections on key trends in the New Zealand workforce and work environment
- consider the impact of trends on existing occupational health and safety prevention programmes
- identify surveillance and research requirements for proactive management of the key risks.

The Workplace Research Centre, Sydney University has been contracted to produce the report, and this is expected to be released in early 2008.

## **2. REVIEW OF KEY CHARACTERISTICS THAT DETERMINE THE EFFICACY OF OHS INSTRUMENTS**

This project will determine the key and common elements associated with effective and ineffective regulator and industry developed OHS codes of practice and guidance materials. Characteristics of OHS instruments that will be examined include:

- the purpose of this type of instrument
- development drivers for these instruments
- design and development processes
- implementation processes (by regulators, by duty holders and by workplaces)
- how regulators, duty holders and workplaces implement codes of practice
- impact and outcome evaluation
- resources required (by regulators and by duty holders) to underpin development and implementation.

This report is being undertaken in conjunction with the Office of the Australian Safety and Compensation Council, Canberra. The final report will be released in early 2008.

## References

1. Pearce N, Dryson E, Feyer A-M, Gander P, Wagstaffe M. *Surveillance and control of workplace exposures in New Zealand: Report to the Minister of Labour*. NOHSAC: Wellington, 2006.
2. Pearce N, Dryson E, Feyer A-M, Gander P, McCracken S, Wagstaffe M. *Surveillance of occupational disease and injury in New Zealand: Report to the Minister of Labour*. NOHSAC: Wellington, 2005.
3. Pearce N, Dryson E, Gander P, Langley J, Wagstaffe M. *National profile of occupational health and safety in New Zealand. Report to the Minister of Labour*. NOHSAC: Wellington, 2007.
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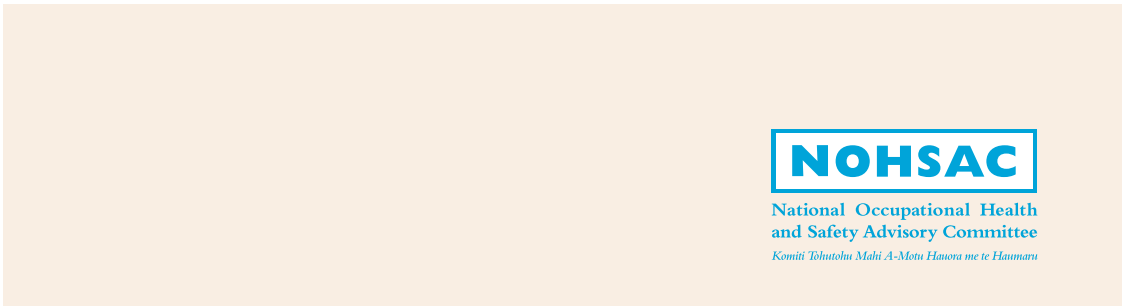
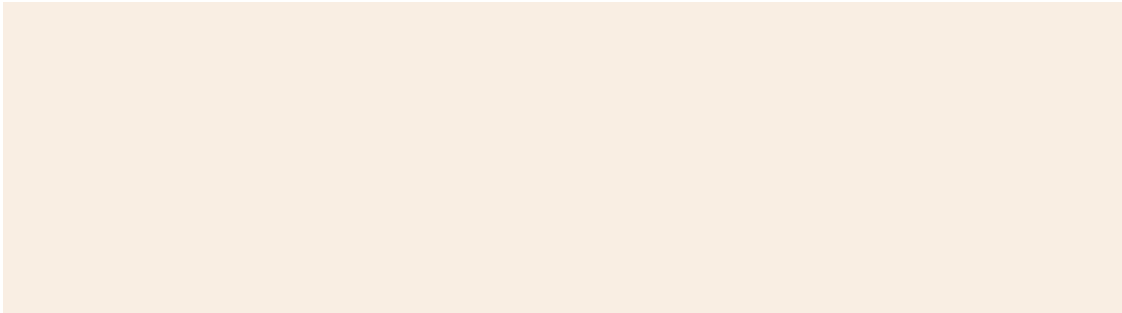
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## **NOHSAC REPORTS**

The NOHSAC website contains the following reports:

- › Annual Reports
  - *First Annual Report to the Associate Minister of Labour – June 2004*
  - *Second Annual Report to the Associate Minister of Labour – June 2005*
  - *Third Annual Report to the Minister of Labour – June 2006*
  - *Fourth Annual Report to the Minister of Labour – August 2007*
- › The burden of occupational disease and injury in New Zealand – 2004
  - *The burden of occupational disease and injury in New Zealand: Technical Report*
  - *The burden of occupational disease and injury in New Zealand: Report to the Associate Minister of Labour*
- › The surveillance of occupational disease and injury in New Zealand – 2005
  - *The surveillance of occupational disease and injury in New Zealand: Report to the Minister of Labour*
  - *Methods and systems used to measure and monitor occupational disease and injury in New Zealand: NOHSAC Technical Report 2*
  - *International review of methods and systems used to measure and monitor occupational disease and injury: NOHSAC Technical Report 3*
- › Review of Schedule 2 of the Injury Prevention, Rehabilitation, and Compensation Act 2001 (IPRC Act) – 2005/06
  - *Review of Schedule 2 of the Injury Prevention, Rehabilitation, and Compensation Act 2001 (IPRC Act): Report to the Minister of Labour*
- › The economic and social costs of occupational disease and injury in New Zealand – 2006
  - *The economic and social costs of occupational disease and injury in New Zealand: NOHSAC Technical Report 4*
- › Surveillance and control of workplace exposures in New Zealand – 2006
  - *Surveillance and control of workplace exposures in New Zealand: Report to the Minister of Labour*
  - *International review of surveillance and control of workplace exposures: NOHSAC Technical Report 5*
  - *Review of Australian and New Zealand workplace exposure surveillance systems: NOHSAC Technical Report 6*
- › National profile of occupational health and safety in New Zealand – 2007
  - *National profile of occupational health and safety in New Zealand: Report to the Minister of Labour*
  - *Occupational health and safety in New Zealand: NOHSAC: Technical Report 7*
  - *Management and governance of occupational health and safety in five countries: NOHSAC Technical Report 8*



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