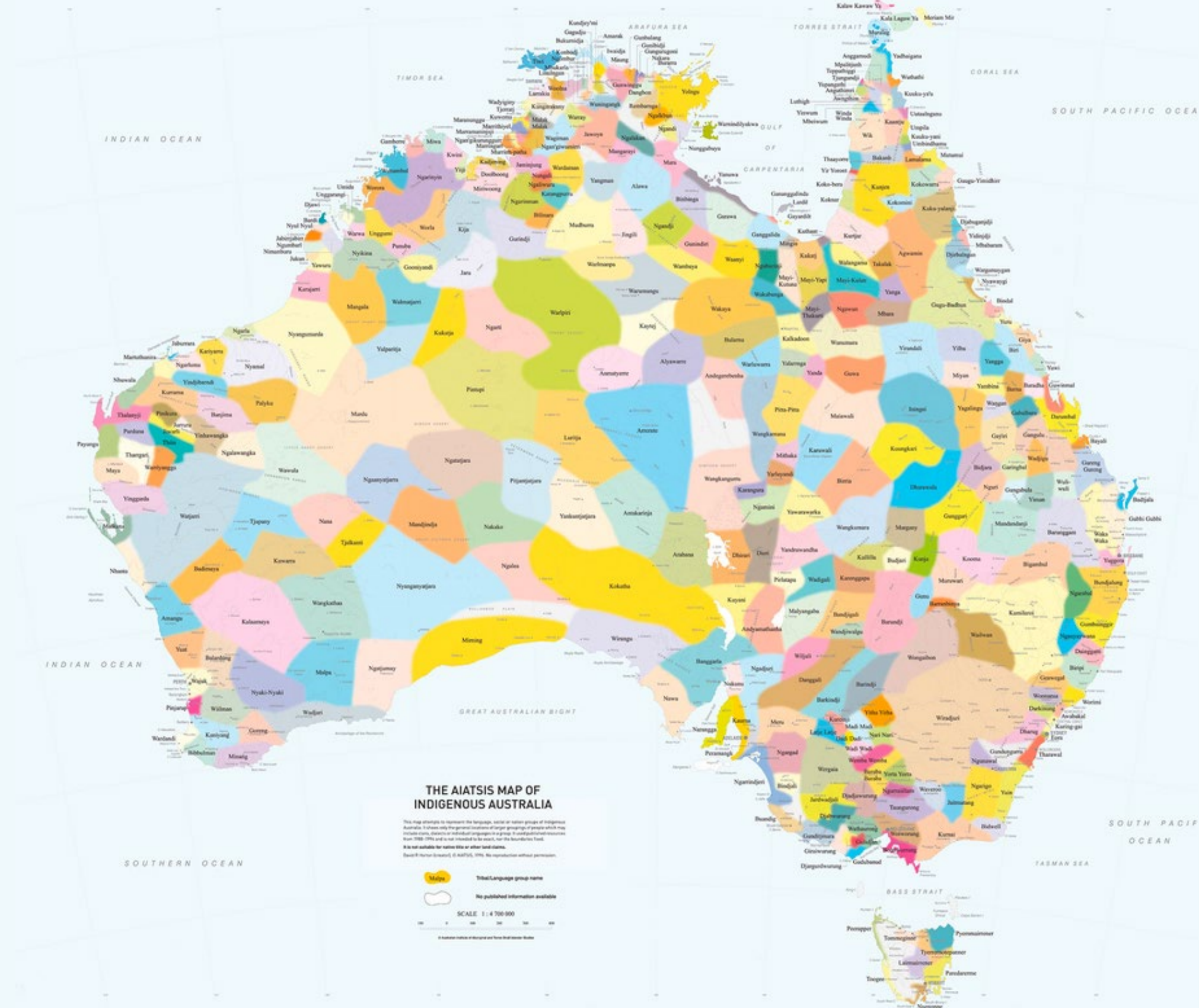


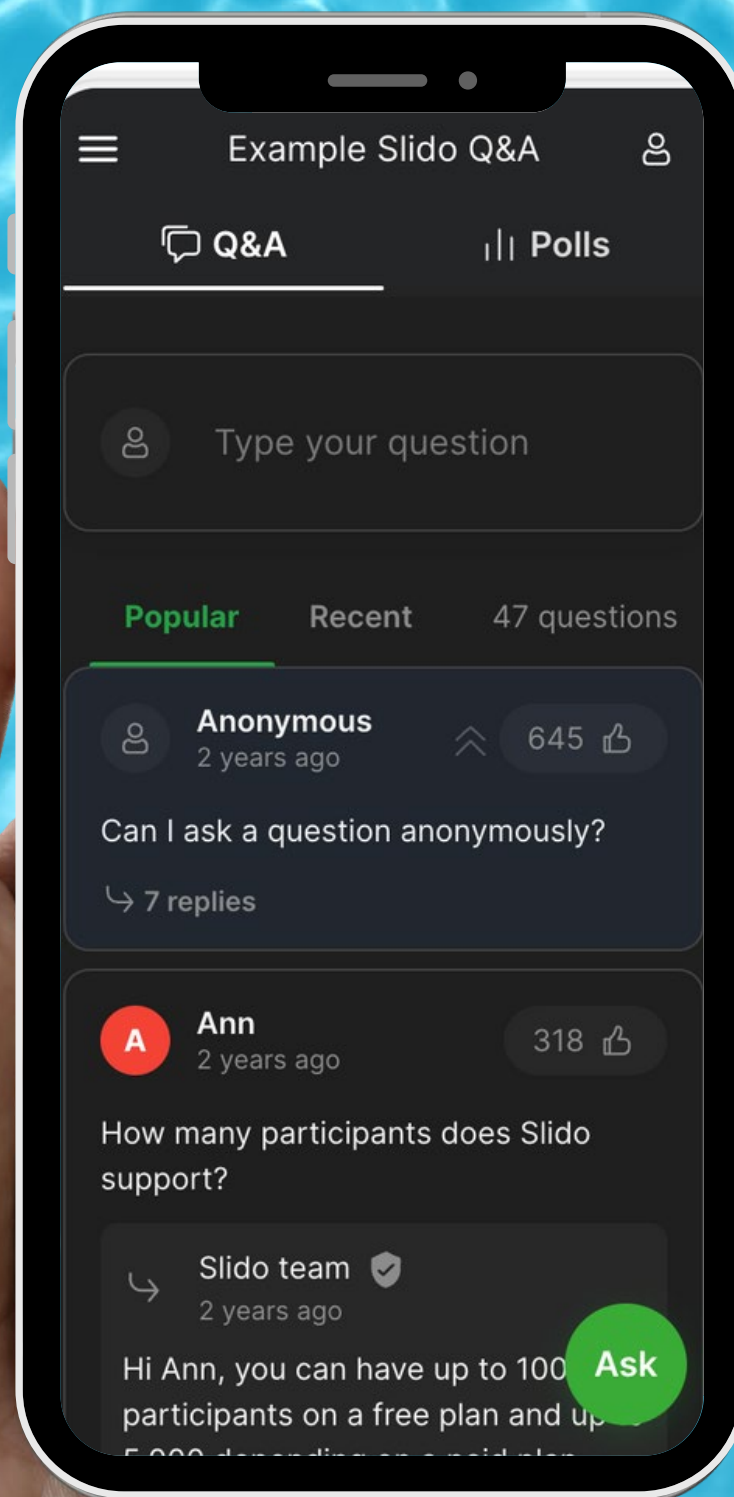
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O.H.S. LIFESAVERS





QUESTIONS?

ASK QUESTIONS VIA **slido**

- 1 Go to www.sli.do
- 2 Enter session ID #HSR2022
- 3 Ask your question

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AMANDA THRELFALL

ASSISTANT SECRETARY
VICTORIAN TRADES HALL COUNCIL

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INGRID STITT

MINISTER
FOR WORKPLACE SAFETY,
MINISTER FOR EARLY
CHILDHOOD AND PRE-PREP

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COLIN RADFORD

CEO
WORKSAFE

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HSR STORIES

***MINIMISING THE CHANCES
OF A COVID BREAKOUT
THROUGH THE PORTS***

slido
Q&A

www.sli.do
Session ID #HSR2022

JOSH

- Elected HSR
- Working as a Lasher at West Melbourne Docks during the first wave of COVID-19 - April 2020
- This involves the securing and un-securing of containers to the vessel decks
- MUA Delegate



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THE BACKGROUND

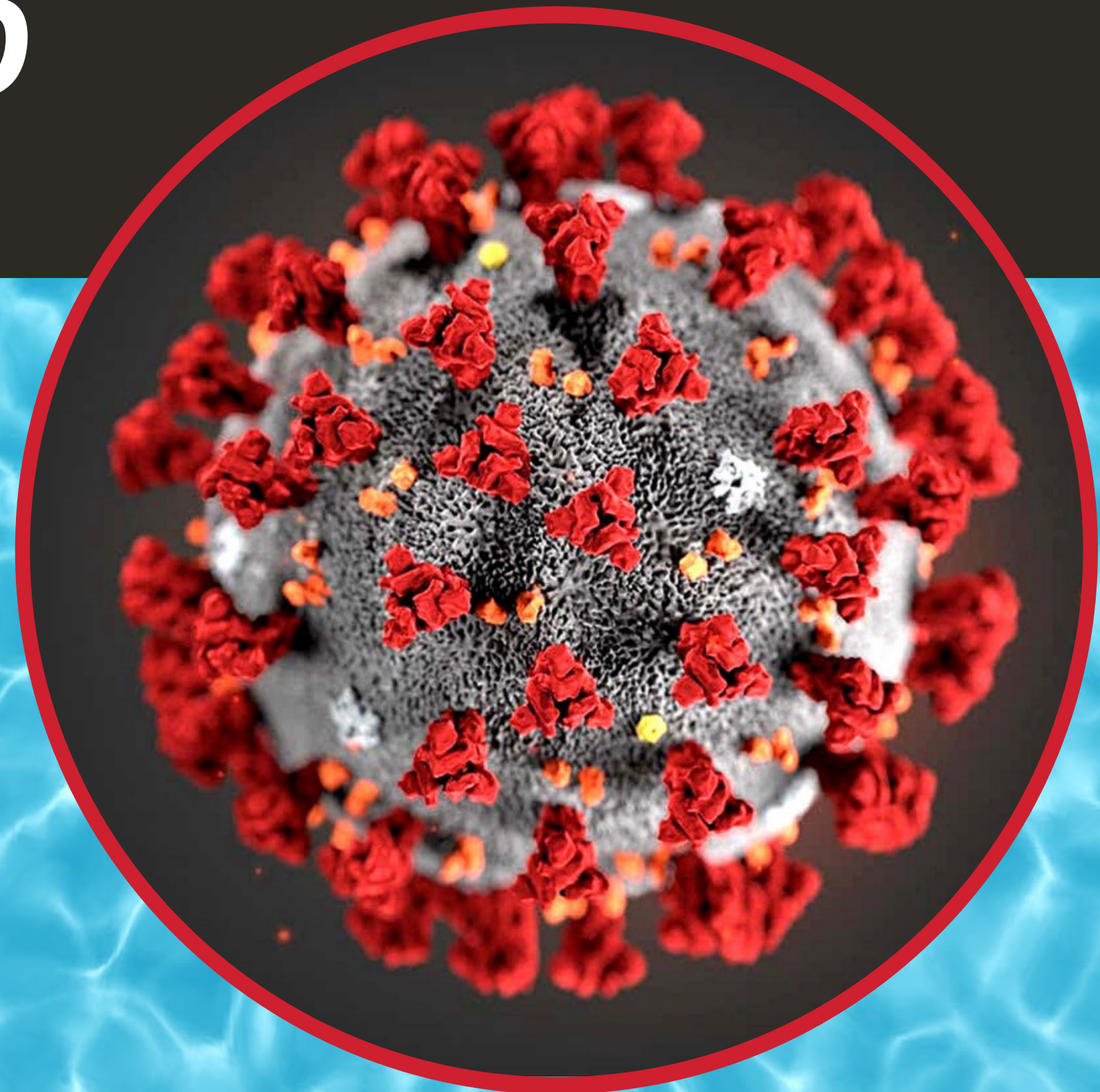
APRIL 2020

Vaccines were not yet available and little was known about the virus.

Ports were subject to Government restrictions:

- Crews on international ships were not allowed to disembark
- Special health guidelines for ship crews that had not completed 14 day quarantine on board since their last international port

The Department of Health recommended that all high-contact surfaces be sanitised.



THE FIRST ISSUE

A ship arrived that had not completed a full 14-day quarantine cycle and was not deep cleaned.

Worker's had health and safety concerns about boarding this ship.

Workers felt there was poor communication around COVID-19 policies and procedures, and that they were being unnecessarily exposed to unsafe working environments leading to stress and confusion.



WORKERS STOOD DOWN

Workers refused to board the ship to unload goods over their concerns. The employer asserted the stoppage was industrial rather than OHS-related and responded by standing down the workers for 3 days.

Following this dispute HSRs and MUA reps met with the employer and agreed that all frequently touched surfaces would be cleaned by the ships crew upon arrival.

Melbourne wharf workers refuse to unload container feared to be coronavirus contaminated and are stood down

Victorian wharfies say they have been stood down after they refused to unload a container ship that arrived against COVID-19 quarantine rules.

AAP / Health & Wellbeing / Updated 01.04.2020

Share



MANAGEMENT REFUSED TO CLEAN THE SHIP

- 2 weeks later with another ship soon to arrive, management reneged on this agreement and refused to allow the crew sufficient time to deep clean surfaces aboard.
- This was despite being aware of Department of Health advice around deep cleaning.
- The ship then arrived and a supervisor came down to the mess room to talk to the workforce.



WORKERS EXPRESSED THEIR CONCERNS

At this meeting before boarding the ship, workers told management about their health and safety concerns.
On behalf of the DWG HSRs asked for alternate work.

The supervisor asked if workers were conducting a cease work.

HSRs said they had not directed workers to cease working.
We advised workers to proceed to the ship but not board until health and safety concerns were addressed.

This allowed us time to consult further before making any decisions on our next move.



HSRS MET WITH MANAGEMENT

- Before we could issue a cease work we knew we had to consult. We went upstairs to discuss the issue, with the intention of coming to an agreed outcome.
- Management tried to frame the issue as an industrial issue and not related to health and safety
- They also tried to argue that there were essential goods that needed unloading which meant there was not enough time to clean the ship.



HSRS OFFER SOLUTIONS

- HSRs offered a solution. The workforce were willing to sanitise their own points of contact.
- 20 - 30 minutes lapsed. While waiting in the mess room, the HSR's were planning their next conversation with the company.



HSRS WIN ESSENTIAL CHANGES

- Management called HSRs into their office and agreed to provide the sanitising equipment required to perform the deep clean.
- HSRs requested that management confirm no person would be docked any pay, this was confirmed.
- The points of work were sanitised and the ship began cargo operations.



FOLLOW UP ONSITE

HSRs requested the location of the 'urgent essential cargo' so that it could be unloaded first. Management responded they didn't know where it was.

This case study is a good example of OHS concerns being framed by the some in the media as unlawful industrial action. Allegations were made that suggested that the MUA holding up essential goods was linked to ongoing EBA negotiations. This commentary was unhelpful and inaccurate.

HSRs take their role seriously. We were committed to keeping the ports operating and the best way to do this in a pandemic was to prevent an outbreak of COVID amongst the workforce.



THE BROADER EFFECTS

By sticking to our guns we were able to come to a solution that met all of the stakeholders needs.

These measures minimised that chances of COVID coming through our marine ports into the broader community - preventing transmission and saving lives in a time where there were no vaccines and Australia was pushing for COVID-Zero.



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OF AUSTRALIA**

A DIVISION OF THE CONSTRUCTION FORESTRY
MARITIME MINING AND ENERGY UNION

OUR UNION OUR INDUSTRIES

Maritime union commits to keep the
maritime industry moving



HSR STORIES

***CONTROLLING THE RISK
OF COVID EXPOSURE IN
CHILDCARE***



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PENNY

- Elected HSR
- Working in childcare onsite throughout 2020 and 2021. This was classed as essential work.
- This was a role that involved significant interaction with families and customers in the peak of the pandemic that was a significant source of COVID-19 transmission.
- ASU delegate



THE BACKGROUND

AUGUST 2020

There was no designated employee to check workers temperature and the temperature of members of the public. This meant that workers were often checking their own temperatures. This did not align with what we told the public we were doing.

The mask mandate had been introduced for the first time in all workplaces.

A number of other restrictions such as temperature checks, sanitising and density requirements applied to workplaces.



MANAGEMENT WEREN'T ENFORCING THEIR OWN COVID-SAFE PLAN

- Throughout COVID, there were a number of hazards that arose in the workplace because management were not properly following their own COVID-Safe policies and procedures, or did not have the correct policies in place.
- Additionally, some staff didn't agree with the restrictions.
- Highlights the importance of persistence to being a HSR. It also demonstrates the importance of good working relationships with management and your DWG in collaborating to identify solutions to OHS issues.



ISSUE #1

TEMPERATURE CHECKS & SANITISER

There was no designated employee to check workers temperature and the temperature of members of the public. This meant that workers were often checking their own temperatures. This did not align with what we told the public we were doing.

Because of shortages and due to a fear that the sanitiser would be stolen, management had removed sanitiser that was accessible to the public.



BRINGING THE ISSUE TO MANAGEMENT

- Management had a set of policies and procedures they told the public they were abiding by to control COVID.
- I brought these policies and procedures, along with Department of Health advice, to management.
- I argued and showed them proof that these procedures weren't being lived up to. Serious repercussions if COVID spread from our centre
- This was successful. A designated employee checked temperatures and sanitiser was provided.



ISSUE #2: IMPROPER MASKS

After the mask mandate was introduced, workers in the DWG as well as management were not wearing proper masks. Scarves over the face often used.

Some members of my DWG did not agree with the state government's mask mandate.

Home > Face Coverings Mandatory For Melbourne And Mitchell Shire

Face Coverings Mandatory For Melbourne And Mitchell Shire

Premier

19 July 2020

Media Release

slido
Q&A

www.sli.do
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ADDRESSING THE MASK ISSUE

- Two issues, managements policies and staff attitudes.
- Presented management with Department of Health guidelines on what constitutes a proper facemask and the repercussions for not following the mandate.
- Had frank, honest and open conversations with many in my DWG about why masks were important in limiting the spread of COVID and keeping workplaces safe.



MANAGEMENT CHANGED THEIR POLICY

- Management used the solutions I offered as a HSR and introduced mask guidelines for all staff based on the Department of Health advice.
- Proper mask wearing increased significantly.
- Not without controversy, there were still many in my DWG who did not agree with the mask mandate.
- When there are divided opinions in DWG, go with facts, science and what will keep your workplace safe.



ISSUE #3

POOR VENTILATION

Management at my centre had come to rely on me for COVID-Safety advice. I simply informed them of what needed to be done to properly ventilate the centre and they did it. The work we did was published at other sites.

As a result I was contacted by a union delegate from another site for advice. Their DWG was not able to get in touch with their own HSR.

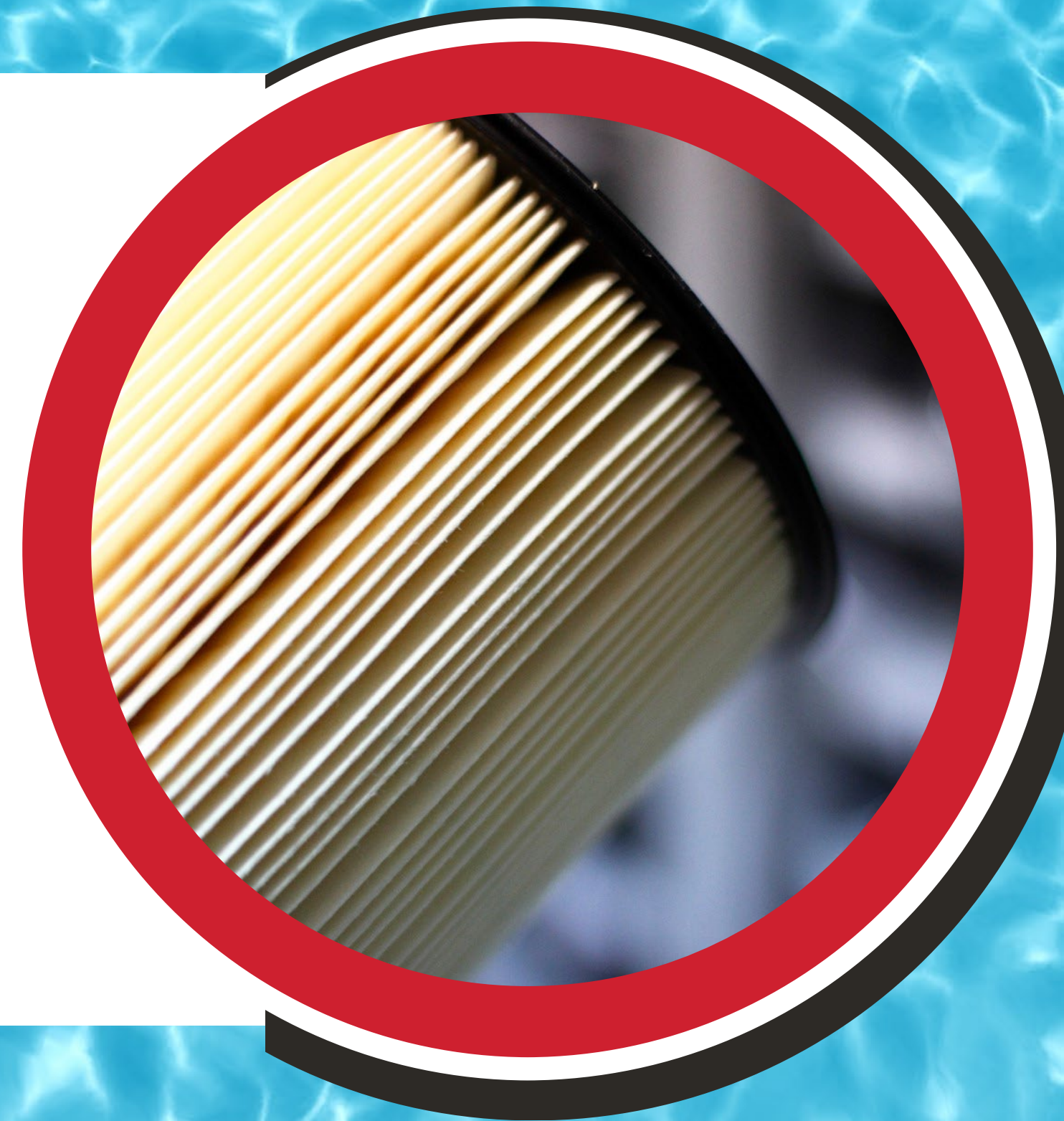
Management at the depot were trying to run safety training in a hurry because they had been issued 3 Improvement Notices by WorkSafe for failing to provide essential training.

This training was proposed to be done in a small, unventilated room. The delegate had COVID-Safety concerns but did not know how to proceed.



FIXING THE VENTILATION ISSUE

- I recommended that the delegate request access to the workplace's COVID-Safe plan and request that meetings should be included in the COVID-Safe plan.
- After the delegate reviewed plan he identified that the meeting violated density restrictions.
- As a result it was rescheduled and moved to a larger room with better ventilation.
- As a result, that DWG was able to monitor future meetings to make sure they were COVID-Safe.

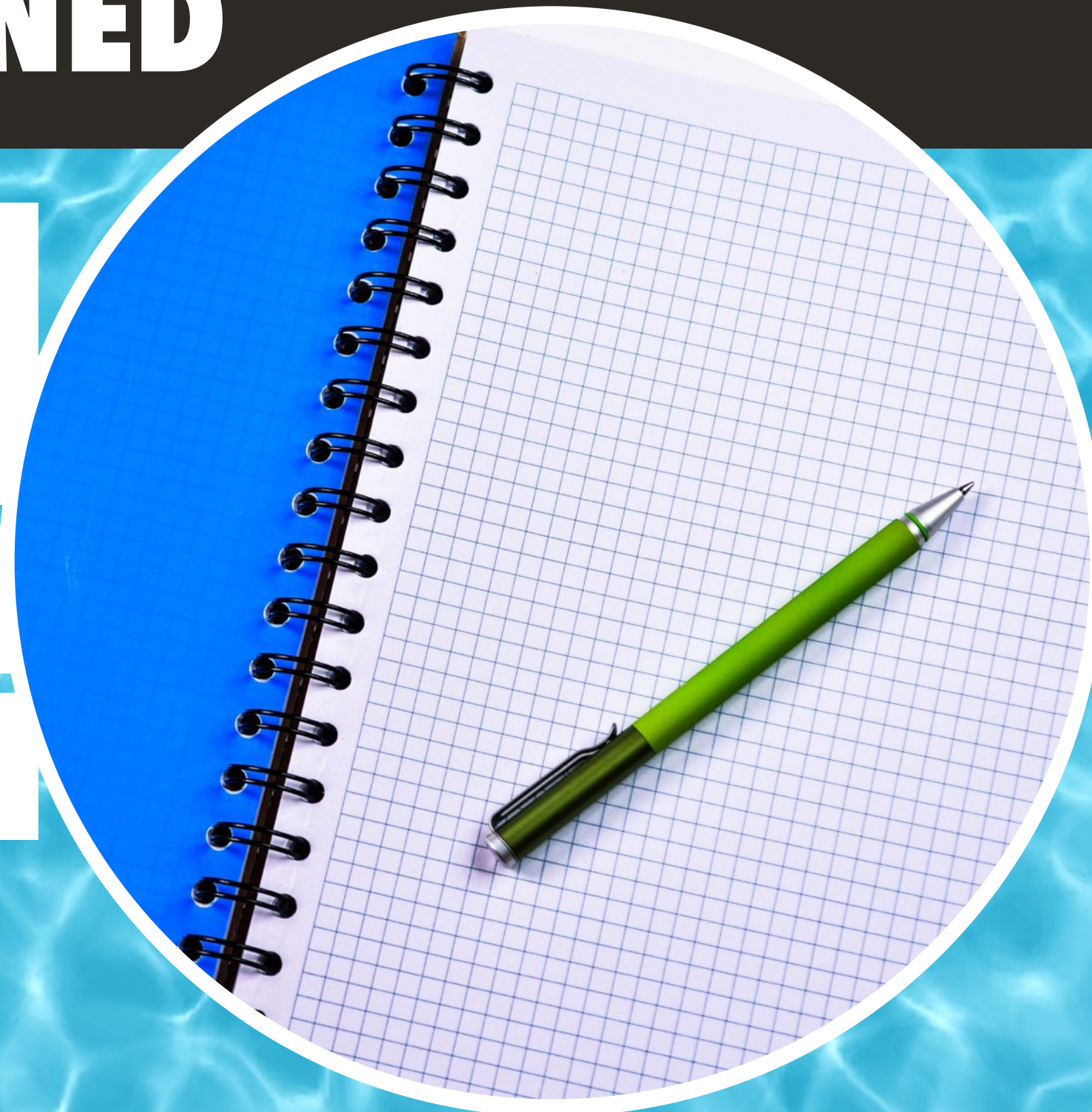


LESSONS LEARNED

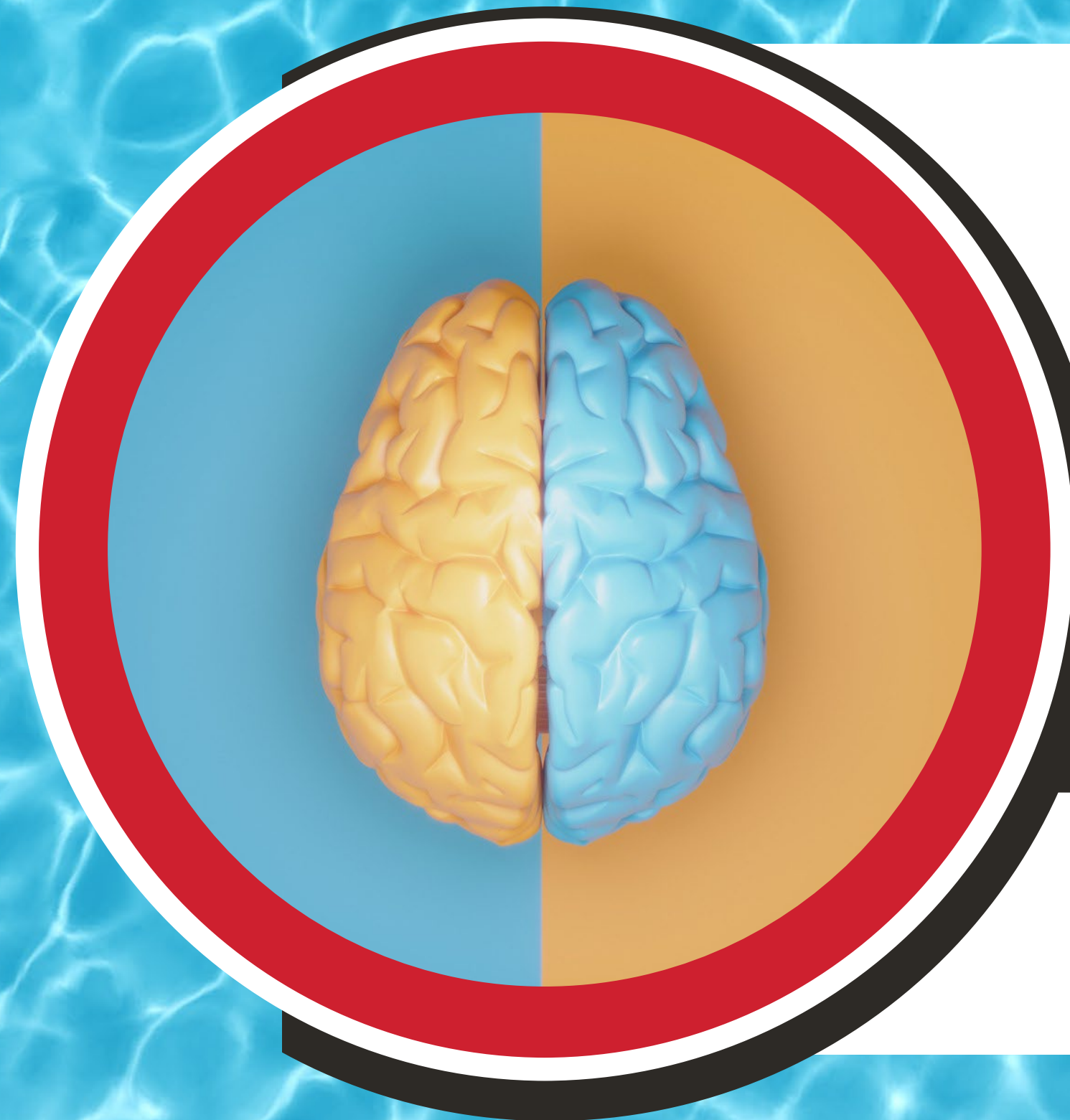
Be persistent as a HSR. Sometimes it takes more than one go to get employers to understand the dangers of an uncontrolled hazard and the steps that need to be taken to create a safe and health workplace.

Stay up-to-date with the latest advice.

Be honest, clear and straightforward with members of your DWG and management.



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THE PSYCHOLOGICAL HAZARD OF HIGH WORKLOAD



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SHEILA

- Elected HSR
- A public sector employee.
- Initiated the establishment of first genuine health and safety structures - 4 DWG's and 2 HSRs in each DWG.
- CPSU member



THE ISSUE

There were serious concerns around the high workload that the workers were being expected to complete.

This was compounded by unnecessary and difficult administrative procedures as well as legislative changes that took place just before Victoria went into lockdown.

Workers had to adapt to these changes whilst working from home.

These factors led to increased stress, illness and burnout.



CONSULTATION BEGINS

- I consulted on the high workload hoping that management would be receptive to my DWG's concerns.
- The control we wanted was for the annual new case allocation to be reduced by 10 cases at any one time. This was rejected by management.
- However management did agree to an independent review into workload.
- As a result I issued a PIN.



DETAILS OF THE PIN

- The PIN was issued on the basis that management was failing to provide a healthy and safe workplace due to mental health hazard associated with excessive workload (s.21).
- Management appealed this PIN to WorkSafe.



THE INSPECTOR ARRIVES AND MANAGEMENT APPEALS

- A WorkSafe inspector upheld the PIN with minor alterations
- These alterations were that the new case allocation be reduced by 9 cases.
- Management appealed the PIN again.
The internal review unit upheld the inspector's decision.



VCAT

- Management exercised their right to appeal the internal review decision to VCAT (the Victorian Civil and Administrative Tribunal.)
- The CPSU provided legal support throughout the tribunal process.
- Before the VCAT proceedings came to a close, we negotiated an agreed outcome with management. As a result I withdrew the PIN and the challenge to VCAT was then withdrawn.



THE RESOLUTION

THE ISSUE WAS RESOLVED BY MANAGEMENT DOING THE FOLLOWING:

Commissioning of an external review

Reducing the new case allocation by 7 cases

Introduction of non-number based KPIs

Implementing of short term recommendations from the review, removing significant unnecessary administrative burdens that were increasing the workload of the staff

Establishment of a Workplace Consultative Committee which includes a union industrial officer

Conversations with workers revealed that the change won through issuing the PIN had an extremely positive effect on the psychological health of staff



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MORNING TEA

**CONFERENCE
RESUMES 10:30am**

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PROFESSOR
BEN COWIE

***ACTING CHIEF
HEALTH OFFICER***

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CREATING PSYCHOLOGICALLY HEALTHY WORKPLACES

The following projects are funded
by WorkSafe Victoria's WorkWell
Mental Health Improvement
Fund.

Supported by



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LIAM O'BRIEN

***ASSISTANT SECRETARY,
AUSTRALIAN COUNCIL OF TRADE UNIONS***

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ACTU

MIND YOUR HEAD

SCOPE

13 workplaces across a number of industries (education, manufacturing, hospitality, retail, healthcare)

AIM

to approach psychological hazards the same way as physical hazards – get HSRs and employers more comfortable in this approach

METHOD

Buy in at every level – shop floor – HSRs/delegates - supervisors – managers –head office

- Train HSRs and managers
- Design interventions based on hazards identified at start of project
- Provide ongoing support through MYH staff and research partners UniSA & Opus Centre for the life of each 6-month project

REVIEW

Review at the end of intervention – have hazards been minimised



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PETER LILLYWHITE ***PRESIDENT***

GRACE NORRIE ***PROJECT OFFICER***

**COMMUNITY AND PUBLIC
SECTOR UNION VICTORIA**

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CPSU VICTORIA

VICARIOUS TRAUMA PREVENTION AND AWARENESS TOOLKIT



SCOPE

Department of Justice and Community Safety, and Dept of Families, Fairness and Housing

- Workers in client facing roles (i.e. public housing, sheriffs, community corrections etc)

AIM

Reduce risk of vicarious trauma by controlling contributing psychosocial hazards

- Vicarious trauma results from cumulative exposure to traumatic content (details of other people's trauma) e.g. through images and video, written reports, or verbal accounts

METHOD

- Work with workers and the depts to identify psychosocial hazards that contribute to vicarious trauma
- Develop and apply controls.
- Develop an online guide for Govt depts and the wider public that will help workers and employers better understand and lessen the risk of vicarious trauma, and to build and implement controls. This will sit with the VPSC

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SARAH ROSS

***OHS UNIT
COORDINATOR,
AUSTRALIAN MANUFACTURING
WORKERS UNION VIC BRANCH***

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AMWU COLLABORATION DELIVERS WELLBEING IN MANUFACTURING

SCOPE

3 workplaces in the manufacturing industry

AIM

to identify and mitigate work related risk factors that contribute to psychological ill health and mental injury and raise mental health literacy to reduce the stigma around mental health issues

METHOD

Work with workers and employers to go beyond traditional consultation framework (which does not require agreement) and have workers and management collaboratively agree on the design and implementation of interventions and how they will be rolled out.



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DEIRDRE CHANCE

***PROJECT
COORDINATOR,
AUSTRALIAN WORKERS UNION VICTORIA***

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AWU

PARTICIPATORY DESIGN OF MENTALLY HEALTHY WORK

SCOPE

forest firefighters employed by the Department of Environment Land Water and Planning

AIM

the nature of this work exposes workers to many types of psychosocial hazard resulting in high levels of psychological injury.

METHOD

work with firefighters and the Dept to encourage workers to develop skills to allow for employment pathways outside frontline firefighting. This in turns would allow for more options for redeployment within the Department, or with other industries.



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AUDIENCE Q&A

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LUNCH

***BREAK OUTS
RESUME 1:00pm***