



Proposal Form – Standards Development Projects

Version: 4.1

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Please click [here](#) for guidance on the proposal submission process.

Proposal title	Revision of AS/NZS 1885.1 and related documents (AS/NZS 1885.1 SUPP 1:1991 and MP58-1991)
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Section 1: Scope

1A: Provide details of the proposed documents				
#	Title (e.g. Masonry cement)	Project type (e.g. revision, amendment ¹ or new ²)	Designation (e.g. AS 1316:2003) ³	Product type (e.g. AS, AS Int, SA TS, etc...) ⁴
1	Measurement of occupational health and safety performance	Revision	AS/NZS 1885	AS/NZS
2				
3				
4				
5				
6				

¹ An amendment is usually only possible for small changes to recently created documents. See Section 4 of Standardisation Guide [SG-003: Standards and Other Publications](#) for more details.

² If you are proposing to create a new document, please provide a suggested Title.

³ Use the [SAI Global website](#) to obtain the full designation and name of existing documents.

⁴ Standards Australia mainly develops Australian Standards (AS) but it also develops the following Product types: Australian Interim Standard (AS Int), Australian Technical Specification (SA TS), Australian Technical Report (SA TR), Handbook (SA HB), Miscellaneous Publication (SA MP), Supplement (Normative), Supplement (Informative), Australian Standard Certified Reference Material (ASCRM). For guidance, see Standardisation Guide [SG-003: Standards and Other Publications](#).

1B: Write a clear and concise statement of the nature of the issue to be addressed by your proposal.

Describe who is affected e.g. businesses, community organisations or individuals affected by the problem. What are the consequences of no action?

AS 1885.1:1990 and related documents (AS1885.1 SUPP 1:1991 and MP58-1991) provide information on how to record information on injury and disease experience in the workplace.

There is significant history in Australia with AS/NZS 1885.1:1990, and particularly as applied to mandatory reporting by Service Providers to Commonwealth, State and Local Government.

The Standard includes calculation methods for *incidence rate*, *frequency rate* and *average lost time rate*. Historically, these methods have been used to establish a Lost Time Injury Frequency Rate (LTIFR) which is broadly used as a measure of OHS performance that is relatively easy to measure; it may be used to compare like businesses and may be part of influencing the awarding of contracts.

In more recent times, recognizing the limitations associated with the LTIFR (including the ability to manipulate measures), some organisations have adapted the frequency rate to establish a Medical Treatment Injury Frequency Rate and/or an All Injuries Frequency Rate.

Relying on *outcome* measures such as these has long been recognised as largely determined by luck. A major risk could be present for an extended period without causing injury, and then the circumstances arise that result in a significant, and sometimes catastrophic outcome, e.g. the Longford Gas Explosion in Victoria on 25 September 1998.

Much has been written about the importance of *process safety* in response to major disasters, such as the Gulf of Mexico Blowout – e.g. see *Disastrous Decisions: The Human and Organisational Causes of the Gulf of Mexico Blowout*; Hopkins, Andrew, (2012), chapter 6. In these extreme scenarios it is easy to see that measuring LTIFR does not provide a measure for *process safety* issues in environments where there is the risk of a major OHS or environmental disaster.

This concern is just as relevant to personal health and safety. A large percentage of fatalities and lost time injuries occur in situations where work is being carried out in the same manner as it has been for extended periods of time. For example, the fact that an organisation has a Lost Time Injury after 780 days without a lost time injury, does not mean that their health and safety performance has suddenly deteriorated; and yet that is the conclusion that can be reached by organisations that place too much emphasis on LTIFR as a measure.

These measures also become less relevant for measuring performance in relation to gradual onset injuries such as respiratory diseases, musculoskeletal disorders and psychological injury, as they relate to when the illness or injury is *reported*, or time is lost, rather than when the harm *occurred* or developed

Further, incidence measures are very volatile for smaller employers. For example, if we assume a 38-hour week, for 48 weeks per year, one injury for an employer with 50 workers would result in an LTIFR of approximately 10. However, for an employer with 20 workers, the same injury would result in an LTIFR of approximately 27; and for an employer with 10 workers that same single injury would result in LTIFR of approximately 54. It is unlikely that the employer with 10 workers is really 5 times worse at managing health and safety than the employer with 50 workers.

The revised purpose and use of the Standard is included at Attachment 2. It is proposed to maintain reference to the calculation methods as organisations will continue to want to use some form of comparative measure; further information will be included to identify how each of the rates could be applied, i.e. to lost time

injuries, medical treatment injuries, modified duties injuries, and all reported injuries, total recordable injuries and all reported injuries.

Finally, traditional health and safety metrics and performance measures are heavily influenced by Heinrich's incident triangle (Heinrich 1931). Recent research has clearly shown that although the triangle is *descriptively* correct (Marshall et al., 2018), it is not *predictively* correct (Manuele, 2011; Martin and Black, 2015). This means that traditional performance measures based on Lost Time Injuries or other relatively minor incidents are not predictive of Serious Injuries, Serious Ill-Health, Fatalities, or Catastrophe. Further, research indicates a correlation between low injury rates and higher fatality rates (Saloniemi, 1998), reinforcing the need for the Standard to be revised.

See also: [Safe Work Australia: Issues in the Measurement and Reporting of Work Health and Safety Performance: A Review November 2013](#)

1C: Write a clear and concise proposed scope that will outline how to address the identified issue(s). Unless this is a proposal for a new document, this should not be a scope of the document, but a scope of the work which you propose to undertake.

Include what is going to be changed from the status quo and summarise the specific intent of the change.

If you wish to include proposed revisions as tracked changes in the standard, or an outline of a new standard, please summarise the scope and note the attachment here, and include the document as an appendix to this form.

It is proposed to keep the current designation of 1885 (but changing the prefix to AS/NZS) as it is well-known in OHS circles, although we are proposing a change to the name.

It is proposed to remove from the title, the words "known as the Workplace injury and disease recording standard". The revised title will be "Measurement of Occupational Health and Safety Performance".

In general, both 'lead' and 'lag' indicators will be reviewed, as well as 'quantitative' and 'qualitative' measures.

In relation to "Part 1: Describing and reporting occupational injuries and diseases", Measurement rates from 6.6. through 6.20 will be retained and amended to reflect the range of ways that these rates might be utilised. All other data items will be removed from the Standard document, as current Safe Work Australia documentation on TOOCS (Type of occurrence classification system) provides the necessary classification for analysing injury types and other relevant data.

For the reasons outlined in section 1B, the major part of the revised standard will draw on contemporary research and international standards that may be relevant to establishing guidance on how to identify appropriate measures that consider how OHS is being managed, rather than the number of incidents (lost time or otherwise) being recorded.

Reference documents for this work will include, but are not limited to:

GRI 403: Occupational Health and Safety 2018

HSEUK: A Guide to Measuring Health & Safety Performance December 2001

Safe Work Australia: Measuring and Reporting on Work Health and Safety March 2017

OECD Guidance of Safety Performance Indicators ... related to Chemical Accident Prevention, Preparedness

and Response

<https://www.chasnz.org/articles/chasnz-lag-metrics>

<https://www.zeroharm.org.nz/assets/docs/our-work/monitoring/Monitoring-What-Matters-May2019.pdf>

<https://www.safeworkaustralia.gov.au/doc/guidance-use-positive-performance-indicators>

The OH&S Body of Knowledge - www.ohsbok.org.au

It is important to note that some of these documents may be subject to copyright, placing restrictions on the ability to take significant parts of the document to insert into the Standard.

The Standard will be structured to align with the requirements and intended outcomes of ISO AS/NZS 45001:2018. This will enable organisations to align with ISO AS/NZS 45001:2018; for businesses who do not use ISO AS/NZS 45001:2018, it will introduce them to the concepts of that Standard. Consideration should also be given as to how AS1885 can support the implementation of Occupational Health and Safety Management Systems under AS/NZS 45001:21018. The Standard will also reflect the level of responsibility required for officers in relation to OH&S obligations.

The Standard will utilise the Hudson Maturity scale to establish a list of possible performance measures that cover the requirements and intended outcomes of AS/NZS ISO45001:2018 or equivalent (eg OFSC accreditation). The illustrative table at Attachment 1 is indicative of measures that will be utilised in the final Standard. Organisations will need to identify which of these performance measures are appropriate to the size and maturity of their organisation and their risk profile. The specific targets for improvement will be determined by each organisation. Therefore, these performance measures are not intended to be used for the purposes of benchmarking unless organisations share a common goal, in which case they will have selected the same criteria to be measured against.

Appendix A - Will be deleted because it does not reflect the way safety is implemented today in a contemporary way.

Appendix B and C will be removed as they relate to the data items referenced in the Standard.

AS/NZS 1885/C- Register of Injuries will be withdrawn, as it has been superseded by jurisdictional regulatory requirements.

MP58:1991 will be withdrawn as it predominately focuses on the injury and disease recording requirements which will now form a minor part of AS1885 rather than its predominant focus.

1D: Are you proposing an adoption of an International Standard (i.e. ISO or IEC)?

NO

If so answer the following:⁵

Is it a Modified or Identical Adoption? <i>Note: if Identical use the Proposal Form – Identical Adoption</i>	
What is the designation? e.g. ISO 10303.212-2004	

⁵ Use the [SAI Global website](#) to obtain the full designation and name of existing documents.**1E: Is the existing document referenced in Australian State, Territory or Commonwealth legislation or regulatory framework?**

NO

For joint documents, also consider New Zealand legislation.⁶

Yes (List all legislation or regulation that refer to the existing document. ⁷) <i>Note: For National Construction Code (NCC) and WaterMark proposals, the Australian Building Codes Board (ABCB) needs to be consulted prior to submission.</i>	
No (Go to 1F)	

⁶ To search for standards in Australasian legislation, use our search function [here](#).⁷ Use the full formal designation for the relevant legislation, e.g. Explosives Regulation 2013 (NSW). If more than four items of legislation are affected, provide a list as an attachment to this proposal form.**Note:** All relevant regulatory authorities must be consulted in the stakeholder consultation.**1F: Is there an ISO/IEC document that also covers the issues in question?**

Yes (Go to 1G)	
No (Go to 1G)	NO

1G: Will the proposed document include any conformity assessment requirements?⁸

Yes	
No	No

⁸ See Standardisation Guide [SG-006: Rules for the structure and drafting of Australian Standards](#). Note that conformity assessment requirements are rarely permitted in a standard. If you selected “yes,” please discuss with the relevant [National Sector Manager](#) prior to submission.

Section 2: Net benefit

2A: What will be the impact of the proposed project in the below categories? Explain this in terms of a positive or negative impact on the following “Net Benefit” criteria.⁹

Public health and safety (max 200 words)

Australia is perceived internationally as being a leader in OH&S Management, primarily due to our legislative framework which encompasses risk management principles. Continual improvement in OH&S management is foundational to the improvement of public health and safety in Australia

Social and community impact (max 200 words)

The revised Standard is aimed to reduce the number of workplace injuries, incidence of disease through establishing agreed measures that assist organisations to effectively measure their OH&S performance. Sound occupational health and safety standards have a significant contribution to society and communities as people remain productive, and in the workforce and healthy throughout their lives.

Having a clear understanding of how to measure proactive contributions to OH&S improvements will help contribute to the avoidance of, or reduction in frequency of, incidents, injury, ill-health or the death of a co-worker, colleague, friend, member of the community or loved one, through the increased awareness and better understanding of positive health and safety principles in the management of hazards and risks in the workplace.

Environmental impact (max 200 words)

No anticipated environmental impact

Competition (max 200 words)

Introducing improved standardised performance measures will ensure that organisations will have greater opportunity to demonstrate their ability to carry out work in a way that is healthy and safe, without being measured purely by LTIFR which is volatile (especially for small businesses) and can be easily manipulated.

Economic impact (max 200 words)

The proposed project will provide guidance on how to measure OH&S performance. It will also provide organisations with guidance on how to improve their management of health and safety which will not only reduce their operating costs but reduce their workers compensation claims of injury and ill-health which places a burden on public health costs. Work-related injuries, illnesses and deaths impose both direct costs and indirect costs on employers, workers and the community.

The costs are estimated using a methodology developed by the former National Occupational Health and Safety Commission. The total costs of work-related injuries and diseases exceeded \$61.8 Billion, (4.1% as a percentage of the GDP). 5% of the cost was borne by employers, 77% by workers and 18% by the community. The cost of work-related injuries by fatality was \$4.1B, by long absence \$6.5B, cost by full incapacity \$3.7B, cost by short absence \$1.2B and cost by partial incapacity \$46.2B.

Source: SWA Key WHS Statistics 2017.

ID: ISBN 978-1-76051-170-8. <https://www.safeworkaustralia.gov.au/book/key-work-health-and-safety-statistics-australia-2017>

⁹ Add specific facts and examples if possible. Refer to the [Guide to Net Benefit](#). Not all categories may be affected, in which case, leave these blank.

