



## **DNZ**

### HS16-01 Measuring and Monitoring Health and Safety Performance

Relating to Standard: HS16 Measuring and Monitoring H&S Performance, and HS13 Incident Management

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# 1 Background and Purpose

The purpose of this procedure is to outline the process for Health and Safety (H&S) performance management, reporting and review of incidents and to ensure consistent processes and definitions are applied.

## 2 Scope

This procedure applies to all DNZ and suppliers who undertake operational activities on behalf of DNZ.

## 3 Procedure

### 3.1 Performance Reporting

DNZ will regularly monitor its H&S performance to ensure it is on track to meet both its H&S Policy expectations and its long term strategy for H&S. Performance management, reporting and review is also important to ensure annual H&S plans are being delivered against.

To monitor its performance DNZ will, collect data and use it to inform all levels of the business on progress. To this end DNZ has nominated a suite of indicators that will be used for this reporting.

These measures will be a mixture of lead and lag indicators and are chosen to provide indications of either improvement or deteriorating performance, or track inputs into safety programmes, or to provide an analysis of safety performance.

The standard DNZ used performance indicators are as follows:

Measure	Description	Lead/Lag	Purpose
Injury Type	<ul style="list-style-type: none"> <li>Fatal</li> <li>Serious Harm</li> <li>Lost Time Injury</li> <li>Restricted Work Injury</li> <li>Medical Treatment</li> <li>First Aid</li> </ul>	Lag indicator	Provides information on the severity of an event based on the type of treatment received (first-aid, Medical Treatment), the need to have time off (Lost Time Injury) or against the regulator guidelines for notifiable injury (Serious Harm).
Incident Type	<ul style="list-style-type: none"> <li>Near Miss</li> </ul>	Lag indicator	Indicates events that did not result in injury but which have potential to result in injury.
Frequency Rate	<ul style="list-style-type: none"> <li>Lost Time Injury Frequency Rate (LTIFR)</li> <li>Total Recordable Incident Frequency Rate (TRIFR)</li> </ul>	Lag indicator	A measure that indicates safety performance for a business determined by how many events have occurred for the hours worked. Frequency rates are best used for determining if performance is getting better or worse.
Results	<ul style="list-style-type: none"> <li>Audit results</li> <li>Inspection results</li> </ul>	Lead Indicator	Provides a measure of preparedness to manage H&S.
Corrective Actions	<ul style="list-style-type: none"> <li>Number of Corrective Actions open</li> <li>Number of Corrective Actions greater than 90 days past their close date</li> </ul>	Lead Indicator	Helps ensure follow-up occurs post incident investigation.
Critical Risks and Hazard	<ul style="list-style-type: none"> <li>Status on Critical Risk work</li> <li>New Significant Hazards Identified</li> </ul>	Lead Indicator	Track implementation of Critical Risk controls and bowties. Create transparency of significant hazards and the level of risk exposure. Give Executive and board opportunity to provide resources if required.
Progress to plan	<ul style="list-style-type: none"> <li>Tracking the implementation of H&amp;S plans</li> </ul>	Lead Indicator	A measure of inputs into safety.

Table 1. Performance Indicators

All incidents that occur at an DNZ workplace or during DNZ work activities must be reported. Incidents are classified under procedure H&S13-01 Incident Management and these classifications ensure the capturing of information necessary to be able to deliver the measures described above.

Other measures that may be used to measure and monitor are as follows:

- Formal risk assessments completed;
- Active review of hazard register (currency and efficacy);
- Active participation in H&S discussions and toolbox meetings;
- Number of toolbox meetings completed;
- Employee H&S inductions and refreshers completed;
- Number of near miss, hazard reports and unsafe act reports lodged and investigated; and
- Active H&S training completed to the level of competence required to deliver DNZ H&S system requirements.

## 3.2 Reporting Database

DNZ will use a system for capturing its H&S incidents and all associated key information required to measure and monitor its performance. The system currently used is 'WeChat H&S group' and for the purposes of this Procedure the term reporting database will refer to Wechat H&S Group.

DNZ wants to ensure that there are no duplicate or multiple systems for recording and reporting H&S events. To this end, all information used for monitoring and measuring H&S performance will be recorded in the reporting database and extracted for the purposes of reporting.

## 3.3 Our People or Suppliers

All incidents involving our people will be recorded and reported in accordance with this Procedure. Our people are anyone who is employed by DNZ and on an DNZ payroll, including students, casual workers and those on a part-time basis. If the classification is unclear the contract with DNZ and the individual is to be reviewed and the Group Manager – H&S is to make the decision. A supplier is a person or company apart from a person of DNZ engaged to perform work for DNZ.

An incident involving a supplier shall be recorded and reported in accordance with this element when:

- They are working on DNZ - owned, leased or controlled premises; or
- They are working offsite under conditions negotiated or controlled by DNZ. For example, a leased warehouse under the control of DNZ; or
- They are driving as part of their normal day to day schedule/roster as determined by DNZ. For example, suppliers driving for milk collection.

For more specific definitions and examples of suppliers please refer to the definitions.

- Peripheral service suppliers and visitors are not considered to be suppliers. Any incidents involving these groups are reportable. If investigations find that DNZ is clearly at fault, the incident will be recordable. Examples of peripheral service suppliers are: Technical service e.g. Telecom, Telstra service technician or photo copier repair person.

## 3.4 Lost Time and Total Recordable Incidents

Lost Time and Recordable Incidents are utilised for measuring Lost Time Injury's (LTI's) and Total Recordable Incidents (TRI) reporting respectively, other injury types are captured (reportable) but are not used in the calculation of any frequency rates.

Once reported, an investigation of the incident occurs. Where an injury can be attributed to a failure on the part of DNZ to address physical conditions and/or systems and processes then the incident will remain recordable and included into the companies TRI statistics.

In the rare instances where a work attribution cannot be found and the incident has been deemed as non-work, a decision may be made to remove the event from the reporting database. This decision is made by the Group Manager – H&S, and the removal of the event and the reason documented and retained for audit purposes.

### 3.5 Work vs. Non-Work Injury

A Work Injury is an injury or illness regardless of severity which arose out of or in the course of employment and requires treatment with or without time lost from work. In cases where this definition gives reason for doubt, an injury should be treated as a Work Injury until the situation has been clarified. Injuries in the course of employment which are caused by wilful acts are, in general, treated as Work Injuries.

Injuries caused by deficiencies in equipment or management controls for which the reporting Division is responsible are treated as Work Injuries.

An injury or illness is considered a Work Injury if one or more incidents or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from incidents or exposures occurring in the work environment, unless an exception specifically applies.

A pre-existing condition is one where it resulted solely from a non-work-related incident or exposure that occurred outside of the work environment.

The table below describes situations not considered work related:

Type	Description
Attendance on Works Site	At the time of the injury or illness, the worker was present in the work environment as a member of the general public rather than as a worker.
Outside Work Exposure	The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related incident or exposure that occurs outside the work environment.
Wellness Programmes	The injury or illness results solely from voluntary participation in a wellness program or in flu shot or exercise class.
Related to Food Consumption	<p>The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related.</p> <p>Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.</p>
Personal Tasks	The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
Personal Grooming	The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
Common Illnesses	The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
Mental Illness	The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

Table 2. Work v Non-Work Related Injuries

### 3.6 Travel Related Illness/Injuries

Injuries and illnesses that occur while an employee was travelling are work-related if, at the time of the injury or illness, the employee was engaged in work activities "in the interest of the employer." Examples of such activities include travel to and from customer or supplier locations, conducting job tasks, and entertaining or being entertained for the purpose of discussing or promoting business (work-related entertainment includes only entertainment activities being engaged in at the direction of the employer).

Injuries are not considered work related if:

- An employee checked into a hotel or motel for one or more days. When a travelling employee checks into a hotel, motel, or into another temporary residence, he or she establishes a “home away from home.” You must evaluate the employee's activities after he or she checks into the hotel, motel, or other temporary residence for their work-relatedness in the same manner as you evaluate the activities of a non-travelling employee. When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re-enters the work environment; or
- The employee took a detour for personal reasons.

## 3.7 Workplace

The workplace is any premises where DNZ work is performed or is customarily performed, and includes any place where a worker goes or is likely to be while at work. Premises include land, buildings or part thereof, structures (either permanent or temporary), vehicles, trains or vessels.

When working from home, the work environment is limited to situations where:

- Our people are “assigned” work at home rather than the normal office; and
- Work is being done during normal working hours and in a space specifically dedicated as a work area.

## 3.8 Journey Incident

Where our people are travelling between work locations during normal work hours, the activity of travelling is classified as being in the course of work. Any incidents that occur during these journeys are recordable. A journey incident may also include travel to and from work, if DNZ causal factors have reasonably been seen as contributing to the cause of the incident. These incidents are required to be reported, but may not be recordable for statistical reporting purposes. These should be referred to the Group Manager – H&S for determination.

## 3.9 Reoccurrence

Reoccurrence is the aggravation of a previous injury. If a reoccurrence occurs within 12 months and there was no clear work attribution, it shall not be recorded as a new TRI. However, if there is a clear work attribution, the TRI must be treated as a new TRI.

If the reoccurrence occurs outside the 12-month timeframe, then the TRI must be treated as a new TRI. Hours lost are recordable in the month that the time was lost and is not backdated to the initial injury date.

## 3.10 Hours Lost/Restricted Work

Hours lost are required to be recorded with each injury that loses time. Hours lost are recorded from the next full day or shift lost, that workers would have normally worked had the injury or occupational illness not occurred.

Lost work hours and days of restricted work cease upon:

- Return to normal duties;
- Permanent transfer (or implementation of permanent work restrictions); or
- Retirement or termination of our people for reasons other than the injury or illness.

When a person who is on restricted work or is away due to LTI retires, or is terminated, the number of days being recorded as lost stops on their last day of employment.



The table below shows the types of injury that are recordable and/reportable, and the applicable time lost:

Injury Type	Recordable	Time Lost
Fatal	Recordable	220 days lost will be recorded for any employee fatality.
Serious Harm	Recordable	Actual time lost should be recorded.
Lost Time Injury	Recordable	Actual time lost.
Restricted Work Injury	Recordable	Actual time lost.
Medical Treatment Injury	Recordable	Not applicable
First Aid	Reportable	Not applicable
Near Miss	Reportable	Not applicable

*Table 3. Injury - Recordable and LTI*

Lost work hours are not calculated in situations where the person does not attend work (on either their normal job or restricted work) for reasons unrelated to the injury. For example:

- Refusal to attend work where a medical certificate has been issued and alternative duties have been agreed to by a registered medical practitioner;
- Attendance for medical investigations or doctor's appointments;
- Periods of observation in hospital (where no other treatment is given or diagnosis made which would otherwise lead to classification and the person concerned has not been admitted);
- Where prolonged travel time to and from work with attendant specific transportation requirements render attendance at work on restricted work activities impractical;
- Strike or work stoppage;
- Pre-arranged leave, leisure days or rostered days off;
- Location closure (e.g. Christmas location closure);
- Public holidays (where the person was not already rostered for work); or
- A person was certified unfit for work for precautionary or related reasons.

## 3.11 Monthly H&S Reporting

It is a requirement for key suppliers to report incidents and injuries into the reporting database monthly. This information is collated to provide H&S performance reporting at DNZ business and Division level, as well as being used to devise improvement targets or objectives.

Monthly statistical reporting must be provided via the reporting database and completed within the required timeframes.

## 3.12 Responsibility for Reporting

The responsibility and accountability for on time and accurate reporting resides with the nominated Manager, and Contract Managers are expected to ensure suppliers required to report are completing this in a timely and accurate manner.

The responsible Manager may delegate reporting to others, however they are ultimately responsible for ensuring our people understand their requirements as stated in this procedure.

## 3.13 Due Dates

The supplier reporting is required to be submitted by the fifth working day of every month. The information contained with the reporting database is used by the Group Manager –H&S to prepare management and board reporting.

If a supplier does not meet the deadline, and prior approval by the Group Manager – H&S has not been obtained, the previous month's data will be utilised for that month's report and any changes will need to be completed in the following month as per the policy for retrospective data changes.

## 3.14 Exposure Hours (Hours Worked) Collation

Exposure hours represent the number of hours that people are exposed to the hazards and risks that exist during the course of DNZ carrying out its business.

Supplier exposure hours is the total number of exposure hours of all suppliers whilst engaged in work for DNZ. Where supplier's exposure hours are a combination of work performed on an DNZ location and work performed elsewhere, only the hours when they are present at the DNZ location should be included. This is to be implemented where it is possible to separate these hours.

For our people who are paid in wages: exposure hours represent the total number of hours at work including overtime and training, and excluding leave, sickness and other absences. Hours worked should be calculated from payroll records, time sheets or other accurate records.

- The relevant leave and sickness absences must be obtained from payroll systems or other records and are not included in the total exposure hours.
- Overtime and training hours obtained are included in the total exposure Hours.
- Detailed reports are to be kept for at least two years for audit purposes.

It is acceptable if payments are made weekly in the payroll system to have a location process outlining the weeks that will relate to each month i.e. if the month finishes mid-week then that whole week's hours can be counted in the following month. This process must however result in only 52 weeks to be included during the full financial year and the Location must create a calendar to clearly show which weeks are reported within each reporting month for the financial year. The calendar must be approved by the Group Manager – H&S.

Note: Where the actual leave taken, or overtime paid for the month cannot be obtained within the required timeframes, it is acceptable to utilise the previous month's balance as long as the process is documented and is consistently applied throughout the year to ensure 12 months of data is utilised.

- Our people who are part time are recorded as a percentage of a full time equivalent position (e.g. three days per week is 60%);
- Where a person starts with DNZ during the month, they will be counted as a full headcount for the whole month;
- Where a person leaves DNZ in that month, they will NOT be counted for their last month of working;
- Where a person transfers between Divisions/Locations, the determination of hours worked is to be made through discussion between both Divisions/Sites and should be a straight cut at month end for reporting purposes where possible;
- Our people who are salaried, working overtime, travelling, or are on annual leave or sick leave may not be considered due to the SAP and other Division payroll functions that are unable to track this data; and
- Our people who are on parental leave or unpaid long service leave for greater than 8 weeks are not to be counted in the headcount for the months they are absent.

The exposure hours' calculator is to be used to calculate the exposure hours for that month. These spreadsheets must also be kept for two years for future auditing purposes.

The calculation for exposure hours is:

- Headcount (FTE) x 7.5 hours per day x number of working days in the month

The calculation of number of working days is to be obtained using the calendar tab in the exposure hours' calculator (Attachment 3) and all non-working days identified and documented.

FTE is to be obtained from payroll or another suitable source of personnel records e.g. SAP or equivalent, and is the FTE as at the last day of the month.

Where a different number of hours than 7.5 per day is to be used this must be approved by the Group Manager – H&S

### 3.15 Incident Classification

It is very important that every incident (no matter how minor) is reported and correctly classified. The classification of injuries is to be confirmed by the H&S Advisor or Manager for the Division. If at any time, there is uncertainty in regards to a classification the Group Manager – H&S is to be consulted to assist with the correct classification.

### 3.16 Retrospective Changes

Where an incident classification has not been reported appropriately, or the classification has changed from its original classification, the change must be reported in the current reporting period and approved by the Group Manager – H&S. As the H&S measures contribute to organisational objectives, a strict audit protocol must be implemented for their reporting, therefore historical records cannot be changed and all retrospective changes must be completed in the current reporting month as a documented alteration.

Any reoccurrence of a previously recorded injury within 12 months is not considered recordable unless there is clear work attribution. A reoccurrence outside of 12 months is recordable.

Once month-end has closed off, there will be no changes made to that month's report. Any correction(s) will be made in the following month's report, as an adjustment.

- All retrospective changes must be approved by the Group Manager.
- If there is a change in the classification, the details are updated in the reporting database.
- If in doubt about the classification, always record at the highest classification. It is preferable to down-grade later than not report at all, particularly at season end where deliberate holding back of incidents will be viewed with caution.

The same process applies to any changes to the exposure hours or hours lost, if a correction is necessary.

### 3.17 Health and Safety Measurements

The following measures are used frequently within the DNZ Business Reporting

processes: A. Moving Annual Total (MAT)

- Measures used are often presented as a 12 month rolling average, so averaging the measure over a 12-month period to remove any effects from seasonality or an extreme result in a single month.
- To present the measures as a 12 month rolling average, each of the calculation components must also be a MAT (i.e. totals of 12-month duration).

B. Total Recordable Incident Frequency Rate (TRIFR)

- TRIFR rate is the rate of recordable injuries that occur per million hours worked.
- TRIFR is calculated as the number of Lost Time Injuries + Significant Injuries Restricted Work Injuries + Medical Treatment Injuries + Occupational Illnesses, multiplied by one million hours and divided by the exposure hours, and is usually presented as a 12 month rolling average (MAT).
- $$\text{TRIFR} = \frac{\text{LTI} + \text{SI} + \text{RWI} + \text{MTI} + \text{OI}}{\text{Exposure Hours}} \times 1,000,000$$

- $$\text{TRIFR MAT} = \frac{(\text{LTI MAT} + \text{SI MAT} + \text{RWI MAT} + \text{MTI MAT} + \text{OI MAT}) \times 1,000,000}{\text{Exposure Hours MAT}}$$
- Note that fatalities are included as a lost time injury for purposes of this calculation.
- C. Significant Injury Frequency Rate (SIFR)
  - SIFR is the rate of significant injuries that occur per million hours worked. SIFR is calculated as the number of Significant Injuries, multiplied by one million and divided by the exposure hours, and is usually presented as a 12 month rolling average (MAT).
  - $$\text{SIFR} = \frac{\text{SI} \times 1,000,000}{\text{Exposure Hours}}$$
  - $$\text{LTIFR MAT} = \frac{\text{LTI MAT} \times 1,000,000}{\text{Exposure Hours MAT}}$$
  - Note that Fatalities are included as a Lost Time Injury for purposes of this calculation.
- D. Lost Time Injury Frequency Rate (LTIFR)
  - LTIFR is the rate of lost time injuries that occur per million hours worked. LTIFR is calculated as the number of Lost Time Injuries, multiplied by one million and divided by the exposure hours, and is usually presented as a 12 month rolling average (MAT).
  - $$\text{LTIFR} = \frac{\text{LTI} \times 1,000,000}{\text{Exposure Hours}}$$
  - $$\text{LTIFR MAT} = \frac{\text{LTI MAT} \times 1,000,000}{\text{Exposure Hours MAT}}$$
  - Note that Fatalities are included as a Lost Time Injury for purposes of this calculation.
- E. Medical Treatment Injury Frequency Rate (MTIFR)
  - MTIFR is the rate of medical treatment injuries that occur per million hours worked.
  - MTIFR is calculated as the number of Medical Treatment Injuries, multiplied by one million and divided by the exposure hours, and is usually presented as a 12 month rolling average (MAT).
  - $$\text{MTIFR} = \frac{\text{MTI} \times 1,000,000}{\text{Exposure Hours}}$$
  - $$\text{MTIFR MAT} = \frac{\text{MTI MAT} \times 1,000,000}{\text{Exposure Hours MAT}}$$
- F. Lost Time Injury Duration Rate (LTIDR)
  - The LTIDR is used as a measure of how much time, on average, is lost per lost time injury.
  - Lost Time Severity Rate = LTI Hours Lost.
- G. Lost Time Injury
  - Note that Fatalities are included as a LTI for purposes of this calculation. The prescribed time lost to a fatality is 220 days.
- H. Lost Time Injury Severity Rate (LTISR)
  - The LTISR is used as a measure of how much time, on average, is lost per million hours of exposure time.

- $LTISR = LTI \text{ Hours Lost} \times 1,000,000$
- I. Hours Worked Exposure
  - Note that fatalities are included as a lost time injury for purposes of this calculation. The prescribed time lost to a fatality is 220 days.
- J. Audit Result Reporting
  - Depending on the objectives and targets set for the year the audit is occurring in.
- K. Reporting and Analysis
  - Reporting and data analysis should occur on a regular basis at Global, Division and Location levels. Data should be analysed to identify trends, areas of success and opportunities for improvement with findings communicated to relevant stakeholders. Data analysis should take place quarterly at a minimum. Results of this analysis must be integrated in the H&S planning process.

## 4 Responsibilities

### Chief Executive

- Ensuring processes exist for accurate reporting; and
- Undertaking independent review of the reporting process for accuracy.

### Managers

- Ensuring this standard is implemented as required; and
- Ensuring all monthly reports are completed and submitted in a timely fashion in accordance with this element.

### Group Manager - Health and Safety, Health and Safety Managers

- Ensuring this procedure is implemented as required;
- Ensuring on time and accurate reporting; and
- Support Divisions and Departments in reporting requirements.

## 5 Other Information

- HS13 Incident Management Standard.
- H&S Definitions (HS01-01-01).
- Full table of Procedures (HS01-01-02).
- Measuring and Monitoring H&S Performance (HS16).

## 6 Document Control

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