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DEPARTMENT FOR INDUSTRIAL AFFAIRS

# **BLOOD, SWEAT & GEARS**

Occupational health & safety issues faced  
by women in the feminine hygiene and  
medical courier industries.

**THE 1994 AUGUSTA ZADOW AWARD PROJECT**



**AUGUSTA ZADOW**  
**1846 - 1895**

A champion of the poor and powerless in the turn of the century Adelaide, Augusta Zadow was the first female Inspector of Factories in South Australia.

Her tireless energy played a vital role in helping to secure better working conditions for future generations of shop and factory workers.

Augusta Zadow was a remarkable woman who rose against the limitations placed on women by Victorian society.

The annual Augusta Zadow Award commemorates her work.

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# PART 1 - OVERVIEW

## 1.1 INTRODUCTION

Illness and injury at work can be a painful and expensive business. It is not surprising therefore that prevention is becoming a more important part of occupational health and safety. However, prevention is only effective if workers are aware of the hazards and possible hazards in the workplace and have the capacity and motivation to participate in developing and implementing preventative strategies.

Legislation has a significant role in workplace safety and in South Australia occupational health and safety is regulated by three pieces of legislation:

- \* the Occupational Health, Safety and Welfare Act 1986 reprint No. 4-3.4.95;
- \* the Occupational Health, Safety and Welfare Regulations 1995 (the Consolidated Regulations) made under the Act; and
- \* Approved codes of practice.

The main purpose of the Occupational Health, Safety and Welfare Act 1986 is to prevent injuries and occupational diseases from occurring by improving the safety of workplaces and eliminating or reducing workplace hazards. The Act specifically encourages the participation of everyone at the workplace where issues affecting occupational health and safety are concerned. The key to success here is effective consultation.

The Regulations made under the Act sets down specific legal requirements and usually relate to a particular hazard or activity. The Regulations carry the same legal weight as the Act and therefore must be complied with.

Approved codes of practice provide minimum safety standards and give practical guidance on how a particular standard of health and safety can be achieved. They should be followed unless another solution provides the same or a better standard.

Under the Act each employer has a duty to each employee to *"ensure so far as is reasonably practicable that each employee is, while at work, safe from injury and risks to health"*. Likewise, employees also have duties under the Act. They must take reasonable care to protect their own health and safety and that of others who might be affected by the actions they take, or fail to take, at work. Employees' responsibility for health and safety only extends to things over which they have control. Employees must also co-operate with their employer in ensuring health and safety in their workplace.

This report contains information collected as part of the "Augusta Zadow Award" project carried out by the SA & NT Branch of the Transport Workers Union to identify the occupational health and safety issues faced by women working as couriers and drivers in the medical pathology and feminine hygiene services areas. It is based on interviews with the women themselves and describes the context of their work and documents the health and safety issues raised by them. The findings and recommendations of the project are industry-focussed and are intended to be of practical value.

The project is also the first to be done through the Augusta Zadow Award awarded by the S.A. Department for Industrial Affairs. The Award was inaugurated in 1994, the centenary year for women's suffrage in South Australia, to encourage improvements in women's health and safety at work and to stimulate interest by supporting initiatives and recognising excellence in this area. The Award is also a memorial to Augusta Zadow who was South Australia's first full-time Inspector of Factories.

## 1.2 BACKGROUND TO THE PROJECT

The project proposal arose from concerns by the Transport Workers Union over issues raised by women members. The issues ranged from manual handling to the secure transport of bio-hazardous diagnostic material and are reflected in the number of inquiries and WorkCover claims in relation to workplace injury and accident processed by the Union in the medical pathology and feminine hygiene areas.

That concerns came from these two areas of employment is not particularly surprising. Statistics confirm the male nature of the road transport sector and although women are under-represented in road transport as a whole, in certain types of courier work however, women drivers outnumber men. According to the ABS 1991 census data in South Australia, the number of people employed in the transport and storage industry was 22,702. The road transport sector of this industry was the largest of all sectors with 9,821 people engaged in it, yet it had one of the lowest rates of female participation - 15.6%.

The same data set indicates that the bulk of women employed in the transport and distribution industry worked in the sales and clerical areas. As courier/driver operations, medical pathology and feminine hygiene services are two areas in the road transport sector which employ a significant number of women who drive as the major part of their job. Hence women medical pathology couriers and feminine hygiene service drivers constitute a significantly unusual group of workers in an industry notorious for its "macho" image.

Obtaining statistical information on the illness, accident and injury rate for this group of women workers has not been particularly successful. The WorkCover data available to the project co-ordinator was useful in only a very general way as it does not distinguish sufficiently between occupational groupings. As an occupational grouping within the database "Courier Services" (both short and long distance) covers various parcel delivery services and puts all services including medical and blood supplies, photographs, lunch vehicles, flower deliveries and sanitary bins under the one title. This grouping in turn is subsumed into the larger sector grouping of "Road Freight Transport". Unfortunately the statistical information on the grouping "Road Freight Transport" does not distinguish in injury types and rates between courier services, truck hire services, taxi trucks, furniture removals, delivery services, log haulage and general road freight hire services.

## 1.3 PROJECT AIMS

The project aims were to:

1. achieve a better understanding of the hazards and risks in the workplace;
2. consult with women workers regarding their work practices;
3. suggest practical changes to work practices to minimise injuries and accidents; and
4. identify areas which need further research and investigation.

The project, which was carried out between August and December of 1995, involved consultation on a voluntary basis with both workers and employers in the participating companies. The workers particularly gave up their free time to talk openly and extensively within their groups about their work and its effects on them. It is hoped that the information on the medical pathology courier and feminine hygiene service areas in this report and the changes to work practices recommended will raise the profile and lift awareness of workplace health and safety issues for the women employed in the service areas and among service employers.

## 1.4 WORKPLACE CHARACTERISTICS

### 1.4.1 THE PUBLIC IMAGE OF THE SERVICES

Both the medical pathology and feminine hygiene services which participated in this project placed a high priority on their public image as quiet, discreet, efficient and above all as hygienic services. Considerable value was put on couriers and drivers having a neat and clean appearance and the same for their vehicles. It is not unrealistic to suggest that this was stressed in both services to a greater extent in other courier and driving jobs because of the nature of their work and the material they transport.

Medical pathology courier services deal with bodily substances (eg. blood, tissue, urine, faeces) and parts

(eg. organ biopsy material and occasionally a limb for disposal). The feminine hygiene service area deals with the disposal of tampons and sanitary napkins and (increasingly) nappies. In both situations the potential for infection and disease is real and is not denied. For many people, however, the association with body parts and processes is frightening, embarrassing or disgusting and both services have gone to some lengths to either overcome or avoid any direct reference to the physical reality of the work.

While the medical pathology area stresses the clinical, scientific nature of its work, the feminine hygiene services wrestle with the problem of being caught between social taboos regarding menstruation and the need to promote of their services. They attempt to overcome any notion of the "unclean" by stressing hygiene and by only oblique reference to the actual nature of the work. Company names, logos, colours and deodorants as well as the colour of the units themselves reflect a soft, pastel, floral, mysteriously "feminine" theme.

This is a cause for hilarity among some drivers and couriers as the "image" is in marked contrast to the reality of their work which often involves heavy lifting, transporting potential biological hazards, dealing with unpleasant and even nauseating material and always requires skill, organisation and alertness:

### **1.4.2 FEMININE HYGIENE SERVICES**

Feminine hygiene service companies supply and service sanitary units for the disposal of sanitary napkins and tampons in toilets in shopping centres, offices, factories, schools, institutions and recreational facilities. Nappy units are also being supplied in increasing numbers in institutions and fast-food outlets. The work is carried out in South Australia by only a small number of companies. Almost all of the feminine hygiene companies are sub-divisions or subsidiaries of larger concerns whose business often includes rubbish collection and other cleaning services. Several of the companies approached as part of the project were relative newcomers to the business. It is a highly competitive area with service contracts often moving between companies as they under-cut each other.

As far as could be estimated, approximately 25 women are employed as drivers on a full-time basis in this service area in SA. Several companies employ a small number of either men or women in rural areas to occasionally service a small number of units in their local area. No company approached as part of the study employed more than 6 women drivers and three companies employed only one or two women drivers. A few men work in this area but the majority of workers driving the vans and trucks and servicing the units are women. They not only exchange units but in some companies they may also install towel and soap dispensers and/or help in the wash bay area at the depot with the emptying and washing of sanitary and nappy units. The wash bay attendants are usually men.

Most of the women drivers in the participating companies had been with their current employer between 18 months and 5 years. It was unusual for a driver to stay longer than five years, although one had worked at the same company for ten years. A minority of the women had previous experience in courier work and most were aged between 25 and 35 years. All the companies participating in the project employed their drivers on a permanent, full-time basis. The drivers generally worked from Monday to Friday starting between 6 am and 7.30 am and finishing between 2pm and 3.30pm. Some days were longer.

### **1.4.3 MEDICAL PATHOLOGY COURIER SERVICES**

Medical pathology laboratory services to doctors, clinics and hospitals in this state are supplied by three providers; two of which are privately owned and the other being a public facility. All supply their own couriers services between the laboratory and clients in doctors' surgeries, health clinics and hospitals. As well, they all use sub-contracted couriers from agencies to varying degrees to fill roster gaps or night shifts. During the period of the project, the two private companies each employed between 40 and 55 women, the public facility about 15. The sub-contracted couriers were rarely women.

The couriers not only take patients' specimens from clients' premises to the laboratory for testing but also deliver pathology reports, X-Rays, pathology request forms and collection media to clients from the laboratory. All services have been affected by the industry's growing competitiveness and long-term couriers remarked on the change in recent years from a "medical orientation" to a "business orientation" at the workplace.

The couriers participating in the project tended to have had long periods with the same employer. Most had been with their employer for at least 8 years and one woman had been working as a courier for the same

company for 22 years. Quite a number of women had been couriers for between 10 and 15 years. One company had employed no new courier in the previous 5 years although the same company recently had out-sourced night runs to sub-contracted male couriers. This was a growing trend in all companies. The private services had reduced staff through redundancy in recent years. The public facility was taking on no new staff and used volunteers for courier work in country areas.

Women working as couriers tended to be older than those working as drivers in the feminine hygiene services. The average age of the couriers working in the two private companies was estimated by the managers to be between 45 and 50 years and around 40 years of age for the public pathology service. Most worked on a part-time week-on, week-off basis. In the largest company fewer than 10% of the couriers worked full-time. Many women had worked the same shift of a staggered shift roster for years. At one company the majority of couriers were casually employed despite having been at the workplace on a regular rostered basis for a long period. In another, only relatively recently had the women couriers been made permanent after many years of casual employment. They were advised of their change of employment status in a memo attached to their pay advice slip.

## **1.5 PROJECT METHODOLOGY**

Before any company or worker was approached, a Steering Committee was formed with OH&S specialists and representatives from the employers, the Transport Workers' Union and the Dept for Industrial Affairs. The committee's role was an advisory one.

Focus groups were chosen as the most appropriate way to carry out the project as such groups provide qualitative information on the thoughts, feelings and experiences of the participants. This sort of information was considered essential in explaining and understanding the influences on health and safety practise at the workplace. Personal observation of the work process by the project co-ordinator was also a vital part of the project as it put the material collected in the meetings into context.

Every company in SA employing women in either the medical pathology courier or feminine hygiene service area, as far as could be ascertained, was contacted by the project co-ordinator (by both letter and telephone) with an invitation to participate in the project. Participation involved agreement to distribute information leaflets about the project to women workers, to allow the project co-ordinator to conduct focus group meetings with workers at the workplace, to interview management and to allow the project co-ordinator to accompany a driver or courier on a round.

Employers who were members of the SA Chamber of Commerce and Industry were sent a letter by the Chamber's representative on the Project Steering Committee requesting their co-operation.

Where the employers agreed to participate, a leaflet with information about the project was distributed to workers. Following the distribution of the leaflet, couriers and drivers were invited to attend an initial one hour meeting at their workplace where they would have the opportunity to discuss occupational health and safety issues which they faced in the course of their employment. The project co-ordinator followed meetings up with another site visit several weeks later and also accompanied a courier or driver on her round for the day.

In two workplaces employees were paid for the time spent at the meeting but for the majority the meetings were held outside of paid time.

## **1.6 EMPLOYERS' RESPONSES**

Of the ten companies approached, three medical pathology courier services, one general out-sourcing courier company and three feminine hygiene service companies agreed to participate. All of those which chose not to participate were in the feminine hygiene service area and employed 6 - 8 women as drivers between them. Most organisations were hesitant about the TWU's involvement in the project and some expressed initial doubts about business confidentiality. The majority of employers however, expressed the view that improving health and safety was a worthwhile goal.



## **1.7 WORKERS' RESPONSES**

Approximately 140 women were employed as drivers and couriers by the companies approached in the two service areas in the project. Getting 5 - 10 couriers together for a focus group meeting proved difficult in some workplaces because of staggered shifts.

In the smaller companies, participation rates were very good - virtually all of the women drivers (except those on leave) voluntarily took part in focus group meetings. In the larger workplaces several meetings of different groups were held to obtain a reasonably representative sample of the views of workers. (About 25% of the workers at the larger workplaces participated). Many of the drivers and couriers attended the meetings in their own time, either coming in on their week off or remaining after work.

The focus group meetings, which took between one and one and a half hours, were organised on a semi-structured basis and were recorded with the consent of the participants who were given an assurance that the project co-ordinator would be the only person using the tapes and that no-one would be identified by name in the final report. Management did not attend the focus group meetings, except in one instance where the OH&S manager attended in the last 15 minutes of the session.

At the meetings the women were asked what health and safety issues they faced in their daily work or were important to them. The questions asked by the project co-ordinator were open-ended and neutral. Participants were encouraged to think about their work experiences and to discuss them in the group.

The project co-ordinator spoke also to the workers' health and safety representative where one existed at the workplace. Not all workplaces had an employee OH&S representative.

## **1.8 UNION MEMBERSHIP**

Among the women drivers and couriers spoken to during the course of the project, union membership was low and in the majority of smaller workplaces union membership was non-existent. A number of unions represented the workers across the various worksites in the study.

In no workplace were the majority of women members of a union. Some expressed interest in union membership but were fearful of employer retribution if they joined, others were under the impression that they could only join with the agreement of their employer (which they believed was unlikely). Others could see no point in belonging to a union or did not know which union to join. However, women who were members were interested in more contact with their union.

# PART 2 - ISSUES IDENTIFIED BY WOMEN DRIVERS AND COURIERS

## 2.1 SUMMARY

The following section deals with a range of issues raised by the women drivers and couriers. The areas they considered of major concern were driving-related ones - including concerns with the vehicle itself - but also issues which affected driving such as work schedules, manual handling, personal safety and the process in their workplaces for dealing with health and safety problems.

The information in this section is derived from the focus group meetings, personal observation of the work process and interviews with health and safety representatives.

## 2.2 DRIVING-RELATED ISSUES

Every courier and driver involved in the project spent a large part of her working day in her vehicle. Therefore, it is not surprising that driving issues were a significant proportion of the matters raised at all focus group meetings. They were also the most aggravating and difficult to resolve as almost anything to do with vehicles, be they cars, trucks or vans, is costly. Drivers in the feminine hygiene area had some driving-related concerns in common with medical pathology couriers but differed in a number of respects which reflected the differences in their work tasks, work schedules and the types of vehicles they drove.

### 2.2.1 VEHICLE SIZE AND TYPE

The majority of couriers drove company-leased or company-owned Ford Festivas - small, compact, 2-door hatchback vehicles. This model had been chosen by the companies, the couriers believed, on the basis of cost, fuel economy, "zippiness" and the ability for the car to fit into a small parking space. Most couriers drove their own vehicles to work then swapped to the company car. Where couriers did shiftwork, the company vehicles were left at the workplace at the end of each shift when the waiting courier for next shift took the vehicle out on the road once more.

The public pathology service leased 4-door automatic Hyundai sedans and Toyota Corollas. Couriers with these seemed to experience fewer vehicle problems than those driving the Festivas.

The small size of the Ford Festiva and its lightness made some couriers feel exposed and insecure when driving, particularly in traffic with larger, heavy vehicles. They also expressed concern that the vehicle could not accelerate quickly enough out of dangerous situations. Couriers who did country runs said that when driving across open country cross-winds blew the vehicle around on the road. Although there had been no reported vehicle damage or injury sustained in these situations, they put this down to luck and the lack of traffic on the road at the time.

Several women found the size of the Festiva seats a problem. One woman had chronic back pain which, she said, was due to the small seats. When she sat in the car, the metal bar at the back of the seat pressed into her lower back. If she padded the back of the seat it pushed her too far forward. It was a case, she said, of one size car not fitting all shapes and sizes. This courier did not bring her problem to the attention of management because she could not "prove 100%" that it was the car seat that was the cause of the problem. Employed on a casual part-time basis, she also expressed some anxiety about her job security if she complained.

*"Constantly having to reach back for the seat belt is not just a nuisance - it's painful if you do it often enough."*

Seat belts were also an issue for some couriers. The pillar to which the seat belt is attached in the two-door Festiva is a considerable distance behind the driver's right shoulder. Twisting back to reach for the seat belt after each stop many times a day made the shoulders of some couriers ache.

The most commonly used vehicle in the feminine hygiene service area was the Toyota Dyna 200 - essentially a light truck under two tonnes for which the driver does not need a special licence or permit.

All companies had their own special modifications done to the tray canopy of the truck to accommodate the sanitary units and nappy bins. Toyota Hi-ace vans (small commercial vans) also were used especially on

country runs where fewer sanitary units had to be transported but the distance travelled was much greater.

The trucks were usually owned by the company and were a mixture of old and new. Newer vehicles were preferred by the drivers because the canopies often had a better design which enabled easier loading and unloading of units and trolleys, plus the suspension had not deteriorated.

Most of the drivers padded the seats of their vehicles to make them more comfortable. Most but not all seats could be adjusted to some degree to improve the driver's position over the wheel and pedals. Suspension seemed to be a crucial factor in seating comfort - the lack of which was very noticeable on long runs of ten to twelve hours over country roads. Back ache was a common complaint from drivers on long trips. Some of the smaller women said that they had problems adjusting to climbing in and out of the truck cabins as the steps were so high from the ground.

One company that chose not to be involved in the study uses three tonne trucks for which the drivers are required to have a special licence.

### 2.2.2 GEARS AND STEERING

Some companies provide manual vehicles for their couriers, other provide automatics. Those women who drove automatic vehicles expressed fewer concerns over driving in traffic, although some said that manuals enabled them to accelerate more quickly when necessary. Many women, especially those with a large number of calls on a run, found the constant gear changing required by a manual stressful. It became particularly irritating, they said, when they were obliged to respond to a call over the two-way radio. This required the courier to lean over, pick the hand-piece up from its cradle or sometimes the floor of the front passenger seat or the wire basket in the front, and press a button. Many could not or would not do this in heavy or fast traffic and would respond to the call only after they had pulled over to the side of the road. This contributed, they said, to further time loss.

In most couriers' vehicles the front passenger seat was occupied by a wire tray held onto the seat by the seat belt or a strap. The tray holds X-Rays, reports and a clipboard or folder with the courier's schedule. An Esky for the cool storage of specimens is wedged into the leg space at the front of the passenger seat. Some couriers found that the constant stopping, starting and moving through the gears, sometimes operating the two-way radio and preventing reports, X-Rays and the delivery schedule from falling to the floor or into the Esky made for tense and stressful driving. Most couriers felt that automatic transmission in company cars would eliminate one significant stressor in their work.

*"Having to change along with everything else, I need an extra pair of hands."*

Several couriers complained of knee pain from constantly depressing the clutch pedal. Only one of these women had indicated to management that she was having a problem with this. She had moved several weeks before to a "run" which involved a large number of pick-ups and deliveries in the city. In order to get all her deliveries done on time on occasion she literally broke into a run whenever she got out of her vehicle. The strategy to deal with her knee problem was to trial her for three months on that particular route. If after three months her knee was no better, an effort would be made to find her a less onerous run. She told the project co-ordinator that she did not wish to "make a fuss" lest it appear she was complaining. She said she took pride in doing a good job and enjoyed being efficient.

Other women said that they believed there was no point to raising the matter of gears with management as: *"we've tried in the past and nothing is done about it or can be done about it."*

Drivers in the feminine hygiene area had a different views on steering and gears. Unlike the couriers, these drivers did not feel as strongly about automatic transmission. As one driver said: *"Having a manual 4 speed - its OK. It keeps you awake anyway!"* While this comment doesn't imply a lack of problems, it is most likely a reflection of the fact that the drivers make much fewer stops than the couriers and hence use their gears much less often in a day. Power steering was a more important issue for the truck and van drivers.

The heavy steering of the trucks was a problem, said most feminine hygiene service drivers. Only one small company in the study provided power steering in its trucks. All others had ordinary non-assisted steering. While the women said that they got used to it after several months, many complained of neck, shoulder and arm pain, exacerbated by lifting units on and off of the truck all day. One driver commented:

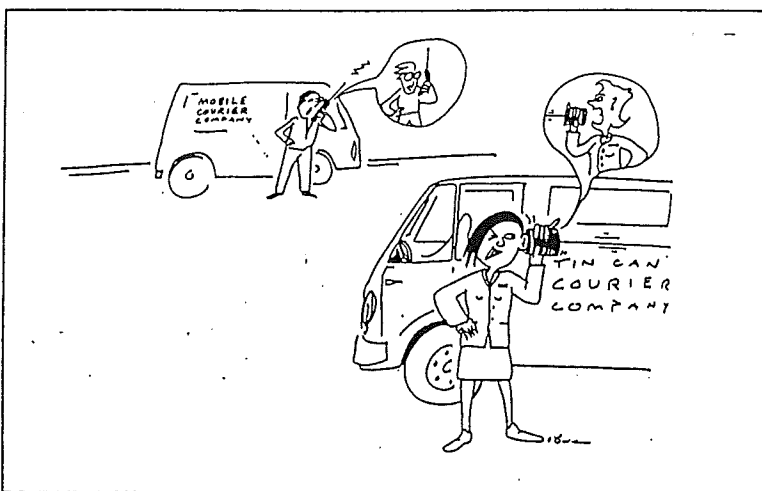
"Yes I know I've got a sore neck from it - but I've learnt to live with it." Several were having physiotherapy for neck and shoulder pain. Driving without power steering was particularly difficult, they said, when parking in tight spots which required a lot of rapid manoeuvring and where the load was heavy.

### 2.2.3 ON-ROAD COMMUNICATION

Two-way radios provided essential contact between the base and medical pathology couriers on the road. On a run, it is common for a courier to get several calls from base to pick up extra specimens from clients. It is also used by the couriers to obtain directions on finding after-hours boxes or advice on route short-cuts. Many couriers appreciated the 2-way radio as a security measure as it gave them immediate contact with base in most areas. Couriers working at night did express a preference for having the base radio staffed at all times. The person operating the base in the evenings had other tasks to do with often took her away from the radio and sometimes couriers experienced a delay in getting through. In some places outside of the metropolitan area radio contact was lost as the vehicle went out of radio range.

None of the feminine hygiene service drivers had any means of communicating directly with their base. Unlike the couriers they were much less likely to be called to make an unscheduled pick-up. A few preferred not having a means by which the office could contact them as it meant they were left to get on with the job in their own way. In some companies, however, drivers were supplied with a pager, others were expected to find a public phone and ring in every few hours (phone card supplied by the company) to check if any more jobs were to be done. They also rang into the base when they had problems such as access to a building.

On the other hand, drivers who did runs in the country or in isolated areas said they would prefer some means of directly contacting the workplace or the RAA. No communication meant that when the truck broke down or got a flat tire, the driver was dependent on a passer-by for assistance. Several drivers had had the experience of being obliged to wave down vehicles in isolated areas for a lift to the nearest phone box. In one company which also had men doing the same work, the men were supplied with mobile phones while the women were given pagers.



A potential hazard was identified in the installation of the two-way radios into the vehicles. One company had a cradle for the 2-way hand-piece installed in every vehicle which enabled the courier to use the radio with relative ease. Other companies had no cradle, mounting or reliable means of fixing the 2-way to the car body in an accessible place. Where no mounting or cradle existed, couriers dropped the radio hand-piece into the wire basket on the passenger seat or put it on the floor of the front passenger seat.

One organisation using lease cars found that because of the high mileage done, it was changing some vehicles after only several months. It ceased installing radio cradles on the basis of the expense of installing them in the new vehicles and removing them in the old ones. Instead, handpieces are now attached by velcro to the carpet on vehicle floors. Couriers had protested against this as a risk particularly in sudden stops or accidents where they felt that the velcro would be unlikely to hold the heavy handpiece in place. There had already been one instance of a courier involved in an accident being hit on the head by the heavy metal handpiece. In some vehicles the radio box itself was not securely fixed to the body of the car and tended to move about with any sudden car movement.

The occupational health and safety representative at this workplace was also concerned that the use of velcro attachments was becoming more popular among courier companies generally.

Where couriers were sub-contracted from an agency, the agency installed the 2-way radio with a fixed hand-piece cradle into the sub-contractor's car at agency expense.

## 2.2.4 WORK SCHEDULES

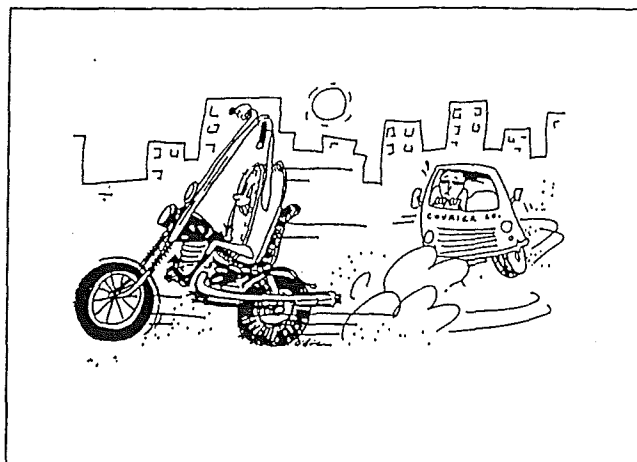
Both couriers and drivers found this an important issue. Nearly all of the women participating in the study brought up the issue of work schedules and timetables, especially in relation to their effects on driving and manual handling.

Every courier worked from a daily schedule of addresses on their particular run. Each pick-up address on the schedule is in a specific order with an allocated time at which the courier is expected to arrive. The order is worked out to maximise the courier's time and to provide a service where the client can expect the courier to call in at a specific, pre-arranged time to collect specimens for transport to the laboratory. Most couriers become very familiar with their route as they tend to stay on the same one for years at a time.

Most work schedules are worked out by the courier manager often with only minutes between pick-up addresses. As well as the written schedule, couriers also get calls from the base to return to surgeries to pick up specimens or make extra calls to clients not routinely on the schedule. Couriers are not permitted generally to change the running order without the permission of the courier manager. As well, they must record on the work schedule the time and the number of specimens they pick up at each stop. Most couriers said they were not consulted about the timing of their rounds. However, at some workplaces couriers could make comments about their schedules at the bottom of their worksheet.

The majority of couriers found the close timing very stressful as they felt they were constantly running against the clock. As one commented: *"It may look alright, but in practise it doesn't work out like that at all. What you see on paper doesn't include the calls that come in, plus the reports"*. When they were delayed by clients who failed to put specimens in the pre-arranged spot, by heavy traffic, road-works or the lack of parking space, couriers said they felt anxious and were often tempted to speed to catch up. Some admitted to speeding even though they risked a speeding fine (which they must pay themselves). *"I drive like a maniac,"* said one courier.

Many pushed themselves to get the round done on time rather than be late and seen as inefficient or slack. Comments such as: *"It's a subconscious thing. You start to feel pressure, that something's urgent"* were not unusual. There was also the added pressure of the courier on the next shift waiting for the car to return to base so that she could begin her round. Time constraints meant that many women did not take their full meal break and a few did not take a break at all. A number started their shifts 15 - 20 minutes early sorting paperwork so that they could get a "head start" on their run.



Couriers commented that while managers did not explicitly urge them to speed or rush, (some said managers specifically told couriers not to speed), the way in which work was organised and atmosphere at work reinforced the sense of urgency.

Most couriers felt that management did not sufficiently understand or was not aware of the all of the various factors which ate into their schedules. One courier commented: *"Management say, well they did it, but that was ten years ago, when the traffic wasn't so bad. They don't go out often enough. I personally think they should go out more often themselves"*. Another said that her times were so tight that the courier manager: *"must have timed my round at 4 o'clock in the morning when there's no traffic around and the surgeries are all closed"*. One courier described how she was so anxious that she used to dream about driving. *"I was on the road all night - with nightmares about not getting finished"*.

It was a general comment that traffic was getting heavier every year, business expanding and that the number of couriers was being reduced overall - rather than more being put on. *"We're under continual pressure"* was a common remark from couriers and drivers. One courier said she found that she was so pressured she became sick from time to time. *"You just pack up every now and then but keep doing it"*.

Many of the women said that they wanted to be involved in drawing up the schedules and for the schedules to be worked out in "real time" with the manager accompanying the courier on an actual round of calls.

"Even just once a year - they should come out with us", commented one courier.

Some managers were aware of the problems of fitting all the required work into timetables. They say they have told couriers not to speed, and that "the door is open" to any courier to discuss schedule problems. However, many couriers were unwilling to take up the issue with their employer for fear of being seen as not coping or having a poor attitude to their work. As one woman said: "I find I don't say anything. I think, well, it must be me. I'm getting old. Everyone else seems to manage it". Another commented: "I feel like they think I'm whingeing".

Some couriers were cynical about the schedules and questioned management's sincerity over offers to review timetables. They believed that their employer put pressure on them to meet their timetables, knowing this would give them little choice but to speed. "You can write down any comment you like about the run on the sheet - too long, too short. But they don't take much notice of it".

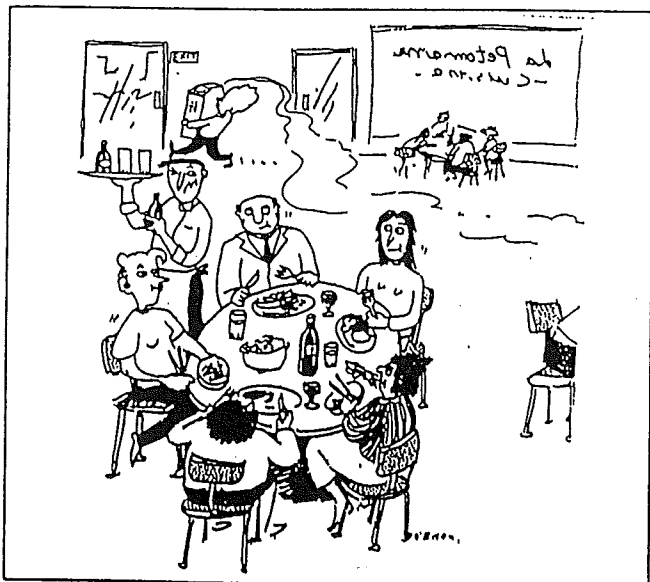
The drivers in the feminine hygiene service area also had a schedule of stops to be made on each run. Again this was worked out by the service manager. However, as a rule the stops were not timed as closely as those in the medical pathology area. In one company the daily schedule of calls was worked out by the office administration but was calculated on feedback from drivers. The drivers commented that the office seemed to calculate the number of calls based on the fastest times rather than the average.

Drivers were permitted to make comments about the runs but were generally wary about doing so for fear of repercussions, particularly where they had had negative experiences in discussing the issue of schedules with management. In one workplace it had resulted in protracted and unproductive arguments between drivers and the manager. Other drivers had a more positive experience where an attempt was made by both management and workers to reorder schedules to make them more equitable.

Drivers' workloads varied. A driver may have only a few stops but may have many sanitary or nappy units to change in the one place. Drivers who serviced institutions or department stores made few stops in a day but were very busy changing sometimes over 100 units. Other runs had fewer units but much greater distances to be travelled. When the units are exchanged a docket must be signed by the client. Most drivers made out their docket book the night before to save time. This practise was strongly discouraged by management.

Work routines varied between companies and drivers in the feminine hygiene service area. Usually each driver is given a loose leaf booklet or folder indicating all the premises and the number of units to be changed on that particular round. In most companies it is left up to the driver to work out the most efficient route for doing this. At one workplace the driver was given a week's books with a set number of units to change in that time. She said that she enjoyed this arrangement as it gave her some flexibility about organising her workday.

While most drivers nominally commenced work at 7.30 or 8.00 am, in fact many started much earlier. As one driver said: "I like to leave early so that I have some time up my sleeve. There's always something that happens". Some of these early starts (e.g. 5.30 am) were due to the need to get the job done on time and to avoid traffic. There was pressure also from some clients to have the sanitary units changed at a particular time. It is not uncommon for restaurants, hotels and cafes to want the units changed early in the day to avoid having the driver carry sanitary units through eating areas in front of customers. A few clients objected to having the truck or van parked outside the premises. This meant the driver was under pressure to get these places done as early as possible and also look for a park at the rear or a distance away and carry units. All of these added time and effort to the driver's work. Because not every client would give a key to the company for access after hours, drivers found they were forced to work faster and get to places such as schools or business premises before they closed.



Some drivers and couriers said they had problems with parking and in some circumstances risked fines and parked illegally where there was no loading bay or the bay was already occupied. The alternative was to park

further away and carry heavy items a longer distance, which also took additional time.

Several drivers said ten hour days were not unusual and occasionally twelve hour days if they had a long distance to cover. *"On long runs you get very tired. You have to do all the calls because you don't get a chance to come back. You go in another direction altogether"*. Some drivers had attempted to bring this issue up with management but were discouraged by the employer's attitude. This was the experience of one driver who commented: *"I raised the issue of long runs with early starts with (the manager) but somehow the conversation got turned around to something else and that was the end of it"*.

Timesheets did not always reflect the extra hours worked in some workplaces. Drivers at one workplace said that there was no point in putting down overtime as *"the company doesn't believe in paying overtime and you're told that when you start"*.

While most drivers were unhappy about not receiving overtime payments, they were loathe to complain to management for fear of losing their jobs, being moved to another round or losing the ability they occasionally had to finish early in paid time.

## 2.2.5 SUPER - COURIERS AND SUPER - DRIVERS

The issue of "superworkers" who did extra work unasked and at no extra pay or who worked exceptionally quickly was raised at a number of meetings. Most couriers and drivers had experienced this phenomenon and emphasised that it created an expectation on the part of management which the majority of workers believed was unrealistic and unsustainable. Many of the women had domestic and other obligations which made it impossible to stay on at work - particularly where it was unpaid. Others believed that their employer already *"had their money's worth"* out of them and no more should be expected. However, other workers said that they were very conscious of the constantly raised expectations of management and felt anxious that their failure to reach these levels would result them being penalised if redundancies were to be considered. This, they said, was another pressure factor in the job.

In one company the pressure to achieve higher work levels was increased through an incentive payment system. An individual driver's payrise was dependent on the number of units she serviced, her customers' satisfaction and her successful completion of a driving course. Some drivers at the company were unhappy with the system as they had a smaller number of units to service (although they had to drive a longer distance) and were thus unable to compete fairly, they said, with other employees on runs which had a larger number of units but where the clients' premises were close together.

While most couriers were not keen to do extra hours, there was a small proportion who wanted to do additional paid time. These tended to be couriers who were sub-contracted to the service providers. One manager was concerned at the large number of hours done each week by such drivers, some of whom worked every day of the week and/or double shifts.

## 2.2.6 DRIVER TRAINING

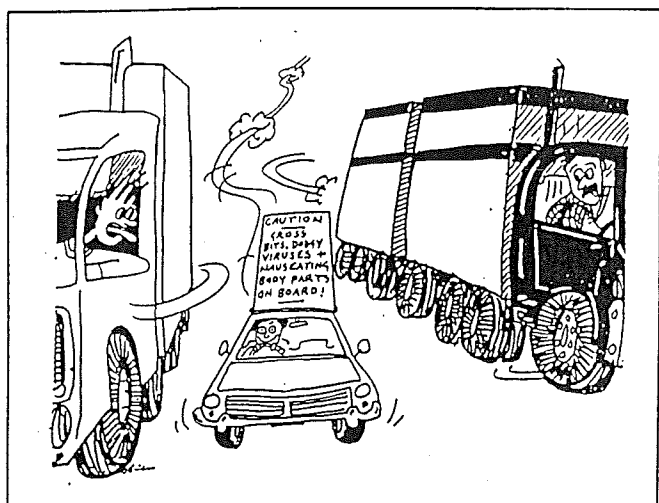
When drivers and couriers applied for their jobs most were asked: *"Do you like driving?"* One woman commented: *"They don't ask us that anymore because they know the answer"*. On the other hand many women enjoyed being out on the road and said they far preferred it to being inside an office all day.

The one common qualification for the job of courier or driver is a current driver's licence. Only in one company (which did not participate in the project) was a special driver's permit required. Previous experience of driving for a living was not usually a requirement for the job and in fact very few of the women had had any. One woman made the following comment on the practise for job applicants at her workplace: *"They put you in the truck, you do it and they rate you. If you pass you get the job"*. At this particular company, the applicant merely had to demonstrate that she could drive around the block in the truck and park without knocking into anything. At another workplace skill assessment for driving the vehicle consisted of a new starter being put into the truck and "shadowed" by the manager in another vehicle for half an hour.

No formal training or orientation to driving was given to the women. As one said: *"My boss threw me the keys to the truck and said 'There you go'. That was my training!"*



Most found the experience of driving a vehicle all day with a schedule to stick to very different to the driving that they did in their own cars. Many expressed surprise at how tiring it was - particularly combined with the physical work of loading and unloading trucks or making numerous calls into offices, surgeries and hospitals. One courier said she was so exhausted at first she used to go to bed at 7.30 pm. Many women said



the pace was so fast and the driving so tiring that they would not be able to keep it up if it were a full-time job. Part-time work meant that they could physically manage the job on a long-term basis.

Some couriers had done a defensive driving or "drive to live" course a number of years before at the company's expense. One workplace paid its couriers a day's pay to do the course and had the largest number of couriers who had completed such a course. Another company had offered a similar course but in the employees' own time on a week-end. This was taken up with only limited enthusiasm by the couriers. However, virtually all who had done the course said they found it useful in their daily work and also a confidence booster. Several remarked that it was good

for the company as well as it saved on vehicle wear and tear as well as lowering the risk of injury to drivers.

Few women in the feminine hygiene service area had done such a course. One company was considering having successful completion of a defensive driving course one of the requirements for a pay rise.

## 2.2.7 VEHICLE MAINTENANCE

Couriers and drivers were responsible for general low-level maintenance of their vehicles by keeping up appropriate levels of petrol, oil and air pressure in the tyres.

From reports and comments by couriers and drivers, it was noticeable that companies which leased vehicles were more prompt in undertaking repairs than those which owned their fleet outright. Most couriers, however, were generally satisfied with the levels of maintenance to their cars. Any problem (e.g. clutch problems, snapped-off rear vision mirror, failing brakes etc) was reported on the work schedule sheet which was returned to the courier manager each day or else reported directly to the manager.

Feminine hygiene service drivers had more problems with getting vehicle problems fixed promptly. Some problems, several drivers said, which were dangerous if not fixed but did not prevent the vehicle from being driven (e.g. bald tyres) sometimes took weeks to be fixed. Sometimes drivers were blamed for the problem or accused of mistreating the vehicle. One driver commented: "I got blown up because I had a flat tyre. I copped it, as if it were my fault". Where the vehicle was off the road and no spare available, the round did not get completed that day or was delayed. Often this meant that the driver then had to rush or do extra time the next day to catch up.

Drivers were also responsible for the cleanliness of their vehicles and washed them either at home on the week-ends or took them into work and cleaned them there. This is usually done in the worker's own time and takes several hours as the trucks are large and must be cleaned inside and out. Drivers were often very conscientious about the state of the truck and the cleanliness of the units. Drivers sometimes commented that they saw themselves as representatives of the company: "I'm what the clients see of (name of company). They get a good service from us and I don't think it looks good to have any of the units or anything dirty or smelly. I spend a lot of time fixing it so that everything looks nice." In vehicles where exposed metal bars held the units in place on the truck trays, the bars tended to mark the sanitary units. The units had to be scrubbed by hand to remove the rub marks, making the turn-around time swapping the used units for the clean ones back at the depot even longer. One driver spent her entire week-end wrapping old carpeting around the bars to prevent the rubbing. She was made employee of the month but no effort was made by her employer to have something similar done to other vehicles. Her gesture was considered by the company to reflect an appropriate attitude for an employee to take and for other workers to emulate.

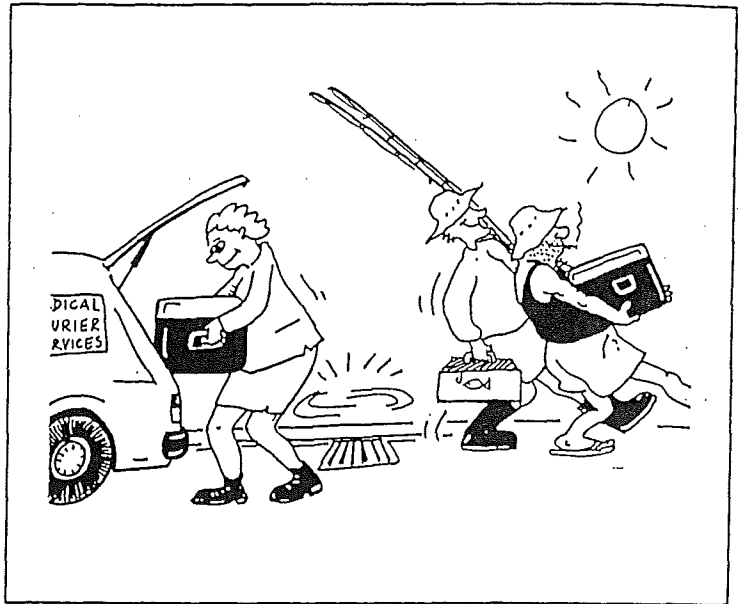


## 2.3 MANUAL HANDLING ISSUES

### 2.3.1 SECURE TRANSPORT OF GOODS

Medical pathology couriers transport a variety of goods to and from clients and the laboratory. These include collection media such as glass and plastic tubes, jars and bottles, diagnostic specimens of blood and other body fluids and various body parts. Some of the collection media contain chemical preservatives. The most common preservative carried is formaldehyde. Some couriers also collected small "sharps" bins of used needles and syringes from surgeries and nursing homes, transporting them to the laboratory for disposal.

As they go on their rounds couriers are constantly collecting goods and off-loading them. In most couriers' vehicles there is no net or restraint available to secure Eskies, bottles, containers or other goods. The Eskies in which specimens are stored in transit are lined with a plastic bag but are generally not secured in any way. Instead they are wedged into the front passenger leg space so tightly that the lid usually won't fit on to the body of the Esky. Some couriers kept Eskies on the back seat if they had access via rear doors. In this situation a seat belt may be used but often the Esky is not restrained or fixed in any way to prevent it falling to the floor in case of accident or sudden stop. Few couriers kept the Esky in the boot which is usually crammed with bags of collection media and other deliveries.



On returning to the laboratory, each courier picks up the plastic bag liner in the Esky and takes it with its load of specimens to the lab. On occasion full Eskies also have to be carried into the lab. At one workplace the laboratory and courier room are upstairs. As there is no lift access anywhere in the building, all items, large and small, must be carried up and down the stairs.

Problems arose when the collection media was not handled correctly - either before or after use. Couriers reported that container lids were often not securely fastened and there was a risk that the contents - blood, urine, formaldehyde etc - might spill out. Clients occasionally did not correctly package specimens for pick-up. In one incident, an HIV blood specimen was put in the wrong pocket of the bio-hazard specimen bag by hospital staff. This was not noticed by the courier who was on her way to her vehicle when the infected specimen dropped out of the bag and on to the road way where it was immediately run over by a passing car. Blood splattered over the nearby area.

Several couriers had had needle stick injuries from picking up incorrectly packed specimens. In one of case, the courier picked up a paper bag left for her only to get stuck in the hand. When she opened the bag she found it contained unsheathed used needles. She reported the incident and had a blood sample taken that night at work but had heard nothing since. Another courier had a bottle holding formaldehyde leak in her car. The acrid fumes were so overwhelming that she was unable to use the vehicle for the remainder of the day, even after the spill had been cleaned up. Some spills were merely unpleasant rather than dangerous. One courier had a bottle of urine spill in her car, "the smell lingered for weeks".

Time constraints led some couriers not to use lifts unless they had to go up many floors. They preferred to use the stairs as there was less delay - "lifts hold you up" - even when quite heavy or bulky deliveries had to be made.

### 2.3.2 LOADING AND UNLOADING - MEDICAL PATHOLOGY COURIERS

Couriers considered that the size of the boot in their Ford Festivas inconveniently small. Two Eskies and little else could be squeezed in. Couriers who serviced hospitals on their rounds sometimes had to take three

or four Eskies and these were put on the back seat. Many preferred a larger boot so that equipment and deliveries could be securely stowed there in case of accident or sudden stops when there was a possibility of flying glass, bio-hazardous specimens becoming air-borne or noxious fumes leaking into the body of the car.

Couriers were virtually unanimous in their desire for a four door model car. Equipment and deliveries were often stored on the back seat (and in some places management insisted on it). However, in two door vehicles, access was only from the front seats and consequently, retrieving an article from the back involved kneeling on the front seat and leaning over and twisting about, grasping the bag or parcel and then pulling it over the front seat. Couriers found this irritating, time-consuming and sometimes a considerable or even painful effort where they were obliged to do it frequently. A four-door model, they said, where the back seats could be laid down would give a larger storage area and provide easier access to goods via the back doors. An added advantage of the four door model is that in most cars the pillar to which the driver's seat belt is attached is closer to the driver's shoulder.

An effort was being made by some companies to reduce the amount of bulky deliveries to surgeries and hospitals made by couriers. Some of the deliveries will be made in future by truck or van. When loading the vehicle at work some couriers would ask for assistance. *"If its really heavy, I'll ask one of the guys to do it"*. Others said they asked for help from the client where they had large or heavy items to deliver but some reported that they struggled alone because there was no other staff about to assist in some places and little time to spare. *"You're always in a hurry, you haven't got time to be running around trying to find someone. You just do it"*. In a few workplaces they were able to use a trolley but still had the problem of lifting the heavy item from the trolley to the car or from the car to the trolley. Some trolleys were very heavy and generally did not have brakes. One courier, loading her vehicle from a trolley on a slight slope, was left holding her morning's deliveries as the trolley disappeared down the road.

Some employers had manual handling policies for their workplace but the majority of couriers in the project were not aware of the details of the policies although they generally knew of their existence. Most of the workplace health and safety representatives had done a course on manual handling but very few of the couriers and drivers had done so. One employer offered such a course for its workers on a week-end and in the employee's own time. There were very few takers. Another employer said they made a point of stressing the importance of correct manual handling methods and the company's policy when workers commenced employment with the firm but offered no formal training.

Only one medical pathology service offered manual handling and training in other health and safety issues regularly with refresher courses for longer term employees.

### **2.3.3 LOADING AND UNLOADING - FEMININE HYGIENE SERVICE DRIVERS**

For feminine hygiene service drivers the loading and unloading of sanitary units and nappy bins onto and off their trucks and vans was an important workplace issue. There were a number of factors which affected the ease and safety with which it was done: the weight of the units, the presence and design of unit handles, the height to which the units must be lifted onto and off the vehicle and opening and closing the doors or covers on the truck canopies.

Almost all drivers had comments on the design of the canopies which house the sanitary units on the tray of the truck. Each company had a slightly different canopy design. Fully loaded each truck holds about 180 units - although the number varies with the design of the canopy - and vans carry far fewer units. The units themselves may hold fluid. In some companies each unit is loaded onto the truck holding a litre of water into which a sachet of germicidal deodorant is dropped when the driver changes the units over at the clients premises. Alternatively in some companies, the solution is made up and put into the units by the wash bay attendant just prior to the vehicle being loaded. In others, no solution is present - perfumed bin-liners are used.

Each truck has two trays or levels on which the units are stored. The height of the trays from the ground varies with the design of the canopy. The lower level is usually around waist height (sometimes a little higher or lower) but in older trucks it is not unusual to find that the higher level of units is set on a tray at head height. Most companies were aware of the problems of poor canopy design and several have changed the canopies so that the second level is lower. At one organisation drivers had had several meetings with management over canopy design where they were encouraged to come up with suggestions and ideas. Following approval from

the head office interstate, the manager was able to approach the manufacturers for a new canopy design. This consultative process however was by no means universal. In addition, where new models had been ordered or introduced, the change-over of the entire fleet was a slow process - largely due to expense.

The majority of trucks had a metal step on which the driver stands to either load or unload units from the upper tray of the truck. These could be slippery in wet weather and one company had put anti-slip strips on the steps to diminish this problem. When loading a full unit onto the upper level some drivers grasped unit with one hand and stood on the metal step. With their free hand they held onto the metal edge on the inside of the canopy roof and then swung the unit up on to the tray. They also did the same when sorting the used from the unused units on the upper shelf.

Loading and unloading units is tiring work - particularly when the units are full and heavy. At each client's premises, the driver checks in her record book on the number of units to be changed over. Depending on requirements and the type of unit, drivers carried from one to four units by hand. While most companies required that their drivers carry a maximum of only two units at a time - one in each hand - the majority of drivers regularly exceeded this limit. One company is in the process of moving to a new stock of units which have a handle built into the lid. With the handles, up to four (unused and hence lighter) units can be carried by the driver. However, the handles also create problems as they are not well designed and the moulded edges of the plastic are often badly milled. Consequently, when the handle of a heavy unit is grasped, the rough inside edge of the handle gouges into her hand. Some drivers had large calluses on their hands from this work.

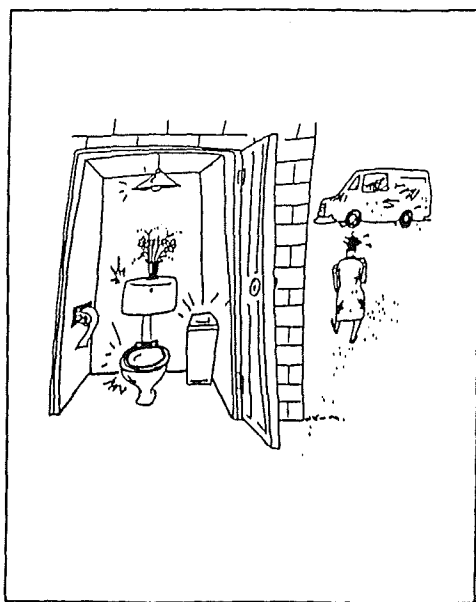
All drivers preferred handles to no handle at all however, and not just to make to job of carrying units easier. Where units have no handle, the drivers are obliged to lift the units by grasping the underside of the lid with the fingertips. Sometimes the lids have been dislodged and have to be put on again before being lifted or the driver risks spilling the contents. It can sometimes be quite difficult to get a good purchase on a lid and lift if the unit is full. Two hands can be used but this isn't easy either as in some places units tend to be wedged into the small space between the wall and the toilet bowl.

Drivers who serviced units in public areas which have little traffic or are cleaned only irregularly (e.g. public toilets at the beach or the parklands) had further problems with lifting units by their lids. The underside surface of the lids are a favourite hiding place for red-back spiders and other insects. A group of drivers reported that at one point they had three redbacks in their wash bay area which had been flushed off units. Most drivers tried to overcome the redback problem by giving the unit a short, sharp kick to dislodge any insect life. Some were supplied with a cheaper type of gardening glove but found them too cumbersome and inconvenient to wear while they lifted units, wrote up their log books, searched for keys and undid locks etc. The gloves, the drivers said just made doing their job harder because they slowed them down. Occasionally, used syringes were found lying on top of the units although this problem has diminished since councils started supplying "sharps" bins in some public toilets. Drivers were aware of these risks and looked closely at the units before picking them up.

Gloves tended to be used by drivers who emptied sanitary units in schools - a few of which were notorious among drivers for the bad state-of the student toilet blocks. Units were often used as rubbish bins and filled with inappropriate articles - clothing, lunches, cigarettes and papers were not unusual. Some schools did not have enough units and sometimes tampons and sanitary pads were put on top of the units instead of inside them. This meant that the driver was obliged to pick up this material and put it into the unit.

Once the clean units are swapped for the used ones these have to be transported back to the truck or van. Many drivers carried more of the (often heavy) units at a time than their workplace regulations stipulated. This due partly to the tight schedules that some were on and also to the desire to cut down on the amount of physical effort of walking up and down stairs, along corridors and in and out of buildings

Most workers had been instructed by management to use a trolley (carried on the trucks) to take units in and out of a building where



more than two units were to be serviced. However, carrying only two units at a time, most drivers said, slowed them down considerably and merely meant more time and effort in extra trips out to the truck. At some premises there were stairs but no lifts and where three or more units had to be changed on upper levels, it was impossible to use the trolley to do more than take units to the stairwell. The units then had to be carried up several flights of stairs and the temptation to carry more than the permitted number was usually overwhelming.

Trolleys themselves were sometimes overloaded. They carry from six to nine units but drivers said that they sometimes managed to pack sixteen on the trolley to save extra trips. Some trolleys were heavy and had to be lifted on and off the rear of the truck - another reason why some drivers preferred not to use them for only small numbers of units.

All managers were aware that drivers sometimes carried more units at a time than they were told they should. One manager put the reason for the drivers carrying excessive units down to laziness and the desire of employees to avoid work. *"They just rush through a job as quickly as they can. They'd carry units on their heads if they could, if it's a nice day at the beach"*. Another manager saw it as the personal responsibility of the employee to obey the rules. *"I say to them, well, it's your back"*.

Loading bays behind some large stores and supermarkets were often not of much use to drivers as their vehicles are usually too small for the dock with the level of the tray being well below the level of the dock. Feminine hygiene drivers were obliged to back into the bay, lift the units out of the truck or van and then lift them up onto the dock which may be at shoulder height or even higher for short women. Where bays had ramps however, the trolley could be used.

As the trend to disposable nappies increases nappy bins are becoming more popular, particularly in large department stores, fast food outlets and in hospitals and institutions. The feminine hygiene service area is increasingly supplying and servicing the nappy units in these places.

Drivers identified a different set of health and safety issues around the servicing of nappy bins. The nappy bins are much larger than the sanitary units and weigh more - full or empty. (A full bin weighs a considerable amount - usually between 14 and 16 kilos). Each unit holds about two litres of water into which 3 or so deodorant sachets are dropped or are filled with 2 litres of germicidal/deodorant solution. The bins seen during the project had no handle and were so large that they were difficult to carry by hand even when empty. A trolley is almost always used to take them to and from the van or truck.

Drivers frequently find that the bins are overflowing. (Some institutions do not order a sufficient number of bins to meet their needs or do not ring the service for a change if it is needed ahead of the scheduled time) Drivers deal with the overflow problem by putting on a pair of gloves (usually the disposable plastic kind found at the client's premises), taking off the bin lid and squashing the pile of used nappies further down into the bin by hand. Drivers were aware that this was a potentially hazardous procedure. Occasionally other surgical material or used syringes and needles are disposed of in the bins putting people who handle the bins and their contents at risk of needle stick injuries. Drivers report that this is less of a problem than it used to be as hospital staff are usually conscientious. Where it is a problem the service company reports the matter to the client for rectification. In addition, the procedure of cramming down the nappies into the bin can be very unpleasant as the nappy contents (urine, faeces, blood) sometimes ooze out and get onto the drivers hands, arms or clothing. One company did not supply its drivers with gloves but several workers had them, being supplied by one of the drivers who obtained them gratis from her son-in-law.

Some effort was required to load nappy bins on to the trolley. One driver had a small trolley which would take only two bins, put on top of one another. The bins did not stack well due to the shape of the lid and consequently wobbled about on the trolley, secured only by an octopus strap. Bins were loaded on the lower level of the truck or van only but were difficult to transfer from trolley to truck tray due to their weight and large size.

Wet floors in toilet and bathroom areas and entrance ways were also a hazard for drivers servicing units. Several had slipped in these places and one had fallen on a wet floor in a restaurant kitchen as she was taking a unit out to the truck. Very few of these incidents had been reported to the employer. Drivers tended to blame themselves for not being more watchful.

## 2.4 PERSONAL SAFETY AND SECURITY

Generally personal security was more of an issue with the medical pathology couriers than with the feminine hygiene service drivers although all were concerned with it to some degree.

### 2.4.1 LIGHTING

As indicated earlier in this report, most couriers appreciated their two-way radio link to the base, especially on evening shifts or on country runs. Some rounds required couriers to go to surgeries which are dark and unlit and where the courier had to hunt about for the after-hours box. A few couriers said that they felt unsafe and anxious about going alone to these places and were fearful of being attacked. One courier commented: *"I really do not like going to places which have a lot of bush around them. Nothing has ever happened to me but it's not very safe"*. Some drivers said that they were so consistent with their schedules and their call times so predictable that this left them vulnerable to anyone seeking to assault them. Several couriers, while visiting clients' premises, had had their vehicles broken into by people looking for drugs and money. Some of the couriers carried quite large amounts of cash picked up from clients who paid their bills via the courier service but said that this did not worry them unduly. (The couriers from the state service had a slightly different experience. Because the state coat-of-arms is on the car doors, they were often mistaken for police vehicles. They reported that other drivers tended to slow down when they approached). Several couriers were also concerned with having to go to unlit areas because they had tripped or fallen over steps, boxes or shrubbery in the dark.

Most of the lighting problems experienced by couriers were overcome with the installation of sensor or security lights outside surgeries or clinics. Where no adequate lighting existed couriers said that they generally reported the problem to the courier manager who then contacted the client with a request that appropriate lighting be installed. The majority of clients obliged with this. Couriers also drove their vehicles up as closely as possible to the after-hours box and left the car lights on to provide better illumination. Some were supplied with torches but these had either "walked", the batteries became flat too frequently or the beam was very weak. One company had supplied its couriers with personal alarm buttons.

### 2.4.2 HARASSMENT

Harassment by other (male) drivers on the road was also a problem. Couriers commented that occasionally male drivers resented being overtaken by a woman driver. One woman had the frightening experience of being chased all the way into a surgery by such a driver who continued to shout abuse at her even as the police were called. Another courier was threatened by a man with a baseball bat. Other couriers spoke about being "monstered" when driving by young men in cars who would drive up very closely behind them and stay there. Sometimes they would overtake and shout abuse or make obscene gestures. Others found that male professional drivers and couriers abused them, particularly where the feminine hygiene service driver wanted to use the parking spot or loading bay areas.

Some people on the road, the couriers said, did not understand their work and abused them. *"They hate us like they hate taxi drivers sometimes"* and *"They've got no idea"* were common sentiments from the couriers on other road users who tooted at them or abused them for not speeding. As one courier said: *"I won't speed. I can't afford the fines"*. Most of the couriers took this as part of the job and although they found it unpleasant found they believed they could do little but tolerate it.

Drivers on the whole expressed fewer personal safety concerns - perhaps because they rarely worked after dark. However, they said that they were still exposed to problems from time-to-time, mainly when their work put them in an isolated situation. One driver had been accosted by a drunk in a toilet block at the beach early one morning. There was no-one else about at the time. Other drivers said they put themselves at risk having no direct communication with their base. Several drivers had had a truck breakdown in the country and had no choice but to flag down a passing driver to get a lift into the nearest town to ring the depot. While no driver had been attacked or assaulted in these situations, they were ones that contributed to a feeling of unease about personal safety.

Most of the couriers and drivers were concerned not to over-emphasise personal safety issues. Some

thought such issues were overcome by "*being sensible and not putting yourself in a dangerous situation*". Others feared that if they did make more of an issue of it, the work would be given instead to male drivers or couriers. This was happening increasingly with night rounds.

## **2.5 CHEMICALS AND BIO-HAZARDOUS MATERIALS**

Couriers and drivers viewed the transportation bio-hazardous material and the use of chemicals as a less urgent health and safety issue than did employers and managers.

Couriers were all aware of the universal precautions procedure to ensure safe transport of bio-hazardous material and indicated that they adhered to those precautions as much for their own safety as for any other reason. The advent of HIV and the increase in Hepatitis B infection in the community had heightened couriers' awareness generally of the need for such precautions. Virtually all couriers had been offered Hepatitis B vaccination by their employer. Some were required to sign a disclaimer if they refused a vaccination.

### **2.5.1 CODES OF PRACTICE**

All of the medical pathology services participating in the project had written codes of practice on the handling of infectious and diagnostic substances. The codes varied in their emphasis, but they were generally concerned with correct labelling, packaging and handling procedures and other processes for reducing exposure of workers to the hazards. However, the bulk of the emphasis in the most codes was on procedures within the laboratory and little was aimed at couriers. Policies also varied in their level of detail. One organisation's policy was very explicit about the procedure couriers must go through in transporting diagnostic specimens and the appropriate equipment needed to do it safely. Other policies were far less explicit, referring to the necessity for safe procedures rather than describing how procedures should be carried out. Some codes of practice referred to the employer's responsibility to communicate hazards to employees and tied in training for employees as part of such responsibility.

Despite the existence of the codes, many couriers had not seen or read them, although they were aware of some of the content. (Some places had copies available but they were not readily accessible nor were they distributed to workers at all workplaces). In some cases (e.g. the use of restraints for Eskies) couriers were not able to comply with codes.

### **2.5.2 SPILL KITS**

As part of hazard management, some companies provided "spill kits" in each vehicle. The kits generally contained basic equipment needed by the courier or driver to clean up a spill of any diagnostic or infectious substance and to protect the worker while doing so. Contents usually included an amount of decontaminant solution, a face mask, a pair of chemical-resistant gloves and/or a pair of disposable gloves, wipes and other items. One long-standing medical pathology company did not supply spill kits to its couriers although management indicated that it was "on the agenda of the health and safety committee."

Formaldehyde spills were not unknown to couriers and most were familiar with the procedure for dealing with this.

### **2.5.3 ANTI-BACTERIAL AND DEODORANT AGENTS**

The drivers in the feminine hygiene area indicated that they were aware of the possible dangers of contact with chemicals through either the germicidal/deodorant agent used in the units or in the anti-bacterial detergent used to clean them. They had contact with such agents through the transport of units and through assisting the wash bay attendant empty, clean and stack units. They were also aware of the risk of infection though contact with the content of units.

Some companies had a washing machine that washed and rinsed units. In other places it was done by hand. When units and bins are off-loaded at the depot, the contents are emptied into a skip or large waste container

which is then taken away by a rubbish disposal firm. At some places the emptying required lifting the units or nappy bins to shoulder height in order to tip the contents into the skip.

While wash-bay attendants and drivers tended to be aware that a possible risk existed, many were unaware of the actual safety requirements when handling some of the detergents and anti-bacterial solutions. Several drivers who knew the safety requirements indicated that they were unable to comply with recommendations or workplace health and safety policy due to the lack of necessary equipment. Other drivers said they did not know what they used as the containers holding the washing and rinse additives were not labelled. They were also not aware of the existence of any material safety data (MSD) sheet concerning the additives.

The deodorant solutions used in the units, as most drivers were aware, were hazardous to varying degrees. Most were considered to be irritating to the eyes and on contact with the skin. Sometimes information on the chemicals in the form of MSD sheets was available at the workplace but was more often in the office than in the work area. One company supplied its drivers with copies of the MSD sheet for the chemical anti-bacterial/deodorant solution in the glove compartment of their vehicles along with a first aid kit with instructions for dealing with eye splashes or inhalation.

"Sharps" continued to be a problem. On occasions they were found in the units and the wash bay attendant or assisting driver was expected to extract them using gloves and tongs.

Some companies provided non-slip matting in the wet areas of the wash-bay. Others either provided none at all or an insufficient amount for the areas. Goggles (as recommended by the MSD sheets) were sometimes provided for the wash-bay attendant but where a driver assisted frequently there was no second pair available. The attendants wore chemical-resistant gloves but drivers said there was often not another set available - in which case they used ordinary rubber gloves or none at all.

Most drivers said they had not seen any written first aid policy although they believed they generally knew what they should do.

## **2.6 DEALING WITH HEALTH AND SAFETY ISSUES AT WORK**

All workplaces had some mechanism for dealing with occupational health and safety issues. They ranged from the very informal where issues may be raised in conversation on an ad hoc basis to regular, formal meetings in which a representative of the workers was present and minutes were taken and distributed to all employees.

### **2.6.1. CONSULTATION**

Drivers and couriers indicated that most of the OH&S traffic was one way - from management to workforce. The "memo" style was the most frequently used by management to convey information to the workers. Typically, in the smaller workplaces, managers would issue a memo on a new safety instruction - for example a requirement for workers to adopt correct manual handling procedures. Individual workers sometimes would be obliged to sign these memos as an acknowledgment that they had read and understood the instruction. In other places a memo was placed on the workplace noticeboard or put into pay packets.

In the larger workplaces or where the smaller ones were part of a bigger company, a newsletter might come out from time to time. Some drivers and couriers read these. Others did not. The newsletters generally contained information which was directed at the business nationally, rather than specifically at courier or driver work.

Some workers were not interested in participating any further in workplace activities by attending meetings. One courier commented that she did not wish to get involved in any workplace safety because, she said: *"It doesn't really affect me. I'm only here part-time. I don't want to rock the boat"*.

Of the workplaces visited by the project co-ordinator, only a minority had established a process whereby workers and/or their representative and management could get together to discuss health and safety issues. Larger, well-established workplaces were no more likely to have an OH&S Committee or other forum for discussing these issues with a courier or driver representative than smaller workplaces. One workplace had meetings only *"when the need arises"*. This was infrequent because, the manager said: *"The girls don't seem to have a problem"*.

One small feminine hygiene service had regular meetings at which workplace issues including health and safety were discussed. The drivers at this workplace indicated they were satisfied with the process as they



were actively encouraged by management to attend and contribute, being given time off during working hours to attend. Because of the size of the workplace, almost all employees were able to go to meetings or at least speak to their rep about the agenda. Minutes of the meetings were taken and distributed to all employees together with "action plans" to remedy problems. Most problems they said, were resolved within the six week time limit put on them.

Two other companies, one of them a large employer, had not had a meeting for over nine months, since a change in their ownership structures. One manager said that the OH&S committee had "*taken a back seat*" and matters were not likely to be back on track for some time.

The manager of another concern did not initiate meetings and the drivers said that they found it extremely difficult to bring up any workplace issue with their employer. One driver commented: "*I say things to them, but it never seems to get resolved, it just gets moved about*".

Couriers and drivers generally were expected to convey their concerns about workplace health and safety through either a comment on their worksheet or by leaving a message in the message book which was looked at on a regular basis by the courier or service manager. Most workers did not use the OH&S representative as a resource.

Only one medical pathology service encouraged its couriers to attend workplace meetings (held mostly in paid time) at which health and safety issues were on the agenda. The OH&S representative said that they had been successful in having the majority of the couriers complete a manual handling course and were planning further courses. And through a series of meetings in which couriers were directly consulted they had also been able to reorganise work zones in a more equitable way. This had the effect, the workplace OH&S rep said, of reducing absenteeism which had formerly been high and a considerable concern to management.

Some couriers and drivers commented that the health and safety consultation process was incomplete, that decisions were often made and then implemented without the people affected being fully informed or consulted beforehand. This sometimes resulted in money being wasted and the generation of ill-feeling between management and workers. At one workplace it was the issue of safety boots. When the drivers requested that they be supplied with safety boots, management responded by organising for a particular boot type to be made available to the drivers who were subsequently asked to call at the supplier's to obtain their correct fittings. Months later, the manager was annoyed to see that not one driver was wearing the boots. When questioned, the drivers told the manager that the boots were very uncomfortable to wear as the metal toe-cap cut into their toes whenever they jumped down from the truck cabins. The drivers reverted back to wearing their old shoes.

Many drivers and couriers expressed dissatisfaction at the lack of consultation by management and some felt that there was little respect or understanding of what they did. One courier commented: "*Couriers are low down on the pecking order but we're the front line of the business*".

## 2.6.2 INTIMIDATION

Several drivers had had the experience of being intimidated or humiliated by management. One driver said: "*(My employer) told me I was stupid right in front of a client. I was made to feel like shit for asking a question*". Intimidation bred poor communication on safety issues.

## 2.6.3 OH&S REPRESENTATIVES

Nearly half of the workplaces participating in the project did not have a nominated occupational health and safety representative. Of those that did, only in two workplaces was this person elected from among the employees. Several workplaces had representatives who had been nominated by management and had assumed that position when no other employee contested or indicated an interest in the position. Some couriers and drivers said that they had been interested but felt they didn't "*have what it takes*". They were put off by the thought of facing management on difficult issues and said that to do the job properly, a representative needed to be someone who could "*stick up*" for themselves and other workers and devote some time to the job. Most felt that they did not have the confidence or time to do this.

At one workplace the manager said that he was the health and safety representative. He said that he relied



upon employees coming to him to discuss these matters but that safety issues were raised and discussed at the monthly operational workplace meetings attended by most drivers.

Some couriers and drivers were uncertain as to the identity of their representative. They said that they tended to take any urgent problem to the courier or service manager. Others knew the name of their representative but had little or no contact with her. The lack of contact and the style of management of safety led some couriers to comment that they did not have confidence in their representative and did not approach her because she *"makes up excuses for management"*.

Most safety representatives said that they were in a bind over both issues and process. Some courier representatives had done a health and safety course which they found useful at the South Australian Chamber of Commerce and Industry. All except one however, said they had little time to spare from their own work rounds to speak to other workers, a situation which was exacerbated by shiftwork. As a result, they said, it might be years before they had face-to-face contact with any couriers other than the ones on their round. Most were not confident about demanding more time to fulfil their OH&S duties.

One courier representative said she communicated through the workplace notice board from time to time. Although the two-way radio could have been used, she said she preferred not to use it as it was public and any call was routed through the courier manager's office. Another attended safety meetings with reps from other parts of the business but again rarely saw her co-workers other than those in her immediate work environment because of her shifts.

One representative said that although it was difficult to assess because of lack of direct contact, there seemed to be little interest in health and safety among many couriers. She said she was aware that some couriers did not keep to the policy about safe manual handling and put this down to a poor sense of personal responsibility and a lack of "just common sense" on the part of the individual.

A number of OH&S representatives expressed disappointment not only in being unable to have much contact with other couriers but also in the lack of responsiveness by management to the issues they raised. They made a number of comments on this. One representative said she believed that the lack of feedback on issues contributed to the lack of interest on the part of her co-workers. Another representative put the employer's lack of response down to the "leanness" of the recently restructured workplace where, she said: *"management has very heavy demands on its time so I suppose its understandable"*.

This same workplace had no written OH&S policy, despite it being a large and well-established business. The courier safety representative said she understood that a policy was planned and that it would be drawn up by the director. She did not know if the workplace OH&S committee of which she was a member would have any input into it. In the meantime, the organisation made do with a "statement of intent" regarding health and safety.

#### **2.6.4 ACCIDENTS AND WORKERS' COMPENSATION**

Only a very small number of the women participating in the project had been injured at work and successfully applied for workers compensation. Generally claims were limited to strain injuries and minor leg and hand injuries and apparently did not usually result in lost time at work.

Some women had had vehicular accidents which they said were not their fault - a comment generally echoed by managers. Many couriers had been "rear-ended" at some point in their driving career. (*"People always run into the back of you."*) Some couriers said that accidents had been caused because "people are rushing" and in these incidents had sometimes hurt their knees, heads and hands.

Some workers did not put in claims for what they considered were minor injuries such as neck and back pain. They gave several reasons for this. Often, they commented, it was not worth the hassle at work. One driver commented that she had put in a claim regarding a neck injury and subsequently had to endure comments from the service manager implying that her claim was exaggerated and unnecessary. A few said that if their injuries became really bad, they would leave the job. Some drivers believed that a workers' compensation claim was a black mark against their employment records and if they left that employer, they would be unlikely to get work with another if it was discovered that they had made a claim.

At one company the paperwork involved in reporting a workplace injury or incident was onerous. The head office (interstate) required that both management and worker complete and then forward a twenty seven page

incident report when such events occurred! It was company policy then to send an "investigating team" to speak to those involved. The whole process was so intimidating that some drivers said they preferred not to report any injury unless it was really serious or involved damage to vehicles or clients' property. The manager commented that the procedure was burdensome and employees had to be chased up to fill the forms out.

Drivers and couriers had mixed views on the reporting of accidents being caught between the duty to report and the consequence of such reporting. *"We should tell them if something's not right". "If something happens to you (an accident) they're going to wonder why you didn't tell them". "I've never said anything about it - I know what'll happen if I do".*

Workers' compensation claims were not an issue for companies which hired couriers and drivers on a sub-contractual basis as these workers were responsible for their own employment insurance.

# PART 3 - FINDINGS AND RECOMMENDATIONS

## 3.1 SUMMARY

If women's health and safety needs in the medical pathology and feminine hygiene service areas are to be met, any strategy must focus not only on the capacity for the women in those jobs to access the information about hazards but also the means by which they can achieve a safe working environment. Frequently the women participating in the project were aware of hazards and risks but did not have the power to remedy them or felt too discouraged to initiate action to achieve a positive change at their workplace.

Overwhelmingly however, the women in the study wanted to be listened to, to feel as though they were contributing to the workplace and to be valued for that contribution. One group of workers put this in the following way: *"If they would listen to the people who actually do the work, what we have to say instead of what they think should happen, things would work out a lot more easily". "We're the people in contact with the clients, we're who the client sees of the business every day but we're not asked anything about it, never, we're just told. And I've been doing this job for years, much longer than the manager"*.

As discussed at the beginning of this report, workers' compensation claims were of only very limited use in identifying hazards in the work examined as part of the project. The claims are generally insufficient because of the way in which the data is grouped. In addition, there may be a significant level of under-reporting by workers, if the comments from the women participating in the project are a guide. It is likely therefore that in the medical courier and feminine hygiene service areas, a degree of under-documentation exists for worker's compensation data sources on illness and injury (particularly strain and sprain injuries). Possibly the relatively short term of employment for women in the feminine hygiene service area may contribute to disguising injury if those injuries take some years to appear.

## REPORTING AND UNDER-REPORTING

The reasons why the women in this project either did not report or under-reported workplace illness or injury, hazards or risks can be categorised broadly into three areas:

1. Some women were wary of repercussions from their employer if they reported problems or raised issues. They feared job loss, being moved to a more difficult or inconvenient job or getting a reputation as a "whinger" or malingerer at the workplace. Some women said they did not have a "safe" forum in which to bring such matters up.
2. Some workers did not perceive the problems they experienced in carrying out their work as OH&S issues or even as issues in which management could usefully be involved. Most of the participants however, found that the focus meetings broadened their view of OH&S issues. As one courier commented: *"I haven't thought much about safety at work except for obvious things like bloods and lifting heavy weights and I must say I thought this meeting would be a bit of a waste of time. But its been very interesting. I couldn't think of any safety issues at first but its a very big topic isn't it, it includes practically everything"*. Many women tended to blame themselves or to put problems down to personal failings or their own inability to "handle" the work environment.
3. Some women were aware of problems but because of negative experiences in the past, took the view that there was little point in bringing up such matters as management would neither listen nor act.

Some major groups of hazards, risks and barriers to good OH&S practice have been identified in the work carried out by the women who participated in this project. They have been grouped into two categories, firstly; those related to work practises and secondly; those relating to the process of health and safety management in the workplace. Clearly there is a close relationship between the two categories.

## FINDINGS RE WORK PRACTICES

The following are findings related to work practices covering work tasks, work environment and work organisation.

1. Many couriers and drivers are at risk of back, neck and shoulder strain injuries. Some have injuries already, a number of which have been reported while others remain unreported. Vehicle model and design (especially two door vehicles and manual gearing) in the medical pathology courier service contribute to and exacerbate such injuries. In the feminine hygiene service area the height of the truck trays from the ground, the lack of power steering and the weight of some units and bins contribute to injury.
2. Lack of a fixed mounting or cradle for two-way radio handpieces and use of velcro as a substitute constitute a hazard to medical pathology couriers.
3. Work schedules and work pace were considered by couriers and drivers to be factors which strongly affected their health and safety. The pace demanded to successfully complete the work schedules jeopardised safety in a number of areas of work including driving and manual handling and also affected communication within the workplace.
4. Some women were exposed unknowingly to hazards in relation to cleaning agents, antibacterial agents, infected blood and other diagnostic substances. In most workplaces information about chemical and biological hazards and the appropriate safety procedures and first aid measures either did not exist, was insufficient or was not readily accessible to workers. As well, in some workplaces there was an inadequate supply of the required safety equipment or occasionally none supplied at all. To that extent some employers were failing in their "duty of care" under the Occupational Health, Safety and Welfare Act 1986.

In some cases workers were aware of the appropriate code of practice but were unable to comply with the correct procedure. (For example most couriers in the medical pathology services breached their own codes of practice on the transport of bio-hazardous material by not securing the lid of the Esky (the outer container) when transporting specimens with their vehicles. Generally the lid did not fit because it was squeezed into a confined space in the vehicle. In the feminine hygiene services, some workers knew that the agents used to clean units presented some degree of hazard but still went ahead with cleaning the units without the required goggles and gloves because there were not enough to go around).

5. Sanitary units were more easily and safely carried when they had handles built into the lids.
6. The way in which work was organised had an effect on the way in which the drivers and couriers viewed health and safety. In the courier area many of the women were employed casually on a part-time basis (one week on, one week off) and often for less than 38 hours in the week worked. They worked alone and the only face-to-face contact they had with other couriers was for the 10- 20 minutes at the beginning or end of each shift. Many said they felt little connection with the workplace.

The feminine hygiene service drivers participating in the project tended to be employed on a full-time permanent basis. Although they worked by themselves they had considerable contact with each other. Most indicated that OH&S was a concern and readily participated where meetings occurred to discuss such issues. To some extent this was made easier because of the small size of the workforce and because all drivers worked virtually the same shift.

7. Most women participating in the project were concerned about personal safety. Some had experienced varying degrees of threats and abuse; a few had experienced occupational violence in a more severe form. The majority of participants believed however, that remedying the problem was largely out of their control, that there was little they could do about it and that to make too much of it would reduce their chances of retaining employment as men would be preferred over women.
8. Many women had not received any formal training in either manual handling, driving or precautions for transport of bio-hazardous substances.

# FINDINGS RE THE PROCESS OF WORKPLACE OH&S MANAGEMENT

1. Insecure employment status acted as a disincentive to the reporting and discussion of OH&S issues. Many workers did not report their injury or a safety risk or potential hazard to management because they felt insecure about their employment.
2. The relationship between management and workforce tended to have an effect on how OH&S operated. Workplaces where there was a negative relationship between management and workforce, where managers were authoritarian, intimidating or punitive in their dealings with workers tended to have poor communication. Workers did not have the confidence to bring up issues with management or to report hazards or incidents. Workplaces where the relationship was more positive and workers were more directly consulted tended to have better communication on health and safety.
3. In most workplaces there were inadequate mechanisms for making positive changes to work practices, for hazard and risk identification or for hazard management. In most organisations the operation of OH&S consisted of rules or regulations formulated by management to be implemented or complied with by the workforce. Such a "top down" approach meant that any changes were initiated usually by management rather than through an active process in which all in the workplace genuinely contributed and participated. There was usually very little consultation between management and workers. Some managers characterised their approach as being along the lines of: "my door is always open". However, this was not a useful or attractive option if the workers felt intimidated by the employer or that complaints would jeopardise their employment.

Added to this were the different expectations of responsibility and activity. On the whole both managers and workers wanted more activity and tended to be disappointed in the reactions of either party to OH&S issues. Lack of an agreed, participative or representative mechanism in most workplaces for dealing with issues meant that both parties were doomed to disappointment.

Some employers were concerned that their employees showed little interest in health and safety matters which were "for their own protection". The extent to which the reported lack of interest relates to casual, part-time employment or other factors is not clear. However, most drivers and couriers who had raised OH&S issues were concerned and discouraged when management did not respond. But it is also true that in some workplaces the workers assumed that OH&S was the sole responsibility of management and this view was reinforced by the various styles of "top-down" OH&S management. The result was inactivity on both sides.

4. Where OH&S representatives existed only in a few cases were they given the time and encouragement to carry out their duties beyond attending occasional meetings. In several workplaces a representative did exist but many workers did not know her name or had never met or spoken to her.
5. Sometimes OH&S representatives and workers were excluded from taking an active part in formulating and implementing OH&S policy because it was not seen as an appropriate role for employees. This may be due in part to the fact that the majority of the companies taking part in the project were part of larger organisations which may dictate the management of OH&S from an interstate office. Possibly, local managers are given little flexibility or latitude in developing different ways of dealing with safety issues at the workplace.
6. In the workplaces where written health and safety policies existed, they tended to be negative and directed at the protection of the company rather than the employee. They were often couched in a "thou shalt not" style and emphasised the obligations of the employee to adhere to regulations. A few workplaces had no written health and safety policy.
7. Many of the women in the study were not aware of their rights in relation to occupational health and safety. For example, most workers were not aware that they had the right to request that a workplace OH&S committee be established and that management had a legal obligation to respond to such a request by establishing such a committee.
8. Company budgets had a big impact on whether action was taken on an issue. Safety issues which involved the expenditure of anything other than small amounts of money were often not remedied or were very slow to be remedied.

### **3.3 RECOMMENDATIONS**

The following are recommendations to assist in achieving positive change in the occupational health and safety of women working as couriers in medical pathology services and as drivers in the feminine hygiene service area. The recommendations are intended to be of practical value and are derived from the information and comments made by participants during the course of the project. They are also linked, where appropriate, to the OH&S Regulations made under the Occupational Health, Safety and Welfare Act 1986 and to relevant sections of the Act itself.

#### **ERGONOMIC**

1. That employers consult with a workplace committee of couriers and drivers to determine vehicle requirements and desirable design. (Regulation 1.3.1)
2. That sanitary units and nappy bins have built-in handles and that consultation between employers and a committee of workers in the feminine hygiene service area take place to determine the requirements so that handles will be appropriately designed and finished so that they are comfortable to use. (Regulation 2.9.2)
3. That power steering be incorporated in all trucks and vans purchased from now on.
4. That investigation of appropriate ergonomic design of truck trays and canopies be undertaken and that drivers and employers in the feminine hygiene services be consulted about their requirements in this area.

#### **MANUAL HANDLING**

5. That employers in the medical pathology courier service area consult with a workplace committee of couriers to determine the most practicable and safe means of transporting bio-hazardous substances (including the use of restraints) which would enable both employers and workers to comply with regulations concerning the safe transport of such materials. (Regulation 4.1.16)
6. That drivers and couriers be supplied with the appropriate information in an accessible place regarding safety hazards (including chemical and biological hazards). (Regulation 4.1.9)
7. That all reasonable steps necessary for the minimisation of risks from chemical and biological hazards (including needlestick hazards) be taken immediately. (Regulation 4.1.15)

#### **PERSONAL SAFETY**

8. That fixed cradles or mountings for two-way radio handpieces be installed in courier vehicles and the use of velcro be discontinued.
9. That drivers be issued with mobile phones or other equally reliable means of communicating with their base in an emergency. (Regulation 2.14.1)
10. That feminine hygiene service drivers be supplied with gloves that provide the required levels of protection from injury and that they be consulted on the gloves to be purchased. (Regulation 2.12.1)
11. That workers be provided with the sufficient amount of recommended equipment to deal with hazards and to carry out their work as safely as possible. (Regulation 4.1.16)
12. That wet areas be adequately covered with non-slip covering to reduce the risk of falls. (Regulation 2.9.2)

#### **MANAGEMENT OF OH&S**

13. That employers in the industry commit themselves to the achievement of improved health and safety performance.
14. That employers consult with workers to develop a process to deal equitably with the issue of work schedules and for a review of the process to take place at regular intervals.
15. That employers consult with workers to develop or review workplace health and safety policies and practises. (Regulation 1.3.1)
16. That workers be encouraged to elect OH&S representatives and OH&S committees.
17. That employers allow representatives time during working hours to carry out their duties. (Section 34, Occupational Health, Safety and Welfare Act 1986)

18. That workers be encouraged and trained to take up OH&S issues through their OH&S or Union representative.
19. That employers consult with the relevant union in relation on health and safety matters affecting union members in their workplace. (Regulation 1.3.1 and section 3 of the Act)
20. That hazard identification and risk assessment be based on consultation between employers and workers (and their union) and once this is done, a systematic approach to dealing with them be instituted by management. This approach should include developing an annual plan for dealing with the matters raised, prioritising the hazards and risks and putting in place control and minimisation measures. A timeline for implementing the control measures should be decided. The employer and any worker affected should be aware of each party's responsibility in relation to the control and minimisation strategies.
21. That employers require the reporting of minor as well as more serious accidents and injuries and institute straightforward procedures to report or record these events (in accordance with the requirements of Australian Standard AS 1885.1).

### **TRAINING**

22. That a substantive and on-going training programme be developed which addresses the particular OH&S requirements of both employers and workers in the medical pathology courier and feminine hygiene services.
23. That new employees be provided with induction training at the beginning of their employment which includes training in health and safety procedures and policy, including manual handling, defensive driving, universal precautions and the transport of bio-hazardous material as well as hazard awareness. (Section 19(3) of the Act and Regulations 1.3.4 and 1.3.5) The Transport Workers Union has indicated its willingness to assist in this training.
24. That longer-term employees receive training or retraining in the above. (Regulation 1.3.4)
25. That training, consistent with that received by employees, also be provided to managers and supervisors. (Section 19 of the Act)

### **BUDGETS**

26. It is recommended that an audit of workplaces (including vehicles) be performed and the cost of controlling risks arising from those hazards be included in any budget developed. All decisions must take into account their health and safety implications.

### **FURTHER WORK**

27. That further work be undertaken to develop a checklist to identify hazards and assess risks in the two service areas in this report and that other related areas such as ambulance driving be investigated to assist with bench-marking.
28. That WorkCover injury statistics be made more freely available to all persons with an interest in the improvement of health and safety in the industry (including the Steering Committee). This will enable more specific and accurate information to be provided to industry and also insure that investigation be focussed more the hazards and risks involved.

### 3.4 BIBLIOGRAPHY

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