Our reference
MM/CC/MEDI14229-9080945

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16 December 2011

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Partner
Mark McCowan

Richard Chadwick
General Manager
Adjudication Branch
Australian Competition and Consumer Commission
Level 35, The Tower
360 Elizabeth Street
MELBOURNE VIC 3000

AUST. COMPETITION & CONSUMER COMMISSION
MELBOURNE
16 DEC 2011

Dear Mr Chadwick

Notification of Collective Bargaining

We act for the Medical Technology Association of Australia.

We **enclose** the following:

1 notification under section 93AB of the *Competition and Consumer Act 2010* lodged by our client on behalf of six suppliers of surgical equipment and medical supplies;

2 supporting submission;

3 signed consent forms for each of the parties to the collective bargaining notification; and

4 a cheque for $1,000 as payment of the lodgement fee.

Yours faithfully
Corrs Chambers Westgarth

Mark McCowan
Partner

Form GA

Commonwealth of Australia

Competition and Consumer Act 2010 — section 93AB

NOTIFICATION OF COLLECTIVE BARGAINING

This form is to be completed by applicants proposing to engage in collective bargaining arrangements.

In lodging this form, applicants must include all information, including supporting evidence that they wish the Commission take into account in assessing their notification.

Where there is insufficient space on this form to furnish the required information, the information is to be shown on separate sheets, numbered consecutively and signed by or on behalf of the applicant.

Protection provided by the notification extends only to the collective bargaining arrangements described in the form.

To the Australian Competition and Consumer Commission:
Notice is hereby given under section 93AB of the *Competition and Consumer Act 2010* of intention:

- to make, or to propose to make, a contract containing a provision of the kind referred to in subsection 44ZZRD (2) or paragraph 44ZZRD (3) (a) or (b) of that Act.
- to give effect to a provision of a contract where the provision is of the kind referred to in subsection 44ZZRD (2) or paragraph 44ZZRD (3) (a) or (b) of that Act.
- to make, or to propose to make, a contract containing a provision of the kind referred to in paragraph 45 (2) (a) of that Act.
- to give effect to a provision of a contract where the provision is of the kind referred to in paragraph 45 (2) (b) of that Act.
  (Strike out if not applicable)

PLEASE FOLLOW DIRECTIONS ON BACK OF THIS FORM

Section A – general information

1. Applicant

(a) Name of the applicant:
(refer to Direction 1)

CB00204
CB00205

Medical Technology Association of Australia Limited (MTAA)

(b) Description of business carried on by the applicant:
(refer to Direction 2)

The MTAA is the national industry body representing medical technology and device manufacturers in Australia. MTAA members distribute the majority of

non-pharmaceutical products used in the diagnosis and treatment of disease and disability in Australia.

(c) Is the representative of the applicant lodging the notice a trade union, an officer of a trade union or a person acting on the direction of a trade union?
(refer to Direction 3)

No.

(d) Address in Australia for service of documents on the applicant:

Attention: Anne Trimmer
Medical Technology Association of Australia (MTAA)
Level 12, 54 Miller Street
North Sydney NSW 2060

2. Lodged on behalf of

(a) Provide names and addresses of all persons on whose behalf the notification is lodged and who propose to participate in the collective bargaining arrangements:
(refer to Direction 4)

1. ***Global Orthopaedic Technology Pty Limited***
   Unit 10, 7 Meridian Place
   Bella Vista NSW 2153

2. ***Johnson & Johnson Medical Pty Limited***
   1-5 Khartoum Road
   North Ryde NSW 2113
   PO Box 134
   North Ryde NSW 1670

3. ***Medtronic Australasia Pty Limited***
   97 Waterloo Road
   North Ryde NSW 2113
   PO Box 945
   North Ryde NSW 1670
   Australia

4. ***Smith & Nephew Surgical Pty Limited***
   85 Waterloo Road,
   North Ryde NSW 2113

5. ***Stryker Australia Pty Limited***
   8 Herbert Street
   St Leonards NSW 2065

6. ***Zimmer Pty Limited***
   Unit 1-2, 1 Skyline Place
   Frenchs Forest NSW 2086

(b) Provide proof of the consent of each of the persons listed at 2 (a) above agreeing to the lodgement of the notification on their behalf:
(refer to Direction 5)

See attached consent letters.

(c) Provide the following information relating to a notification:

(i) Does this notification relate to a notification previously lodged with the Australian Competition and Consumer Commission and for which a concessional fee is claimed?

A separate notification is made in respect of each of the targets identified in 3(a) below and the concessional fee is claimed in respect of the second notification. A single notification form is lodged in respect of both targets and the notification form and supporting submission is identical for both targets.

(ii) details of the first-mentioned notification, including but not limited to:

(A) the name of the applicant; and

(B) the date the notification was said to be lodged; and

(C) if known or applicable — the registration number allocated to that collective bargaining notification.

Not applicable.

Section B – collective bargaining arrangements

3. Proposed collective bargaining arrangements

(a) Provide: the name and address of the target; the name, position and telephone contact details of an appropriate contact at the target; and a description of the business carried on by the target:
(refer to direction 6)

1. ***R.J. Cox Engineering***
Address: Unit 8/2 Marina Close, Mt Kuringai, NSW 2080
Description of business: Designer, manufacturer and supplier of materials handling equipment including wheels and castors for the hospitality, medical, manufacturing, mining and engineering industries.
Contact person: Robert Cox, Managing Director, Phone (02) 9486 3006

2. ***Smartline Machinery Pty Ltd***
Address: Blackbutt Road, Palmwoods, Queensland 4556
Description of business: Designer, manufacturer and supplier of custom-made specialty products including transportation and storage solutions for hospital and medical equipment.
Contact person: Will Smart, Managing Director, Phone (07) 5478 8854

(b) Provide a description of the goods or services which the participants of the collective bargaining arrangements (listed at 2 (a) above) propose to supply to or acquire from the target:

The goods to be acquired from the target are surgical instrument transport cases (transport cases) manufactured according to the requirements of the "Design and handling of surgical instrument transport cases: A guide on health and safety standards" dated March 2011 (National Guide).

The transport cases are to be used to transport surgical instruments and medical supplies to hospitals.

Further detail is provided in the attached supporting submission.

(c) Do the participants of the proposed collective bargaining arrangements (see 2 (a) above) reasonably expect to make one or more contracts with the target about the supply to or acquisition from the target of one or more of the goods or services (listed at 3 (b) above)?
(refer to direction 7)

Yes.

(d) In relation to (c) above, provide details of the basis upon which that expectation is held including details of past contracts with the target:

In order to comply with the National Guide, the participants must replace their existing road cases with surgical instrument transport cases that comply with a design prototype.

(e) Do the participants of the collective bargaining arrangements (listed at 2 (a) above) reasonably expect that contractual payments between the target and each participant will not exceed $3 million (or any other amount prescribed by regulation) in any 12 month period, and on what basis?
(refer to direction 8)

Based on historical purchases of equivalent equipment, the participants expect that the value of contracts between each participant and the target will not exceed $3 million in any 12 month period.

(f) In relation to (e) above provide an estimation of the contractual payments expected between the target and each participant in relation to the goods and services (listed at 2 (a) above)

The unit cost of each transport case will not be known until after the completion of the Request for Proposals process and subsequent negotiation that is proposed by this collective bargaining notification. However, each participant has confirmed to the MTAA that, on the basis of historical purchases and anticipated demand, they do not expect their annual purchases of transport cases to exceed $3 million.

The Request for Proposals process is described at paragraph 3.7 of the attached supporting submission.

(g) Provide a description of the collective bargaining arrangements proposed including, but not limited to:

(i) the process by which participants propose to undertake collective bargaining with the target; and

(ii) the type of terms and conditions expected to be negotiated in collective bargaining arrangements (for example: price; non-price conditions of supply such as contract periods etc); and

(iii) details of any dispute resolution procedure (if any) proposed between participants throughout the collective bargaining process; and

(iv) details of any dispute resolution procedure (if any) proposed between participants and the target throughout the collective bargaining process; and

(v) details of any dispute resolution procedure (if any) proposed to deal with disputes throughout the term of contracts entered into with the target; and

(vi) details of proposed commencement and duration of contracts to be negotiated with the target:
(refer to direction 9)

Refer to supporting submission. In relation to dispute resolution, no formal dispute resolution procedure is proposed.

(h) Identify any parts of the proposed collective arrangements described in 3 (g) which relate to possible price agreements:

The proposed arrangement involves the manufacturer providing details of proposed pricing and volume-based price breaks to the MTAA. The MTAA will then use this information to negotiate key contract terms and conditions (including pricing based on each participant's volume of purchases) with the preferred manufacturer on behalf of the participants.

Refer to section 3.7 of the supporting submission for further details.

(i) Identify any parts of the proposed collective arrangements described in 3 (g) which relate to a possible or proposed exclusionary provision(s), including but not limited to:

(i) the nature of the proposed or possible exclusionary provision(s) (for example an agreement to withhold supply of the relevant goods or services to the target); and

(ii) the circumstances in which the collective bargaining participants would engage in the exclusionary provision(s), including but not limited to:

(A) details of the events that would trigger any such activity; and

(B) details of the process that would be followed in undertaking any such activity; and

(C) details of any proposed period of notice to be given to the target prior to the commencement of such activity; and

(D) details of any dispute resolution procedure to be applied or offered to the target prior to the commencement of such activity:

(refer to direction 10)

The proposed arrangement does not involve an exclusionary provision. The participants to the proposed arrangement do not have any purpose of restricting the supply or acquisition of transport cases (or any other good or service) from the proposed target or any other party.

Each participant is free to independently procure transport cases. Participants are also free to negotiate varied or additional contract terms with the preferred manufacturer, except in relation to pricing and the timing of delivery (for the reasons discussed in the attached supporting submission).

Section C – public detriments

4. Market definition

Provide a description of the market(s) in which the goods or services described at 3 (b) are supplied or acquired and other affected markets including: significant suppliers and acquirers; substitutes available for the relevant goods or services; any restriction on the supply or acquisition of the relevant goods or services (for example geographic or legal restrictions):
(refer to direction 11)

See attached supporting submission.

5. Public detriments

(a) What will be the likely effect of the notified conduct on the prices of the goods or services described at 3 (b) above and the prices of goods or services in other affected markets? In answering this question please provide facts and information to support the claims made:

See attached supporting submission.

(b) What other detriments may result from the notified conduct? In answering this question please provide facts and information to support the claims made:

See attached supporting submission.

Section D – public benefits

6. Public benefit claims

(a) Provide details of the public benefits resulting or likely to result from the proposed arrangement. In answering this question please provide facts and information to support the claims made:

See attached supporting submission.

Section E - authority

7. Contact details

(a) Name, contact telephone number and address of person authorised by the notifying parties to provide additional information in relation to this application:

Mark McCowan
Corrs Chambers Westgarth
Telephone: (03) 9672 3335
Level 36, 600 Bourke Street
Melbourne VIC 3000

Dated: 16 December 2011

AUST. COMPETITION & CONSUMER COMMISSION
MELBOURNE
16 DEC 2011

Signed by/on behalf of the applicant

.....
(Signature)

Mark McCowan
(Full Name)

Corrs Chambers Westgarth
(Organisation)

Partner
(Position in Organisation)

1. DIRECTIONS

1. Where the notice is given by or on behalf of a corporation, the name of the corporation is to be inserted in item 1 (a), not the name of the person signing the application and the application is to be signed by a person authorised by the corporation to do so.

2. Describe that part of the applicant's business relating to the subject matter of the contract, arrangement or understanding in respect of which notification is given.

3. A collective bargaining notification can not be lodged by a trade union or a trade union representative.

4. Where the applicant will be a participant in the collective bargaining arrangements (rather than a representative of participants) the name of the applicant must also be included. Where those persons are corporations, list the corporation's name and address.

5. The applicant, in lodging a notification on behalf of others, must obtain their consent to do so and provide proof of that consent.

6. Where the target is a corporation, provide the corporate name.

7. The collective bargaining notification process is only available to parties that reasonably expect to make one or more contracts with the target about the supply or acquisition of goods or services the subject of the notification.

8. The value of the contract to be collectively negotiated between the target and each participant is not to exceed $3 million (or such other amount as is prescribed by the regulations) per participant in any twelve month period.

9. To the extent that the collective bargaining arrangements have been reduced to writing, provide a true copy of the arrangement. To the extent that the collective bargaining arrangements have not been reduced to writing, provide a full and correct description of the key terms that have not been reduced to writing.

10. In simple terms an exclusionary provision exists where the proposed contract, arrangement or understanding is made by businesses (at least two of whom are competitors) for the purpose of preventing, restricting or limiting the supply of services to particular persons or classes of persons by all or any of the parties to the contract, arrangement or understanding.

    In the context of collective bargaining, an exclusionary provision(s) may include contracts, arrangements or understandings (whether currently in existence or to be made or arrived at during the term of the notification) between collective bargaining participants to limit or restrict their dealings with the target including contracts arrangements or understandings to:

    (a) withhold the supply of goods or services from the target; or

    (b) refuse or decline to acquire the goods or services of the target;

    whether such conduct was absolute, limited or subject to certain terms or conditions. This is sometimes referred to as a collective boycott.

11. Provide details of the market(s) likely to be affected by the notified conduct, in particular having regard to goods or services that may be substitutes for the good or service that is the subject matter of the notification.

12. The notification must be signed by a person authorised by the applicant to do so.

Medical Technology Association of Australia

Notification to the ACCC of proposed collective bargaining conduct

Supporting submission

©orrs Chambers Westgarth

Contents

1 Executive Summary

Global Orthopaedic Technology Pty Ltd, Johnson & Johnson Medical Pty Ltd, Medtronic Australasia Pty Ltd, Smith & Nephew Surgical Pty Ltd, Stryker Australia Pty Ltd and Zimmer Pty Ltd seek to conduct a collective tender and procurement process for the supply of transport cases to deliver surgical equipment to hospitals in Australia. The collective bargaining group will be represented in the tender and procurement process by the Medical Technology Association of Australia Limited (**MTAA**).

In 2008, the Heads of Workplace Safety Authority commenced a national safety campaign aimed at addressing risks associated with manual handling in hospitals. This resulted in the development of a national guide to the design, manufacture, transportation and use of surgical equipment by suppliers, couriers and hospital staff. The national guide set out a design for cases used to transport surgical instruments which would address health and safety issues associated with manual handling of surgical equipment.

The collective bargaining group intends to engage a manufacturer to develop and manufacture a transport case for surgical instrument transportation that complies with the new design specifications and proposes to conduct a collective tender and procurement process for that purpose. The proposed arrangement will result in a single manufacturer being selected and collective negotiation of framework terms and conditions to supply transport cases on which it will contract separately with the members of the collective bargaining group.

The MTAA considers that the proposed conduct will result in a significant net public benefit. The joint procurement of transport cases with a new design will deliver significant public benefits in terms of improving workplace safety and reducing the incidence of injury and pain associated with manual handling of surgical equipment. These public benefits are optimised by ensuring compatibility and consistency in the design of the cases and made viable (from a cost perspective) through collective negotiation.

2 The parties to the proposed arrangement

2.1 Applicant

The collective bargaining notification is lodged by the MTAA on behalf of the participants.

The MTAA is the national industry body representing medical technology and device manufacturers in Australia. MTAA members distribute the majority of non-pharmaceutical products used in the diagnosis and treatment of disease and disability in Australia.

2.2 Collective bargaining group

The members of the proposed collective bargaining group are providers of surgical equipment and medical supplies to hospitals in Australia. Surgical

equipment and medical supplies are either purchased by hospitals and government procurement authorities or provided to hospitals on loan or long term consignment.

The participants in the proposed collective bargaining arrangement are the following surgical equipment suppliers:

- Global Orthopaedic Technology Pty Ltd;
- Johnson & Johnson Medical Pty Ltd;
- Medtronic Australasia Pty Ltd;
- Smith & Nephew Surgical Pty Ltd;
- Stryker Australia Pty Ltd; and
- Zimmer Pty Ltd.

(the **participants**).

All the surgical equipment suppliers except Global Orthopaedic Technology Pty Ltd are members of the MTAA.

2.3 The targets

The targets are fabricators and manufacturers of plastic storage and transport containers that propose to tender to supply transport cases to the surgical equipment suppliers.

The targets of the proposed collective bargaining arrangement are:

- R.J. Cox Engineering

  Unit 8/2 Marina Close, Mt Kuringai, NSW 2080
- Smartline Machinery Pty Ltd

  Blackbutt Road, Palmwoods Qld 4555

(the **manufacturers**).

3 Background to the development of a new industry standard for transport of surgical equipment

3.1 Surgical equipment

Surgical equipment suppliers provide surgical instruments and medical supplies to hospitals for purchase, on loan or on long-term consignment.

Surgical instruments are devices used to perform surgical procedures. Examples of surgical instruments include reamers, scalpels, clamps, dilators, injection needles and forceps. Examples of medical supplies include implantable orthopaedic products such as hip joints, knee joints and shoulder joints and their component parts, together with screws and fixation devices.

Surgical loan sets or surgical loan kits are a combination of cases or tubs containing surgical equipment to be loaned to a hospital for surgical procedures.

Surgical instruments, medical supplies and surgical loan sets will be referred to in this document as **surgical equipment**.

Surgical equipment suppliers use "road cases" and "tubs" to house equipment for transportation to hospitals. Road cases are wheeled cases in which surgical instrument trays and medical supplies are stored during transportation. The surgical instrument trays will be retained for use with the new road cases. Tubs are top-opening containers without wheels that are used to store surgical equipment.

The manual handling process for surgical equipment involves the following stages:

(a) the surgical equipment supplier receives the order and packs the surgical equipment;

(b) a courier collects the surgical equipment and loads it into the courier vehicle;

(c) at the hospital, the courier unloads the surgical equipment and delivers it to the hospital;

(d) the hospital's Central Sterilising Supply Department (**CSSD**) staff receive the delivery, and unpack the surgical equipment;

(e) after use, CSSD staff pack the surgical equipment and return it to the despatch area;

(f) a courier collects and loads the surgical equipment into a courier vehicle;

(g) at the surgical equipment supplier's premises, the courier unloads and delivers the surgical equipment to the supplier; and

(h) the supplier unpacks the surgical equipment and returns the equipment to the supplier warehouse for storage.[1]

3.2 HWSA national safety campaign

In 2008, the Heads of Workplace Safety Authority (**HWSA**), a group comprising the general managers of the peak occupational health and safety bodies in Australia and New Zealand, commenced a national safety campaign aimed at addressing risks associated with manual handling in hospitals. The campaign was entitled "Safe Steps – Manual Handling, Slips and Trips in Hospitals".

The HWSA campaign had its origins in the *National Occupational Health and Safety Strategy 2002-2012* (**National Strategy**), which is a commitment by State and Territory governments, the Australian Chamber of Commerce and Industry, and the Australian Council of Trade Unions to work together towards

[1] WorkCover New South Wales, *Design and Handling of Surgical Instrument Transport Cases: A Guide on Health and Safety Standards* (**National Guide**), March 2011, 11.

improving workplace safety in Australia (see **Annexure 1**). The National Strategy was endorsed by the Workplace Relations Ministers' Council in 2002.

The National Strategy identified seven priority areas that were of particular concern, one of which was the health and community services industry. Subsequently, eight disease categories were identified as areas of focus for the national Strategy, one of which was work-related musculoskeletal disorders. In 2006, the Australian Safety and Compensation Council released a paper which found that primary prevention of risk (that is, elimination of risks at the source) was more effective in preventing workplace injury than training workers in manual handling techniques. It recommended the development of equipment that would lead to better handling practices.

The HWSA campaign was initiated in response to the concerns and priorities identified by the National Strategy.

3.3 National Working Party and Surgical Loan Sets Problem Solving Project

In response to the HWSA campaign, as well as to concerns about manual handling claims in the health industry, WorkCover NSW established in August 2009 a national working party to undertake the "Surgical Loan Sets Problem Solving Project". The working party consisted of representatives from key stakeholder groups, including suppliers, couriers, hospitals, State WorkCover bodies and public health organisations.

The objectives of the working party's project were to:

(a) research existing design and handling issues;

(b) develop practical guidance for designers, manufacturers, suppliers, couriers and users of surgical equipment; and

(c) develop a transport case prototype to substantially reduce the risk of musculoskeletal injury.

The working party conducted research and inspections of suppliers, couriers and CSSDs which confirmed that the transport and handling of road cases, tubs and surgical instrument trays presented a significant safety risk.[2]

Prior to the working party's review, no national industry guidelines existed regarding the safe design and handling of surgical equipment in Australia.

Between September and November 2009, the working party conducted a discomfort survey of 135 clinical nurse specialists, CSSD staff, technical aides and surgical supply warehouse staff. The survey results revealed that 60% of respondents suffered some form of pain as a result of manual handling of surgical equipment, the most common symptoms being aches and pains (37%), stiffness (21%) and pins and needles (11%).[3]

[2] HWSA Final Report [1.2].
[3] HWSA Final Report [1.6].

The survey also found that one of the biggest issues for hospital staff and couriers was the range of different road cases and tubs used to transport surgical equipment, as their poor and inconsistent design resulted in unsafe manual handling practices.[4]

The working party concluded that the most effective solution to the issues surrounding surgical equipment handling was to design a single transport case to be used by all suppliers across Australia, and to develop a systematic approach to the handling and transport of surgical equipment.[5]

In October 2009, the working party engaged an industrial design engineer, Dr Lance Green. In consultation with Dr Green and the industry, the working party developed a prototype surgical instrument transport case in June 2010.

Trials of the prototype were conducted between July and September 2010. The trials involved seven suppliers of surgical equipment with varying workplace layouts and work process systems, and eight different CSSDs. The process included a risk assessment and an Ergonomic Comparative Study which compared the existing handling systems with the prototype system. Results of the Ergonomic Comparative Study showed that by using the new prototype case, the manual task risk for suppliers and CSSD staff was reduced by approximately 80% to 85%.[6]

In February 2011, the working party approved final design specifications for the new transport case.[7]

3.4 National Guide

The working party recommended the development of a national industry safety guide. In consultation with Dr Green, the working party developed a National Guide entitled *"Safe Design and Handling of Surgical Instrument Transport Cases"* (**National Guide**) (see **Annexure 2**).

The National Guide sets out the requirements for the design, manufacture, supply, transportation and use of surgical instrument transport cases, as well as the responsibilities of surgical equipment suppliers, couriers and hospital staff. In particular the National Guide requires that:

(a) road cases, which were previously used to house and transport surgical equipment, are to be phased out and replaced by new surgical instrument transport cases which meet the prototype design specifications; and

(b) tubs are only to be used to transport prostheses and other lightweight surgical equipment.

The National Guide sets out the following "Design Principles" for transport cases:

[4] HWSA Final Report [1.1].
[5] HWSA Final Report [1.1].
[6] HWSA Final Report [1.6].
[7] HWSA Final Report [1.4].

"The surgical instrument transport case, used to transport surgical instrument trays and medical supplies, should be strong, durable and made from lightweight weatherproof material that minimises the potential for contamination. The case should protect the contents and minimise liquids, dust and contaminants from entering the case. The external and internal surfaces should be easy to clean and maintain. The case should be designed to:

- *be end-opening for improved access when packing and unpacking trays, and aligned to open in the same direction. Doors and associated locking mechanisms should allow clear and easy access to the contents of the case and ensure the contents are secure during transportation*
- *be securely stacked and transported on an appropriately designed wheeled platform*
- *allow a tub to be securely stacked on top during handling and transportation*
- *allow suitable signage and labelling to be prominently displayed*
- *allow a mechanical aid to raise a single case or stack to a suitable working height*
- *allow the contents (eg trays and associated equipment) to be removed and inserted without lifting, excessive force or awkward posture*
- *allow slip sheets to be located between trays and securely retained within the case."*[8]

The National Guide is designed to be released and used in association with the new transport cases.

The National Guide was endorsed by the HWSA on 24 March 2011.

3.5 HWSA Final Report

In April 2011, the HWSA released its final report on the Surgical Loan Sets Problem Solving Project undertaken by the working party (**HWSA Final Report**) (see **Annexure 4**). The HWSA Final Report outlines the process undertaken by the working party and the development of the National Guide.

The HWSA Final Report concluded that the use of the prototype significantly reduced the risk of musculoskeletal damage. It recommended the uniform roll-out of the new transport case across Australia.[9]

[8] National Guide page 4.
[9] HWSA Final Report [1.7]-[1.8].

3.6 Implementation

The surgical equipment suppliers in the working party formed a suppliers' subgroup to work towards the manufacture and roll-out of the newly designed cases. The tasks of the suppliers' subgroup included developing the procurement process and conducting tests on a new wheeled platform prototype.

The working party also developed specific communication strategies to ensure the effective implementation of the project which are set out in the "Surgical Loan Sets Problem Solving Project Communication Strategy and Implementation Plan" (**Implementation Plan**) (see **Annexure 4**). The following points from the Implementation Plan are relevant to the current notification:

(a) there should be an extensive education and promotion program throughout all Australian jurisdictions to ensure that roll-out of the new transport case and the National Guide occurs in a unified and consistent manner across Australia;

(b) a six-month transitional period has been designated for the manufacture and testing of the new transport cases; and

(c) a further 12-month period has been designated for suppliers to replace their existing road cases with the new transport cases.

3.7 The proposed process for the procurement of transport cases

In order to develop a uniform transport case, the participants propose a common development and procurement process.

The participants have prepared a draft document entitled "Request for Proposals" to be issued to potential manufacturers of transport cases (**RFP**) (see **Annexure 5**). The RFP document is transparent and contains objective criteria for evaluating potential manufacturers.

It is proposed that the RFP will be issued to two targets. The targets are the only manufacturers of road cases currently in use by the participants and the participants consider that they are the only likely manufacturers of the new transport cases. Separate collective bargaining notifications are lodged in respect of each target manufacturer.

Following the issue of the RFP, the participants then propose to evaluate responses received and select a manufacturer to supply a standardised transport case that complies with the prototype specifications and assists manual handlers to comply with the requirements of the National Guide.

The MTAA is the representative body appointed by the participants to conduct the RFP process. The MTAA will negotiate key "framework" contract terms and conditions with the preferred manufacturer on behalf of the participants. It is intended that the contract terms will contain tiered pricing rates based on volume breaks, so that the price paid by each participant will depend on the number of transport cases to be procured.

Each participant will enter into a separate contract with the chosen manufacturer. The key "framework" terms and conditions of each contract, which will be negotiated in advance of a manufacturer being selected, will be substantially the same.

The participants are free to procure transport cases independently from another manufacturer. The participants are also free to negotiate varied terms with the manufacturer selected by MTAA except in relation to:

- pricing – separate pricing negotiations with the chosen manufacturer may undermine the collectively negotiated pricing, which will be negotiated by the MTAA on the basis of the anticipated volume provided by the manufacturer. The participants do not consider that it would be equitable for one participant to attempt to negotiate a different pricing structure after the manufacturer has agreed to supply transport cases at prices based on these anticipated volumes; and
- timing of delivery – where individual negotiation results in some participants obtaining an unfair advantage in delivery times of the new transport cases over others.

It is anticipated that approximately 1,750 cases would be required in the first year, with replacement at a lower level in subsequent years.

3.8 Management of commercially sensitive information

MTAA has collected the information separately from each participant as to the anticipated volume of transport cases that will be required. The information will be used to develop volume-based price levels for negotiation with manufacturers.

The participants will also not discuss with each other profit margins, customer or supplier dealings or production plans. Any other information that is to be provided by the participants for the purposes of the proposed collective bargaining arrangement will be provided to the MTAA, which will not disclose one participant's information to another.

4 Notified conduct

The MTAA proposes to:

(a) issue an RFP to each target;

(b) evaluate each target's response to the RFP based on specific criteria in the RFP – this will involve consulting with participants regarding the terms and conditions of contract proposed by the target, including volume-related price levels;

(c) negotiate key contract terms and conditions (including volume-related price levels) with one or more targets based on each target's response to the RFP; and

(d) select a manufacturer from the responses provided.

After the completion of the collective tender and negotiation process and the selection of a manufacturer, it is proposed that the participants will enter into individual contracts with the chosen manufacturer. The general terms and conditions and volume-related price levels will be the same for each of the contracts. Individual participants will be able to negotiate varied or additional contractual terms with the chosen manufacturer except, for the reasons discussed in section 3.7 above, in relation to:

- pricing; and
- timing of delivery.

Although the participants do not consider that the proposed conduct necessarily contravenes the Act, the ACCC is notified of the conduct in order to provide legal certainty.

The participants propose to commence the RFP process as soon as the immunity provided by notification commences. The duration of the RFP period is expected to be approximately four months and the contract period is expected to be approximately two years.

5 Market definition

The MTAA does not consider that it is necessary to reach a concluded view of the market affected by the proposed collective bargaining conduct. However, the MTAA submits that the relevant market is likely to be at least as broad as the national market for the fabrication and manufacture of durable plastic transport cases or containers.

6 Public benefits

Broadly, the procurement of uniform transport cases featuring the new design will deliver significant public benefits in terms of improving workplace safety and reducing the incidence of injury and pain associated with manual handling of surgical equipment. These public benefits are optimised through compatibility and consistency in the design of the cases and made viable (from a cost perspective) through collective negotiation.

In addition to the direct benefits of reducing worker injuries, by facilitating the roll-out of the new transport case, the proposed arrangement will contribute to reducing costs arising from:

- workplace injury (which was one of the concerns leading to the formation of the working party);
- employee absenteeism;
- insurance premiums; and
- the burden on the healthcare system caused by manual lifting injuries.

6.1 Reduced pain and injury resulting from manual handling of surgical equipment

The workplace health and safety benefits that will flow from the development and implementation of the new transport cases are obvious from the HWSA Final Report. The working party found that 60% of people involved in manual handling of surgical equipment (including nurses, CSSD staff, technical aides and surgical supply warehouse staff) suffered some form of pain and discomfort as a result of the manual handling. The working party also found that use of the prototype transport case resulted in a significant reduction in the risk of injury for manual handling of surgical equipment.[10]

Selecting a manufacturer to design a standard case that complies with the prototype for six significant suppliers of surgical equipment will significantly reduce the incidence of injury and pain associated with manual handling of surgical equipment.

6.2 Compatibility

The conduct of a joint RFP process to select a single manufacturer to supply transport cases to the participants will ensure that surgical equipment suppliers' transport cases are compatible and of a consistently high standard.

It is clear from the working party documents, the National Guide and the HWSA Final Report that uniformity and compatibility of transport case systems are an essential element of the solution to manual handling risk in the health industry. This is illustrated by the following extracts from the HWSA Final Report:

- *"Considerable research by WCA [WorkCover NSW] into this issue, including inspections of numerous CSSD's, surgical instrument suppliers and courier transport services found that the design and handling of road cases and tubs (used to transport surgical loan sets) is a major manual handling issue with serious implications across this industry sector. There are a large number of surgical equipment providers supplying a range of road cases, tubs and loan sets but there are no national industry guidelines to provide advice on the safe design and handling of this equipment."*[11]
- The national working party decided that in order to address manual handling problems *"a single transport case system should be designed that could be used nationally."*[12]
- A key objective of the HWSA project was to *"develop a communications strategy to ensure that the rollout of both the model transport case and the Guide occur in an effective, unified and consistent manner across the industry."*[13]

[10] HWSA Final Report 1.6
[11] HWSA Final Report [1.2]
[12] HWSA Final Report [1.2]
[13] HWSA Final Report [1.3]

- *"It was agreed the best solution to the problem was to design a transport case that would be used by the entire industry and would allow a safe system of work to be built around the one product."*[14]

A common development and procurement process will ensure that the prototype specifications and the National Guide are complied with precisely and that the achievement of the health and safety benefits discussed above is consistent and uniform across the industry.

Uniform and compatible transport cases will also lead to greater ease and efficiency of loading and unloading surgical equipment, which will improve workplace safety conditions for CSSD staff, couriers and suppliers of surgical equipment. A single, uniform case design will improve work flows and minimise the risk of injury associated with manual tasks.

A standard transport case will also assist in complying with the requirement of the National Guide that the cases be capable of being securely stacked on top of one another. Stacks of cases will then be able to be safely transferred onto wheeled platforms, lifting devices and delivery areas. This will also assist hospital staff and couriers in complying with the new handling procedures set out in the National Guide to minimise risk of injury. If transport cases have slight differences, this may mean that they are unable to form a secure stack and be securely transferred onto a wheeled platform or lifting device.

Importantly, the consistency and compatibility of manufacturers' transport cases does not involve and will not result in any reduced differentiation in the participants' surgical instrument products.

6.3 Cost savings and feasibility

The proposed arrangement will result in the selection of one manufacturer to produce transport cases for six suppliers of surgical equipment. The selection of one manufacturer to service the participants will deliver efficiencies and economies of scale in the production of transport cases, lowering the unit cost of each transport case.

In the absence of these cost savings, it would be unlikely to be viable for all participants to implement the new case design, at least in the short to medium term. Most of the participants have existing road cases that still have a useful life. Cost savings will therefore be important to assist suppliers of surgical equipment in complying with the National Guide, as suppliers will be required to replace their non-redundant existing fleet of road cases with the new transport cases. Some of the participants do not currently use road cases. Other participants have both old road cases and new road cases with significant useful life remaining. Some participants have recently acquired further stocks of road cases to meet current demand pending finalisation of the RFP and the procurement of the new transport cases. The recently acquired stock will become redundant at that time.

[14] HWSA Final Report [1.4]

The proposed arrangement will also result in significant transaction cost savings for the participants compared to conducting six separate procurement processes. The proposed collective conduct will reduce the transaction costs associated with:

- conducting the RFP process; and
- negotiating the contract terms.

The increased costs that would be associated with independent fabrication and manufacturing of six different transport cases would otherwise be likely to be passed through to hospitals. While the cost of each road case would not be called out in the pricing for the supply of orthopaedic products it would be built into the cost of supply in order to be recouped.

6.4 Improved work flows

The use of a common transport case is likely to improve work flow efficiencies for couriers and CSSD staff involved in handling and processing surgical equipment. During the prototype testing process in July and August 2010, results from individual risk assessments and a comparative study found that the prototype design "improved work process flow in all work situations."[15]

7 Public detriments

The MTAA submits that the proposed collective bargaining arrangements will not result in any significant public detriment and that any public detriment will be outweighed by the substantial public benefits outlined above. In particular, there are a number of reasons why the proposed arrangements are not anticompetitive:

(a) the participants represent a very small proportion of demand in the relevant market. The chosen manufacturer of transport cases will be able to supply plastic containers to many other buyers;

(b) the surgical equipment suppliers are aware of the limited number of potential manufacturers and to this extent have ensured that interested potential manufacturers are not excluded from the RFP process;

(c) the proposed arrangement does not involve collective boycott conduct. The targets are free to refuse to participate in the RFP process and the surgical equipment suppliers are free to negotiate and procure transport cases independently or to negotiate varied terms with the chosen manufacturer, except in relation to pricing and the timing of delivery (for the reasons discussed in section 3.7 above);

(d) the proposed arrangement does not involve the risk of sharing of any competitively sensitive information, as discussed in section 3.8 above; and

[15] HWSA Final Report [1.1]

(e) the RFP process establishes a transparent, open and market-based mechanism for the selection of a supplier. This ensures that a supplier will be selected through a fair and competitive process. The criteria applied by the participants is expected to include numerous factors such as core business, production capacity, customer service and sustainability.

8 Conclusion

The MTAA submits that significant public benefits in the form of reduced workplace injury and the associated costs will substantially outweigh any detriments arising from the proposed conduct.

Annexure 1

Safe Work Australia (2002), *National OHS Strategy 2002-2012*

safe work australia

NATIONAL OHS STRATEGY 2002–2012

In 2009 legislation was enacted to create Safe Work Australia as an independent statutory body. Safe Work Australia's role is to develop national policy relating to OHS and workers' compensation and to support the National OHS Strategy 2002–2012. This function was previously performed by the Australian Safety and Compensation Council (ASCC) and prior to that the National Occupational Health and Safety Commission.

The National OHS Strategy 2002-2012

Commitment to OHS

Occupational Health and Safety (OHS) is a key issue for all Australian employers, workers and the community. A good OHS practice not only provides a safer working environment but improves worker morale and productivity. By pursuing good OHS practices businesses face fewer workplace injuries and benefit from higher employee retention rates and enhanced corporate image. This reduces the costs associated with production delays, recruiting new staff and replacing equipment, and avoids the resulting uncertainty and workload pressure placed on co-workers. Businesses that strive to improve their OHS performance create safer workplaces. This benefits not only employers and employees but also their families, their communities and the Australian economy.

Commitment to better practice OHS is best sustained through a focus on performance outcomes, which can be reported and monitored over time. Measurement of OHS performance demonstrates a commitment to improving the health and safety of workers. At a national level OHS performance is measured through the *National OHS Strategy 2002–2012* (the National Strategy).

The National Strategy was agreed by all Australian governments, the Australian Chamber of Commerce and Industry (ACCI) and the Australian Council of Trade Unions (ACTU) in 2002 and demonstrates the commitment of all parties to work co-operatively on national priorities. The National Strategy sets very clear and ambitious goals for OHS in Australia and is a key initiative to improve Australia's OHS performance.

As a step towards achieving its national vision of Australian workplaces free from death, injury and disease, the National Strategy set the following targets:

- to sustain a significant, continual reduction in the incidence of work-related fatalities with a reduction of at least 20 per cent by 30 June 2012 (with a reduction of 10 per cent being achieved by 30 June 2007), and
- to reduce the incidence of workplace injury by at least 40 per cent by 30 June 2012 (with a reduction of 20 per cent being achieved by 30 June 2007).

Following a review of the National Strategy in 2004–05, the Workplace Relations Ministers' Council endorsed an aspirational goal for Australia to achieve the lowest rate of work-related traumatic fatalities in the world by 2009.

National Priorities

The five priorities identified by the National Strategy to achieve short and long-term OHS improvement and to nurture longer-term cultural change are to:

- reduce the impact of risks at work
- improve the capacity of business operators and workers to manage OHS effectively
- prevent occupational disease more effectively
- eliminate hazards at the design stage, and
- strengthen the capacity of government to influence OHS outcomes.

Focus

The National Strategy focuses on particular traumatic injury risks, occupational diseases and industry sectors to maximise the impact of its initiatives.

The traumatic injury risks targeted are: body stressing; falls, trips and slips of a person; being hit by moving objects; and hitting objects with a part of the body. These four mechanisms of injury account for 90 per cent of injury and musculoskeletal compensated claims across Australia.

To increase the focus on effective prevention of occupational diseases, eight disease groups were identified in consultation with stakeholders. These are:

- Musculoskeletal disorders
- Mental disorders
- Noise-induced hearing loss
- Infectious and parasitic diseases
- Respiratory disease
- Contact dermatitis
- Cardiovascular disease, and
- Occupational cancer.

Priority industries

The four priority industry sectors originally targeted for improvement under the National Strategy were building and construction, transport and storage, manufacturing, and health and community services. Agriculture, forestry and fisheries was added as a priority sector following the first review of the National Strategy in 2005.

These sectors were chosen because they were identified through data analysis as having the highest incidence rates and/or high numbers of workers' compensation claims compared with other industries. By working with these sectors, not only are lives being saved but these industries will set examples of OHS best practice for other employers to follow.

Progress so far

From the three-year baseline period (2000–01 to 2002–03) to 2008–09 there was a 22 per cent improvement recorded in the incidence of injury and musculoskeletal claims. This is below the rate required to meet the long term target of a 40 per cent improvement by June 2012. The rate of decline in the incidence of claims will need to accelerate in the remaining years if the target is to be achieved.

Of the five priority industries only the construction industry, with a reduction of 24 per cent, recorded a greater improvement than the 22 per cent average for Australia. The manufacturing and transport and storage industries recorded a slightly lower reduction (21 per cent) and the health and community services industry recorded a 19 per cent decrease. The agriculture, forestry and fishing industry has shown the least improvement with an 11 per cent decrease.

From the baseline period until 2008–09 the incidence rate of compensated fatalities from injuries and musculoskeletal disorders decreased by 25 per cent. The national incidence rate is 'on target' to meet the 20 per cent reduction required by June 2012. However, there is a considerable amount of volatility in this measure and consistent improvement is still required to ensure the target is attained.

Analysis of international data indicates that in 2006–08 Australia recorded the seventh lowest injury fatality rate in the world.

Australia's work-related injury fatality rate decreased from 2000–02 to 2004–06, and has increased slightly during 2005–07 to 2006–08. In comparison many of the best performing countries in the world have experienced greater fluctuations in the rate of work-related fatality. It is unlikely that Australia will meet the aspirational goal.

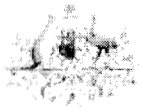
The Safe Work Australia publication, *Occupational Disease Indicators, April 2010*, reported that over the seven-year period from 2000–01 to 2006–07, decreasing trends were observed for five of the eight priority disease groups: musculoskeletal disorders; mental disorders; infectious and parasitic diseases; contact dermatitis; and cardiovascular diseases. For three of the eight priority disease groups, noise-induced hearing loss; respiratory diseases; and occupational cancers, rates over the period did not display a clear overall trend of increase or decrease. Although this report is primarily based on workers' compensation data, additional data sources such as hospitalisations, notifiable diseases and cancer registries are also examined.

Where to from here?

Safe Work Australia is continuing to work to achieve the ambitious goals of the National Strategy through a variety of means including:

- harmonising work health and safety legislation through nationally consistent laws enacted in each jurisdiction delivering the same protection to all Australians
- raising awareness of the importance of OHS policies and programs through national campaigns such as National Safe Work Australia Week
- encouraging excellence in OHS through the Annual Safe Work Australia Awards, and
- improving the collection and analysis of workers' compensation data and research across government to inform policy and regulatory frameworks, which improve decision making within government.

As required by the *Safe Work Australia Act 2008* evaluation of the current National Strategy and development of a replacement will be undertaken in 2011–12. The new National Strategy will be evaluated and developed in consultation with stakeholders.



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NOHSC

National Occupational Health & Safety Commission

National OHS Strategy 2002–2012

This document is available for downloading in PDF format from the NOHSC web site at:
www.nohsc.gov.au/nationalstrategy

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Foreword

On behalf of the Workplace Relations Ministers' Council, I am pleased to endorse the release of the National Occupational Health and Safety Strategy 2002–2012. Ministers welcome the national approach it engenders to improving Australia's occupational health and safety performance and state their commitment to achieving the national targets to:

- sustain a significant, continual reduction in the incidence of work-related fatalities with a reduction of at least 20 per cent by 30 June 2012 (and with a reduction of 10 per cent being achieved by 30 June 2007); and
- reduce the incidence of workplace injury by at least 40 per cent by 30 June 2012 (with a reduction of 20 per cent being achieved by 30 June 2007).

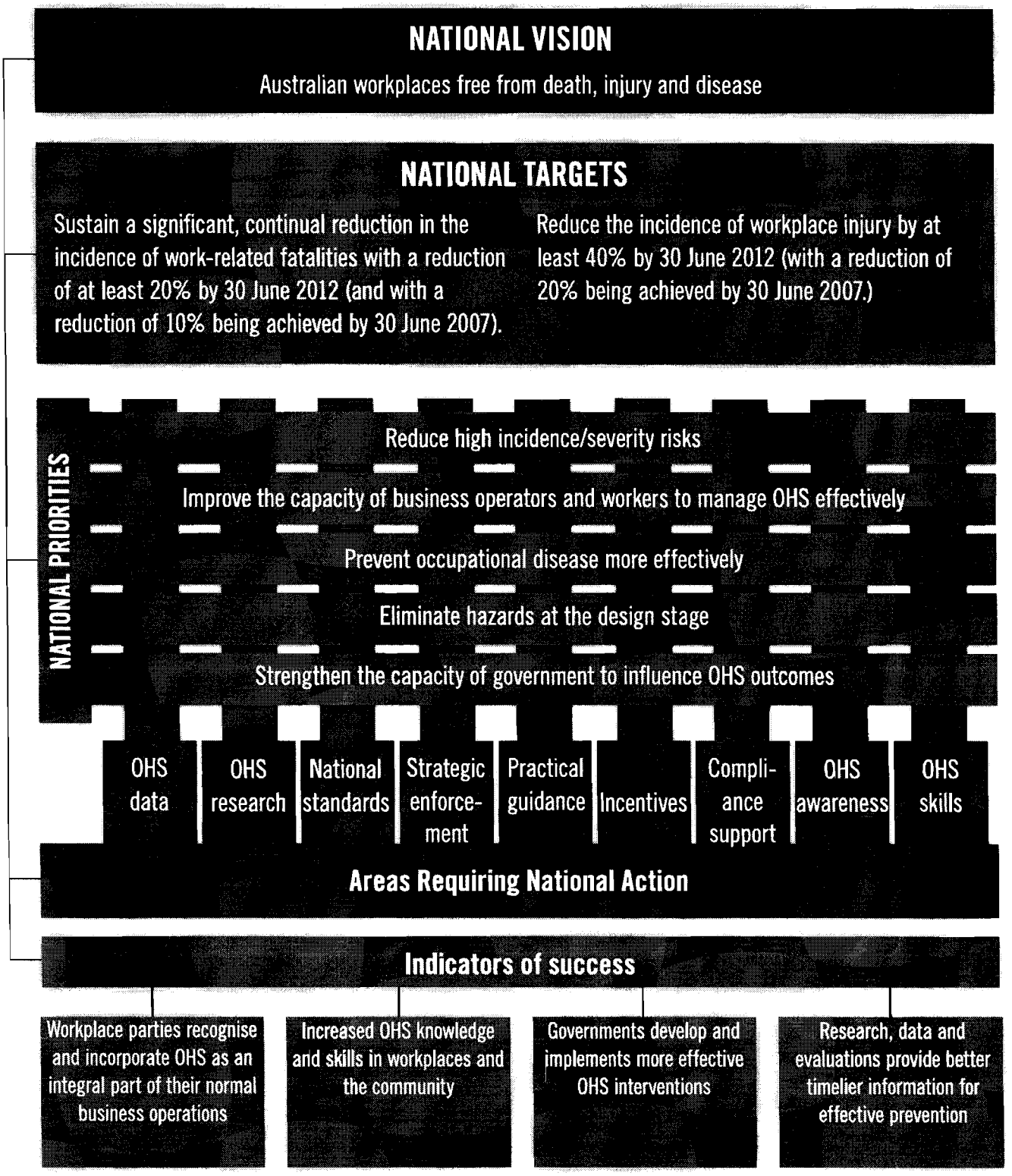
The Strategy provides the Workplace Relations Ministers' Council with the framework for ensuring that there is a sustained and substantial improvement in Australia's occupational health and safety performance over the next decade.

Ministers have asked the National Occupational Health and Safety Commission to report annually on progress made in implementing the Strategy and to ensure that it is regularly reviewed and refined.

Tony Abbott
Chair, Workplace Relations Ministers' Council
Federal Minister of Employment and Workplace Relations

24 May 2002

National OHS Strategy 2002–2012



Statement of Commitment

As the parties to the National Occupational Health and Safety Commission, we have accepted responsibility for the development and implementation of the National OHS Strategy. We all share a responsibility for ensuring that Australia's performance in work-related health and safety is continuously improved.

The Strategy will focus our efforts in working together to implement interventions to dramatically improve Australia's occupational health and safety performance over the next decade and to foster sustainable, safe and health enterprises that prevent work-related death, injury and disease.

We are committed to working cooperatively on the priorities and actions identified in the Strategy. We also commit to regularly reviewing our achievements against the Strategy's plans and targets and will further develop the Strategy in light of these achievements. We recognise that there are many other stakeholders who make significant contributions to improving Australia's occupational health and safety performance. We invite them to adopt or contribute to the Strategy and their contributions will be taken into account in its future development.

Tony Abbott
Federal Minister For Employment and
Workplace Relations

John Della Bosca
Minister for Industrial Relations, New South Wales

Gordon Nuttall
Minister for Industrial Relations, Queensland

John Kobelke
Minister for Consumer and Employment Protection
and Training, Western Australia

Syd Stirling
Deputy Chief Minister and Minister for Employment
and Training, Northern Territory

Peter Hendy
Chief Executive
Australian Chamber of Commerce and Industry

Bob Cameron
Minister for WorkCover, Victoria

Michael Wright
Minister for Industrial Relations, South Australia

Paul Lennon
Deputy Premier and Minister for Infrastructure,
Energy and Resources, Tasmania

Simon Corbell
Minister for Education, Youth and Family Services,
Planning and Industrial Relations,
Australian Capital Territory

Greg Combet
Secretary
Australian Council of Trade Unions

Introduction

Australia's continuing high rates of work-related fatal and non-fatal injury and disease present a significant challenge to us all. Every year significant numbers of people die and many more are severely affected by work-related injuries and disease.

There have been significant improvements in OHS performance in recent years but considerable scope exists for further progress. For example, Australian workers' compensation records, while not a complete measure of occupational injuries and deaths, show that:

- although there was a 20 percent reduction in the incidence of work-related injuries in the five years from 1995–96, there were, nevertheless, 120,000 accepted workers' compensation claims requiring five or more days off work in 1999–2000; and
- there were 205 compensated fatalities in 1999–2000 resulting from work-related injuries, compared to 267 in 1995–96.

Although no reliable data exist on deaths arising from occupational disease, it has been estimated that over 2,000 people die per year from past occupational exposures to hazardous substances.

To improve the prevention of work-related death, injury and disease, the parties to the National Occupational Health and Safety Commission, made up of the Commonwealth and all State and Territory Governments and representatives of employers and employees, have developed the National OHS Strategy.

The Strategy sets out the basis for nationally strategic interventions that are intended, over the coming decade to:

- foster sustainably safe and healthy work environments; and
- reduce significantly the numbers of people hurt or killed at work.

Efforts will focus initially on the five national priorities identified in the Strategy. These efforts will be underpinned by continued work on the nine areas identified by the Workplace Relations Ministers' Council in 1999 as requiring national action.

The National OHS Strategy will be periodically reviewed and evaluated so that the national priorities and actions may be adjusted or changed to meet current and future needs.

National prevention principles

State, Territory and Commonwealth Governments are responsible for regulating and enforcing workplace health and safety. The National Occupational Health and Safety Commission provides strategic leadership across Australia and coordination of national efforts to improve national OHS performance.

OHS improvement ultimately depends on actions in individual workplaces. In all Australian jurisdictions, duties of care to workers and third parties are shared by everyone whose actions could affect their health and safety, for example:

- employers must provide safe and healthy workplaces and safe systems of work;
- employees must work in as safe a manner as possible; and
- suppliers, designers and manufacturers must provide safe products and accurate information about the safe use of materials and equipment.

The National OHS Strategy embraces the adoption of systematic approaches for prevention by government and industry and is based on the following principles.

- A comprehensive and systematic approach to OHS risk management as part of day-to-day business operations.
- Responsibility to eliminate or control risk rests at the source, be that with the designer, manufacturer or supplier, or in the workplace.
- Prevention requires the cooperation and commitment of all workplace parties to involvement in consultation on workplace health and safety, accepting responsibility for identifying OHS issues and initiating prevention action.
- Prevention also requires workplace parties to be appropriately skilled in OHS so that they can participate effectively in consultations and in identifying and implementing improvements.
- Governments, in their capacity as major employers, policy makers, regulators and procurers, have considerable influence over the achievement of better OHS outcomes in Australia.
- Effective national action requires major national stakeholders, including all governments, to be committed to coordinated, consistent and cooperative approaches to OHS improvement.
- Evaluation of prevention initiatives and the sharing of solutions and evidence of what works among OHS stakeholders.

The National OHS Strategy

National vision

Work-related death, injury and disease are not inevitable but can be prevented. The national vision reflects this and provides the ultimate goal of the National OHS Strategy.

National targets

Targets are used in OHS and other fields. They provide goals for organisations, enterprises and employees with which to identify. They also promote greater innovation and activity in developing the most effective and efficient ways to meet the targets.

The National OHS Strategy sets national targets as a step towards achieving its national vision of Australian workplaces free from death, injury and disease. The initial national targets are:

- sustain a significant, continual reduction in the incidence of work-related fatalities with a reduction of at least 20 per cent by 30 June 2012 (with a reduction of 10 per cent being achieved by 30 June 2007); and
- reduce the incidence of workplace injury by at least 40 per cent by 30 June 2012 (with a reduction of 20 per cent being achieved by 30 June 2007).

Individual industries and jurisdictions will be encouraged to set or refine their own targets to complement the national targets.

The targets are set to be challenging but achievable. The early stages of implementing the Strategy will be used to refine the targets to reflect those set by individual jurisdictions and industries and to refine the methodology and benchmarks for measuring and reporting progress against them. Current data limit the measurement of achievement of the targets largely to compensated work-related injury and disease. Other targets and the data sources to support them will be identified over time.

Indicators of success

In addition to reducing work-related deaths, injuries and diseases, the Strategy should improve the overall workplace health and safety environment. Some indicators of success will include the following.

- Workplace parties recognise and incorporate OHS as an integral part of their normal business operations: businesses that recognise and incorporate OHS as part of their normal operations, and act to involve employees on OHS issues are better able to control risk to their workers, businesses and livelihood.

- Increased OHS knowledge and skills in workplaces and the community–OHS skills and knowledge are vital for ensuring a better capacity to address current and emerging OHS issues.
- Governments develop and implement more effective OHS interventions–the best results are achieved by identifying and applying best practice interventions that include the best mix of information, assistance, regulation, compliance, enforcement and incentives.
- Research, data and evaluations provide better, more timely information for effective prevention–OHS-related research, data and evaluations help to identify what interventions have the greatest chance of success, what works and what does not, and what are the best options for prevention.

More specific indicators for measuring success will be developed in the Strategy's first year of implementation.

National priorities

Five national priorities have been identified to bring about short and long-term OHS improvements, as well as longer-term cultural change. They are to:

- reduce high incidence/severity risks;
- develop the capacity of business operators and workers to manage OHS effectively;
- prevent occupational disease more effectively;
- eliminate hazards at the design stage; and
- strengthen the capacity of government to influence OHS outcomes.

The first national priority is expected to contribute immediately to achieving the national targets. For example, risks in a nominated industry sector may require priority attention nationally where it has a relatively high incidence of work-related injuries compared to other industry sectors or where it accounts for a high proportion of work-related deaths each year.

Some elements of the other four priorities will assist with short-term outcomes. However, they are expected to contribute primarily to achieving longer-term, sustainable results.

Each of the national priorities will be periodically evaluated to assess its ongoing relevance and effectiveness. They will be refined or replaced by new priorities in light of these assessments.

Evaluation methods, benchmarks, milestones and other indicators to measure progress will be developed in the initial stages of implementing the National OHS Strategy.

National priority - Reduce high incidence/severity risks

Although OHS problems can affect workers in any work situation, not all workers face the same degree or type of risk of injury as others. Risks may vary by, for example, the type of industry, occupation or work. By targeting hazards, injuries, industries or occupations where the incidence of injury and/or numbers of deaths is particularly high, significant improvements can be made in Australian OHS performance.

This national priority will involve the better use of OHS data, research and learning to improve the approaches commonly used by Australian jurisdictions in targeting 'high risk' situations. It should help to make such interventions more effective and efficient, as well as fostering innovation and the sharing of experience.

National priority hazards, injuries, industries or occupations will be identified for prevention efforts on a national basis. Individual jurisdictions will have particular priorities to address, but their participation in a nationally-coordinated approach to high incidence/severity risks will provide the best OHS outcomes all round.

Outcomes expected from this priority

- Interventions, including the more effective use of targeted enforcement and incentives, will be increasingly developed and implemented using evidence and experience of what works to achieve greater compliance and best OHS practice.
- Programs for improving performance agreed among stakeholders in each targeted area.
- More effective sharing of OHS information, tools and approaches.
- Improved community and industry attention to OHS and to developing solutions.

National priority - Develop the capacity of business operators and workers to manage OHS effectively

Capacities to control OHS risks and manage OHS effectively in workplaces range from the ability to choose, implement, evaluate and adapt OHS management systems, through to being able to participate in consultation on OHS matters, and carry out good OHS risk management practices. Such management practices should be integrated into day-to-day business operations.

This national priority recognises that, before employers and others take action to manage OHS, they must be motivated to do so. In part, this will involve helping business operators to develop and understand the case for better OHS management, including how it contributes to improved business outcomes.

An aim of the national priority is to build the motivation and ability of employers to manage OHS risks effectively and of workers to work more safely and participate in OHS consultations.

Outcomes expected from this priority

- OHS competencies are more widely integrated into management, vocational, professional, worker and inspectorate training.
- Systematic approaches to prevention are evaluated to identify those that will best build the capacity for workplaces to manage OHS effectively.
- OHS systems are evaluated to identify those most appropriate for implementation by enterprises of varying size and type.
- Systematic OHS management guidance and training products are available and targeted to meet the needs of stakeholders, including those in small and medium-sized enterprises.
- Greater understanding of the case for applying OHS management tools including how it contributes to improved business outcomes.
- Practical guidance is widely available to assist the workplace parties to measure and evaluate the effectiveness of their prevention efforts.

National priority - Prevent occupational disease more effectively

The world of work is changing, creating new occupational health risks. Unlike traumatic injuries and fatalities, it may not always be possible to clearly identify the cause and effect relationship in the case of occupational disease and associated deaths. The effects may not show up for a considerable time after initial exposure to a particular hazard. Sometimes a particular disease may be caused by work and non-work exposures. The result of these factors is that opportunities to protect the health of employees may not always be immediately recognised.

This national priority aims to develop the capacity of authorities, employers, workers, and other interested parties to identify risks to occupational health and to take practical action to eliminate or otherwise control them.

Outcomes expected from this priority

- More timely identification and control of any exposures that affect the health of employees.
- More effective engagement with industry, medical and other interested groups to develop a better understanding of controls that prevent occupational disease.
- Data and research systems to provide more work-related disease data, including measures of exposure and the effectiveness of controls that can be used to better identify existing and emerging risks to occupational health.
- Raised awareness of occupational disease issues and the need to control risks at source.
- Occupational disease risk assessment and control competencies (including knowing when to call for expert assistance) integrated into management, vocational, professional and inspectorate training.
- Better and more easily accessible practical guidance on the steps to prevent and control exposures.
- Regulatory approaches considered, reviewed and modified where necessary to achieve effective controls.

National priority - Eliminate hazards at the design stage

Responsibility to eliminate hazards or control risk rests at its source. This principle applies to all sources of hazards. Responsibility falls on a wide range of parties, including those outside of the workplace such as designers, manufacturers, constructors or suppliers.

This national priority aims to build awareness and observance of this approach and to give people the practical skills to recognise design issues and to ensure safe outcomes.

Outcomes expected from this priority

- Safer approaches are taken through the lifecycle of plant, substances and processes.
- OHS 'safe design' competencies are integrated into management, vocational, professional, and inspectorate training.
- The relative effectiveness and impact of regulatory-based and other incentives to encourage 'safe design' is assessed and the findings used to refine implementation of the priority.
- Raised awareness of the importance of safe design among the design professions, clients and the community.
- More systematic and cooperative application of risk management principles by designers, clients and others involved in design processes.
- Procurement decision-making takes account of safe design considerations.

National priority - Strengthen the capacity of government to influence OHS outcomes

Governments are major employers, policy makers, regulators and purchasers of equipment and services. They have a leadership role in preventing work-related death, injury and disease in Australia.

This national priority aims to sharpen the effectiveness of governments in securing better OHS outcomes and providing examples of good practice.

Outcomes expected from this priority

- Continual improvement in governments' OHS performance as employers.
- Whole-of-government approaches are taken that ensure OHS implications are considered and accounted for in all of the work of government.
- Where practicable, governments, project managers and contractors improve OHS through use of the supply chain.
- Practical guidance on measuring and reporting OHS outcomes is available for public sector agencies.
- Continual improvement in governments' performance as OHS policy makers and regulators.

Areas requiring national action

In December 1999 the Workplace Relations Ministers' Council established a 10-year framework for improving Australia's OHS performance. The National OHS Strategy enhances this framework by setting national targets for improvement and identifying priorities on which to focus national efforts.

The Strategy's vision, national prevention principles, national targets and indicators of success build on and replace most elements of the framework. The framework identified nine areas where national action is required to underpin improvement. Work will continue on these areas over the life of the Strategy; action plans will be maintained for each and used to identify areas for improvement and for ensuring that the national priorities and targets are achieved.

The nine areas for national action

1. Comprehensive OHS data collections

Regular reporting is vital in highlighting major sources of injury and disease and targeting prevention efforts. Comprehensive data also help to identify benchmarks for assessing OHS performance.

Actions include:

- extending data coverage;
- developing consistent definitions and measurement principles; and
- extending systems to allow timely reporting and provision of information.

2. A coordinated research effort

Research adds to the information and advice available for determining OHS priorities and practical prevention approaches. Australia's own research capacity must be developed with a strong focus on practical risk controls in the workplace. A coordinated approach is required for allocating research resources within Australia and to ensure that the whole of Australia is able to draw on available expertise. Actions include:

- establishing research priorities, cooperative arrangements and networks;
- exploring partnerships between areas concerned with public and occupational health; and
- improving communication with national and international OHS research bodies.

3. A nationally consistent regulatory framework

A nationally consistent approach to OHS regulation is essential for employers and employees. Regulatory requirements must remain relevant, effective, clear and practicable and not unnecessarily prescriptive. Outcomes must be expressed clearly in terms of the levels of performance required. There must be a balance between allowing for flexibility in achieving the required outcomes and prescribing certain actions or processes where necessary. Regulatory requirements should not place unnecessary restrictions on competition or international trade.

Actions include:

- monitoring adoption of national standards;
- reviewing national standards and codes;
- developing new national standards where need is demonstrated; and
- repealing superseded regulations.

4. Strategic enforcement

Equitable, practical and consistent enforcement can be achieved by ensuring that actions required are proportionate to the risk and the consequences of non-compliance are clearly understood. A range of enforcement measures is embraced.

Actions include:

- benchmarking and sharing of best practice approaches;
- developing strategic approaches based on proactive targeting, risk assessment and innovative sanctions; and
- publicising enforcement policies.

5. Effective incentives

Appropriate incentives are required to encourage Australian workplaces to focus on prevention and reduce the significant costs of workplace injury and disease.

Actions include:

- examining the effectiveness of current premium setting incentives; and
- investigating innovative non-financial incentives.

6. Compliance support

The effectiveness of the regulatory framework depends on compliance. Regulatory authorities' advisory services, information programs and assistance support the large proportion of workplaces that are willing to comply. Regulatory authorities need to express their requirements clearly, simply and in plain language in a range of media. Communication with business, especially small business, needs to be improved. Access to assistance which educates and informs workplace parties about their responsibilities is important.

Actions include:

- developing hazard and industry specific guidance;
- supporting access to consistent compliance advice; and
- developing OHS management systems guidance and auditing mechanisms.

7. Practical guidance

Practical guidance is required to assist stakeholders in recognising the relevance of legal requirements to their operations and to support their application of risk management principles in their workplaces. Demand for such information is best met when material is hazard and/or industry specific, written in plain language and presented clearly in a range of media.

Actions include:

- developing means for improved access to information and supporting development of guidance; and
- facilitating sharing of guidance developed within specific industries and jurisdictions.

8. OHS awareness

Raising community awareness and expectations is an important element in strengthening workplace commitment and motivation for higher standards of OHS performance. Such programs can assist in the community accepting that work-related injuries are preventable and not just 'part of the job'. The messages of community awareness programs need to be targeted to specific audiences and provide for a response through structured follow-up activities, events and programs.

Actions include:

- maximising gains from substantial investment in awareness campaigns by sharing experience and learning; and
- developing evaluation approaches suitable for measuring the impact of awareness and information initiatives.

9. OHS skills development

Australia needs to invest in skills development to ensure an ongoing capacity to meet current and emerging OHS issues. Skills need to be developed in the workplace and among all practitioners, inspectors, researchers, technical personnel and professions that may impact directly or indirectly on workplace health and safety.

Actions include:

- integrating health and safety into vocational, professional and inspectorate training arrangements;
- promoting the integration of OHS competencies into management training, including for small business;
- encouraging development of suitable OHS training resources; and
- researching improved methods of OHS skills development.

Implementation, monitoring and reporting

Improving Australia's current level of OHS performance to meet the national targets requires certain crucial actions to be taken.

Action plans for national priorities

The first in a series of three-year national action plans will be developed and implemented in the first year of operation of the National OHS Strategy. The action plans will outline:

- actions to be taken against each of the national priorities; and
- benchmarks, milestones and other indicators to be used to measure progress and outcomes of the national priorities.

It is intended that governments and others will be able to adapt successive national action plans to accommodate local imperatives. However, the parties recognise that it is important to give priority to coordinated national action on the matters addressed in this Strategy. Successive plans will be developed in consultation with a broad range of stakeholders and interested parties. Plans will be submitted to the Workplace Relations Ministers' Council for their endorsement.

Underpinning areas requiring national action

Improvements in the nine underpinning areas will continue to be implemented. Separate action plans for each will be developed, maintained and reported on.

Monitoring, reporting and review

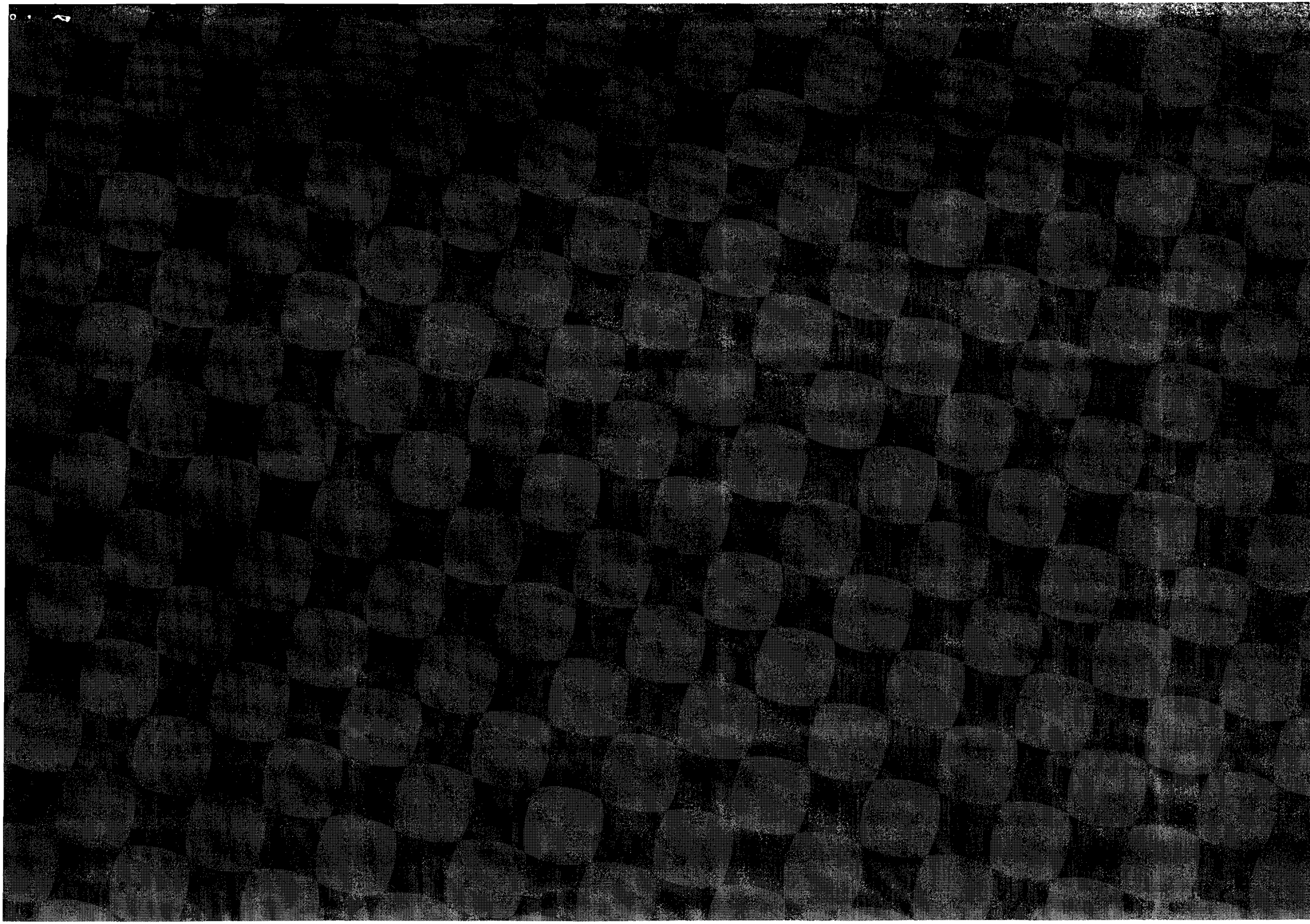
To achieve sustainable OHS improvements, Australia, like many developed countries, is adopting an evidence-based approach in which prevention programs and policies are regularly:

- monitored to track their implementation;
- evaluated as to their efficiency, effectiveness and impact; and
- reviewed and updated in the light of experience.

Through the National Occupational Health and Safety Commission, the parties will report annually to the Workplace Relations Ministers' Council on progress in implementing the National OHS Strategy. Reports will cover the actions plans, the progress against the national targets and the extent of cooperation and coordination among national stakeholders.

Evaluation is a central component of the Strategy. Evaluation processes will be developed and refined in consultation with stakeholders and interested parties. The Workplace Relations Ministers' Council will be given reports on the evaluations of:

- each action plan for the national priorities developed under the Strategy; and
- at least once every three years, the efficiency, effectiveness and impact of the Strategy.

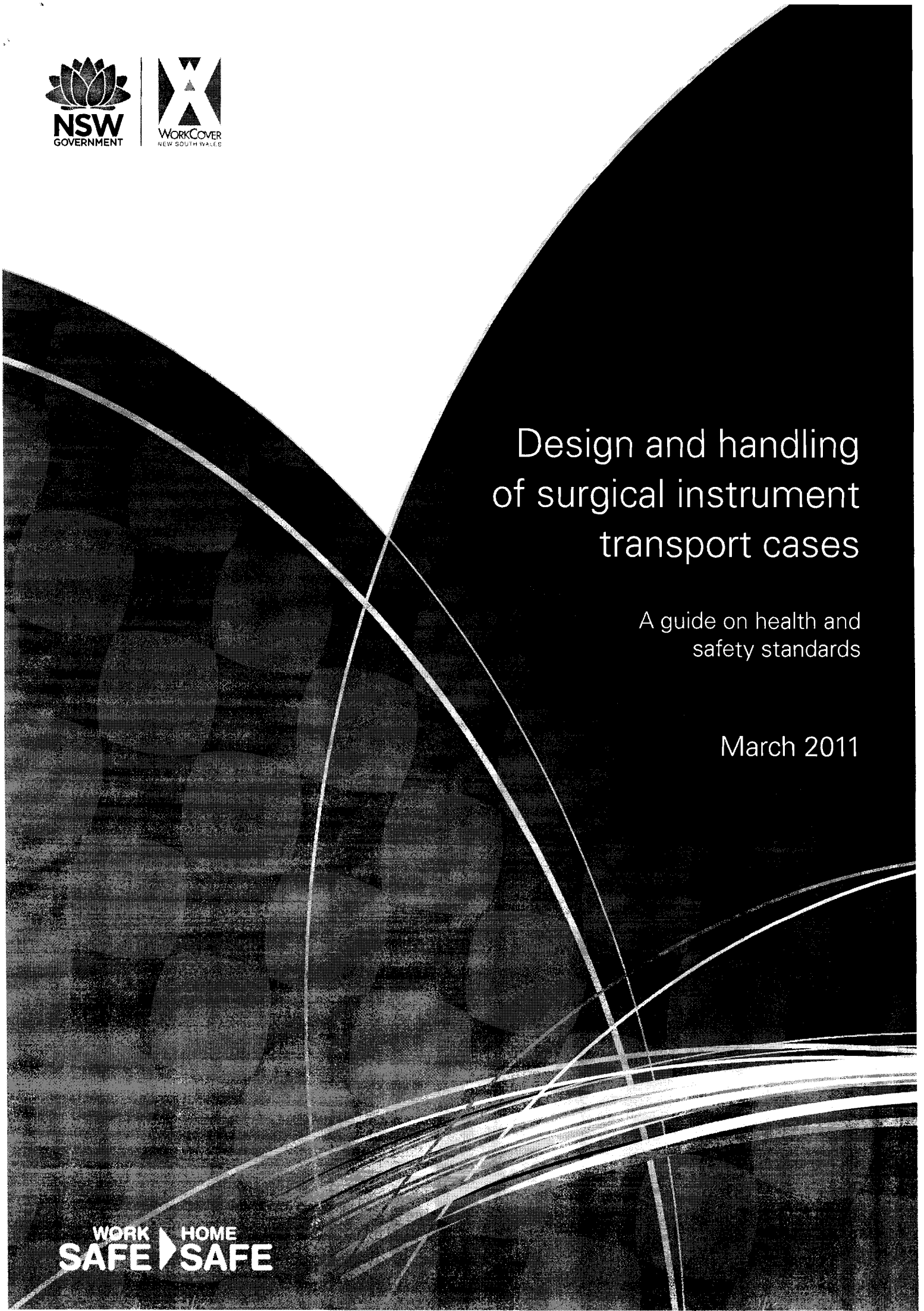


Annexure 2

WorkCover New South Wales and others (2011), *Design and Handling of Surgical Instrument Transport Cases: A Guide to Health and Safety Standards* (**National Guide**)

NSW GOVERNMENT

WorkCover NEW SOUTH WALES



Design and handling of surgical instrument transport cases

A guide on health and safety standards

March 2011

WORK SAFE HOME SAFE

Disclaimer
This publication may contain occupational health and safety and workers compensation information. It may include some of your obligations under the various legislations that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

Information on the latest laws can be checked by visiting the NSW legislation website (www.legislation.nsw.gov.au).

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

CONTENTS

INTRODUCTION

The Heads of Workplace Safety Authority (HWSA) initiated a national intervention and compliance campaign in 2008 called *Safe steps – Manual handling, slips and trips in hospitals*. It recommended a national focus for central sterilising supply departments (CSSDs), to ensure implementation of control measures that reduce the risks associated with manual tasks. It also recommended particular attention be paid to the design of containers, handling of loan sets, use of lifting equipment, work area design, psychosocial issues, and liaison with equipment suppliers and building designers.

As a result of these recommendations, WorkCover NSW formed a national working party and undertook further research, which included state-wide inspections of CSSDs, courier services and surgical equipment suppliers. The inspections found that transporting and handling of road cases, tubs and surgical instrument trays presented a significant risk, with serious implications across these industry sectors.

This guide provides practical guidance for designers, manufacturers, suppliers, couriers and users of surgical instrument set transport cases, and outlines their obligations when transporting and handling the cases and their contents.

An industrial design expert was engaged to design a transport case that, when used in conjunction with this guide, would assist with national work health and safety legislative compliance.

Contributors to this guide include:

- Dr Lance Green
- ABC Couriers & Transport Services P/L
- Australian College of Operating Room Nurses (ACORN)
- Endeavour Couriers P/L
- Federation of Sterilising Research and Advisory Council of Australia (FSRACA)
- Golden Messenger Transport
- Johnson and Johnson Medical P/L
- Knox Private Hospital Victoria
- Medtronic Australasia P/L
- Messenger Post Couriers
- Northern Sydney Central Coast Area Health Service (NSCCAHS)
- NSW Operating Theatre Association (OTA)
- Queensland Health
- Smartline Machinery P/L
- Smartways Logistics
- Smith & Nephew Surgical P/L
- Sterilising Research and Advisory Council of Australia (SRACA) (NSW & VICTORIA)
- Stryker Australia P/L
- Sydney South West Area Health Service (SSWAHS)

- Synthes Australia P/L
- TNT Express
- TOLL Priority
- Zimmer P/L

SCOPE

This guide provides advice on the design, manufacture, supply, transportation and use of surgical instrument transport cases and their contents, with particular emphasis on safe design. Handling of this equipment is addressed through workplace design and safe work practices, involving the designer through to the end-user in the hospital. The guide also addresses the obligations of duty holders who are associated with the handling of these cases and their contents.

Surgical instrument trays less than 300 mm long are not required to be transported in the surgical instrument transport cases described in this guide. The design of tubs is not addressed within the scope of this guide. Tubs should only be used to transport prostheses and/or other lightweight surgical equipment not described in this guide.

DEFINITIONS

Consignment sets/long-term loaners – surgical instrument sets and implant prosthesis sets that are owned by the supplier and remain at the hospital on long-term contract.

Road case – a wheeled case that is currently used to house surgical instrument sets and/or medical supplies for transportation. (Under the new system, as described in this guide, these cases will be phased out and replaced by new surgical instrument transport cases.)

Slip sheet – a divider between the surgical instrument outer containers that facilitates easy removal and insertion of contents.

Surgical instrument inner tray – a tray that contains surgical instruments, which is usually housed in an outer container.

Surgical instrument outer container – a container that houses the inner surgical instrument trays.

Surgical instrument set – a set of instrument trays used in surgical operations.

Surgical loan kit – a combination of fully-laden surgical instrument transport cases and tubs for loan to hospitals for a surgical operation. The kits are typically returned to suppliers after surgery, unless retained on long-term consignment.

Surgical instrument transport case (new case as described in this guide) – a case used to house surgical instrument sets and/or medical supplies for transportation.

Tub – a top-opening container that is used to house surgical instrument sets and/or medical supplies for transportation. Under the new system, as described in this guide, tubs will only be used to house surgical implants.

Wheeled platform – a dolly, or other wheeled platform, for moving surgical instrument transport cases and tubs.

DESIGN PRINCIPLES

Work health and safety legislation places obligations on designers to identify hazards and control the risks associated with the design, manufacture, supply and use of equipment. The designer must, where reasonably practicable, design-out any risks associated with the use, handling and transportation of the following equipment.

SURGICAL INSTRUMENT TRANSPORT CASE

The surgical instrument transport case, used to transport surgical instrument trays and medical supplies, should be strong, durable and made from lightweight weatherproof material that minimises the potential for contamination. The case should protect the contents and minimise liquids, dust and contaminants from entering the case. The external and internal surfaces should be easy to clean and maintain.

The case should be designed to:

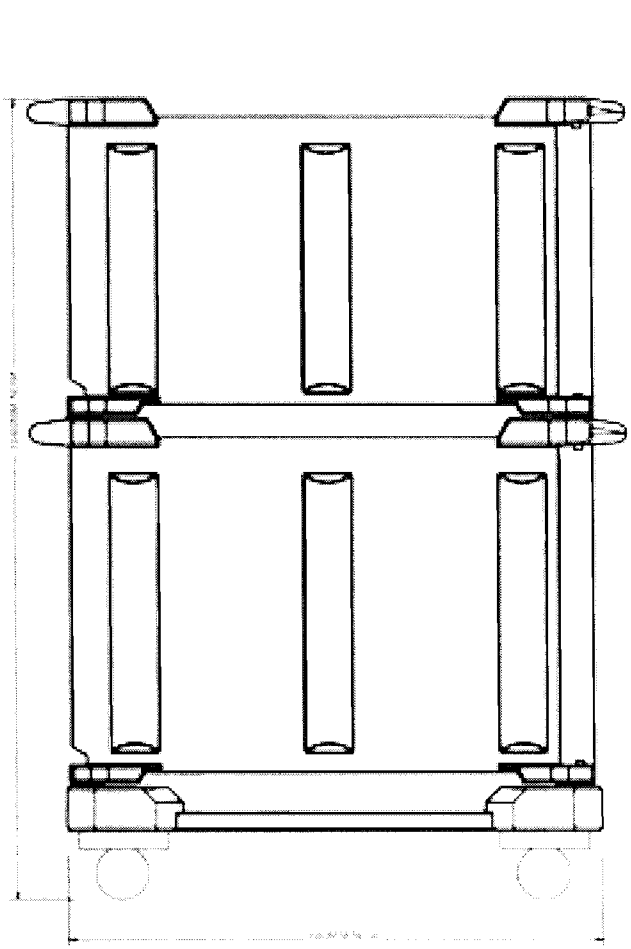
- be end-opening for improved access when packing and unpacking trays, and aligned to open in the same direction. Doors and associated locking mechanisms should allow clear and easy access to the contents of the case and ensure the contents are secure during transportation
- be securely stacked and transported on an appropriately designed wheeled platform
- allow a tub to be securely stacked on top during handling and transportation
- allow suitable signage and labelling to be prominently displayed
- allow a mechanical aid to raise a single case or stack to a suitable working height
- allow the contents (eg trays and associated equipment) to be removed and inserted without lifting, excessive force or awkward posture
- allow slip sheets to be located between trays and securely retained within the case.

SLIP SHEETS

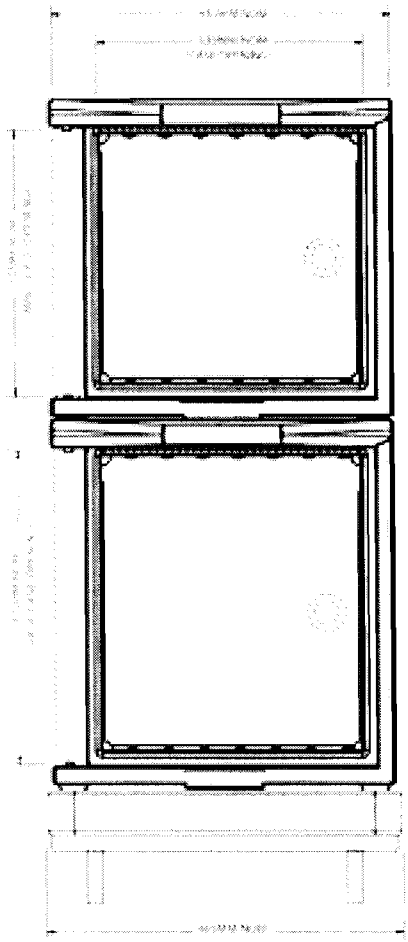
Slip sheets should be made of a material that is easy to clean and minimises friction. They should be located between trays and securely retained within the case, yet able to be removed when required.

RECOMMENDED DESIGN SPECIFICATIONS[1]

SURGICAL INSTRUMENT TRANSPORT CASE ASSEMBLED COMPONENTS



SURGICAL INSTRUMENT TRANSPORT CASE
LARGE AND SMALL ASSEMBLED WITH DOLLY
(SIDE VIEW)

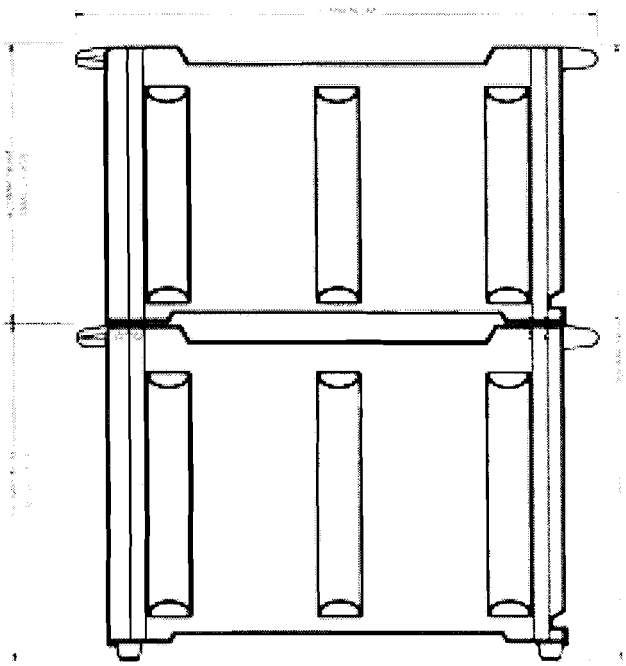


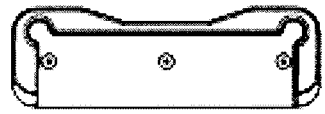
SURGICAL INSTRUMENT TRANSPORT CASE
LARGE AND SMALL ASSEMBLED WITH DOLLY
(SIDE VIEW)

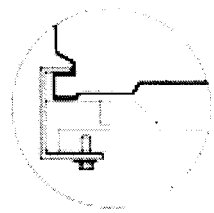
1 Note: the above drawing shows a particular configuration, which includes a small case stacked on top of a large case. Other configurations may include three small cases or two large cases, provided the stack does not exceed 1350 mm in height.

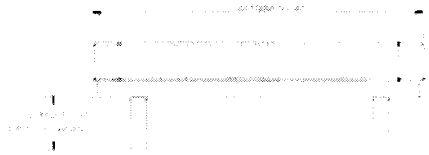
RECOMMENDED DESIGN SPECIFICATIONS[2]

SURGICAL INSTRUMENT TRANSPORT CASE
INDIVIDUAL COMPONENTS









2 Note: the above drawing shows a particular configuration, which includes a small case stacked on top of a large case. Other configurations may include three small cases or two large cases, provided the stack does not exceed 1350 mm in height.

Figure 1a – Prototype transport cases and wheeled platform

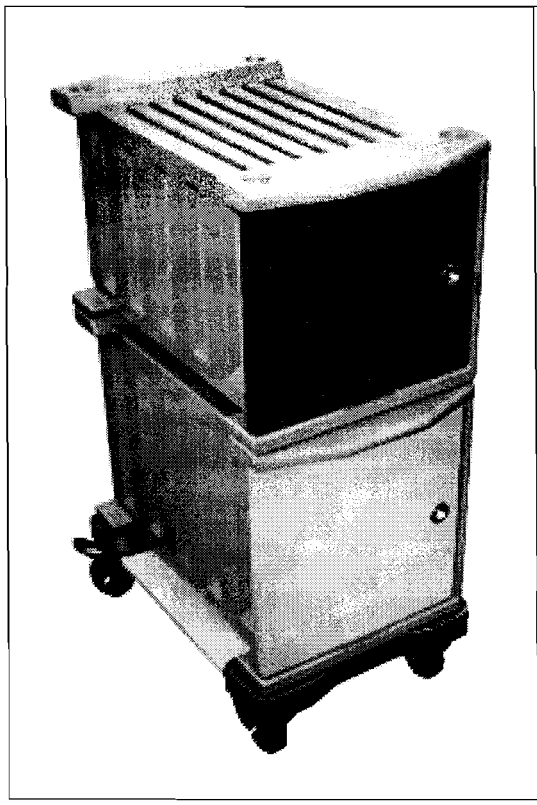


Figure 1b – Prototype transport cases with slip sheets

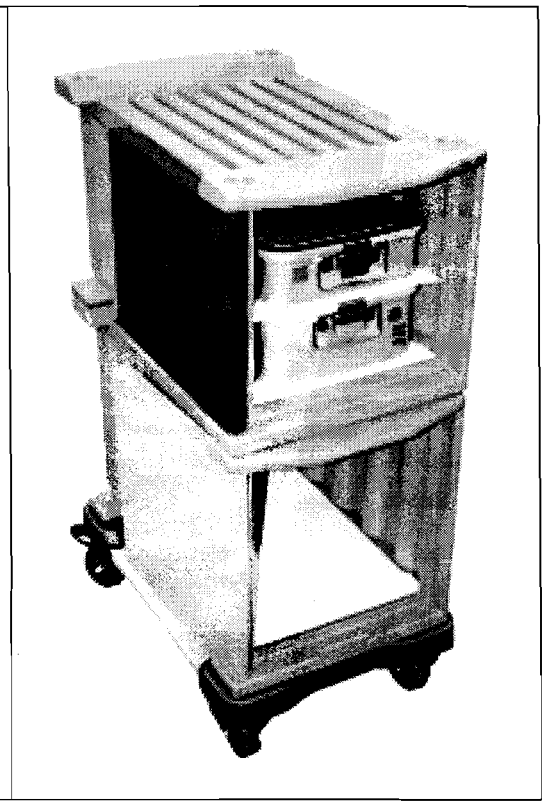


Figure 2 – Prototype wheeled platform (dolly)

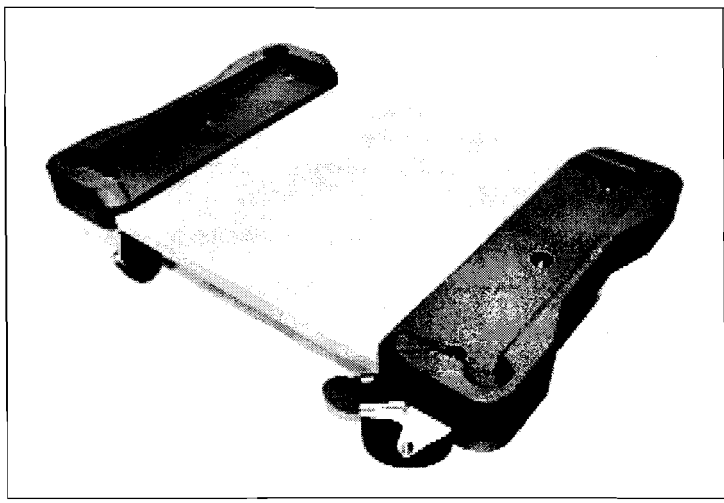
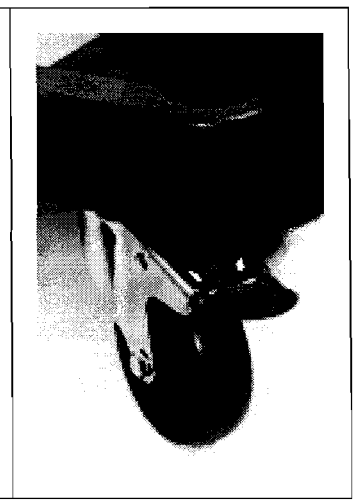


Figure 3 – A multi-directional wheel with braking mechanism



WHEELED PLATFORM

The wheeled platform used to move cases and tubs should be strong, durable and made from lightweight weatherproof material that minimises the potential for contamination.

The platform should be designed to:

- be easy to clean and maintain
- allow for secure location of the stacked cases and tubs on top of the platform
- ensure the stack is stable and secure when moved
- allow it to be locked to the bottom case when required
- allow a mechanical aid to raise the wheeled platform and stack of cases to a suitable height
- allow a mechanical aid to raise a single case or cases from the wheeled platform when required
- support the maximum safe working load of the stack.

The platform should have at least two multi-directional wheels, to ensure ease of movement and steering. The wheels should include a braking mechanism and conform to relevant standards. To determine the most appropriate wheels, consider the following factors:

- terrain
- durability
- vibration
- manoeuvrability
- safety.

SURGICAL INSTRUMENT TRAYS

Surgical instruments fit into specifically designed surgical instrument inner trays which are frequently housed in surgical instrument outer containers. The majority of Australian suppliers do not necessarily have control over the design of trays and containers, however, where reasonably practicable, the design principles set out in this guide should be followed.

Trays and containers protect instruments from damage during transportation and set out the instruments in a logical manner for surgery. They should be made from lightweight, durable material that can be cleaned and sterilised. Trays and containers should easily slide into and out of an end-opening case.

Tray and container handles should be designed to:

- allow fully-laden trays to be safely handled
- withstand cleaning and sterilisation
- retain structural integrity
- be easily accessible when trays and containers are inserted or removed from the case.

This guide recommends that fully laden individual inner trays, where reasonably practicable, should preferably weigh up to 5 kg and not exceed 7 kg.

Figure 4a – Surgical instrument inner trays

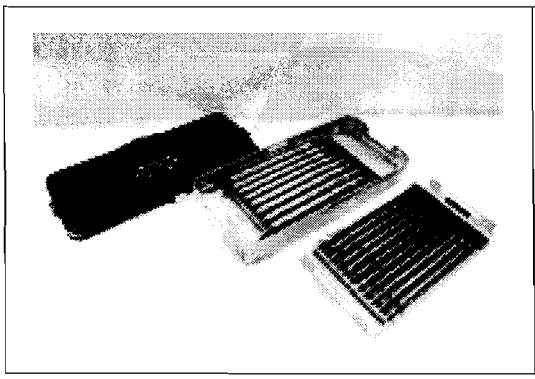
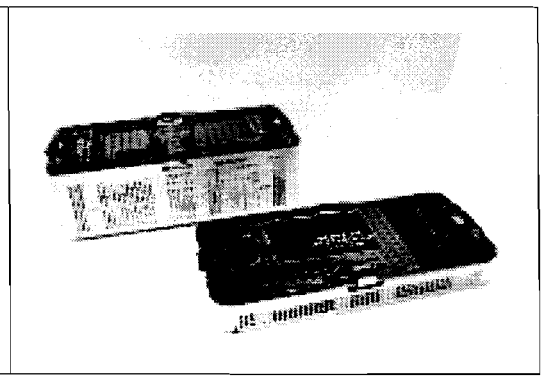


Figure 4b – Surgical instrument outer containers



SAFE USE AND HANDLING PRINCIPLES

The loan kit area should be designed to eliminate or minimise manual tasks. In addition, every activity involved in surgical loan kit handling must be evaluated by each facility and courier organisation, and action taken to eliminate or minimise risks associated with all hazardous manual tasks. This will assist with safer, more efficient and cost-effective work processes.

All equipment should conform to relevant work health and safety legislation, this guide or an equivalent level of safety. Information on the safe use and handling of kits should be provided at the point of supply/use. Equipment should be regularly inspected and maintained to ensure it is able to be used in a safe and appropriate manner, as set out in this guide.

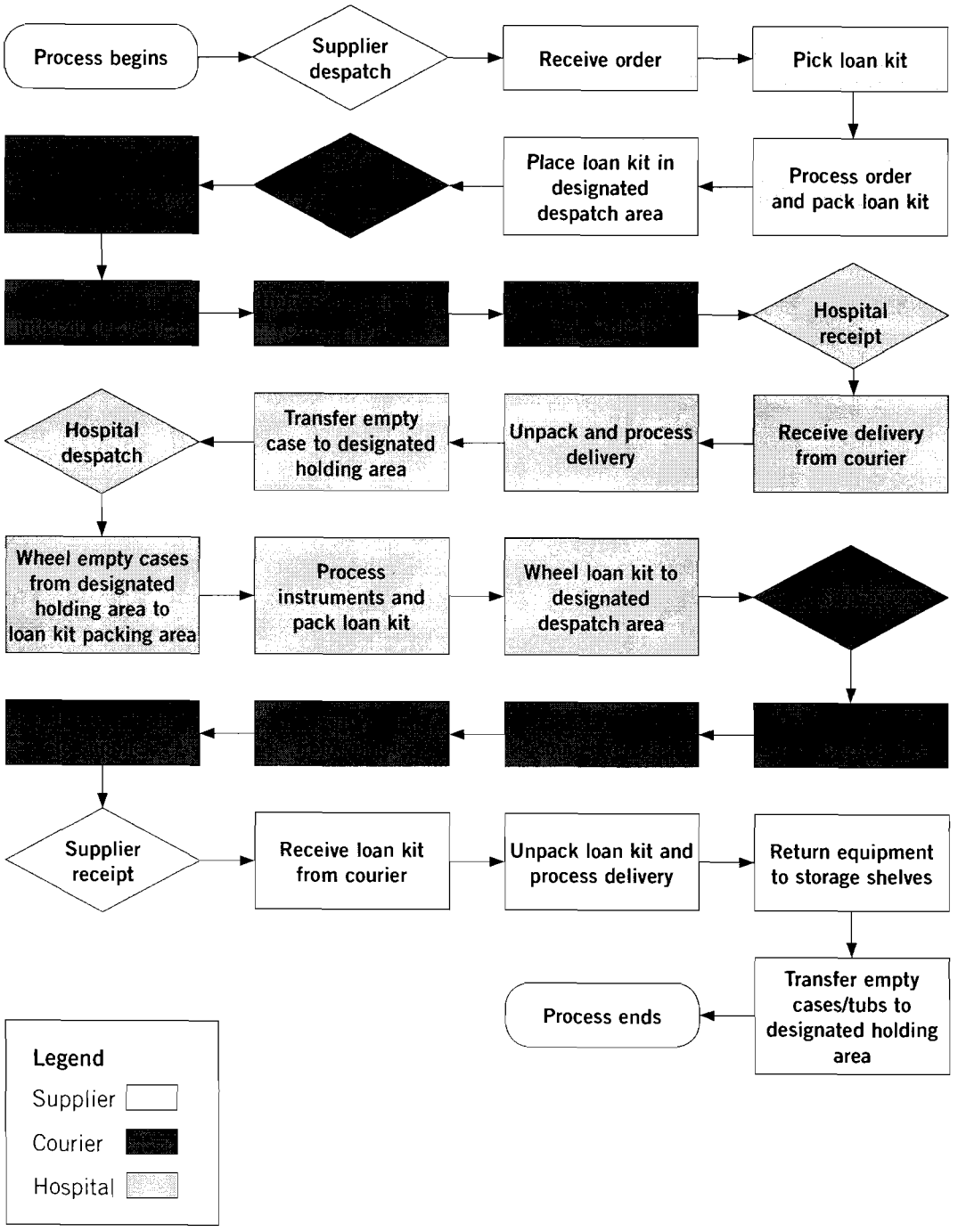
Communication strategies should be in place to minimise the number of manual tasks and ensure safe work procedures are effective. A systematic process should exist between suppliers, couriers and hospitals regarding the status of kits. The process should include:

- coordinated receipt/delivery protocols (how, when and where)
- appropriate internal and external contacts
- suitable mechanical-handling equipment that is available at all points of the process
- effective delivery and scheduling contractual conditions.

A surgical loan kit handling process flowchart has been developed to provide a step by step overview of all activities involved in this process (see next page). In addition, tools have been developed to support key work processes for suppliers, couriers and hospitals, and are available as appendices.

- **Process for suppliers** – Appendix 1
- **Process for couriers** – Appendix 2
- **Process for hospitals** – Appendix 3

SURGICAL LOAN KITS HANDLING PROCESS



SUPPLIERS

As a supplier, designate a person to be responsible for coordinating the loan kit handling process. Document procedures for all tasks related to handling and processing of kits, and ensure all procedures follow health, safety and hygiene standards.

Effective communication is essential when coordinating the receipt and despatch of kits. Prepare a schedule of all receipts and despatches that includes the number of deliveries and the type of kits used, together with appropriate contact details for the hospitals and couriers.

Fully laden individual inner trays, where reasonably practicable, should preferably weigh up to 5 kg and not exceed 7 kg. Loaded cases should remain on their platform at all times for ease of use and movement. For stability, heavier cases should be positioned at the bottom of the stack. Tubs can be placed on top of the stack of cases during handling and transport. The stack should not exceed 1350 mm in height and the combined weight of the stack should not exceed 80 kg. Store cases and wheeled platform in a safe and secure place when not in use.

Use clear, self-explanatory signs and display them prominently on the side of each case (include your company name, the gross weight of each case, and any other relevant information). Ensure the case carrying the loan kit documentation is clearly identified and remove any old signage and labels. Cases and platforms should be thoroughly cleaned and maintained on a regular basis.

The loan kit area should be configured to eliminate or minimise the risks associated with manual tasks. This should include:

- a designated area with adequate floor space for the systematic packing and unpacking of kits and the use of lifters and associated mobile equipment
- designated holding and storage areas with adequate floor space
- adequate access and egress with level non-slip floor surfaces
- a work area that optimises work flow and minimises lifting and double handling
- mechanical lifters and height adjustable work benches with fitted rollers
- associated equipment (eg conveyors and trolleys) to assist with handling and movement.

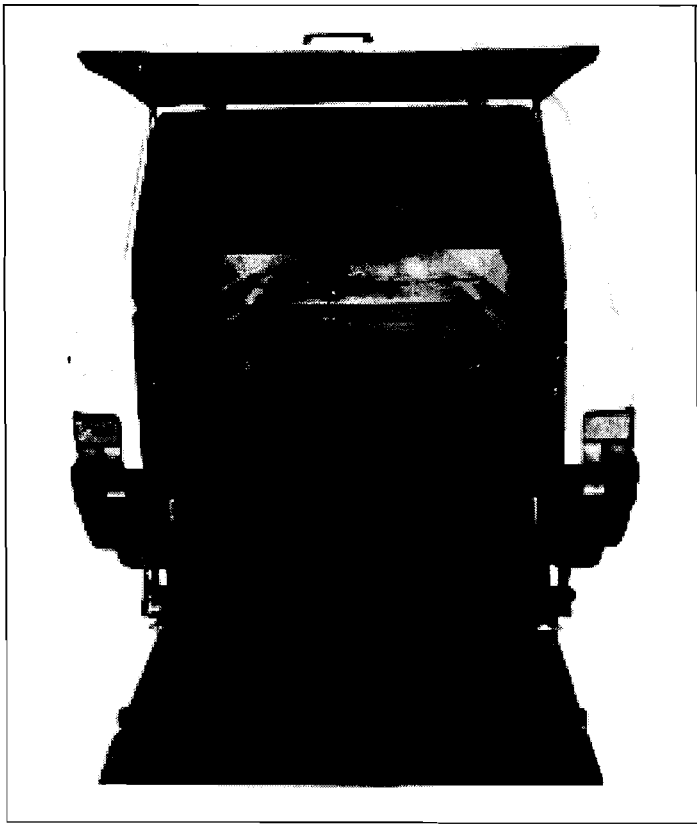
COURIERS

As a courier, follow safe working procedures when loading and unloading your vehicle, ensuring that:

- vehicles are fit for purpose
- loads are safely secured
- mechanical aids are fitted to vehicles (eg tailgate lifters). Where this is not reasonably practical, use mobile lifters and ramps
- stacks are kept in their original configuration.

Ensure that contractual arrangements are in place with all other parties. These arrangements should include:

- a stipulation that transport cases are not manually lifted in or out of courier vehicles
- designated loading and unloading areas
- timely and effective despatch and receipt procedures
- designated delivery and collection points.



Tailgate lifters

Vehicles can be modified to ensure easy unloading and loading of transport cases.

Modifying a vehicle with a tailgate lifter device is the preferred option where reasonably practical.

All tailgate lifters should be fit for purpose and fitted by a competent person.

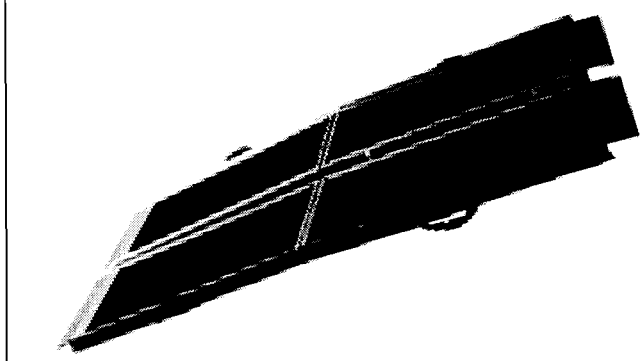
This modified vehicle has a floor and tailgate which lower to the ground to enable loads to be wheeled on and off via the ramp.

This type of vehicle will eliminate the need to manually lift cases during loading and unloading.

Mobile lifter

Mobile lifters may be used to reduce the risk of musculoskeletal injury when loading or unloading transport cases in or out of vehicles.

For more information on mobile lifters see page 16.



Ramps/skids

When purchasing a ramp or skids, ensure that:

- the length and width allow for safe loading and unloading of kits
- the weight does not pose a risk
- they can be fitted and removed easily
- they allow safe and smooth movement of wheeled stack when loading and unloading vehicle
- they are stable and secure when in use
- they can be stored and secured in the vehicle when not in use.

HOSPITALS

All hospitals should have a CSSD manager who designates a staff member/s to be responsible for the loan kit handling process. Safe operating procedures should be in place and displayed clearly for all tasks related to the handling and processing of kits. All procedures should follow health, safety and hygiene standards.

Designated areas should be provided for the receipt/despatch of kits with adequate work space allocated to pack and unpack the kits. Cases should remain on their platform at all times for ease of handling and transportation, and should be stored in a safe and secure area when not in use.

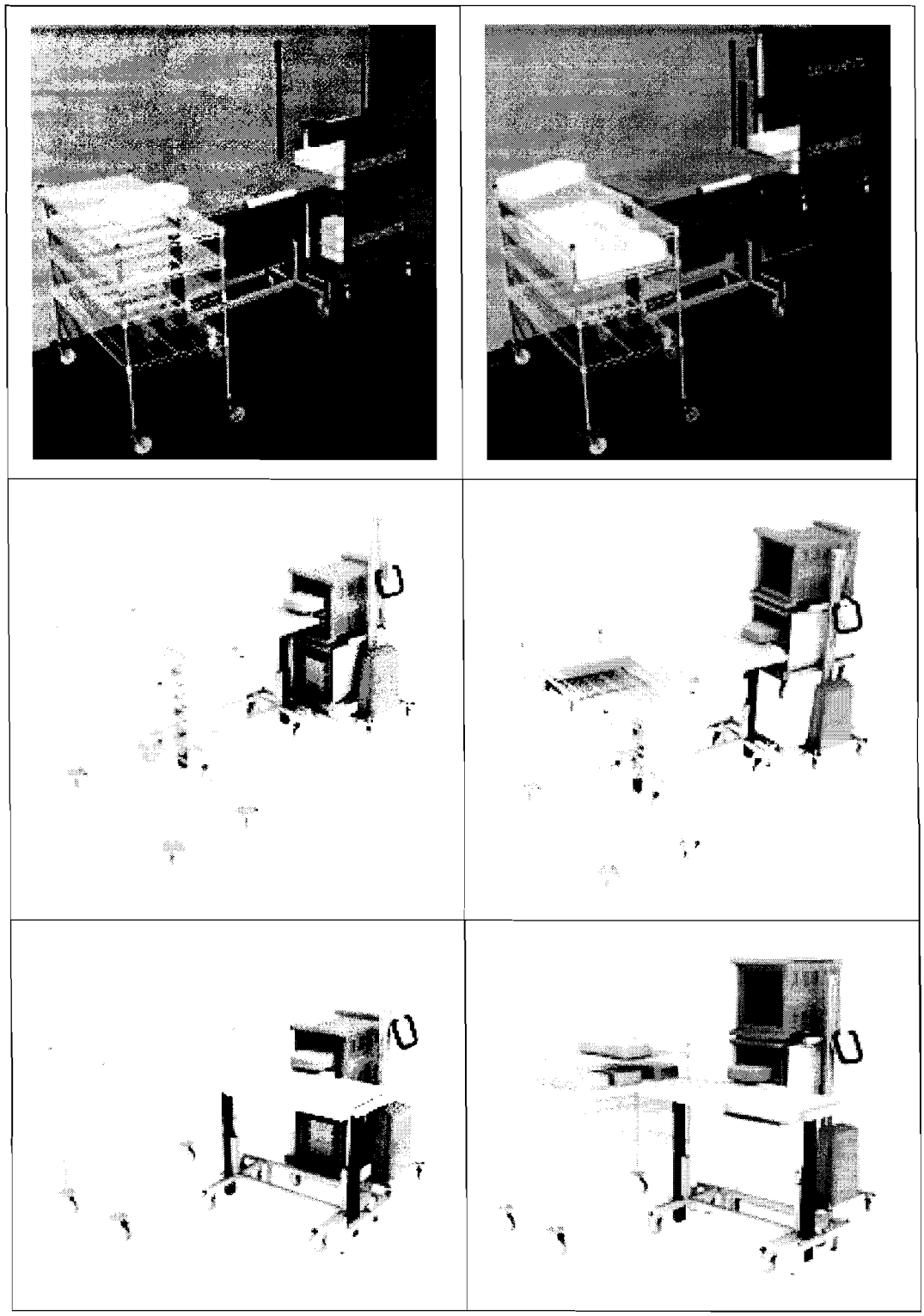
Effective communication is essential when coordinating the receipt and despatch of kits. This should include receipt/despatch schedules, the number of deliveries and type of kits being used, and appropriate contact details for suppliers and couriers. Hospitals should ensure that kits are returned in a similar configuration and in line with designated weight restrictions (eg not more than 80 kg).

The loan kit area should be configured to eliminate or minimise the risks associated with manual tasks, including:

- a designated area with adequate floor space for the systematic packing and unpacking of kits, including the manoeuvring of lifters and associated mobile equipment
- designated holding and storage areas with adequate floor space
- adequate access and egress with level non-slip floor surfaces
- a work area that optimises work flow and minimises lifting and double handling
- mechanical lifters and height adjustable work benches with fitted rollers
- mobile equipment to assist with equipment handling and movement.

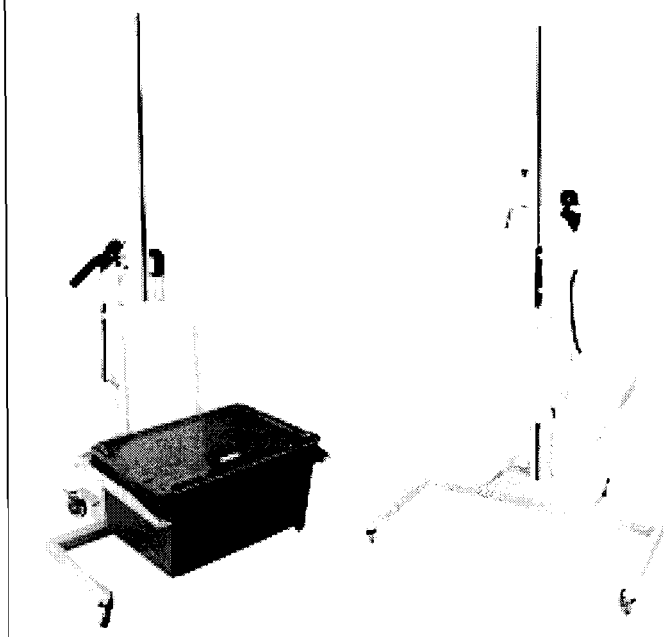
Further information for hospitals on recommended floor areas can be found in the *Australasian Health Facility Guidelines,* Revision V 4.0 (16 December 2010). Part B of the Guideline covers Health facility briefing and planning. Visit healthfacilityguidelines.com.au to view the guidelines.

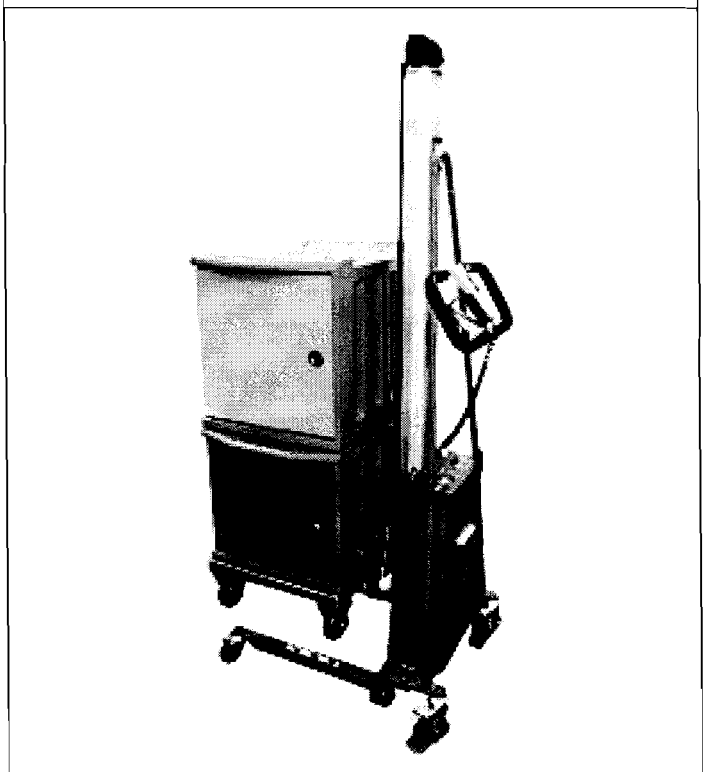
Diagrams illustrate options for layouts to handle surgical loan kits in hospitals



EQUIPMENT

Seek advice from a competent person to ensure that new and existing equipment is fit for purpose. Equipment should be trialled prior to purchase.

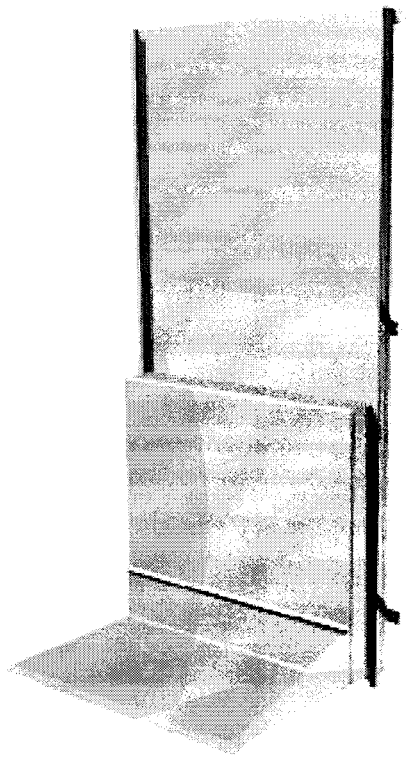




Mobile lifter

When purchasing a mobile lifter, ensure that it is compatible with the work environment, fit for purpose and:

- has a lifting plate/tines that maintain a horizontal service when under load
- manoeuvres easily in a restricted workspace
- does not create further risk when operated
- has a safe working load of 100 kg or greater
- has appropriate castors with braking capacity
- accesses the platform directly from floor level
- lifts to at least 1000 mm above floor level
- has a smooth and efficient action, with a powered lift mechanism that is easily accessible
- lifts and lowers stack securely and safely
- can lift a single case or tub when required
- can be easily cleaned and recharged.



Fixed lifter

When purchasing a fixed lifter, ensure that it is compatible with the work environment, fit for purpose and:

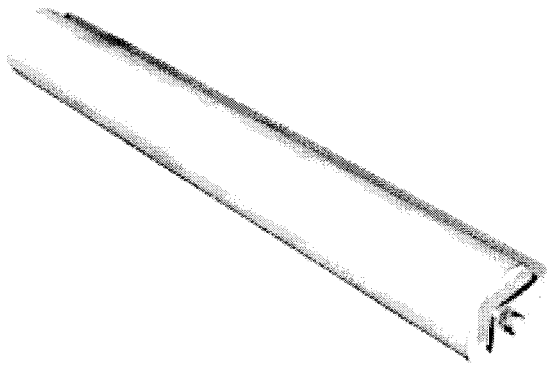
- has a lifting plate/tines that maintain a horizontal service when under load
- does not create further risk when operated
- has a safe working load of 100 kg or greater
- can be fixed to a wall or mounting frame
- accesses the platform directly from floor level
- lifts to at least 1000 mm above floor level
- has a smooth and efficient action, with a powered lift mechanism that is easily accessible
- lifts and lowers stack securely and safely
- can be easily cleaned and recharged (where applicable).

Adjustable work bench

When purchasing an adjustable work bench, ensure that it is compatible with the work environment, fit for purpose and:

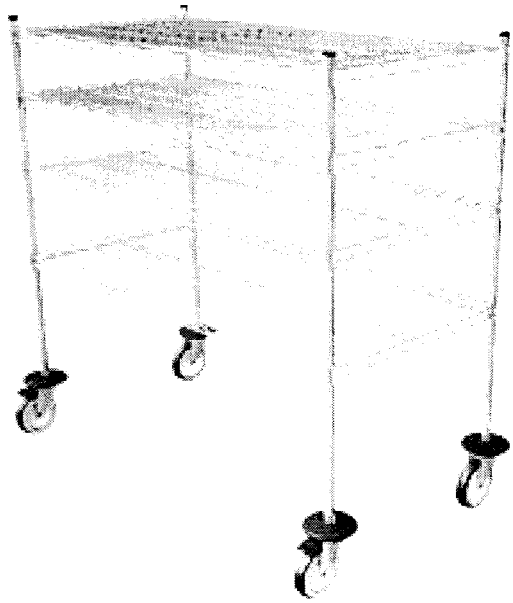
- can accommodate multiple instrument trays
- can be adjusted between 750 mm and 1150 mm from floor level
- has rollers fitted at loading and unloading points
- has an abrasion-resistant, non-porous work surface
- has a solid work surface
- is easy to clean
- has lockable wheels.

The work bench should be located close to the lifter, with space to allow trolleys to manoeuvre nearby.



Rollers

Rollers should be fitted to work benches to enable smooth transfer of instrument trays.



Transport trolley

When purchasing a transport trolley, ensure that it is compatible with the work environment, fit for purpose and:

- shelving correlates to height adjustable workbench
- where reasonably practicable, the trolley can be height adjusted
- there is sufficient space to store instrument trays
- is easily cleaned
- has no sharp edges.

APPENDIX 1: PROCESS FOR SUPPLIERS – GENERAL INFORMATION

To be easily manoeuvred, the new surgical instrument transport cases (cases), described in the national guide *Design and handling of surgical instrument transport cases* (the guide), are designed to be securely stacked on a wheeled platform (or equivalent).

The design of tubs is not addressed within the scope of the guide. Tubs should only be used to transport prostheses and/or other lightweight surgical equipment not described in this guide. It is essential that tubs are loaded, unloaded and handled using appropriate manual handling techniques.

Loaded cases should remain on their platform at all times for ease of use and movement. For stability, heavier cases should be positioned lowest on the stack. Tubs can be placed on top of the stack of cases during handling and transport. The stack should not exceed 1350 mm in height and the combined weight of the stack should not exceed 80 kg. The gross weight of each case and tub must be displayed.

When planning safe systems of work, you should consider the following:

1a. Plan the layout of the warehouse to allow for an efficient process flow, in particular the designated:

- loan kit receipt area
- loan kit processing area
- loan kit despatch area
- loan kit holding area, with designated space to store stacked empty cases (two to three high max) and empty tubs
- instrument tray storage area.

1b. Ensure the designated loan kit despatch and receipt areas are easily accessible to both workers and couriers.

2. It is recommended that suppliers encourage all couriers to avoid manual lifting during loading and unloading.

3. Ensure that all staff are trained in the relevant procedures and are competent to use any required equipment.

PROCESS FOR SUPPLIERS – DESPATCH

Process	Considerations
1. Receive order	
2. Pick loan kit	**Shelving** • Allow adequate space between shelving to allow unrestricted movement. • Locate heavy and frequently used trays at waist height. • Locate lighter trays on higher and lower shelves. **Trolley/aid** • Use a trolley/aid when picking equipment from warehouse shelving. • Ensure the trolley/aid is height adjustable, or at individual's waist height. • Use appropriate manual handling techniques when handling trays.
3. Process order and pack loan kit • Slide trays onto workbench. • Check trays against original order (follow QA procedures). • Ensure the correct number of cases/tubs are prepared for the order. • Ensure cases are safely stacked and secured to wheeled platform/s, and that heaviest cases are positioned lowest in stack. • Wheel platform loaded with stacked empty cases onto a fixed or mobile lifter. • Use lifter to raise and lower cases so that individual trays are loaded at bench height. • Slide trays into case using slip sheets to separate trays. Repeat until each case is full. • Enclose all relevant documentation within the case. • Securely lock and label each transport case.	**Workbench** • Ensure the workbench is height adjustable to allow for various heights of employees. • Check area around workbench and lifter are free of trip hazards. • It is recommended that a roller is fitted to the end/s of the workbench to allow trays to slide easily into the case. • Ensure surface area of workbench allows adequate space for safe work and QA procedures are followed. **Lifter** • Use a mechanical lifter (fixed or mobile) to move/raise/lower cases and tubs. • Consider process flow and available floor space to determine whether a fixed or mobile lifter would be most appropriate.
4. Place loan kit in designated despatch area	**Loan kit despatch area** • Ensure floor surface allows unrestricted movement of workers and equipment. • Ensure area is free of trip hazards.

PROCESS FOR SUPPLIERS – RECEIPT

Process	Considerations
1. Receive loan kit from courier • Instruct courier to wheel cases/tubs to designated receipt area.	**Loan kit area** • Ensure floor surface allows unrestricted movement of workers and equipment. • Ensure area is free of trip hazards. **Lifter** • Use a mechanical lifter to raise and lower cases. • Consider process flow and available floor space to determine whether a fixed or mobile lifter would be most appropriate. **Workbench** • Ensure workbench is height adjustable to allow for various heights of employees. • Ensure surface area allows adequate space for safe work and QA procedures to be followed. • It is recommended that a roller is fitted to the end/s of the workbench to allow trays to slide easily out of the case. • Use appropriate manual handling techniques when handling trays.
2. Unpack loan kit and process delivery • Wheel stack into loan kit process area and onto fixed or mobile lifter. • Raise/lower lifter so that the tray (to be unloaded from case) is at bench height. • Pull tray from case and slide onto workbench. • Check tray against original order (follow QA procedures). • Repeat process for each tray until case is empty. • Remove any unnecessary labelling and wheel to designated holding area.	
3. Return equipment to storage shelves	**Shelving** • Allocate adequate room between shelving to allow unrestricted movement. • Locate heavier and frequently used trays at waist height. • Locate lighter trays on higher and lower shelves. **Trolley/aid** • Use a trolley/aid when returning equipment to warehouse shelving. • Ensure trolley/aid corresponds to the height of the workbenches. • Use appropriate manual handling techniques when returning trays to shelving.
4. Transfer empty cases/tubs to designated holding area	**Holding area** • Ensure floor surface allows for unrestricted movement of workers and equipment. • Ensure area is free of trip hazards.

APPENDIX 2: PROCESS FOR COURIERS – GENERAL INFORMATION

To be easily manoeuvred, the new surgical instrument transport cases (cases), described in the national guide *Design and handling of surgical instrument transport cases* (the guide), are designed to be securely stacked on a wheeled platform (or equivalent).

The design of tubs is not addressed within the scope of the guide. Tubs should only be used to transport prostheses and/or other lightweight surgical equipment not described in this guide. It is essential that tubs are loaded/unloaded and handled using appropriate manual handling techniques.

Loaded cases should remain on their platform at all times for ease of use and movement. Tubs can be placed on top of a stack of cases during handling and transport. The stack should not exceed 1350 mm in height and the combined weight of the stack should not exceed 80 kg. The gross weight of each case and tub must be displayed.

When deliveries consist of a single case only, appropriate manual handling principles must be adhered to (eg use a hand truck or similar).

Couriers should ensure:

- their vehicles are fit for purpose
- all loads are safely secured and restrained during transportation
- mechanical aids, such as tailgate lifters or similar, should be fitted to the vehicle and, where this is not reasonably practical, appropriate aids (ie mobile lifters and ramps) should be used
- the stacks are kept in their original configuration when delivered.

Contractual arrangements covering the safe collection and delivery of kits should be in place with all parties. These arrangements should include:

- designated vehicle loading and unloading areas
- timely and effective despatch and receipt procedures
- designated delivery and collection points.

PROCESS FOR COURIERS

<table>
<tr><th>Process</th><th>Considerations</th></tr>
<tr><td>1. Retrieve loan kit from despatch area
• Park vehicle in designated loading zone or as close to hospital/supplier designated loan kit holding area as possible.
• Retrieve kits from designated area.
• Check total number of cases and tubs against documented order.
• Ensure each case is correctly locked and secured prior to leaving the designated holding area.
• Ensure tub lids are closed.
• Ensure all kits are appropriately labelled.
• Wheel kits to courier vehicle.</td><td>Delivery route
• When parking the vehicle, consider the ground/floor surface between the vehicle and pick up point at each destination.
• Have a set route (as direct as possible) between the vehicle and the pick up point at each destination.</td></tr>
<tr><td>2. Load loan kits into courier vehicle
• Load kits into the courier vehicle by means other than physically lifting.
• Ensure all kits are appropriately secured for travel in courier van.</td><td rowspan="2">Courier equipment
The cases and platform are designed so that physical lifting and lowering of items is not required. It is recommended that any of the following aids are used to load and unload the stack/s into the vehicle:
• tailgate lifter
• a fixed, hydraulic fold out ramp
• a set of lightweight skids
• a lightweight portable, foldable ramp
• a mobile lifter supplied by the supplier/ hospital.</td></tr>
<tr><td>3. Unload loan kits from courier vehicle
• Remove vehicle restraints.
• Ensure each case remains locked and secured to platform before unloading from vehicle.
• Unload kits out of vehicle by means other than physically lifting.</td></tr>
<tr><td>4. Deliver loan kits to hospital/supplier
• Park vehicle in designated area, or as close to the hospital/supplier designated loan kit area as possible.
• Wheel cases to designated loan kit receipt area in CSSD/supplier warehouse.
• Check total number of cases against documented order.</td><td>Delivery route
• When parking the vehicle, consider the ground/floor surface between the vehicle and drop off point at each destination.
• Have a set delivery route (as direct as possible) between the vehicle and the drop-off point at each destination.</td></tr>
</table>

APPENDIX 3: PROCESS FOR HOSPITALS – GENERAL INFORMATION

To be easily manoeuvred, the surgical instrument transport cases (cases), described in the national guide *Design and handling of surgical instrument transport cases* (the guide), are designed to be securely stacked on a wheeled platform (or equivalent).

The design of tubs is not addressed within the scope of the guide. Tubs should only be used to transport prostheses and/or other lightweight surgical equipment not described in this guide. It is essential that tubs are loaded, unloaded and handled using appropriate manual handling techniques.

Loaded cases should remain on their platform at all times for ease of use and movement. Tubs can be placed on top of a stack of cases during handling and transport. The stack should not exceed 1350 mm in height and the combined weight of the stack should not exceed 80 kg. The gross weight of each case and tub must be displayed.

When planning safe systems of work you should consider the following:

1a. Plan the layout of the loan kit area to allow for an efficient process flow, in particular the designated:

- loan kit receipt area
- loan kit processing area
- loan kit despatch area
- loan kit holding area, with designated space to store stacked empty cases (two to three high max) and empty tubs
- instrument tray storage area.

1b. Ensure the designated loan kit despatch and receipt areas are easily accessible to both workers and couriers.

2. Ensure that all staff are trained in the relevant procedures and are competent to use any required equipment.

3. It is recommended that the hospitals encourage all couriers to avoid manual lifting during loading and unloading.

4. It is recommended that internal/external processes are in place, to ensure equipment for routine elective surgery arrives at least 24 hours prior to the start of that surgery.

PROCESS FOR HOSPITALS – RECEIPT

Process	Considerations
1. Receive delivery from courier • Instruct courier to wheel kits to designated receipt area.	**Loan kit area** • Ensure designated loan kit receipt area can be easily accessed by couriers and employees. • Ensure floor surface allows unrestricted movement of workers and equipment. • Ensure area is free of trip hazards. • Ensure that slip sheets remain in case at all times. **Lifter** • Use a mechanical lifter to raise and lower cases. • Consider process flow and available floor space to determine whether a fixed or mobile lifter would be the most appropriate. **Workbench/trolley** • Ensure workbenches are height adjustable to allow for various heights of employees. • Ensure surface area allows adequate space for safe work and QA procedures to be followed. • It is recommended that a roller is fitted to the end/s of the workbench to allow trays to slide easily out of the case. • Use appropriate manual handling techniques when handling trays. • Ensure trolley shelves correspond to the height of the workbenches.
2. Unpack and process delivery • Wheel kits into loan kit processing area and onto fixed or mobile lifter. • Raise/lower lifter so that the tray (to be unloaded from case) is at bench height. • Pull tray from case and slide onto workbench. • Check tray against original order (following QA procedures). • Transfer trays and required instruments to trolley/s for transfer to cleaning/sterilisation process. • Repeat process for each tray until case is empty. • Remove any unnecessary labelling.	
3. Transfer empty cases to designated holding area	**Holding area** • Ensure floor surface allows unrestricted movement of workers and equipment. • Ensure area is free of trip hazards.

PROCESS FOR HOSPITALS – DESPATCH

Process	Considerations
1. Wheel empty cases from designated holding area to loan kit packing area	**Loan kit area** • Ensure floor surface area allows unrestricted movement of workers and equipment. • Ensure area is free of trip hazards. **Workbench/trolleys** • Ensure workbenches are height adjustable to allow for various heights of employees. • Ensure trolley shelves correspond to the height of the workbenches. • Ensure area around workbench and trolleys is free of trip hazards. • It is recommended that a roller is fitted to the end/s of the workbench to allow trays to slide easily into the case. • Ensure surface area of workbench allows adequate space for safe work and QA procedures to be followed. **Lifter** • Use a mechanical lifter (fixed or mobile) to move/raise and lower cases. • Consider process flow and available floor space to determine whether a fixed or mobile lifter would be most appropriate.
2. Process instruments and pack loan kit • Once internal sterilisation process has taken place, transfer trays and instruments onto workbench. • Wheel platform loaded with stacked empty cases onto the fixed or mobile mechanical lifter. • Ensure heaviest cases are positioned lowest in stack. • Use lifter to raise/lower cases so that individual trays are loaded at bench height. • Slide trays into case using slip sheets to separate trays. • Repeat process until case is full. • Enclose all relevant documentation within case. • Securely lock and label each case.	
3. Wheel loan kit to designated despatch area	**Loan kit despatch area** • Ensure area can be easily and safely accessed by couriers and employees. • Ensure floor surface allows unrestricted movement for workers and equipment. • Ensure area is free of trip hazards.

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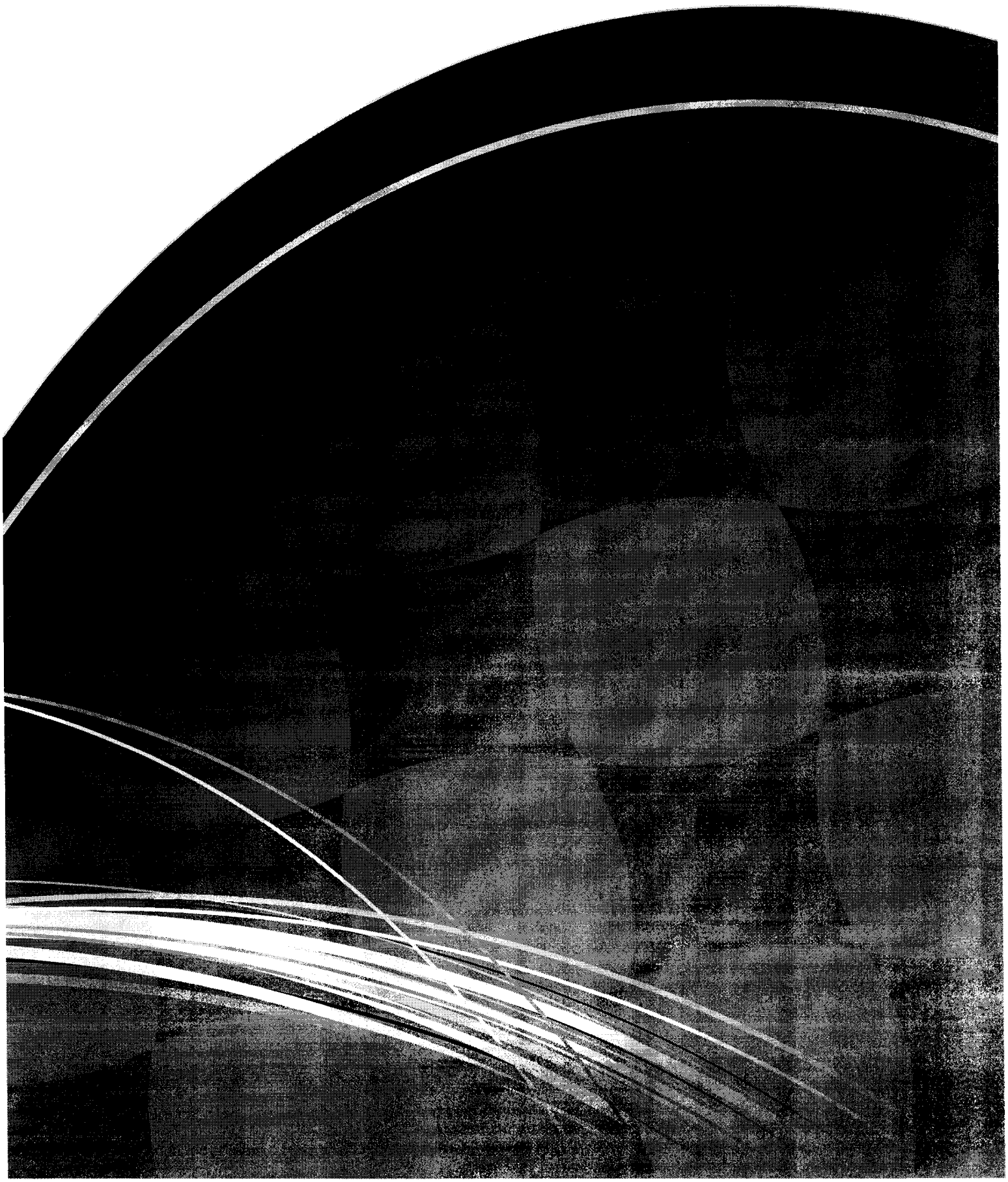

Annexure 3

Mary Hosford and Daniel Beavon (2011), *HWSA Final Report: Surgical Loan Sets Problem Solving Project (HWSA Final Report)*

Note: This document includes appendices.

HWSA FINAL REPORT

Surgical Loan Sets Problem Solving Project

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Reviewed by:	Daniel Beavon
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Circulation List:	
Confidentiality Category:	Public/Confidential
TRIM File No:	2010/004212
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2	3 – 2 - 2011	Mary Hosford/Daniel Beavon	Amendments to document
3	21 -2 - 2011	Daniel Beavon	Amendments to document

DOCUMENT SIGN-OFF – SECTION 1 PROJECT REPORT

NSW

Name (Position)	Signature	Date

VICTORIA

Name (Position)	Signature	Date

SOUTH AUSTRALIA

Name (Position)	Signature	Date

QUEENSLAND

Name (Position)	Signature	Date

AUSTRALIAN CAPITAL TERRITORY

Name (Position)	Signature	Date

WESTERN AUSTRALIA

Name (Position)	Signature	Date

NORTHERN TERRITORY

Name (Position)	Signature	Date

CONTENTS

1 PROJECT OVERVIEW

1.1 Executive Project Summary

Manual Handling is the most common cause of workplace injury in Australia. The National OHS Strategy identified manual handling as an issue that needed national attention and health and community services among its seven priority industries.

The handling of surgical loan sets had been identified at both National and State levels as problematic and a number of programs have targeted this issue since 1999. In 2008 HWSA initiated a National Intervention and Compliance Campaign called 'The Safe Steps – Manual Handling Slips and Trips in Hospitals Campaign.' It recommended that a national focus for Central Sterilising Supply Departments (CSSD's) be initiated to ensure implementation of control measures that reduce the risks associated with manual tasks. It also recommended that particular attention be paid to the design of containers, handling of loan sets, use of lifting equipment, work area design, psychosocial issues and liaison with equipment suppliers and building designers

In response to these recommendations and the continued high cost of manual handling claims in the health sector, WorkCover NSW (WCA) established and led a national working party that commenced in August 2009. The working party undertook research including state-wide inspections of CSSD's, courier services and surgical equipment suppliers. Specific health related workers compensation data that identified particular workers and work areas was lacking due to the level of data coding, however inspections confirmed that the transport and handling of road cases, tubs and surgical instrument trays presented a significant risk, with serious implications across this industry sector. A survey of workers carrying out these tasks identified that many workers had some form of pain as a result of their work with many suffering moderate to severe pain, particularly back and/or shoulder pain. In particular, one of the biggest issues for the hospital staff and couriers was the vast array of different road cases and tubs that were used to transport the surgical instruments and implants. All the cases and tubs were poorly designed and resulted in very poor manual handling practices being employed by all workers handling this equipment.

After the research phase and in consultation with the national working party it was decided that the most effective way to solve this problem was to design a single transport case that could be used by all suppliers across Australia. It was also decided to develop a systematic approach to the handling and transport of this equipment in each industry and workplace where it was handled. After initial discussion within the working party it was recommended that a National Industry Safety Guide for the 'Safe Design and Handling of Surgical Instrument Transport Cases' (the Guide) be developed. This involved engaging an industrial design expert to assist the working party to design a transport case that, when used in conjunction with this guide, would greatly reduce the manual handling risks involved with handling this equipment.

Safe Design Prototype Development and Testing

A prototype transport case was designed after extensive consultation with industry and as a result of assessing all the different types of manual task activities involved in the handling of cases, tubs and surgical instrument sets. The prototype was manufactured in June 2010 and a rigorous prototype testing regime was conducted during July/August 2010. The testing phase involved conducting a risk assessment of the working performance of the prototype and an ergonomic comparative study which compared the existing systems with the model prototype system. The results from both the individual risk assessment and the comparative study found that the new model significantly reduced manual handling risk and improved work process flow in all work situations. Results were provided to all working party members and relevant stakeholders for comment. As a result of this testing regime a number of improvements were recommended and a design expert worked with a range of experienced manufacturing companies to develop final design specifications for the new product. The working party approved the final design specifications and the suppliers on the working party committed to funding the costs associated with the tooling and manufacture of the new design through a supplier's subgroup.

National Guide – Design and Handling of Surgical Instrument Transport Cases

During this process the working party continued to develop the Guide. The Guide outlines the responsibilities of all parties from designers to the end users and outlines recommended practices for the handling of this equipment in all workplaces. A CSSD Subgroup was formed in August 2010 to develop specific resources including a best practice loan set management footprint, which is included in the Guide. This group also developed a stakeholder review/feedback process to be used as part of the consultation phase and a communications plan for implementation on release of the Guide.

Further stakeholder consultation took place through specifically tailored workshops for both the courier industry and manufacturers of fixed and mobile lifters. WCA also provided presentations/demonstrations of the prototype to the Sterilisation & Research Advisory Committee of Australia (SRACA) Conferences in Cairns and Coffs Harbour (August/October 2010). The Guide was reviewed by the working party with regard to technical accuracy and the inclusion of appropriate resources. It has been reviewed by key national stakeholders, including specific organisations represented by working party members, representatives from OHS jurisdictions and other relevant stakeholders in the health and courier related industry sectors. Final changes to the Guide were made in consultation with the SLS working party.

Communications Strategy

A communication strategy and implementation plan has been developed to ensure that the roll out of both the new transport case and the Guide occurs in a unified and consistent manner across the country. A six month transitional arrangement will be included to allow suppliers an opportunity to manufacture and test the new product in all environments and ensure a fair and equitable timeframe for all stakeholders to comply with the Guide. A further twelve month period will be employed to allow all suppliers sufficient time to change over their fleet to the new transport cases. All jurisdictions will be responsible for communication, implementation and compliance strategies in their state or territory.

1.2 Introduction

The handling of surgical loan sets has been identified at both National and State levels as a significant and growing manual handling problem. The range and quantity of surgical instruments has substantially increased in recent years resulting in greater use and handling of surgical loan sets. With ongoing advances in technology the surgical instrument industry continues to grow. The high cost of purchasing equipment and the huge range of choices available indicates that hospitals will continue to loan equipment from suppliers rather than purchase it for both practical and economic reasons.

Considerable research by WCA into this issue, including inspections of numerous CSSD's, surgical instrument suppliers and courier transport services found that the design and handling of road cases and tubs (used to transport surgical loan sets) is a major manual handling issue with serious implications across this industry sector. There are a large number of surgical equipment providers supplying a range of road cases, tubs and loan sets but there are no national industry guidelines to provide advice on the safe design and handling of this equipment.

In August 2009 WCA established a national working party, through an expression of interest, to address and solve these issues. The working party included representation from key industry stakeholders and HWSA delegated specific representatives from each jurisdiction to provide technical advice and support to the working party. See Appendix 1

Dr Lance Green (Industrial Design Engineer), with extensive experience in the health industry, joined the working party in October 2009. His services were sought after the working party agreed that the best solution to this problem was to design a single transport case system that could be used nationally. In addition it was agreed that the Guide be developed to provide advice on the design of the new transport case and associated work processes and equipment.

1.3 Project objectives

The key objectives of this project were to:

- research the existing design and handling issues arising from the use of current road cases, tubs, surgical instrument sets and associated systems of work
- develop the Guide to provide practical guidance for designers, manufacturers, suppliers, couriers and users of surgical instrument sets and outline their legislative obligations
- design, build and test a model prototype to substantially reduce the risk of musculoskeletal injury and disease
- develop a communications strategy to ensure that the rollout of both the model transport case and the Guide occur in an effective, unified and consistent manner across the industry.

- provide recommendations and timeframes for:
    - the implementation of the Guide and transitional arrangements
    - compliance campaign and
    - project evaluation report

The project included extensive consultation with:

- Multi national / international surgical instrument supply organisations
- National and local courier organisations
- Public and private hospital CSSDs in regional and metropolitan areas
- Relevant government and union organisations

The project focussed specifically on identifying and eliminating or controlling the risk of musculoskeletal injury and disease associated with the equipment design, work processes and working environment during:

- packing and unpacking of surgical instrument loan sets by supply organisations
- loading and unloading of road cases and tubs in and out of courier vehicles by single courier operators
- unpacking and packing surgical loan sets by the end user (CSSD staff)

1.4 Methodology and Process

The project approach followed the problem solving principles as defined by Malcolm Sparrow and included the following key components:

Research and Consultation

- A thorough review of relevant literature and current guidance material was conducted to inform the project approach and methodology. This included reviewing 'The Safe Steps – Manual Handling Slips and Trips in Hospitals Campaign, 2008' and the Victorian guidance note that was developed on this issue in 2005.
- A national working party was initiated and led by WCA. Key national stakeholders were identified and contacted in relation to their participation on the working party through an expression of interest. HWSA delegated specific representatives from each jurisdiction to provide technical advice and support to the working party. See Appendix 1
- As part of the initial research phase workplace visits were conducted by inspectors and technical specialists to a range of suppliers, couriers and hospital CSSDs with a view to better understanding the problem and how to control it.

- A Discomfort Survey was developed in September 2009 and was provided to a range of stakeholders over a period of three months. Recipients included clinical nurse specialists, CSSD staff, technical aides and surgical supply warehouse staff. The survey was designed to measure the level of discomfort experienced by employees while handling roadcases, tubs and surgical loan sets as part of their job. Responses are highlighted in Project Results section 1.6

Development of New Design and National Guide

- As a result of this initial research and extensive consultation the working party decided to contract an expert design engineer with extensive industrial experience in the health industry to assist in designing a new transport case in consultation with industry. This decision was made by the working party as it was agreed the best solution to the problem was to design a transport case that would be used by the entire industry and would allow a safe system of work to be built around the one product.

- In consultation with the working party members, and assisted by WCA technical specialists and inspectors, Dr Green conducted an extensive assessment of the tasks involved in handling and transporting the instrument sets in various workplace situations. This research and assessment phase allowed him, in consultation with the working party, to decide on a design for a prototype that would be manufactured and tested in the workplace.

- A prototype was manufactured in June 2010 and was subjected to a rigorous assessment and testing regime to assess the suitability of the product in all work environments and in all work activities. Prototype testing was conducted over a period of 3 months from July 2010 to September 2010 and included extensive consultation with relevant industry stakeholders. A risk factor checklist was developed, based on 'Appendix 1C of the National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work (2007)'. This checklist was used at each visit to identify and assess risk factors associated with existing systems of work using the new prototype design. Comparative risk ratings were calculated for the existing and prototype related processes in each workplace. Results of the prototype testing comparative study confirmed that the new prototype design, when used in conjunction with a safe system of work as outlined in the Guide, significantly reduced the risk of musculoskeletal disorders and these are represented in Figures 6,7 and 8.

- As a result of the prototype testing regime a number of recommendations for improvements in the transport case design were made and Dr Green worked with experienced design companies to develop the final design specifications for the case, which were approved by the committee at the final working party meeting in February 2011.

- During this time the Guide was developed in consultation with the working party and key industry stakeholders. The Guide provides advice on the duties of designers, manufacturers and suppliers of surgical loan sets with particular emphasis on the safe design of transport cases. It also address the duties imposed on employers and employees associated with the handling of transport cases and surgical loan sets.

- A communications plan is currently being developed in consultation with the working party and the Federation of Sterilising Research and Advisory Council of Australia (FSRACA) who will fund the design and development of education and training resources, including a training package and DVD based on the principles of the Guide. This training resource will support the education of CSSD staff across all states. FSRACA funding will also cover the transport and presentation costs of sending a NSW inspector to all jurisdictions to promote the newly designed transport case and Guide. HWSA has advised that all OHS jurisdictions will be responsible for their own education, awareness and compliance strategies. WorkCover NSW will promote the Guide through a communication strategy and implementation plan which includes:
    - a media release promoting the Guide on the WCA website
    - promotional information and links to WCA website through all working party organisations and other relevant stakeholders
    - promotional articles e.g. WCA News, E News and other suitable publications
    - the production of a number of hard copies of the Guide as a promotional tool
    - promotion of a regulatory compliance campaign
    - promotion of an education and training package (including E Learning Program, DVD and associated resources) in collaboration with FSRACA and NSW Health.

1.5 Reports

The following reports/documents are attached as Appendices.

1. Working party members and contributors to the Guide
2. Comparative risk assessment template for suppliers and CSSD
3. National Guide for the Design and Handling of Surgical Instrument Transport Cases

1.6 Project Results

Discomfort Survey Results

In the research phase of this project a discomfort survey was designed to measure the level of discomfort experienced by employees while handling roadcases, tubs and surgical loan sets as part of their job.

This survey was provided to a range of stakeholders over a period of three months (September to November 2009). 135 responses were received from clinical nurse specialists, CSSD staff, technical aides and surgical supply warehouse staff as outlined in Table 1.

The results of the discomfort survey are illustrated through a number of representative graphs.

TABLE 1 - NUMBER OF RESPONDENTS BY FACILITY

FACILITY	NUMBER of RESPONDENTS
John Hunter Hospital	9
Toronto Private Hospital	1
Lake Macquarie Private Hospital	5
Warners Bay Private Hospital	5
Medtronic Staff	3
Newcastle Private Hospital	6
Royal North Shore Hospital	26
Berkeley Vale Private Hospital	9
Depuy Australia (Johnson & Johnson)	2
Smith-Nephew	8
Sydney West Area Health Service	6
Mater Private Hospital	4
Sydney South West Area Health Service	47
Knox Private Hospital	2
Maitland Private Hospital	1
Calvary Mater Hospital, Newcastle	1
Total Number of Participants:	135

FIGURE 1 - TIME ON PRESENT JOB

Figure 1 shows that 37% of respondents had worked at their present job for a period of ten to thirty years.

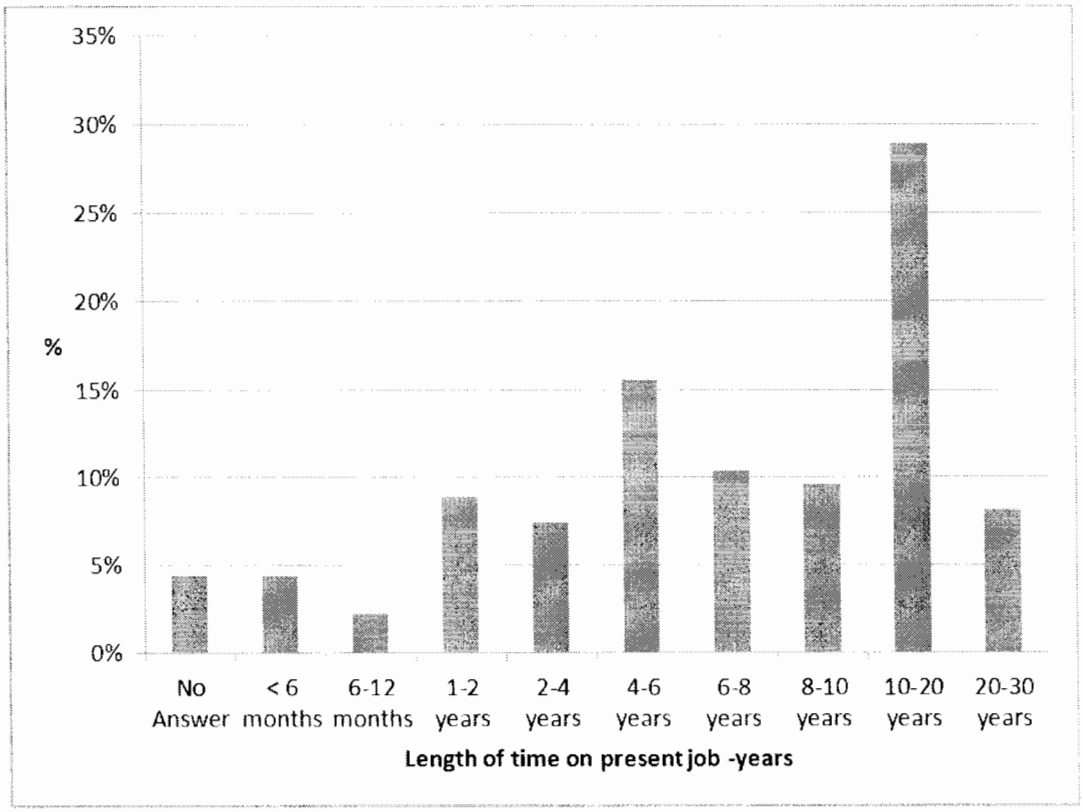


FIGURE 2 - DISCOMFORT DUE TO JOB

Figure 2 shows that 60% of respondents claimed that the discomfort they experienced was related to their present job which involved the handling of surgical loan sets.

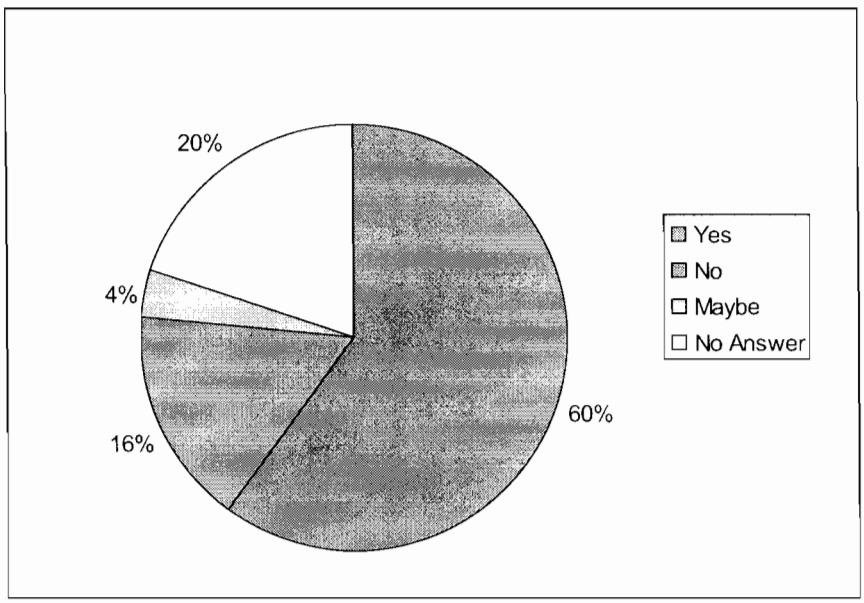


FIGURE 3 - ACTIVITIES CAUSING DISCOMFORT

Figure 3 shows that the most common activities associated with handling loan sets involve lifting followed by moving, pushing and handling and loading and unloading.

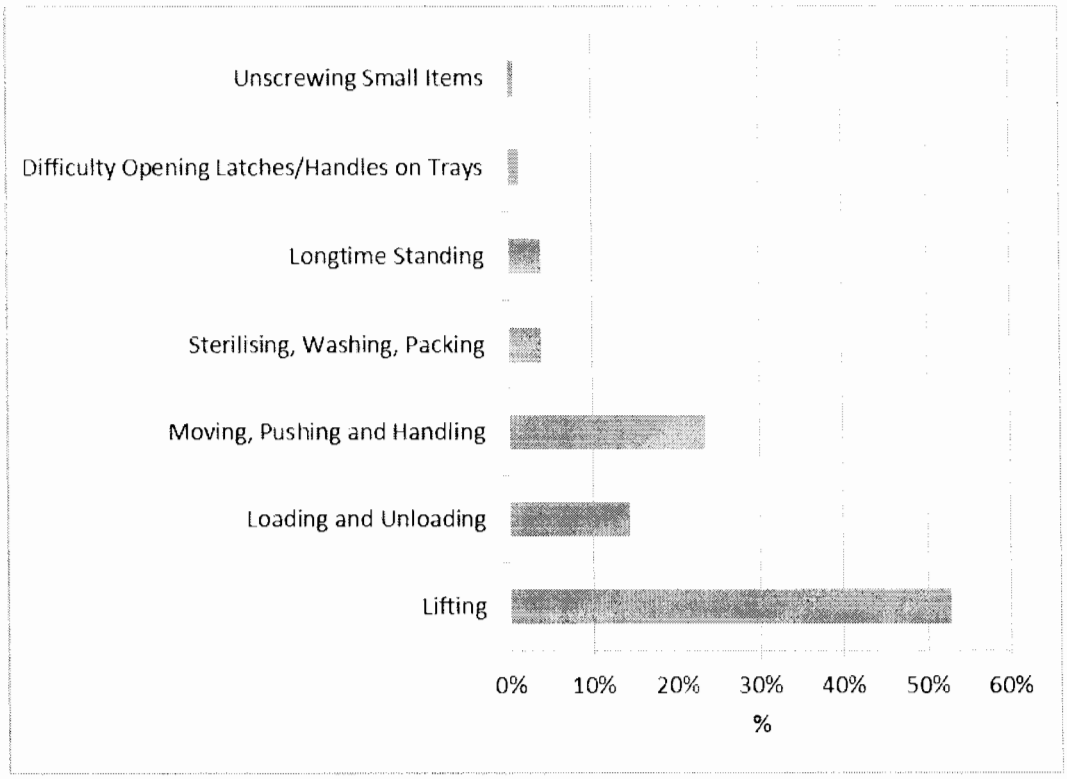


FIGURE 4 - SYMPTOMS EXPERIENCED

Figure 4 shows that, as a result of the manual tasks associated with handling loan sets, 37% of respondents experienced aches and pains, 21% reported stiffness and11% reported pins and needles.

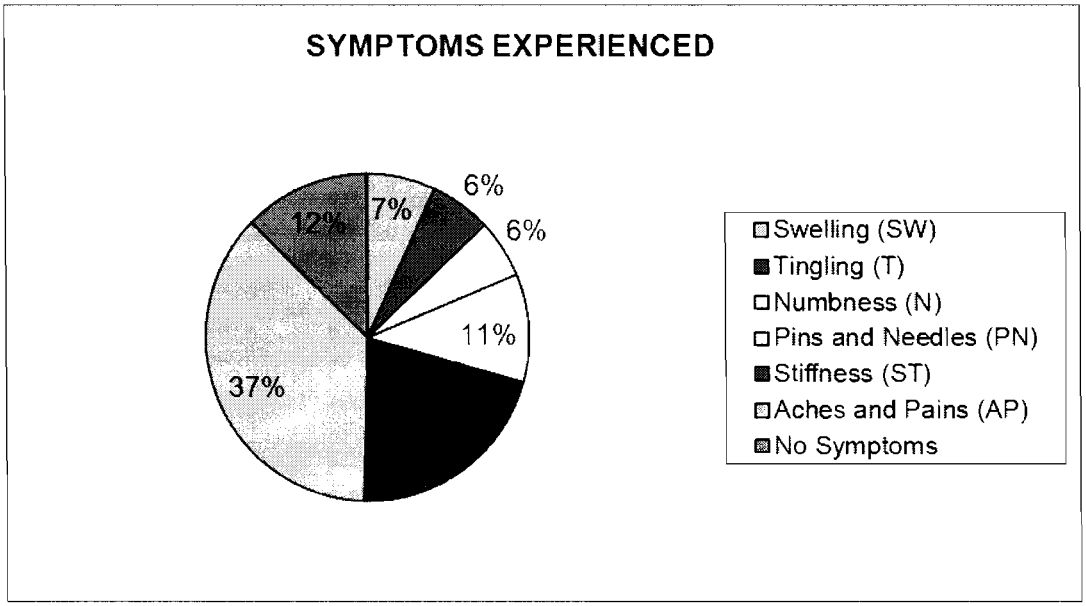
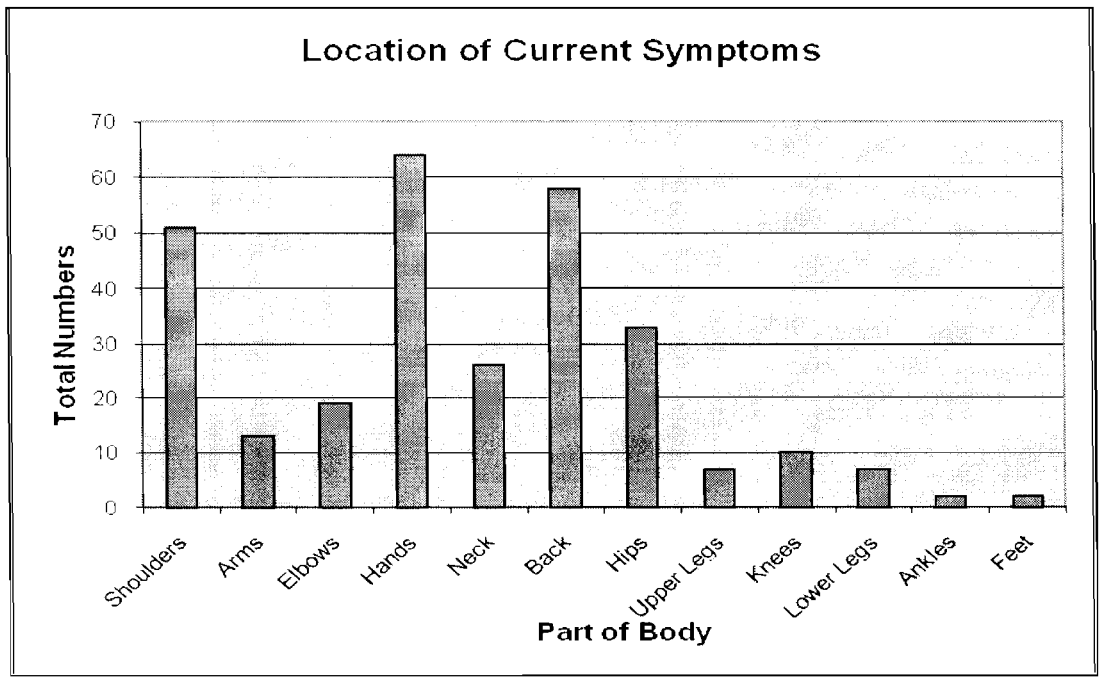


FIGURE 5 - LOCATION OF CURRENT SYMPTOMS

Figure 5 shows that the majority of symptoms occurred in the hands, back area and shoulders.



Prototype Testing Results

A substantial prototype testing regime was conducted during July/August 2010. This included 7 suppliers (with different workplace layouts and work process systems) and 8 hospital sterilising departments i.e. (public, private, large, medium). Although a range of couriers were also involved in testing the prototype (using folding lightweight ramps) it was found that the range of different vehicles used for transportation and the transient unregulated nature of this industry made it difficult to conduct a reliable assessment for the purpose of this study. However, the small sample of couriers tested under similar conditions found that the use of the new system significantly reduced manual tasks for couriers compared to existing equipment and work practices.

Prototype testing with suppliers and CSSDs involved conducting a risk assessment of the working performance of the prototype and an ergonomic comparative study which compared the existing systems with the model prototype system.

Overall Results of Ergonomic Comparative Study

The resulting comparative risk ratings were tabulated and graphed to identify the impact of the prototype on the overall risk rating for the processes of loading / unloading surgical loan sets in the supplier and CSSD context.

Key findings established that the use of the prototype within the process was found to significantly reduce the risk rating in relation to existing methods as represented in **Figures 6 and 7** below.

Figure 8 demonstrates the potential nett reduction in manual task risk in the order of approximately 80-85% for CSSDs and suppliers. This level of manual task risk reduction is extremely high illustrating the potential impact of the new product and recommended safe system of work.

FIGURE 6 - COMPARATIVE RISK RATINGS FOR SUPPLIERS

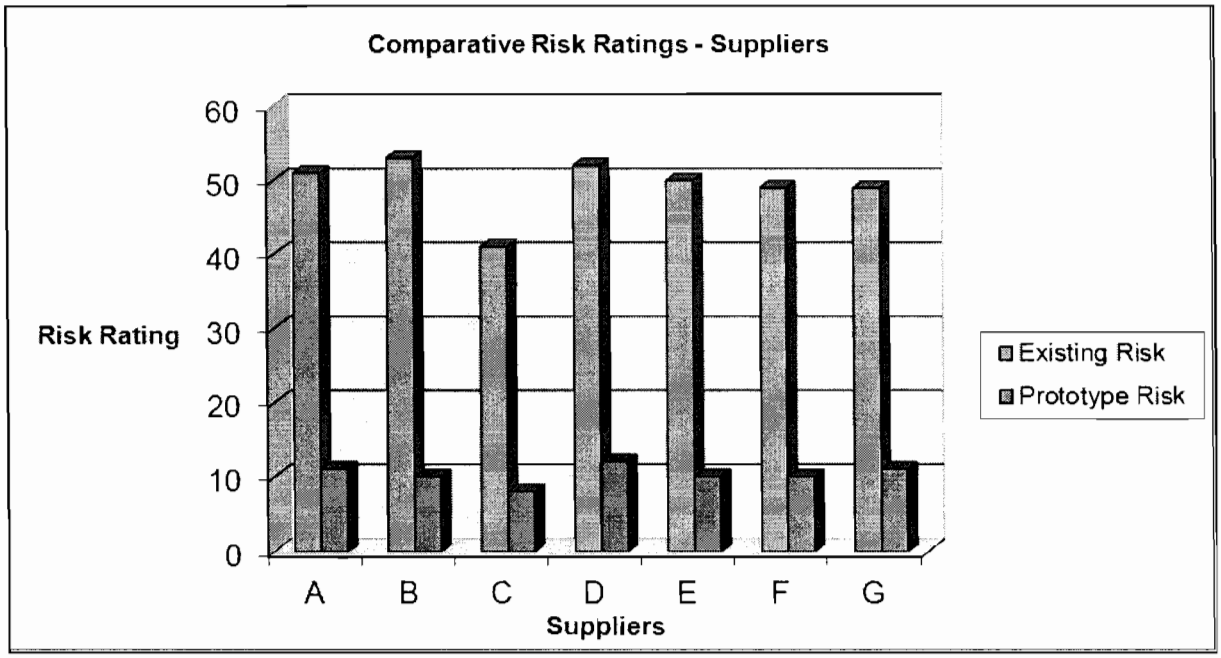


FIGURE 7 - COMPARATIVE RISK RATINGS FOR CENTRAL STERILISILISING SUPPLY DEPARTMENTS

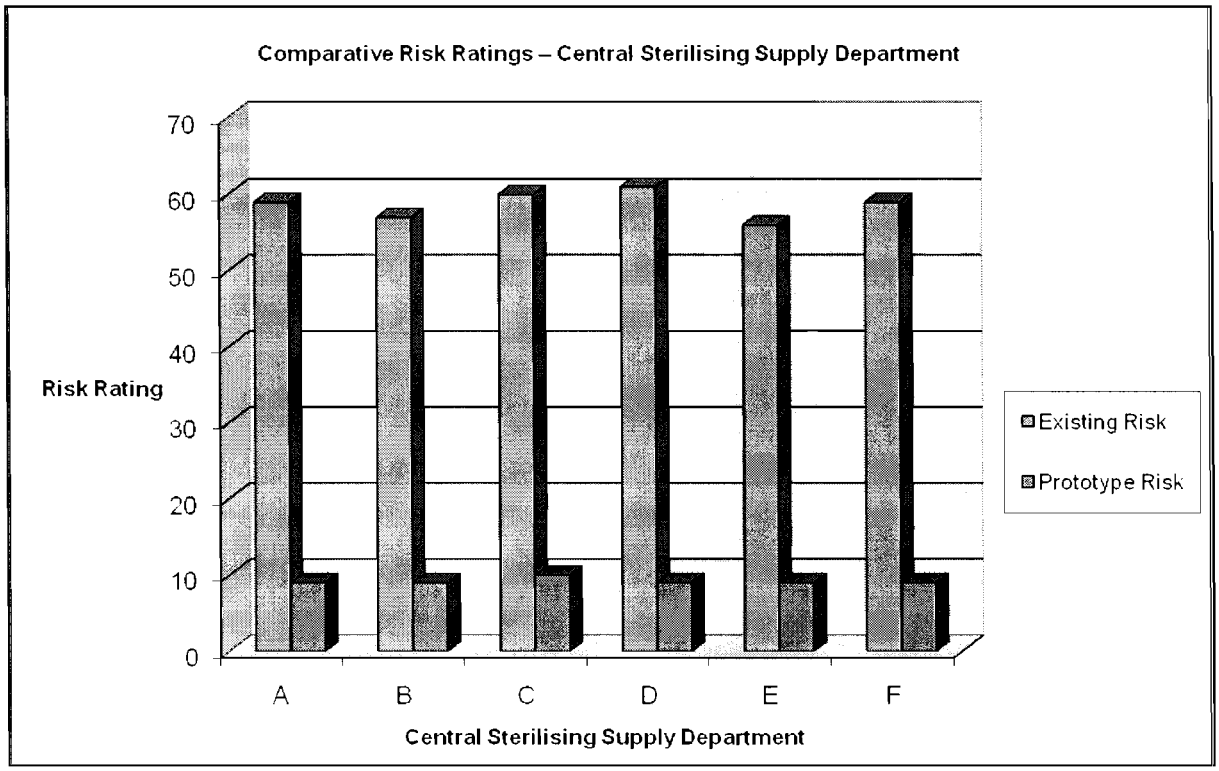
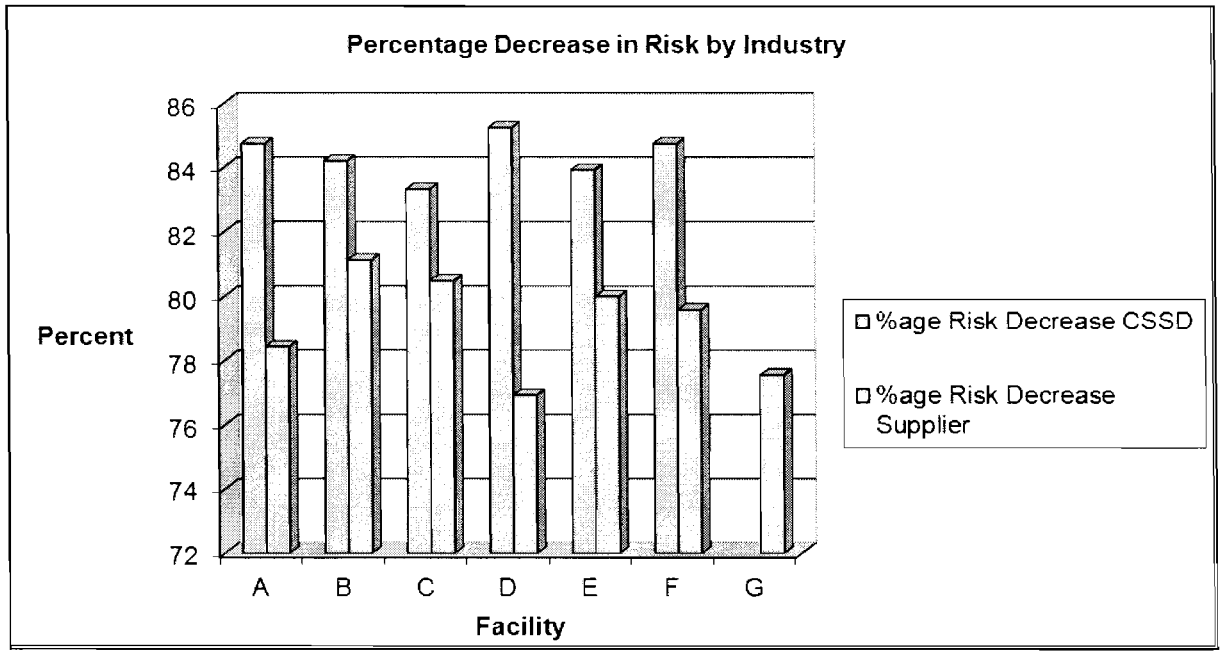


FIGURE 8 – PERCENTAGE DECREASE IN RISK BY INDUSTRY



1.7 Project Conclusions

The major conclusions from this project are as follows:

- The research component of this project identified that the design and handling of existing surgical loan sets was a major issue for all users across the health related industry. This was mainly due to the poor design and large variety of different road cases and tubs that were used to transport surgical instrument trays, which made it difficult to implement a safe system of work for the handling and transportation of such equipment.
- The results of the prototype testing phase found that the design and work processes using the safe design prototype substantially reduced the likelihood of a musculoskeletal disorder occurring for all users when compared to the previous designs and associated work practices. It also highlighted the potential for a substantial risk reduction when this initiative is implemented across this industry.
- Stakeholder Review found that the Guide was well received by the majority of stakeholders. It was generally acknowledged to be a thoroughly researched document with the scope and content described as clear, relevant and useful to the end user. The layout and flow of the Guide was appropriate and easy to understand with the inclusion of accurate technical information. The quality and practicality of the diagrams and photos were rated as high. Stakeholder review concluded that adopting the recommended practices would benefit all parties who handle loan sets and associated equipment.
- An education and promotion campaign should be implemented concurrently with the release of this Guide to ensure that the implementation stage of this project occurs in a unified and consistent manner nationally.
- A compliance campaign should follow the implementation and communication phase of this project to ensure the effective roll out of the new product and work systems outlined in the Guide.

1.8 Project Recommendations

The major recommendations from this project are as follows

- The Guide should be extensively promoted through an education and promotion campaign across all jurisdictions to ensure that the roll out of both the new transport case and the Guide occurs in a unified and consistent manner nationally. A six month transitional arrangement will be included to allow suppliers an opportunity to manufacture and test the new product in all environments and ensure a fair and equitable timeframe for all stakeholders to comply with the Guide.
- A further twelve month period should be employed to allow all suppliers sufficient time to change over their fleets to the new transport cases.

- All jurisdictions should be responsible for communication, implementation and compliance strategies in their state or territory.
- A specifically targeted compliance campaign should be run approximately twelve to eighteen months after the release of the Guide to ensure compliance is effective and widespread throughout the industry.
- A project evaluation report should be developed after a period of two years from the time of implementation. This report is necessary to gauge the overall level of success of this project as well as highlight any areas of concern that may require further action.

2 APPENDICES

Appendix 1 Working party members and contributors to the Guide

Appendix 2 Comparative risk assessment template for suppliers and CSSD

Appendix 3 National Guide for the Design and Handling of Surgical Instrument Transport Cases

Appendix 1 **Contributors to the National Guide for the Design and Handling of Surgical Loan Sets**

Members of the WorkCover NSW Surgical Loan Set Working Party and major contributors to the National Guide for the Safe Design and Handling of Surgical Instrument Transport Cases are listed below.

- ABC Couriers & Transport Services P/L
- Australian College of Operating Room Nurses (ACORN)
- Endeavour Couriers P/L
- Federation of Sterilising Research and Advisory Council of Australia (FSRACA)
- Golden Messenger Transport
- Johnson and Johnson Medical P/L
- Knox Private Hospital Victoria
- Medtronic Australasia P/L
- Messenger Post Couriers
- Northern Sydney Central Coast Area Health Service (NSCCAHS)
- NSW Operating Theatre Association (OTA)
- Queensland Health
- Smartline Machinery P/L
- Smartways Logistics
- Smith & Nephew Surgical P/L
- Sterilising Research and Advisory Council of Australia (SRACA) (NSW & VICTORIA)
- Stryker Australia P/L
- Sydney South West Area Health Service (SSWAHS)
- Synthes Australia P/L
- TNT Express
- TOLL Priority
- Zimmer P/L
- WorkCover NSW
- WorkSafe Victoria
- Workplace Health and Safety Queensland
- SafeWork SA
- WorkSafe Western Australia
- WorkCover Tasmania

APPENDIX 2 RISK ASSESSMENT of the TRANSPORT and HANDLING of ROAD CASES and SLSs

PART A – COMPARATIVE RA

INDUSTRY: **SUPPLIERS /CSSD**

Date of Assessment: Assessor:	Location of Task:

Risk Assessment of EXISTING and NEW Methods:

KEY: LOW RISK = 1 MEDIUM RISK = 2 HIGH RISK = 3

NB: Answers re NEW METHOD are based on the presumption that an appropriate lifter is being used. RA commenced with stacked prototype road cases (on dolly) elevated to be level with work bench.

Does the task involve REPETITIVE / SUSTAINED POSTURES and MOVEMENTS?		
	EXISTING METHOD:	NEW METHOD:
1. Bending the back forwards or sideways more than 20°	YES / NO	YES / NO
2. Twisting the back more than 20°	YES / NO	YES / NO
3. Any visible convex movement of spine (ie bending backwards)	YES / NO	YES / NO
4. Bending the head forwards or sideways more than 20°	YES / NO	YES / NO
5. Working with one or both hands above shoulder height	YES / NO	YES / NO
6. Reaching forward or sideways more than 30cm from the body	YES / NO	YES / NO

Does the task involve REPETITIVE / SUSTAINED POSTURES and MOVEMENTS? (con't)		
	EXISTING METHOD:	NEW METHOD:
7. Reaching behind the body	YES / NO	YES / NO
8. Squatting, kneeling, crawling, or jumping	YES / NO	YES / NO

9. Twisting, turning, grabbing picking or wringing actions with the fingers, hands or arms	YES / NO	YES / NO
10. Working with the fingers close together or wide apart	YES / NO	YES / NO
11. Very fast movements	YES / NO	YES / NO
12. Bending of the wrist: - in actions where the fingers and hands are applying forces - to the side	YES / NO	YES / NO
Does the task involve REPETITIVE / SUSTAINED FORCE?		
	EXISTING METHOD:	**NEW METHOD:**
13. Manual lifting, lowering or carrying	YES / NO	YES / NO
14. Carrying with one hand or one side of body	YES / NO	YES / NO
15. Exerting force with one hand or one side of body	YES / NO	YES / NO
16. Manual pushing, pulling or dragging	YES / NO	YES / NO
Does the task involve REPETITIVE / SUSTAINED FORCE? (Con't)		
	EXISTING METHOD:	**NEW METHOD:**
17. Gripping with the fingers pinched together or held wide apart	YES / NO	YES / NO
18. Using a finger grip, pinch grip or an open handed grip to handle a load	YES / NO	YES / NO
19. Exerting force while in an awkward posture, eg: supporting items while arms or shoulders are in an awkward posture;	YES / NO	YES / NO

or moving items while legs are in an awkward posture		
20. Holding, supporting or restraining an object	YES / NO	YES / NO
Does the task involve HIGH FORCE?		
	EXISTING METHOD:	NEW METHOD:
21. Manual lifting, lowering or carrying of loads	YES / NO	YES / NO
22. Pushing or pulling objects that are hard to move or are hard to stop	YES / NO	YES / NO
23. Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load	YES / NO	YES / NO
Does the task involve HIGH FORCE? (Con't)		
	EXISTING METHOD:	NEW METHOD:
24. Exerting force at the limit of the grip span	YES / NO	YES / NO
25. Needing to use 2 hands to operate a tool designed for one hand	YES / NO	YES / NO
26. Holding, supporting or restraining a heavy object	YES / NO	YES / NO
27. Exerting force with the non-preferred hand	YES / NO	YES / NO
28. Two or more people need to be assigned to handle a heavy or bulky load	YES / NO	YES / NO
29. During the application of high force, the body is in a bent, twisted or otherwise awkward posture	YES / NO	YES / NO
30. Applying force suddenly in response to unexpected forces (eg: when an object	YES / NO	YES / NO

suddenly dislodges / moves)		
31. Hitting or kicking other objects	YES / NO	YES / NO
Is VIBRATION an issue?		
32. Is vibration an issue? (ie: all trolleys etc fitted with rubber wheels)	YES / NO	YES / NO
Does the task involve LONG DURATION?		
	EXISTING METHOD:	**NEW METHOD:**
33. More than 2 hours over a whole shift OR Continually for more than 60 mins at a time	YES / NO	YES / NO
TOTAL	**/33** **SUMMARY of rated risks:** **Low Risk:** **Medium Risk:** **High Risk:**	**/33** **SUMMARY of rated risks:** **Low Risk:** **Medium Risk:** **High Risk:**

COMMENTS:

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Annexure 4

WorkCover New South Wales (2011), *Surgical Loan Sets: Problem Solving Project Communication Strategy and Implementation Plan*

SURGICAL LOAN SETS

PROBLEM SOLVING PROJECT COMMUNICATION STRATEGY AND IMPLEMENTATION PLAN

BACKGROUND

Manual Handling is the most common cause of workplace injury in Australia. The National OHS Strategy highlighted manual handling as an issue that needed national attention and included health and community services among its seven priority industries.

In response to recommendations from HWSA as a result of a 2008 campaign and the continued high cost of manual handling claims in the health industry, WorkCover NSW established a national working party to develop solutions to the issues arising from the design and handling of surgical loan sets (SLS's).

The key stakeholders in this project are:

- Surgical supply companies who provide surgical instruments and equipment to hospitals.
- Couriers involved in the transportation of equipment from the supplier to hospitals and back.
- Central Sterilizing Supply Department (CSSD) staff who unload and sterilize instruments / equipment for use in surgery.

The working party, in consultation with industry and following assessment of all the different types of manual tasks involved in the handling of cases, tubs and surgical instrument sets designed two new surgical instrument transport cases that could be used by all key stakeholders across Australia. The working party also developed a National Guide, *'Safe Design and Handling of Surgical Instrument Transport Cases'*, which provides advice on the safe design of the new transport case and a systematic approach for the safe handling and transport of this equipment in each industry and workplace setting.

CURRENT POSITION

The final stage of this project involves developing a strategic education and promotion campaign, which will be implemented concurrently with the release of the National Guide to ensure that the implementation stage of this project occurs in a unified and consistent manner across the country.

In order to support the key outcomes of this project, specific communication strategies have been developed as follows:

- The Guide should be extensively promoted through an education and promotion campaign across all jurisdictions to ensure that the roll out of both the new transport case and the Guide occurs in a unified and consistent manner across Australia.

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Trim Document Number D11/012722

- A six month transitional arrangement will be included to allow suppliers an opportunity to manufacture and test the new product in all environments and ensure a fair and equitable timeframe for all stakeholders to comply with the guide.

- A further twelve month period will be employed to allow all suppliers sufficient time to change over their fleet to the new transport cases.
- The Guide will be reviewed after the transitional arrangement has finished to review its applicability to the newly manufactured transport case and the systems of work surrounding its safe handling and use.
- All jurisdictions will be responsible for communication, implementation and compliance strategies in their state or territory.
- A compliance campaign will be run approximately twelve to eighteen months after the release of the Guide to ensure that the transport case is being rolled out to industry and that work practices within the guide are being followed.

Key components of this strategy are:

1. COMMUNICATION - (April 2011 – April 2012)

FSRACA

The Federation of Sterilization & Research Advisory Committee of Australia (FSRACA) will fund $10,000 to cover the design and development of education and training resources for CSSD staff across all states, including a training package (including E Learning program and/or DVD based on the principles of the National Guide). FSRACA will:

- Establish an education sub committee to develop training material and other promotional resources to support the National Guide. Members of this committee should have appropriate qualifications and experience.
- Promote the training package, DVD and other resources in collaboration with WorkCover NSW
- Organise presentations / workshops in each state to demonstrate the new product and accompanying system of work.

FSRACA funding will also cover the transport and presentation costs of sending a NSW inspector to all jurisdictions to promote the newly designed transport case and National Guide.

WORKCOVER NSW

WorkCover NSW will promote the National Guide through:

- a media release promoting the National Guide on the WorkCover NSW website
- promotional information and links to WorkCover NSW website through all working party organisations and other appropriate stakeholders

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- promotional articles e.g. WorkCover News, E News and other suitable publications
- presentations to internal and external key stakeholders
- specifically designed workshops
- Advisory visits and assistance as required
- Mail out to industry stakeholders such as suppliers, couriers and hospitals will include information about:
    - the development of the prototype transport cases and National Guide
    - the obligations of CSSD staff, suppliers and couriers
    - compliance expectations and timeframes
    - promotion of the guides
    - where to get further information
- Advertisements and articles in:
    - association newsletters
    - union newsletters / magazines
    - websites

2. EVALUATION

A project evaluation report will be developed after a period of two years from the time of implementation. This report is necessary to gauge the overall level of success of this project as well as highlight any areas of concern that may require further action.

3. SECURING COMPLIANCE (Help, Assist and Monitor) – from April 2011

A campaign will be undertaken within 18 months of completing the implementation and communication phase of this project to ensure the effective roll out of the new SLS transport case and work systems outlined in the National Guide. This will be achieved in consultation with working party members and may include site inspections, written correspondence and phone correspondence.

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Trim Document Number D11/012722

ACTION PLAN

ACTIVITY	TIMEFRAMES	GROUP
COMMUNICATION	**Apr 2011 – Oct 2011**	
Media release promoting the National Guide on the WorkCover NSW website	April 2011	Communications /SSG
Promotional info and links on WCA website	April 2011	Communications /SSG
Promotional articles e.g. WorkCover News, E News and other suitable publications	April / May 2011	Communications SSG
Hard copies of the National Guide	April / May 2011	Communications / SSG
Presentations	Apr 2011 – Oct 2011	SSG / PSCST
Advisory visits and assistance as required	April 2011 – Ongoing as required	BAG / PSCST
Mail out	April – June 2011	Communications / SSG
Advertisements and articles in: - association newsletters - union newsletters/magazines - websites	Dates to be advised	
Compliance campaign for each WHS jurisdiction	April 2012	Committee / IRG

SSG - Specialist Services Group, OHS Division, WorkCover NSW

BAG - Business Assistance Group, OHS Division, WorkCover NSW

IRG - Industry Relationships Group, OHS Division, WorkCover NSW

PSCS - Public Sector and Community Services Team, OHS Division, WorkCover NSW

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Trim Document Number D11/012722

MEMBERSHIP

ABC Couriers & Transport Services P/L	Smartline Machinery P/L
Australian College of Operating Room Nurses (ACORN)	Smartways Logistics
Endeavour Couriers P/L	Smith & Nephew Surgical P/L
Federation of Sterilising Research and Advisory Council of Australia (FSRACA)	Sterilising Research and Advisory Council of Australia (SRACA) (NSW & VICTORIA)
Golden Messenger Transport, Melbourne	Stryker Australia P/L
Johnson and Johnson Medical P/L	Sydney South West Area Health Service (SSWAHS)
Knox Private Hospital Victoria	Synthes Australia P/L
Medtronic Australasia P/L	TNT Express
Messenger Post Couriers	TOLL Priority
Northern Sydney Central Coast Area Health Service (NSCCAHS)	Zimmer P/L
NSW Operating Theatre Association (OTA)	
Queensland Health	

Additional members from Health and Safety Regulators – New South Wales, Queensland, Tasmania, Victoria, Western Australia and South Australia

Annexure 5

Draft Request for Proposal (RFP) for Surgical Equipment Transport/Road Cases

DRAFT

Request for PROPOSAL (RFP) for:

Surgical equipment Transport / Road Cases

Starting date: 2011

Closing date: 2011

Background

Introduction

In 2008 the Heads of Workplace Safety Authority (HWSA) initiated a national intervention & compliance campaign called "The Safe Steps – Manual Handling, Slips and Trips in Hospitals Campaign." Part of the recommendations was to review the design of containers, handling of loans sets, using of lifting equipment, work area design, psychosocial issues, and liaison with equipment suppliers and handling designers.
Inspections of courier services handling of road cases, tubs and surgical instruments trays found a significant risk significant risk.
As such manufacturers are reviewing the tubs, transport cases that are currently being used to deliver loan kits to hospitals in Australia. A design expert was engaged to design a transport case which would, when used with other recommendations in the HWSA guide, would assist with the national work and health safety legislation

The surgical equipment supplier companies involved in this RFP are:
Johnson & Johnson Medical Pty Ltd
Medtronic's
Stryker
Zimmer
Smith & Nephew

The Opportunity

The companies involved are considering options for the provision of surgical equipment transportation to hospitals across Australia via Transport / Road Cases tubs as outlined in the Specifications section of this document.

Transport cases / tubs are used to deliver loan kits and surgical instruments from manufacturers to hospitals via couriers, with particular emphasis on the safe design for handling of equipment through to the end – user in the hospital. The design and production will need to address obligations of the suppliers associated with the handling of the cases and their contents.

An initial protype will be required for review, with an initial estimated order quantity of XXXXX units, with ongoing orders from several suppliers with agreed minimum quantities.

Purpose of the RFP

As part of developing our plans to meet this requirement we are issuing this Request for Proposal (RFP). This RFP is one vehicle by which we can systematically identify similarities and differences between suppliers in the market, an additionally gain a greater understanding of specific suppliers' abilities, core business and strategic outlook with respect to the Opportunity.

The purpose of this RFP is to allow the participating companies to assess supplier's responses and use the resultant assessment to select respondents that will supply the surgical equipment Road Cases across the participating companies. It is the intent of the companies to compare suppliers' responses for the purposes of selection; however the RFP may also be used for possible short listing for further review and selection. The working group makes no obligations or undertakings in any way to:

a) go to tender; or

b) accept any RFP information received from suppliers; or

c) include suppliers responding to this RFPI in any future tender invitation; or

d) Any other commitment to suppliers whatsoever, including any intention to form a contract with any supplier for provision of the Opportunity.

You will be informed if your RFPI submission was successful and depending on the result, will be invited to participate in trials of prototypes.

Expectations on our Business Partners

As a group we are committed to ensuring that our Suppliers align specialised resources to supply surgical equipment Road Cases needs in Australia to help us to maintain an adequate supply of road cases / tubs to ensure continuous business. Our goal is to ensure that we retain best-in-class Supplier(s) to service for our business, supplying a high quality item that meets the design standard as outlined by the HWSA, at competitive prices.

As a group we expect the following from any of the Suppliers that we work with:

- Accountable leadership
- Executional excellence
- Sustainability
- Innovation
- Compliance

Instructions

Request for Information

The supplier companies involved are soliciting proposals from packaging, point of sale and other manufacturing providers to propose efficient solutions to secure an adequate service and supply of surgical equipment transport Road Cases of great quality and competitive costs. **This Request for Proposal (RFP) is being sent to all qualified companies for competitive bidding.** There are two (3) primary purposes of this RFP document:

- Provide to qualified Respondents sufficient information to understand the project in a uniform manner, and
- Establish a common response format to allow efficient and meaningful comparisons of all proposals, and
- Identify who will be invited to trail prototype

To achieve these objectives, Respondents must respond in the indicated format, answering all required RFP sections, and clearly indicating any assumptions or exceptions taken in responding. While we invite participants to respond to the design specifications provided, we seek innovative responses and solutions that will meet outlined design standards. Respondent proposals will be evaluated based upon their ability to meet requirements of the RFP.

Definitions

The standard terms used throughout this RFP document shall be defined as:

Agreement/ Contract	Legal document executed by the working group and Supplier that specifies the terms and conditions governing the required work to be provided by the Supplier and the relationship between the working group and Supplier.
Respondent	A Supplier Company invited to bid for this Project.
Supplier	The Respondent ultimately chosen to provide the services identified in this RFP.
KPI	Key Performance Indicator
Opportunity	Surgical equipment Road Case / Tubs
Consignment sets/long-term loaners	Surgical instrument sets and implant prosthesis sets that are owned by the supplier and remain at the hospital on long-term contract.
Road case	A wheeled case that is currently used to house surgical instrument sets and / or medical supplies for transportation. (Under the new system as described in this industry guide these cases will be phased out and replaced by the new surgical instrument transport case)
Slip sheet	A slip sheet is a divider between the trays that facilitates easy removal / insertion of contents.
Surgical instrument inner tray	A tray that contains surgical instruments, which is usually housed in an outer container.
Surgical instrument set	A set of instrument trays used in surgical operations.

Surgical loan kit	A combination of fully-laden surgical instrument transport cases and tubs for loan to hospitals for a surgical operation – the kits are typically returned to suppliers after surgery, unless on long-term consignment.
Surgical instrument transport case (new case as described in this document and Appendices)	A case used to house surgical instrument sets and / or medical supplies for transportation.
Tub	A top-opening container that is used to house surgical instrument sets and / or medical supplies for transportation. (Under the new system as prescribed in this RFP, tubs will only be used to house surgical implants)
Wheeled platform	A dolly, or other wheeled platform, for moving surgical instrument set cases and tubs.

Design Principles

Work health and safety legislation places obligations on designers to identify hazards and control the risks associated with the design, manufacture, supply and use of equipment. The designer must, where reasonably practicable, design-out any risks associated with the use, handling and transportation of the following equipment.

Surgical instrument transport road case /tub

The surgical instrument transport road case/tub used to transport surgical instrument trays and medical supplies should be strong, durable and made from lightweight weatherproof material that minimises the potential for contamination. The case should protect the contents and minimise liquids, dust and contaminants from entering the case. The external and internal surfaces should be easy to clean and maintain.

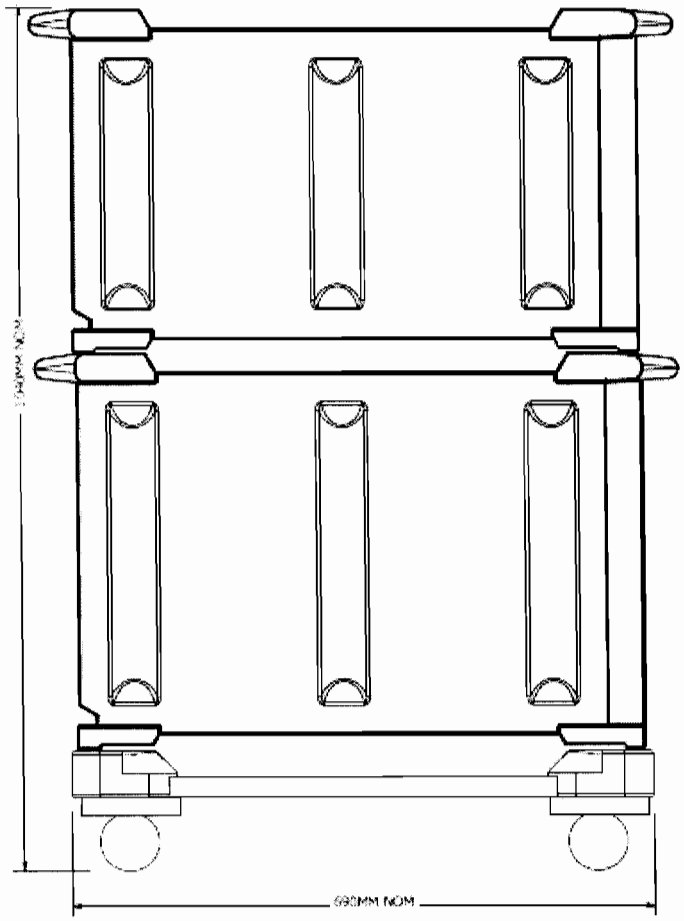
The case should be designed to:

1) be end-opening for improved access when packing and unpacking trays and aligned to open in the same direction – doors and associated locking mechanisms should allow clear and easy access to the contents of the case and ensure the contents are secure during transportation
2) be securely stacked and transported on an appropriately designed wheeled platform
3) allow a tub to be securely stacked on top during handling and transportation
4) allow suitable signage and labeling to be prominently displayed
5) allow a mechanical aid to raise a single case or stack to a suitable working height.
6) allow trays and associated equipment to be removed and inserted without lifting, excessive force or awkward posture
7) allow slip sheets to be located between trays and securely retained within the case.

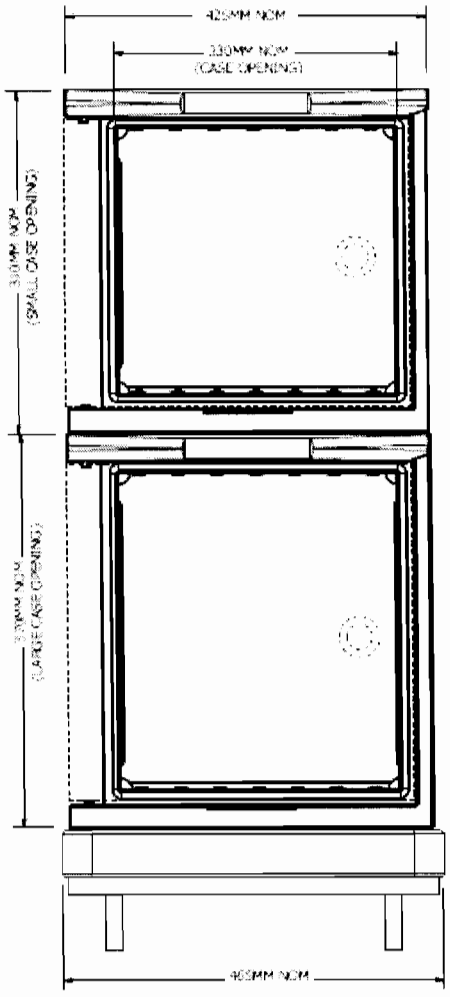
DRAFT

Design Specifications

SURGICAL INSTRUMENT TRANSPORT CASE
ASSEMBLED COMPONENTS



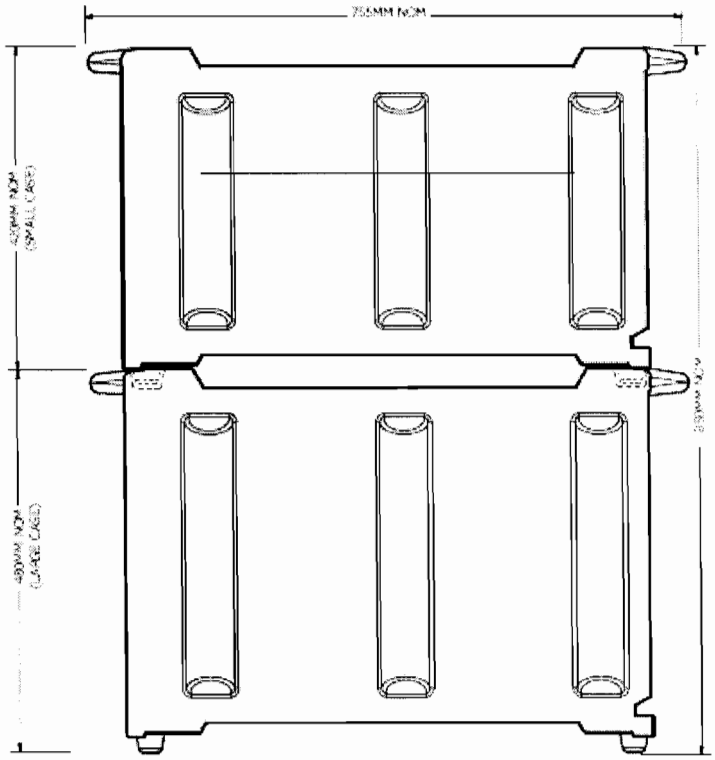
SURGICAL INSTRUMENT TRANSPORT CASE
LARGE AND SMALL ASSEMBLED WITH DOLLY
(SIDE VIEW)



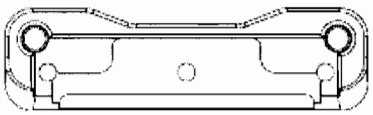
SURGICAL INSTRUMENT TRANSPORT CASE
LARGE AND SMALL ASSEMBLED WITH DOLLY
(END VIEW)

DRAFT

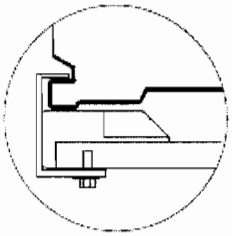
SURGICAL INSTRUMENT TRANSPORT CASE
INDIVIDUAL COMPONENTS



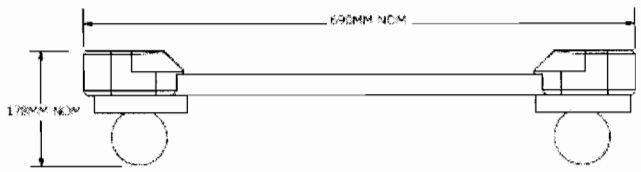
SURGICAL INSTRUMENT TRANSPORT CASE
LARGE AND SMALL ASSEMBLED
(SIDE VIEW)



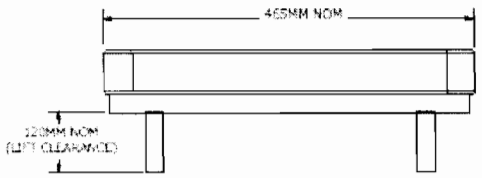
BUMPER AND CASE DETAILING
TO ACCOMODATE TUB FOOTING



METHOD OF FASTENING
CASE TO DOLLY



SURGICAL INSTRUMENT TRANSPORT CASE
DOLLY
(SIDE VIEW)



SURGICAL INSTRUMENT TRANSPORT CASE
DOLLY
(END VIEW)

6283580/1

DRAFT

Figure 1a - Prototype case and platform

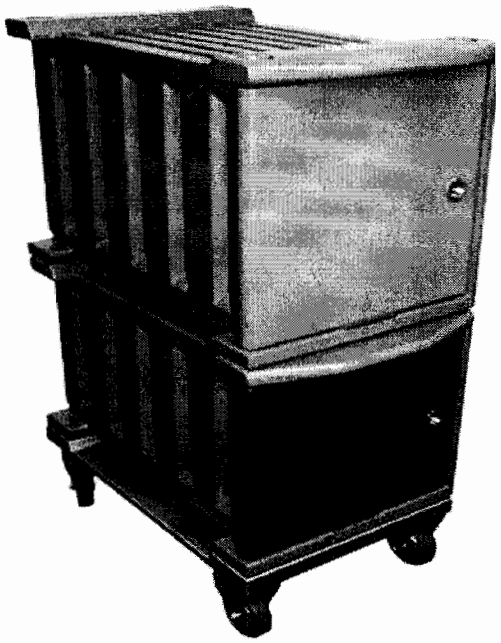
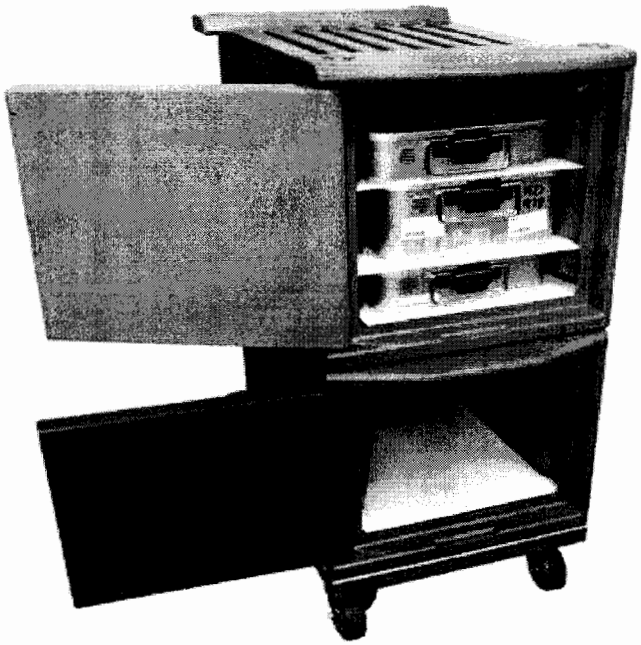


Figure 1b - Prototype case with slip sheets

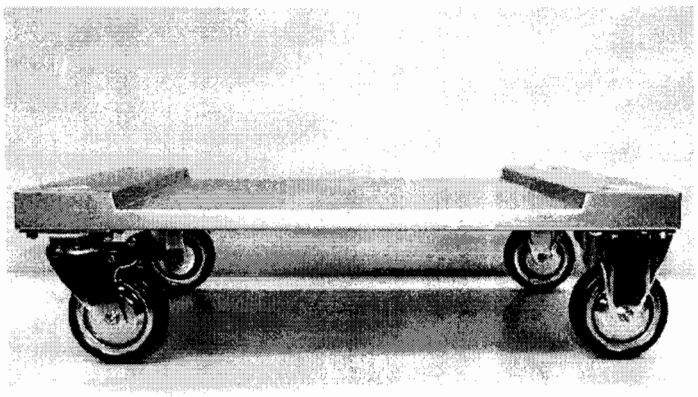


Slip sheets
Slip sheets should be made of a material that is easy to clean and minimises friction. They should be located between trays and securely retained within the case yet able to be removed when required.
Wheeled platform
The wheeled platform used to move cases and tubs should be strong, durable and made from lightweight weatherproof material that minimises the potential for contamination.
The platform should be designed to:
1. be easy to clean and maintain
2. allow for secure location of the stacked cases and tubs on top of the platform
3. ensure the stack is stable and secure when moved
4. allow locking to the bottom case where required
5. allow a mechanical aid to raise the wheeled platform and stack of cases to a suitable height
6. allow a mechanical aid to raise a single case or cases from the platform where required
7. support the maximum safe working load of the stack.

The platform should have at least two multi-directional wheels, to ensure ease of movement and steering. The wheels should include a braking mechanism and should conform to relevant standards. To determine the most appropriate wheels, consider the following factors:

- terrain
- durability
- vibration
- maneuverability
- safety

Figure 2a & b - Prototype wheeled platform (dolly)



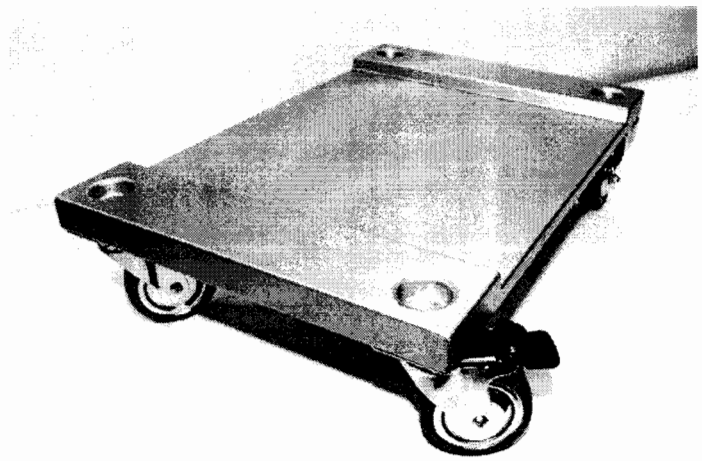


Figure 3a - A multi-directional wheel

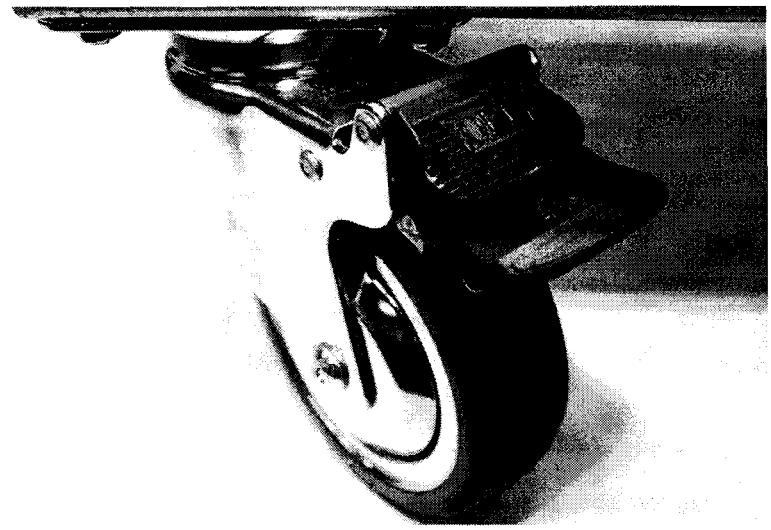
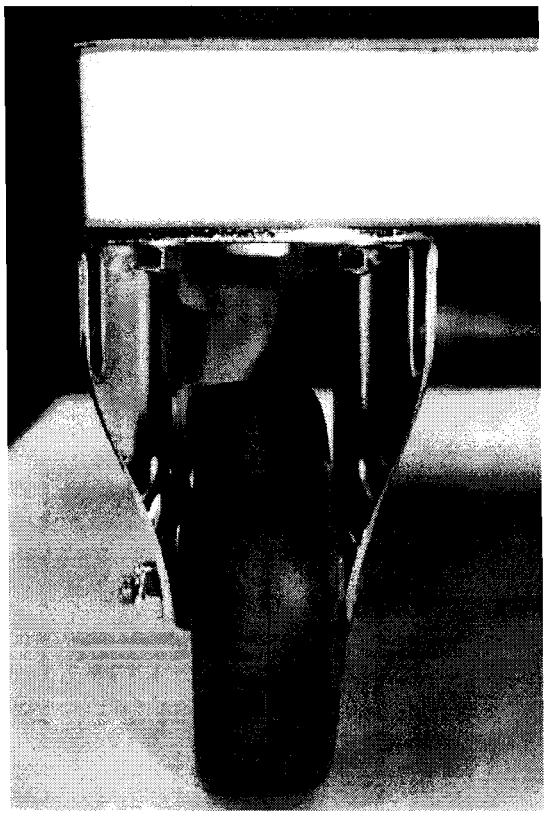


Figure 3b - A fixed wheel



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Surgical Instrument Trays

The surgical equipment Road Case /Tubs will be used to transport specifically designed surgical instrument inner trays. These are not in this RFP scope; however it is important to understand this is the end item delivered to hospital surgeries. The tubs therefore need to protect these inner trays, which wherever practical will not exceed 7kg. As you will see in Figure 1b the dimensions should allow for three (3) inner trays to be transported in each tub, and two (2) tubs maximum on a wheeled platform (dolly).

The tubs must securely stack together together, as well as lock on the wheeled platform to stop movement during the end-end transportation process.

Design Drawings

Refer Appendix 1.

RFP Questions and information required for participation

General Information

1. Respondent name (Trading and Registered
2. Company ABN
3. Company head office address
4. Company head office phone number
5. Company head office fax
6. Name & title of company contact for this RFP
7. Contacts office telephone number (Direct)
8. Contacts Mobile phone number
9. Contacts email address
10. Company website
11. Years in operation
12. Details of when the respondent organisation was founded, including origins and historical development of the organisation
13. Please outline your company structure or supply an Organizational plan
14. Respondent ownership information
15. Relationships with any parent company (if applicable)
16. Details of joint venture arrangements (if applicable)
17. Number of local employees
18. Number of overseas employees if applicable
19. Location of manufacturing
    a. In Australia
    b. Overseas

General Capabilities and Experience

1. Please describe respondent company core business
2. Additional services, products and works provided outside of your core business
3. Examples (if any) of products or services that respondent has supplied to any of the companies involved in this RFP, including name of company representative / contact concerned
4. Has your manufacturing site/sites been audited by TGA or equivalent
5. Date of last audit
6. List any major items listed from last audit
7. Does your company have a Business Continuity Plan in place?
8. Please advise date of last BCP review?
9. Would your company be willing to have this plan reviewed by a representative of the companies conducting this RFP?
10. Does your company have a formal OH&S Policy?
11. Do you have an in company OH&S Manager?
    a. Would your company be willing to have this plan reviewed by a representative of the companies conducting this RFP?
12. Please outline any Environment and Sustainability program in place or plans to establish (including timelines). This will be key criteria in selection process.
13. The companies involved in the RFP have strict employment policies guidelines that we strongly consider when assessing providers as a potential supplier. Please confirm the following:
    a. Does respondent company or affiliated / joint venture partners abide by the National Employment Standards (NES) as set out *Fair Work Act 2009* (sections 61 – 125), which comprises 10 minimum standards of employment. (Refer Appendix 2
    b. Can you confirm that respondents company or affiliated / joint venture partner complies with following:
        i. No person under the age of 16 will be employed
    c. No person between ages 16-18 shall be employed unless such employment is in compliance with the health, safety and moral provisions of the International Labour Organisation Convention 138 Concerning Minimum Age ("ILO Convention 138")

Specific Capabilities in Relation to the Opportunity - No more than 4 x A4 pages

Please show cause that your company can manage production of the tubs to design specifications supplied in this RFP.

Please give examples of any similar packaging items you currently or have previously supplied.

Please outline your Quality Assurance process.

Please outline your process in handling and managing faulty product when delivered to customers.

Please advise what time frame would be required to develop and deliver a prototype if successful in this RFP.

Respondents Financials

1. Details of respondents financial background, in particular latest annual report or latest financial statements

2. Respondents market share in term of turnover, revenue and volume output. Please include specific details relating to this RFP opportunity market segments/s.

Certification and Awards

1. Details of any recent external certifications or corporate awards, including the awarding body, if relevant to this RFP opportunity

2. Please advise of any ISO accreditations for your company and manufacturing sites

Format and Constraints

Your response to this RFI must comply with the format and constraints indicated in section 4.4 above and this section. Any responses not complying with these requirements will not be considered.

Your total response must be limited to no more than twelve (12) A4 pages.

a) Responses must be submitted through **Ariba** in Microsoft Word or Adobe PDF file format with a file size not exceeding 5Mb. No logos, photographs, images etc should be included in your response.

Binding Offer

Your response constitutes a complete and binding offer for a period of one hundred and eighty (180) days from submission. The working group at its sole discretion, has the right to accept all, some or none of Respondent's proposal unless Respondent indicates in its proposal that its offer is contingent on the acceptance of all or certain parts of its proposal.

By submitting a proposal, Respondent agrees that it is fully capable and willing to provide the services required and represents and warrants that it will be bound by its responses to this RFP and any modifications to such response as agreed upon in writing by Respondent and the companies conducting the RFP.

Costs

All costs associated with preparing Respondent's proposal in response to this RFP and for providing any additional information requested by the companies conducting this RFP to facilitate the evaluation process are the sole responsibility of Respondent and will not be reimbursed by any of these companies, wither individually or collectively.

Right to Terminate RFP

The working group reserves the right to terminate the RFPI process at any time prior to awarding the bid and makes no commitments, either implied or otherwise, that this process will result in a new business transaction with any Respondent(s).

The working group reserves the right at any time, in its sole discretion, to accept any or all proposals in whole or in part, negotiate with any Respondent, or cancel this RFPI (in part or in its entirety) in the event the working group determines that it is in its best interest to do so.

Authorised Person

If Respondent is a corporation, an authorized corporate officer must provide acknowledgement. All proposals must state that the person submitting the proposal is authorised to bind Respondent to the response. Respondent should include a statement confirming that it will provide all services and functions as described in this RFP, unless otherwise specifically stated in Respondent's proposal.

Confidentiality

Companies involved in this tender operate in a highly competitive business environment. Throughout this RFP process, Respondents will gain access to information considered confidential by the participating companies. The confidential information includes this RFP, and all information and materials relating to the business and processes of the working group and its affiliates. By accepting this RFP, Respondent understands and agrees that the confidential information furnished hereunder shall be used solely for the purpose of responding to this RFP. All such documents and information shall remain property of the working group, shall be kept confidential, and shall be returned to the working group upon request. Reproduction of any part of this RFP is authorised only to the extent necessary for the preparation of your response. The Respondent shall ensure that all such copies are destroyed when no longer required in connection with this RFP.

All of the terms and conditions of the non-disclosure agreement entered into by Respondent and the working group prior to or simultaneously with Respondent's receipt of this RFP shall remain in full force and effect according to the terms therein.

a) Disclaimer

The information presented in this RFP is furnished solely for the purpose of assisting prospective Respondants in making their own evaluation of the RFP and does not purport to be all-inclusive or to contain all the information that prospective respondents may require. Prospective respondents should conduct their own investigations, projections and conclusions about the information contained in this RFP and obtain any additional information required through the process aloowed for in this RFP prior to submitting a response.

The companies conducting this tender have taken all reasonable care to ensure that the RFP is accurate; however these companies give no representation or warranty as to the accuracy or sufficiency of the contained information.

b) Acceptance of these Conditions

Suppliers, by submitting a response to the RFP, are deemed to have acknowledged and agree to the conditions set out in this RFP.

Timeline (Subject to change at companies involved discretion)

The following key dates apply for this RFP:

Description of Activity	Date
RFP Released to Respondents	.....
Period to Clarify and Accept Questions	.....
Best offer for RFP Response due back in electronic submission LATE RESPONSES WILL NOT BE ACCEPTED.	.....
Selection Committee meeting to review proposals / Send clarifications	.....
Respondent to revert with further clarifications/enhancements	.....
Complete review of proposals by the Selection Committee	.....
Recommendation to Senior Management	.....
Supplier notification on RFP outcome / decision	.....
Commence prototype project	.....
Review trial outcomes	
Make adjustments, modifications as necessary	
Agree final specifications	
Contractual agreement	
Commence production	
Delivery	

RFP contact

The following individual is the nominated contact for this RFP.

JJMA Contact Information	
Name	
Position	
Address	
Contact number	
E-mail	

Queries and Written Response Format

- Respondents are to direct any queries and questions regarding the RFP content or process through Ariba as per Ariba instructions.
- An invitation to log into Ariba website has been sent to you with all necessary instruction on how to use the programme. **If you do not have the log on and password, please contact the nominated contact immediately.**
- Please confirm receipt of the RFP and intent to respond via Ariba tool.
- Answers should be concise and as brief as possible.
- This RFP has multiple sections; do not leave a blank response. Failure to respond to a particular section or a requirement may indicate that a Respondent cannot meet the stated requirement.
- Please limit the use of pictures or logos to reduce the file size as much as possible, and please do not include any of the working group or Affiliate logos.

Formal Proposal Presentations

Finalists in the evaluation process may be requested to make a presentation of the details of their proposals, which will be a critical component of the overall Respondent evaluation. These formal presentations are anticipated to be an hour in length. The agenda for the presentations will focus on account management, capabilities, online ordering tools, sustainability and respondant commitment to the invironment, service levels, experience, and questions by the Selection Committee regarding specific qualifications and services. Respondent will be notified of the schedule date, time, and location of its presentation. Presentations will be held as soon as practicable after the written proposals have been received and initial evaluation has been completed.

a) Late Responses

Suppliers are responsible for submitting their responses prior to the RFP closing date and time in accordance with the acceptable lodgement requirements describe in Clause 2.8. There will be no allowance made by the working group for any delays in transmission of the response from the Respondent to the working group. Any proposal submission received by the working group later than the stipulated RFP closing date and time may be removed from further consideration by the working group.

Supplier Selection (to participate to the RFP)

The working group reserves the right to request additional information from any Respondent. Any additional requested information, oral or written, will become part of the Respondent's quote. The Supplier(s) selected to participate to the RFP's will be chosen on the basis of evaluation and determination of which Respondents will provide the greatest benefit to the working group. The working group has no obligation to reveal how Respondents proposals were assessed.

Therefore, Respondent proposals should contain the best terms within the proposed functional and technical approach.

The working group will notify all Respondents that an award decision has been made. No decision is binding until and unless the working group and Supplier have signed the Agreement. The working group assumes no obligations to debrief unsuccessful Respondents.

Evaluation Criteria

Respondents will be evaluated on the basis of both the written proposals and oral presentations. However the working group may use information other than that provided by the Respondent in its evaluation.

Compliance with the Working Group Policies and Security Requirements

The Supplier must be able to comply with the Worldwide Policies on Information Asset Protection, data protection and related security requirements regarding the handling of confidential information ("Policies and Requirements") and accept the terms and conditions in the working group form of agreement, all of which may be provided to Respondent during the evaluation process. If, after Respondent receives and reviews the Policies and Requirements and Agreement within the time allotted, Respondent is unable or

unwilling to agree that, if awarded the contract, Respondent will comply with the Policies and Requirements and enter into the Agreement as provided, Respondent must immediately notify the working group and withdraw from the bidding process unless both parties otherwise agree to any exceptions in writing, however any requests for any exceptions from Respondent may be considered during the evaluation process by the working group.

RFP Scope

Current Environment

We currently have a various suppliers for our surgical equipment Road Cases / Tubs.

The working group is committed to implementing sound environmental strategies, practices, and procedures as the basis for ecologically sustainable development, and has set environmental reduction targets for emission, energy, water and waste. The Respondant should demonstrate knowledge of basic environmental management and a willingness to participate in environmental strategies. In view of this, there is a greater interest in looking at alternative environmentally friendly supplies of items.

Implementation:

It is anticipated that the RFP will be running (date) and the final Supplier selection process will occur (date/period) with implementation beginning (date/period). Nevertheless, should the timelines slide due to unforeseen circumstances, the working group shall notify all participating Respondents.

3.2. Contract Term

We anticipate securing a x years contract term with the selected surgical equipment transport Road Case / Tubs provider with a x year possible extension.

a) Information to be provided

Information must be provided through Ariba tool. An email with log on and password has been provided. All questions must be answered and attachments provided when required. The programme enables Respondants to ask question on line. All questions will be answered and the answer will be shared with all the participants.

Thank you

The working group thanks each Respondent for submitting a response to this RFP. We appreciate the complexity of this project and are eager to review all proposals submitted.

CONSENT FORM

Consent to be a party to collective bargaining arrangement

I Norman E. Taylor of Unit 10, 7 Meridian Place Norwest Business Park, Baulkham Hills NSW 21534 on behalf of Global Orthopaedic Technology on 8th December 2011 consent to be a party to the collective bargaining arrangement to be notified to the Australian Competition and Consumer Commission by the Medical Technology Association of Australia Limited (**MTAA**) in respect of the Targets identified in the Form GA that will be submitted by the MTAA in 2011.

I, on behalf of Global Orthopaedic Technology, confirm that:

- we expect to enter into one or more contracts with one of the Targets of the proposed collective bargaining arrangement; and
- we expect that the total value of the transactions conducted with a Target will not exceed $3 million in any 12 month period.

Signed by Norman E. Taylor an authorised officer of Global Orthopaedic Technology in the presence of:

Signature of witness

JOE VAITSIS

Name of witness (please print)

Signature of authorised officer

NORMAN E. TAYLOR

Name of authorised officer (please print)

QUALITY MANAGER

Office held (please print)

CONSENT FORM

Consent to be a party to collective bargaining arrangement

I Steven Debs of 85 Waterloo Rd, North Ryde NSW 2113

on behalf of Smith & Nephew Surgical

on 15th November 2011

consent to be a party to the collective bargaining arrangement to be notified to the Australian Competition and Consumer Commission by the Medical Technology Association of Australia Limited (**MTAA**) in respect of the Targets identified in the Form GA that will be submitted by the MTAA in 2011

I, on behalf of [insert company name], confirm that:

- we expect to enter into one or more contracts with one of the Targets of the proposed collective bargaining arrangement; and
- we expect that the total value of the transactions conducted with a Target will not exceed $3 million in any 12 month period.

Signed by Steven Debs,
an authorised officer of Smith & Nephew Surgical in the presence of

Signature of authorised officer

Signature of witness

STEVEN DEBS

Name of authorised officer (please print)

Brian Tracey

Name of witness (please print)

OPERATIONS MANAGER.

Office held (please print)

CONSENT FORM

Consent to be a party to collective bargaining arrangement

I Andrew Tims of 97 Waterloo Road, North Ryde, NSW 2113

on behalf of Medtronic

on 06 Dec 2011

consent to be a party to the collective bargaining arrangement to be notified to the Australian Competition and Consumer Commission by the Medical Technology Association of Australia Limited (**MTAA**) in respect of the Targets identified in the Form GA that will be submitted by the MTAA in 2011.

I, on behalf of Medtronic, confirm that:

- we expect to enter into one or more contracts with one of the Targets of the proposed collective bargaining arrangement; and
- we expect that the total value of the transactions conducted with a Target will not exceed $3 million in any 12 month period.

Signed by Andrew Tims,
an authorised officer of Medtronic in
the presence of:

Signature of witness

Name of witness- David Jennings

Signature of authorised officer

Andrew Tims

Name of authorised officer -Andrew Tims

Sales Operations Mgr - Spine & Biologics

Office held- Sales Operations Manager, Spine & Biologics

CONSENT FORM

Consent to be a party to collective bargaining arrangement

I Joe Vurchio of 1-5 Khartoum Road, North Ryde, NSW 2113

on behalf of Johnson & Johnson Medical Pty Ltd on 6th December 2011 consent to be a party to the collective bargaining arrangement to be notified to the Australian Competition and Consumer Commission by the Medical Technology Association of Australia Limited (**MTAA**) in respect of the Targets identified in the Form GA that will be submitted by the MTAA in 2011.

I, Joe Vurchio on behalf of Johnson & Johnson Medical Pty Ltd, confirm that:

- we expect to enter into one or more contracts with one of the Targets of the proposed collective bargaining arrangement; and
- we expect that the total value of the transactions conducted with a Target will not exceed $3 million in any 12 month period.

Signed by joe Vurchio,
an authorised officer of Johnson & Johnson Medical Pty Ltd in the presence of:

6/12/2011
Signature of authorised officer

06/12/2011
Signature of witness

Joe Vurchio
Name of authorised officer (please print)

Stephen Byrne
Name of witness (please print)

Supply Chain Director
Office held (please print)

CONSENT FORM

Consent to be a party to collective bargaining arrangement

I Thomas Akhurst of Unit 1, 1 Skyline Place Frenchs Forest NSW 2086

on behalf of Zimmer Pty Ltd

on 10 November 2011

consent to be a party to the collective bargaining arrangement to be notified to the Australian Competition and Consumer Commission by the Medical Technology Association of Australia Limited (**MTAA**) in respect of the Targets identified in the Form GA that will be submitted by the MTAA in 2011.

I, on behalf of Zimmer Pty Ltd, confirm that:

- we expect to enter into one or more contracts with one of the Targets of the proposed collective bargaining arrangement; and
- we expect that the total value of the transactions conducted with a Target will not exceed $3 million in any 12 month period.

Signed by Thomas Akhurst,
an authorised officer of Zimmer Pty Ltd in the presence of:

Signature of witness

DOMINICA ANNE McCANN

Name of witness (please print)

Signature of authorised officer

Thomas Akhurst

Director

CONSENT FORM

Consent to be a party to collective bargaining arrangement

I Phillip Stephen Nicholl of 8 Herbert St, St Leonards NSW 2065

on behalf of Stryker Australia Pty Ltd

on 7 December 2011

consent to be a party to the collective bargaining arrangement to be notified to the Australian Competition and Consumer Commission by the Medical Technology Association of Australia Limited (**MTAA**) in respect of the Targets identified in the Form GA that will be submitted by the MTAA in 2011.

I, on behalf of Stryker Australia Pty Ltd, confirm that:

- we expect to enter into one or more contracts with one of the Targets of the proposed collective bargaining arrangement; and
- we expect that the total value of the transactions conducted with a Target will not exceed $3 million in any 12 month period.

Signed by Phillip Stephen Nicholl, an authorised officer of Stryker Australia Pty Ltd in the presence of:

P S Nicholl

Signature of authorised officer

Signature of witness

Phillip Nicholl

Name of authorised officer (please print)

Christen Cuneo

Name of witness (please print)

V.P + Managing Director

Office held (please print)