The Challenge:
A healthy and safe workplace.

"A multidisciplinary approach is a necessity for a safe and healthy workplace".

Paul Jarvie
Manager OH&S
EMA

Issues

- The current situation
- How did we get there
- What needs to happen
- How do we/you make it happen

What I am not going to talk about.

- Gp’s only getting 3 hours on Occ Medicine in 6 years
- GPs advocating for their patients even though its morally and ethically wrong.
- Sick notes/ medical certificates for no valid reason.
- Gp’s not understanding their role in the bigger employment picture.
- Only having 10 minute consultations.
- Employers only having jobs for “fit workers”
- Employees having a right for time off.
- Specialists not knowing when to call halt.
- Case managers not doing a good job.

Occupational Health.

Initial level
Workplace hazards

Workplace monitoring
of key health markers

Full integrated “Wellness”
programme operating

The current problem

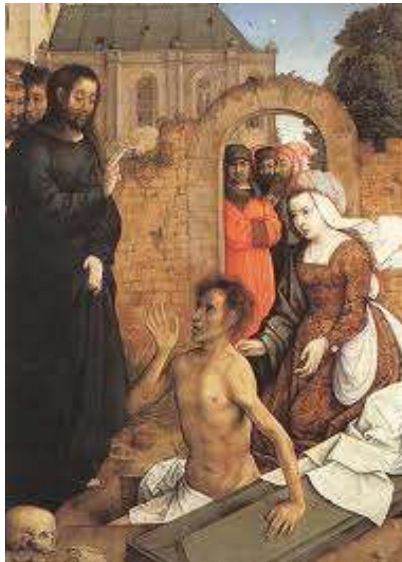
- The medical model is broken and has not delivered much in the space of Occupational space.
- Doctors out of touch
- The plethora of legislation re workplace OH&S
- No one is willing (or able) to give a definitive opinion.
- Too much emphasis on keeping people happy.

How did we get here

- The medical perception of good health
- The wonder of pharmaceuticals
- We are entitled to good health

The problem may have started years ago

- The raising of Lazarus.
  - "Jesus said to him, Get up, take your bed and go"
    - Basic English Bible.



No investigation as to why the man was ill, just treatment albeit a command "get better".

World Health Organization Definition

“Health is not only the absence of infirmity and disease but also a state of physical, mental and social well-being.”

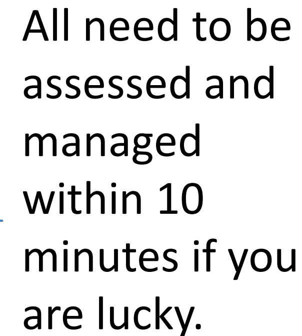
The World Health Organization (WHO) describes a widely accepted definition of health, which states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Lately, this statement has been modified to include the ability to lead a "socially and economically productive life."

The Medical Model of health..

The physician focuses on the defect, or dysfunction, within the patient, using a problem-solving approach. The medical history, physical examination, and diagnostic tests provide the basis for the identification and treatment of a specific illness. The medical model is thus focused on the physical and biologic aspects of specific diseases and conditions

More specifically, key factors that have been found to influence whether people are healthy or unhealthy include:

Income and social status
Social support networks
Education and literacy
Employment/working conditions
Social environments
Physical environments
Personal health practices and coping skills
Healthy child development
Biology and genetics
Health care services
Gender
Culture



The concept of the "health field", as distinct from medical care, emerged from the Lalonde report from Canada. The report identified three interdependent fields as key determinants of an individual's health. These are:[11]

Lifestyle: the aggregation of personal decisions (i.e. over which the individual has control) that can be said to contribute to, or cause, illness or death;

Environmental: all matters related to health external to the human body, and over which the individual has little or no control;

Biomedical: all aspects of health, physical and mental, developed within the human body as influenced by genetic make-up.

Occupational medicine

- “ Occupational medicine is the study and practice of medicine related to the effects of work on health and health on work. It has clinical, preventive and population based aspects.”
- Occupational Physician. “ .. practice to ensure effective prevention and appropriate management of illness and injury at work..”

Medicine and prevention

- “ couldn’t see how Occupational medicine was at all relevant in the prevention of workplace illnesses and accidents”

Department of Labour

Notifiable Occupational Disease System

- Highest reported numbers 2000 in 1995/96
- 1990 and 2005 : 800 reported NODS.
- NOSHAC reports 1000 deaths due to work place illness and some 17- 20,000 new cases of illnesses per year.
- Based on 20,000 the 800 represent only 4% of reported cases.

- Reading the 3 reports on NODS there are interventions. They are all one offs but do involve “other” specialities.

The current rate of capture is poor.

- Based on NOSHAC reports and NODS reports some 96% of cases go un reported.
- ACC records indicate some 215, 000+ workplace claims per year with around 20-25,000 of these being 1 week plus.
- 1 week off equates to 434.7 person years.
- With an average of 3 days off this equates to 1,306 person years pa.
- Serious Harm reports are around 4-5000 pa.

The world wide problem

- From WHO.
  - Deaths form accidents and illness claim more than 2 million pa.
  - Occupational deaths from illness 1.7 million
  - Some 280 million non fatal accidents where there were than 3 days off.
  - WHO estimated that workplace illness and accident costs are around 4% of the worlds GDP

Most common workplace issues

- Musculoskeletal disease
- *Respiratory disease*
- *NIHL*
- Circulatory and
- Communicable diseases.
- *Occupational carcinogens*
- *Skin irritants*
- *Psycho-social conditions*

5 of these are the basis of the DoL Draft occupational health strategy.

WHO states

The 3 cornerstones of WHO focus

1. OH&S policies

   Surveillance

   Developing health profiles.

2. Building capacity on occupation health risk, and

3. Occupational health services *focused on prevention*.

From the Healthcare Professionals Consensus Statement.

- *“Prevent* ill health by assessing and controlling the risks to employee health, safety and well being….”

- This can only be achieved by a multi disciplinary approach and not working in blissful isolation.

The GP’s

- Outcome focused, reduce pain increase mobility : symptom centric.
- Little or no time for a detailed work history.
- Do refer on to specialists who are also symptom centric.

What’s happening out there.

- ACC PP audits.
  - Patient files.
  - No preventative action at all
  - No referrals for assessment of workplace except to accommodate RTW. i.e. no prevention interventions.
  - Even after major surgical interventions there is never any assessment of the workplace to prevent or mitigate further events.

The cost of doing nothing

- The most recent figures are between $9 and $16Billion dollars.
- This is indefensible as a nation.
- ACC have reduced their injury spend by 40% over the recent years when all other indicators are heading skyward.
- DoL are reducing staff, having less budget and have just dis-established their Occ Health position. Regionally even Departmental Medical specialist are not being used nor engaged.

Return to work

At work

Accident

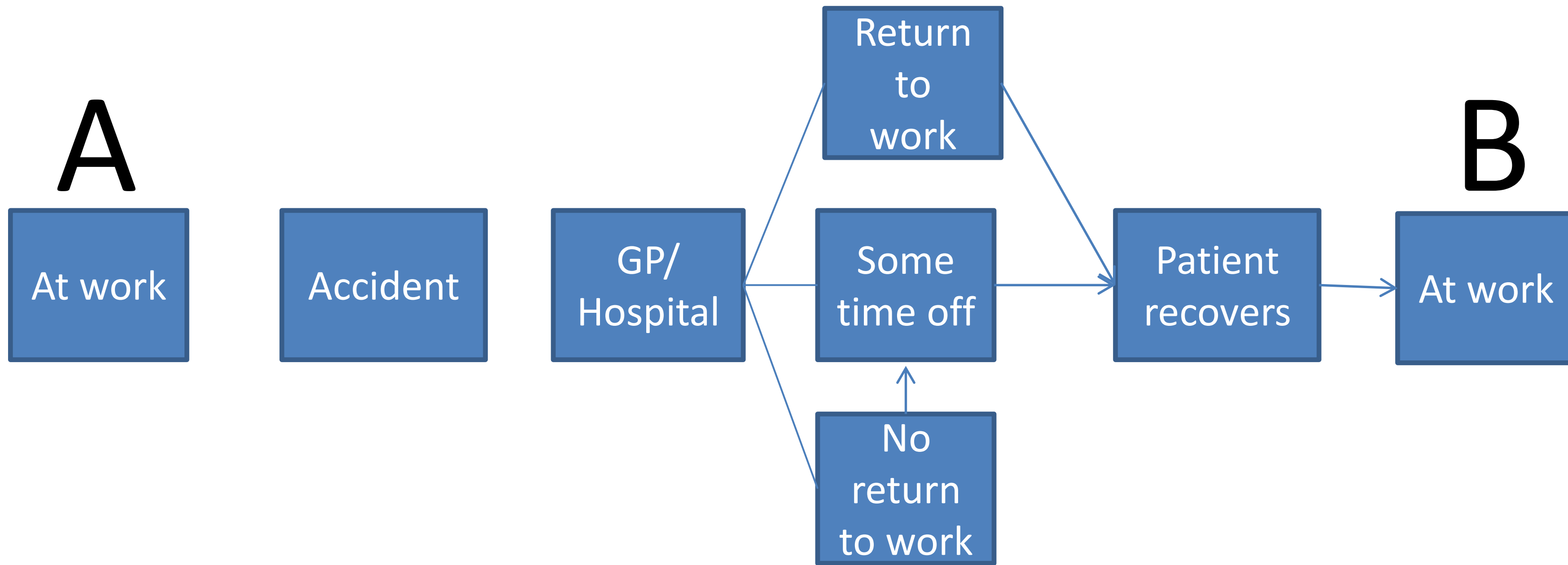
GP/ Hospital

Some time off

Patient recovers

At work

No return to work



A and B are exactly the same. NOTHING has changed.

With some surprise all parties are concerned at re injury or illness.

The current medical model

- Asthma.
- See Gp
- Some tests
- Given inhalers and asthma attack prevention.
- Some ongoing monitoring??
- Where in this picture is treating the cause even considered.

Occupational asthma is asthma that's caused or worsened by breathing in a workplace substance, such as chemical fumes, gases or dust. Like other types of asthma, occupational asthma can cause symptoms, such as chest tightness, wheezing and shortness of breath.

When diagnosed and treated early, occupational asthma may be reversible. Long-term exposure to allergy-causing substances can cause worsening symptoms and lifetime asthma. Treatment for occupational asthma is similar to treatment for other types of asthma, and it generally includes taking medications to reduce symptoms. But the only sure way to eliminate your symptoms and prevent lung damage due to occupational asthma is to avoid whatever's triggering it. Mayo Clinic

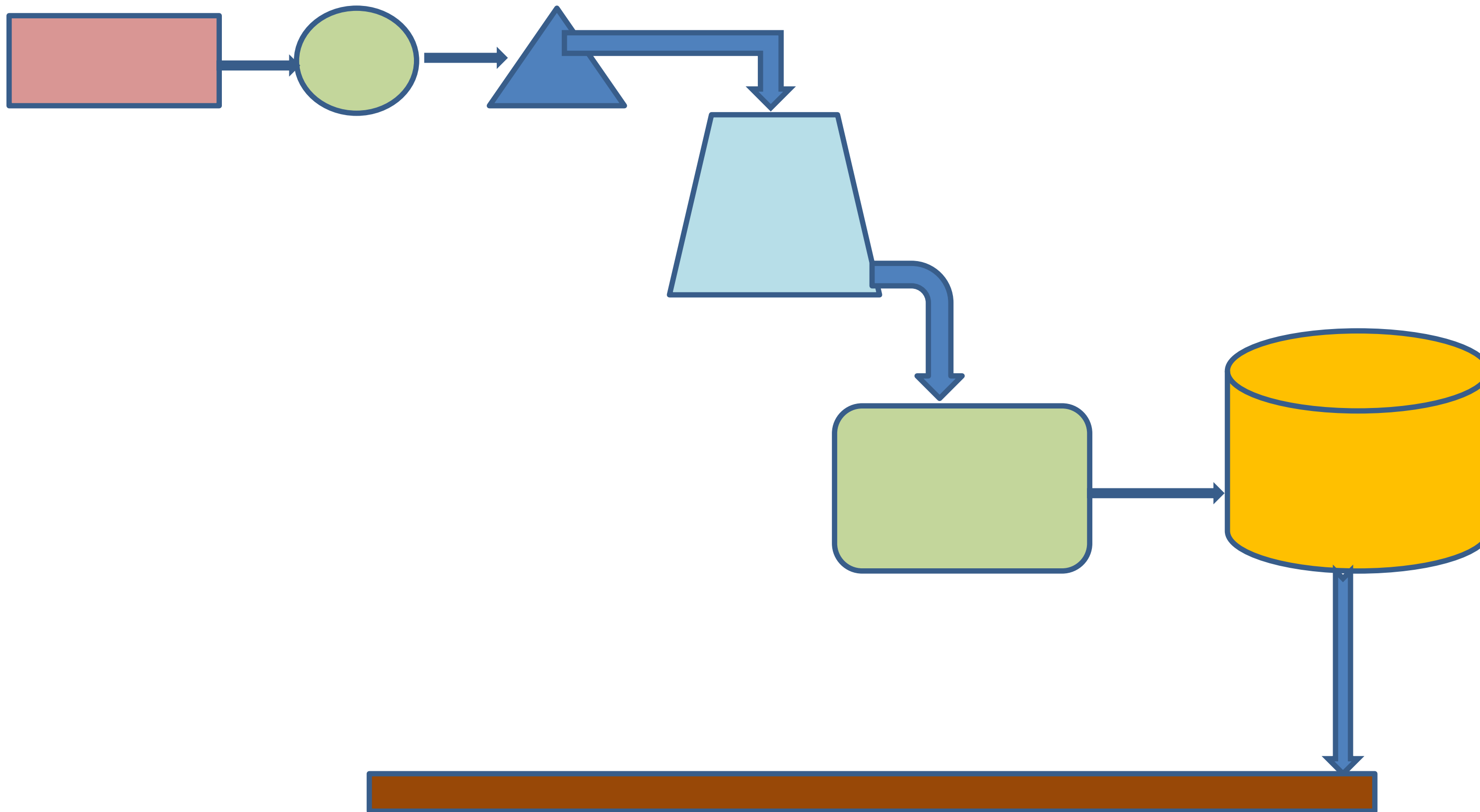
Occupational Asthma Treatment

Treatment in occupational asthma depends on how severe the asthma is.

- Prevention is always the first choice of treatment. If your asthma is not very severe, prevention may be enough to avoid symptoms. For some people, *just avoiding exposure* to the trigger is possible and is enough to prevent symptoms; for others, a combination of avoiding the trigger and medication can prevent symptoms.

- *People with severe occupational asthma may need to consider changing to a different job or a different line of work.*

A process



Improvements.
In line supply of hazardous chemical
New PPE
BUT where the employee works is STILL open and gives rise to exposures.

The Occupational Health and Safety Industry Group

The OHSIG was formed to;

- better utilize the range of specialties out there
- to improve networking between the modalities
- to create an INDUSTRY voice
- to act as a conduit between government and business
- Currently OHSIG has 12 OH&S association under the OHSIG umbrella.
- This equates to around 2500 practitioners.

Who are these other providers

- Occupational hygienists
- Ergonomists
- Occupational health nurses.
- Safety specialists
- OT’s and physio’s
- Occupational medical specialists.
- Engineers
- Designers etc.

What would it look like ?

- If we could start again
- Green fields site
- A blank piece of paper
- An ideal world.

- I ask “why not think like that”.
- Just reviewing and band aiding will only give us the same results.

A new way ahead.

- What is proposed here is not new but it is worth a re visit with an open mind and a desire to make a difference.

- What we do know is that doing the same thing will produce the same results, or put another way an exercise in futility.

From Tom Garland

- Small industries need specific solutions.
  - Suitably sited industrial health clinics staffed with trained personal.
  - 1948 the Wellington clinic was established.
  - By 1967 there were 12.
  - By 1980 all were sold or closed.
  - 2011 there is not even a DoL OCC Medical Specialist employed

What is needed is a positive move from treatment of symptoms to prevention of exposure.

This can only occur with a paradigm shift in thinking. More of the same means more of the same.

What about if……

- At the ACC clearing center where new ACC 45's are assessed
  - All high risk claims where treated PLUS referred onto a preventative center.
  - All Case managed ACC 18's were forwarded to a preventive center.

ACC 45
ACC 18

Injuries

Illness

Musculoskeletal

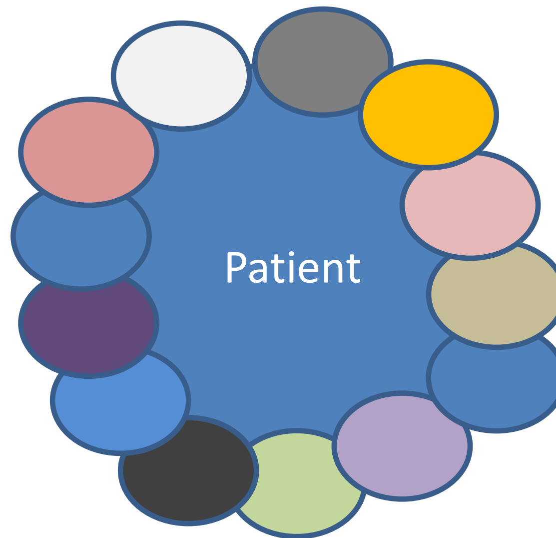
DoL
Designers
Ergonomists
Safety specialists

Hygienists
Toxicologists
OCC Med specialists
Engineers
EPA
Ventilation

Ergonomists
OHN/ Safety
Occ Medical
Engineers
Workplace designers….

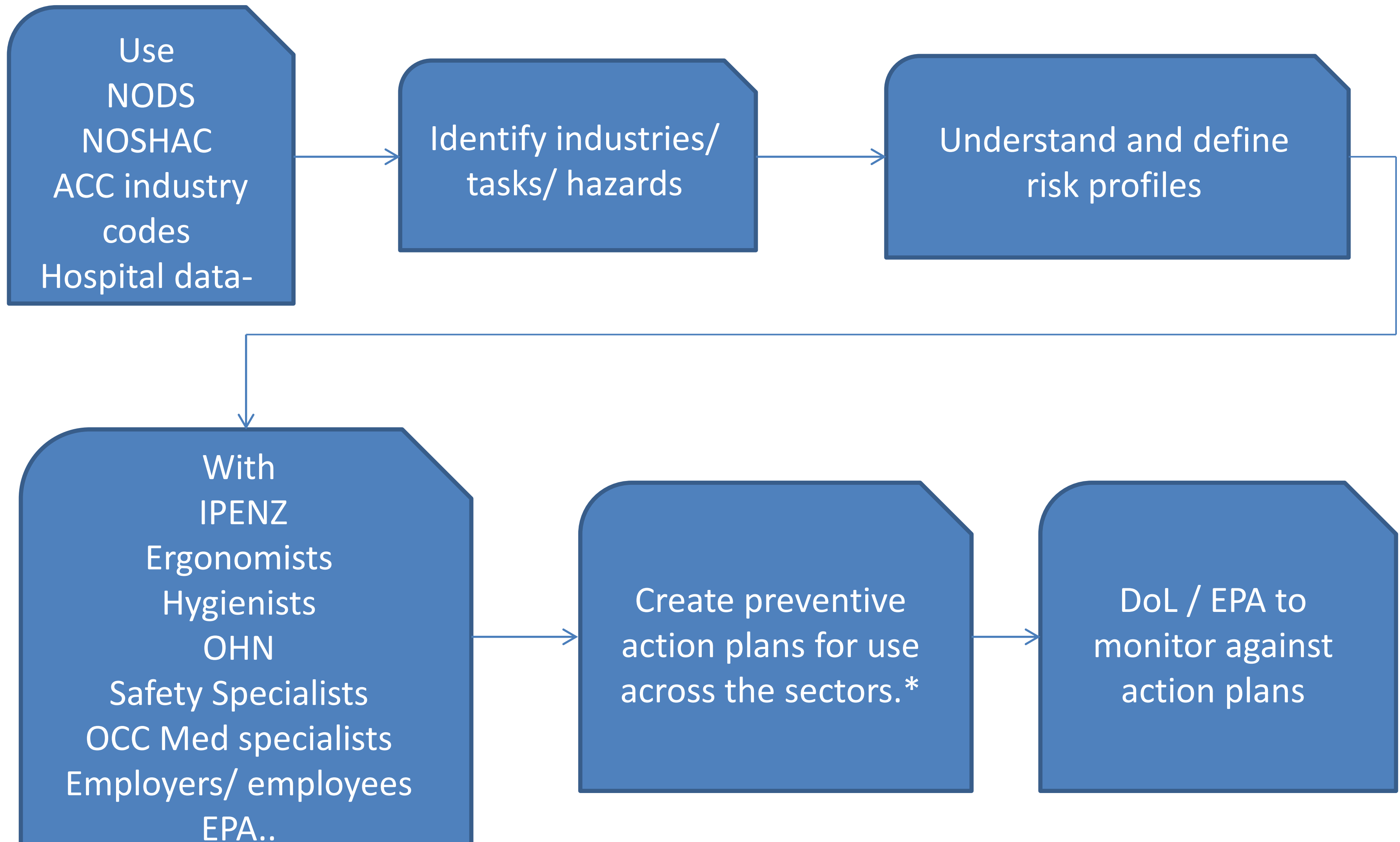
- Engage with employers to agree a control plan.
- This would be a contract and DoL would monitor.

A different picture of a united collaborative approach.



A multi disciplinary approach to treat and then prevent injury and illness within the work place.

The proactive model might look like this.

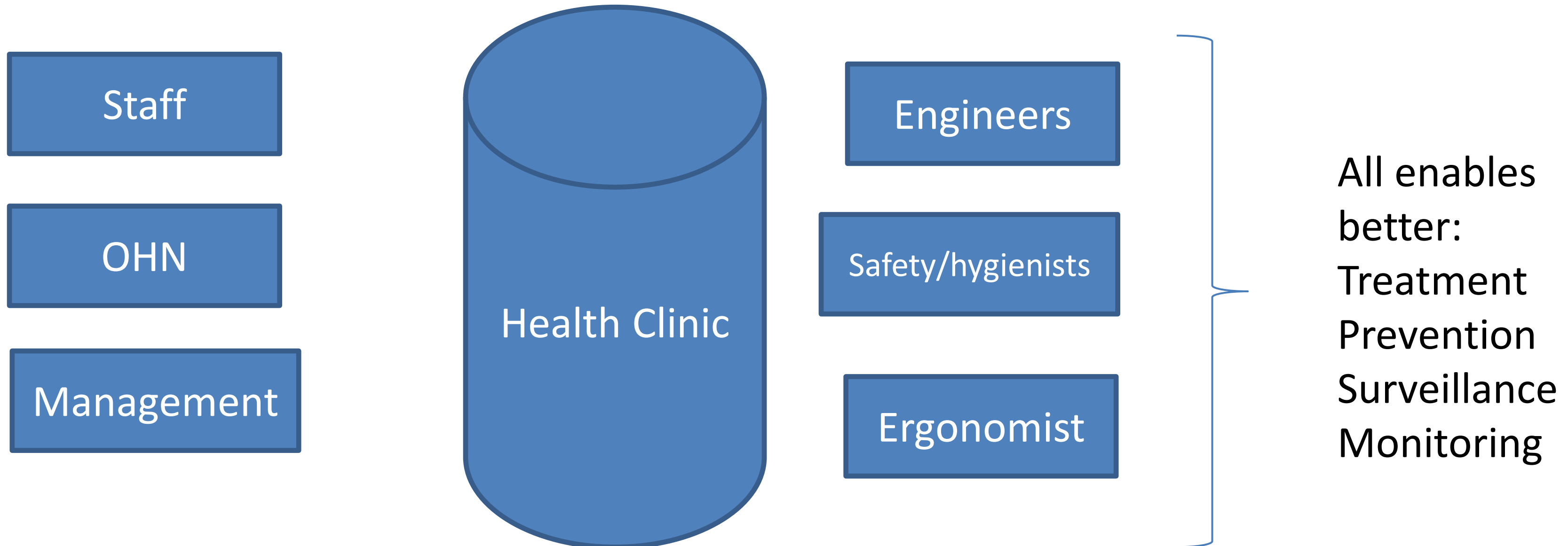


NB*

We could use a "managed safety case" approach.

This would require employers to develop a management plan in conjunction with specialists that would be objective and contractual.

The Company Doctor picture



Signed off safe systems of work.

- Known workplace hazards/ tasks would be assessed and signed off by engineers/specialists as being safe.
- Safe meaning minimal risk of injury, and
- exposures at 20% of the current WES values for selected known harmful substances.

What would this do?

- It would require analytical risk/ exposure assessments of workplaces.
  - Air quality assessments
  - Ventilation efficiency testing
  - Isolation methods being explored
  - Evaluation substitution to less harmful products.

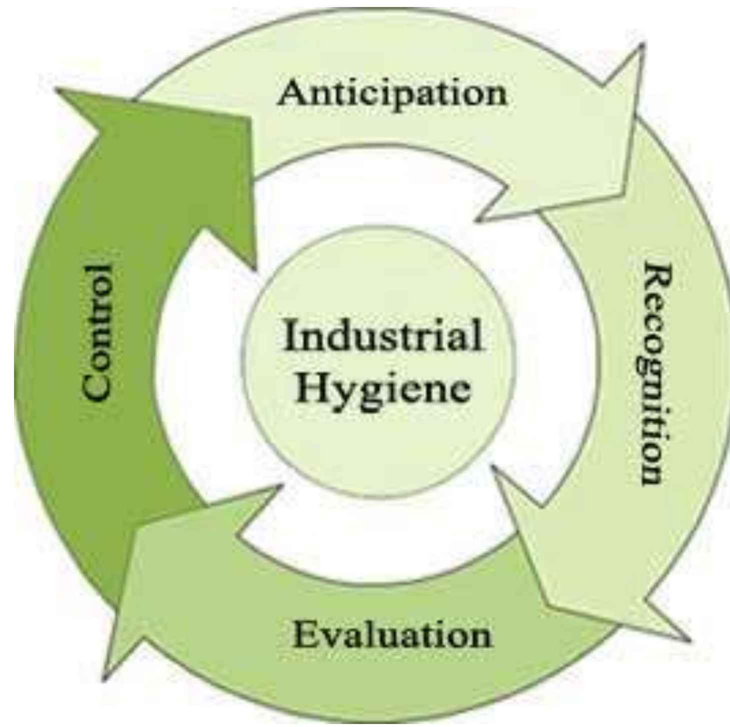
This is not radical or new.

- Under Sect 10 (2) (c) of the HASE Act it clearly states.
- Employers to monitor the environment
- Employers to gain consent to monitor health
- Employers to monitor the health of employees exposed to workplace hazards..

- Simply it is not done or enforced.
- There is little market for it so few providers.

New plant , equipment, processes.

- A similar sign off would be required BEFORE any new plant, processes was commissioned.
- The commissioning would contain a strong element of occupational hygiene/ toxicology assessment and control.


Anticipation
Recognition
Evaluation
Control
Industrial
Hygiene

Physical: noise, vibration, thermal stress (excessive heat or cold), ergonomics/manual handling and non-ionising radiation such as electromagnetic fields, microwave or radio frequency radiation.

Chemical: solvents, metals and metal fumes, airborne particles, any petroleum based chemicals, combustion by-products, or any emissions from chemical, industrial, construction, demolition or earthworks sites.

Biological: mould, yeast, bacteria such as Legionella, vermin and wildlife.

Environmental: these hazards are often generated offsite but may have an effect onsite. They may include all of the hazards mentioned above as well as general pollution such as noise and natural hazards such as storm events and bushfires.

What about the cost???

- The age old barrier.
- The ACC workplace account spends $750 million on workplace claims per year.
- Lets take 5% of that and invest it prevention $37.5 million.

To conclude

- There is the expertise out there.
- They are not widely used.
- There is little to require such assessments
- Some larger companies do such work.
- The great mass do not.