

## **THE PLACE OF OCCUPATIONAL MEDICINE IN RISK MANAGEMENT AND LOSS CONTROL**

Dr. John Schneider  
M.B.B.S. (Qld.), Grad. Dip. O.H. & S., F.A.F.O.M. R.A.C.P., M.S.I.A.  
Central Queensland University and Occhealth Services, Mackay.

### **Summary**

Occupational health is the cornerstone of occupational safety. Inadequate maintenance causes accidents, injury and illhealth. Effective and efficient occupational health maintains a productive workforce. This paper attempts to educate managers, responsible for occupational health and safety on the effective use of medical practitioners in this process.

### **Introduction**

Recent information produced by WORKSAFE has calculated that whereas about 600 Australians die per year from occupational accidents the mortality associated with work related cancer is probably in excess of 2,200. If we accept the fact that morbidity is much more prevalent than mortality then the effects on industry of all forms of (not just occupational cancer) must be staggering. It is well known that absenteeism is a much greater contributor to lost productivity than industrial disputation and although occupational illhealth adversely effects efficiency it is not accurately reflected by rates of absenteeism..

The mining industry has had a significantly unheralded accomplishment in virtually eliminating miner's pneumoconiosis. The success in managing this problem was to a large extent based on a combined and concerted approach of addressing all of the ergonomic factors associated with the problem. This should provide a favourable model because, despite the control of this respiratory disease, the mining industry still has numerous other problems awaiting attention as it still manages to maintain its ranking among the most hazardous of occupations. Mining, like most other industries, appears with this one notable exception, to concentrate on the obvious problems of prevention and management of occupational injury rather than disease. This may be due to the fact that traumatic injury, is more obvious and therefore considered more significant or it may be due to the fact that managers are unaware of the part medical practitioners can play in addressing these problems. This presentation hopes to address this latter possibility.

Occupational health and safety is a multidisciplinary function based on science, management and legal disciplines and calling on the close co-operation of experts in the areas of management, law, ergonomics, occupational medicine, nursing, hygiene, safety engineering, and science. Because of this, to neglect any of these areas is likely to result in less than ideal risk management.

### **Occupational Health and Safety Management**

The Moura inquiry is an example of where accident investigation has been used as a technique for the management of occupational hazards in the mining industry. It assists the analysis of contributing factors towards an accident and can be a profitable, but by no means the only useful exercise, in the prevention of similar accidents. It relies, after all on the occurrence of an accident and can therefore only be a reactive approach to risk management.

Both reactive and proactive approaches however have in common the requirement of comprehensive and complete information. The foundation for the provision of this information is in the field of ergonomics. Competent and successful ergonomic investigation involves consideration of the work, workplace and the worker. While the physician, hygienist and engineer may view each of these areas from their own perspective, the efficient manager of occupational illhealth cannot hope to be fully effective, unless they consider all of these aspects. Although this may appear obvious, the involvement of health professionals is useful in evaluation of the worker, and doctors with specialist occupational medicine training can provide educated comment in all areas of ergonomics. There is still a widespread belief that the role of doctors in the workplace is to undertake the pre-employment medical, treat broken bodies, provide workers with compensation certification, and return them to work as soon as possible. Although provision of the first service can if planned effectively (a situation rarely accomplished) provide some assistance in achieving pro-active management the other functions can best be described as re-active (ie. treatment functions). It is probably this perception which has resulted in the under-utilisation of doctors in the management of preventive occupational health and safety strategies.

## **Activities of Medical Practitioners in Occupational Health and Safety**

The functions of an occupational health service and the occupational physician advising that service encompasses three areas:

1. Primary Management; requiring intervention addressing the risk factors for illness and injury. (ie. relevant to the development of injury and illness)
2. Secondary Management; involving the early detection of developing injury and illness. (ie. prevention before symptoms develop) The goal of this approach is to detect, and reverse, halt, or retard illness or injury.
3. Tertiary Management; minimising the effects of injury and illness by effective clinical treatment and rehabilitation.

### **Work**

Involvement in the work may include:

1. The development and implementation of occupational health and safety programmes and policies. This may include assessment and advice on the health and safety status at the workplace and development of a safety, health surveillance, maintenance, and promotion programmes as well as monitoring these programmes.
2. Risk assessment of the work practices including areas of toxicological, biological and psychological hazard, and both physical and cognitive ergonomics.
3. Development of absence management programmes including occupational rehabilitation.
4. Assistance with ensuring Product Safety: To detect possible risks associated with products and advise on protocol for minimising this risk.
5. Maintenance of confidentiality of medical records and notification of occupational disease and illness where required by legislation.
6. Liaison with external service providers including, Workers Compensation, medical practitioners, unions, solicitors, etc.
7. Job and task analysis and assessment in conjunction with medical examination for determining fitness for work.

### **Workplace**

1. Advice on the working environment including issues of ergonomics, noise exposure, radiation hazards, and atmospheric contamination and quality.
2. Supervision and advice on welfare, nutrition, hygiene and sanitation provisions within the workplace.
3. Assist with management on environmental contamination by workplace processes, products, and contaminants.
4. Advise on the protection of third parties (eg. visitors, and consumers) from injury within the boundaries of the workplace.
5. Workplace assessment in conjunction with medical examination for determining fitness for work.

## **Worker**

1. Supervision and provision of primary medical care including Individual health counselling and liaison with employee assistance programmes.
2. Assisting management in correct placement of employees to reduce individual risk by provision of recommendations based on the results of health examination which may include pre-employment, rehabilitation, and re-assignment assessments.
3. Supervision and evaluation of workers undertaking rehabilitation activities including advise on relocation, retraining, or retirement of injured or ill workers.
4. Health surveillance, biological, and biological effect monitoring to identify, workers at risk, or early detection of disease.
5. Exit examinations to determine state of health on termination of employment and advise on requirements for ongoing health surveillance.
6. Superannuation, insurance and medico-legal examinations.
7. Training on occupational health concerns, first aid, and general health promotion and education.

Medical assessment to provide a useful preventative function, as a medical risk appraisal tool, requires evaluation of the whole picture, the work, workplace and the worker must be considered. Because this is often not occurring then the usefulness of pre- employment examination, in these instances must be seriously questioned. In some cases all that has been achieved is the provision of a new source of income to the legal profession as they challenge the interpretation of these medicals by taking action under anti-discrimination action.

## **Conclusion**

The most valuable (and under utilised) resource available in ensuring a healthy and safe workplace is the detailed knowledge of the worker regarding individual worksites. Worker contentment, efficiency and productivity, good working conditions, and health and safety are often found together. It has been recognised that if one of these components is absent, then often others are found to be less than satisfactory. Addressing these aspects, together with legislative compliance, can often become a daunting process for management concerned with meeting their obligations in occupational health and safety.

Effective occupational health management utilises the expertise of qualified professionals providing a wide range of services to assist industry in the management and maintenance of their Occupational Health & Safety programmes

What is generally needed in addressing the problems of controlling losses incurred as a result of occupational illhealth and illness is behaviour change. The present situation of prescriptive legislation promotes the behaviour of compliance with general regulations produced to provide minimum guidelines to the industry as a whole. Until the behaviour of the industry changes to that of critical, intelligent, risk identification, analysis, and management of the hazards effecting each individual site then optimum loss control cannot be achieved. This latter approach, to be successful however demands a more sophisticated information system than that which is generally available in most mine sites. As most successful managers have discovered the quality of the decision is determined to a large extent on the quality of the available information. Roben's style, rather than prescriptive legislation can if introduced properly, assist in promoting the behaviour change necessary to encourage more critical analysis of site specific occupational health and safety issues and hopefully result in more efficient and effective outcomes.

## **Appendix I**

Developed from information published by the Royal College of Occupational Medicine, Great Britain

### **“OCCUPATIONAL PHYSICIANS”**

#### **What is an Occupational Physician?**

An Occupational Physician is a qualified medical practitioner with specialist training in occupational medicine, engaged in the clinical practice of preventative medicine in the workplace. Any organisation which intends providing an occupational health service should have access to the services of a specialist Occupational Physician on at least a part time basis.

#### **What does an Occupational Physician do?**

Occupational Physicians are not only concerned with the effects of work on health but also of health on work. As a professional the Occupational Physician is bound by the code of ethics required by the Faculty of Occupational Medicine, Royal Australasian College of Physicians. The occupational physician is required to advise impartially and in good faith both management, and employees, as individuals and their representatives.

#### **Key Tasks**

- The prevention of ill health arising from work.
- Promoting the physical, mental and social well being of the workforce.
- Assisting management to fulfil their statutory obligations in the field of health as it effects the workplace and those in the environment outside the place of work who may be effected.
- Participating in the management team in the organisation of work and the evaluation of people, products, premises and processes.
- Advising the organisation on relevant legislation and the development of appropriate policies.
- Acquiring and analysing medical data and maintaining medical records.
- Maintaining liaison with professional colleagues and bodies outside the organisation.
- Providing guidance to company public relations departments on health and allied issues.
- Advising internal bodies such as health and safety committees on health issues.
- Performing personal consultations mainly of a diagnostic and advisory nature, but with limited therapeutic role.
- Assisting management in the control of sickness absence.

#### **Other Functions**

- Actively promote the employment of disabled people, ensuring that their abilities are matched to appropriate jobs.
- Advise on the rehabilitation of those employees whose job capability changes for medical reasons during employment.
- Advise employers on the merits and implementation of health promotion programmes.
- Advise on compensation claims and other litigation issues.
- Contribute general management skills to multidisciplinary approaches to problem solving.
- Contribute to health matters outside the workplace, including the effects of workplace activities, emissions, and wastes on the health of others who may be effected.
- Make a contribution to product information through knowledge of the toxic properties of materials and products and his understanding of first aid and emergency procedures for those who may be exposed deliberately or accidentally to them

#### **Specific Functions.**

## **Appendix II**

Addresses the implications of equal employment opportunity and anti-discrimination legislation on pre-employment medicals

### **Pre employment Medical Examinations-**

- Identify those at risk due to pre-existing complaints.
- Identify if modification to the work place, practices or procedures are necessary.
- To obtain baseline data
- Exercise Duty of Care
- Minimise costs due to work related accidents; foreseeable or predictable
- Prevent future common law action.
- May reduce worker and union anxiety related to OH&S matters

They may also be useful

- For Superannuation Purposes.

They are usually designed for broad occupational categories and therefore cannot be relied on as an accurate assessment of fitness for a particular duty. Medical assessments based only on the information obtained from screening examinations must be interpreted cautiously if they are provided without the benefit of competent risk assessments for the duties required.

It is legal to discriminate, by denying employment on the results of medical evaluation but **only** if the applicant is unable to carry out the inherent requirements of the task. This means that there must be a direct link to the job. A positive response means that the person was unlikely to be able to physically perform the inherent requirements of a significant number of tasks required by the position.