Occupational health – the missing link in Health and safety practices

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Appears to be an aversion to using the word ‘health’
Traditionally safety programmes exclude health – the latter is someone else’s problem
The term is not mutually exclusive!
Cannot have safety without the health
Time to put the health back and use the WHOLE term:
HEALTH AND SAFETY!
63,000 people die daily
337 million people are off work
2.3 million will die this year
Why?
Could one of the reasons be we are not working together?
Injury and disease statistics poor across the world – economy of scale
Higher incidence of injury and disease in developing/poor countries
Limited to minimal access to health care, and occupational health (OH) professionals
Health issues have always been and still an issue, as cause and effect not clearly linked
Latency of up to 30 years causing major issues of linking exposure to disease
Occupational disease (OD) burden a major issue worldwide
- ODs are life altering and cause premature death
  - 2011/12 estimated 1.1 million workers with ODs
  - 450,000 new ODs reported annually
- Estimated 12,000 annual deaths from past exposures at work
World Health Organization definition:

‘the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks, and adapting work to people and people to their jobs’

Consistent under-reporting of ODs across all sectors of industry

Successful OH programmes are based on health promotion, organizational and individual worker health needs
Half the world's population made up of workers who contribute to economic and social development

Health is determined not only by work hazards, but by social, individual factors *including* access to health services

Minority of the global workforce has access to OH services

Increasing informal economy

Many more H&S practitioners than OH Nurses - available but not used, or other issues?
OH is a multi-disciplinary discipline – not able to work in isolation and links to:

- Occupational hygienist:
  - identifies/quantifies risk

- Occupational health nurse practitioner/medicine practitioner
  - Measures evidence of risk for new, existing and exiting workers

- Health and Safety specialist
  - Manages the work environment relative to the health risks identified to limit outcome
OH deals with *all aspects of health and safety* (H&S) at work

- Strong focus on primary prevention of hazards
- Reduces overall risk of claims for ODs

Health of workers has several determinants, including workplace risk factors, potentially leading to:

- cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress related disorders and communicable diseases

- Includes formal and informal sectors
Medical surveillance

- OH uses medical surveillance programmes to find evidence of disease
  - Symptoms (developing disease)
  - Illness (active/chronic disease)
- Pre-placement, periodic, and exit surveillance programmes
- Managed by suitably qualified professionals
Assessment of health risk from activities workers would be exposed to:

- Noise
- Dust
- Heat
- Chemicals
- Social issues
- Environmental issues
- Use of OREP
Broad OH advantages

- Health is embedded in our legislation
- Health is good for business
  - Protects workers
  - Reduces absenteeism
  - Retains staff
  - Improves reputation, productivity and profits
  - Reduces insurance and legal costs
Work ability

-work, work community and leadership
-values, attitudes and motivation
-competence
-health and functional capacities

Immediate social environment
-Family

External operational environment
Challenging work

- Medical surveillance confirms that preventive measures are effective
  - No NIHL
  - No respiratory involvement
  - Evidence of musculoskeletal issues
- Best evidence to show your H&S programme is working is no health evidence!
Simplification of the definitions and roles evident in revised Construction Regulations 2014

Some appear to perceive this as a ‘free for all’

Revised definition is a re-alignment with the Act, and existing Regulations – e.g. asbestos etc.

Status quo until promulgation and then application of risk relative approach

Section 8 of the Act has always included and implied medical surveillance where risk exists

Allowance must be made for all construction workers – including contractors
* Use of SASOHN position paper regarding medical surveillance outlines roles of professionals
* Annexure 3 can only be done effectively if occupational hygiene monitoring is done
  * Effectively a form of occupational risk exposure profile (OREP)
  * Cannot be done in isolation
Research findings

- Comments and opinions of workers regarding medical surveillance:
  - “There’s a lack of service providers in rural areas. Different service providers tend to offer different feedback”;  
  - “Some service providers utilised for medicals do not actually have a medical background”;  
  - “The services providers utilised need to be recognised / accredited”;  
  - “Regular check ups have improved the health and wellbeing of employees”;  
  - “Medicals in construction are important”;  
  - “Medicals should extend to the workers’ families”, and  
  - “Attention is not given to health issues workers generally face such as ergonomics”.
Inclusiveness, not exclusiveness

Good legal framework that links health... and safety

Professionals work together as a team

Working together can make a difference to a worker, the family and community

Thank you....
Bibliography

- http://www.who.int/occupational_health/WHO_healthAssembly_en_web.pdf?ua=1 accessed 04052014
- Personal anthology of photographs