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SUBMISSION TO THE INQUIRY BY THE PRODUCTIVITY COMMISSION INTO NATIONAL WORKERS COMPENSATION AND OHS FRAMEWORKS

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Ergonomics (or human factors) is the scientific discipline concerned with knowledge and understanding of the interaction among humans and other elements of a system; and the profession that applies theory, principles, data and methods to design in order to optimize human well being and overall system performance.

The Ergonomics Society of Australia Inc. (ESA) represents more than 500 Cognitive, Physical and Organisational Ergonomists, Human Factors practitioners and occupational health and safety professionals in Australia and has formed a view about a number of aspects regarding current approaches of workers compensation and occupational health and safety across Australia.

1. **Ergonomists** endeavour to ensure that hazards due to manual handling and overuse syndromes in general need to be remedied before there is a lost-time injury or a permanent disability occurs. This control of the hazard should commence before there is an injury that requires treatment or one that can be clinically diagnosed by a medical practitioner. The initial stage of exposure is the best time to assure recovery in a person at risk of an injury or an episode of symptoms in a chronic disease. Effective early intervention in consultation with both the workers and their supervisor/s best reduce long-term disabilities and suffering. In particular we strongly recommend early intervention for the prevention of musculoskeletal injuries (indeed all injuries due to body stressing) in consultation with workers who are affected or might be at risk (especially those associated with manual handling and overuse syndromes).
2. **Current focus.** The current focus is on rehabilitation rather than the prevention of injury. This approach fails to acknowledge that injuries can be prevented. A large body of data has been amassed through scientific inquiry and case studies conducted overseas and in Australia over the last thirty years. These studies demonstrate that injury prevention through good ergonomic work practices and ergonomic design,

significantly reduce workplace injury. The current arrangements, while addressing rehabilitation as they should, must not ignore the basic fact that injuries by and large are preventable. The National Standard for Manual Handling requires that risk assessment and control must be carried out in consultation with the employees who carry out the task (clauses 4.2 and 5.2); the consultation should permit the opportunity to contribute to decision making in a timely fashion (section 7). We recommend that, in addition to encouraging workers to report manual handling injuries and problems in a Manual Handling Register; that employers should also encourage their workers to report any symptoms that might relate to occupational overuse syndromes. Risk assessment and control should not be delayed until there has been lost time.

3. **The National Code of Practice for the Prevention of Occupational Overuse Syndrome** states that muscle fatigue increases the risk of injury (see section 7.17). It also states that discomfort can arise from work postures or muscular effort and that workers should not be required to exert forces that cause discomfort (see section 7.19). It recommends that risk identification should be carried out in consultation with the employees. When this is done it is helpful to link the symptoms to the movements or tasks being performed. The early diagnosis of overuse syndromes before they become claims for compensable injuries is absolutely essential. Their diagnosis should not be delayed until a physical dysfunction becomes apparent."
4. **Ergonomics interventions** are a proven method of achieving best practice in the work environment. The failure to impose implementation of ergonomics strategies on the employer and to simply let ergonomics hide under the general duty of care "where practicable" banner, leads to the present ad hoc, disjointed and uncoordinated situation which has been allowed to develop. Preventing injury, rather than treating injury delivers enormous benefits to organizations, insurers and ultimately, the Australian taxpayer, through significantly reducing the burden of social and health costs.
5. **Current ad hoc approach.** The States and Territories differ in their approach to workers compensation and occupational health and safety. Leadership and coordination is required at the national level rather than ad hoc State responses. Indeed, it is the view of the National Occupational Health and Safety Commission that the current OHS system is "disjointed, fragmented and uncoordinated". While national uniformity should be the aim, unless a date for achieving harmonization is identified, it is our view that it will be an unnecessarily long and drawn-out process. Therefore, it is our view that a more effective alternative would be for the Commonwealth to develop an instrument for occupational health and safety; and an instrument for workers compensation that would apply in all States and Territories. This legislation would have a strong focus on injury prevention. It is our view this legislation would have as its cornerstone, ergonomics. Where injury prevention strategies, their implementation and evaluation would be clearly set out. Also, current problems with terminology and their definitions could be resolved; and as well, efficiently and effectively resolving cross-boarder issues.

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6. **Research in Australia.** At present there are four Universities teaching Ergonomics courses in Australia. Therefore, the current level of training and research in Australia is inadequate and must be increased if Australia is to tackle its unacceptably high injury experience; and develop and export best practice. If Australians are to benefit from safe, efficient, productive and secure workplaces, well equipped research Centres must form an essential part of the national strategy. At present government funding for occupational health and safety and rehabilitation research in Australia is inadequate when compared to some countries. Currently, funds tend to go to population health studies rather than occupational health and safety and rehabilitation studies. It is our view that funding must be targeted to Ergonomics, OHS and rehabilitation and increased to comparable levels, if injury trends and their associated high costs are to be controlled.
 7. **Proposed Research Centres in Australia.** We support the proposal by COHSAP for State based, coordinated occupational health and safety; and rehabilitation Research Centres. It is our view that the National Research Centre for OHS Regulation (Australian National University) and the Key Centre for Human Factors and Applied Cognitive Psychology (University of Queensland), both highly reputable organizations, would provide the model for other such Centres. Our preference is for government funding initially to 100% and reducing after three years to 85% with a further 25% reduction in funding to follow after an agreed period. It is anticipated that funding from industry/insurance organizations would be attracted to make up the shortfall.
 8. **National OHS Strategy (NOHSC).** While ambitious, it is doubtful in our view, whether the goals can be achieved given the current level of funding. Collaboration between the Department of Industrial Relations and the Department of Health and Ageing is necessary to achieve outcomes.
 9. **OHS as an industrial tool.** A clear distinction must be made between industrial matters and genuine occupational health and safety issues. All too often practitioners find themselves drawn into industrial matters disguised as OHS issues.
 10. **Injury statistics.** In many cases it is impossible to compare injury performance because there is no requirement to record lost time under five days. It is of critical importance that this requirement be changed to record the number of days lost.

Kind regards

Margaret Head
President

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