

AFOEM Annual Training Meeting
Friday, 3 May to Sunday, 5 May 2019
Auckland, New Zealand



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Components and Structure of Occupational Health Management Systems.

Dr David Hartshorn

Occupational Physician

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The Goal

The primary goal of the session is to have an understanding of the structure and relationships of the core components of comprehensive occupational health management systems. This should provide a framework against which existing services can be assessed. The secondary goal is to gain an understanding of the processes and various difficulties in implementing such systems.

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What we will cover.

- Why talk about this at all?
- Introduce the overall system structure.
- Talk about the core components of each part.
- Discuss the role of Occupational Medicine in policy and system development.
- Questions/discussion.

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Why?

What is the point of this talk?

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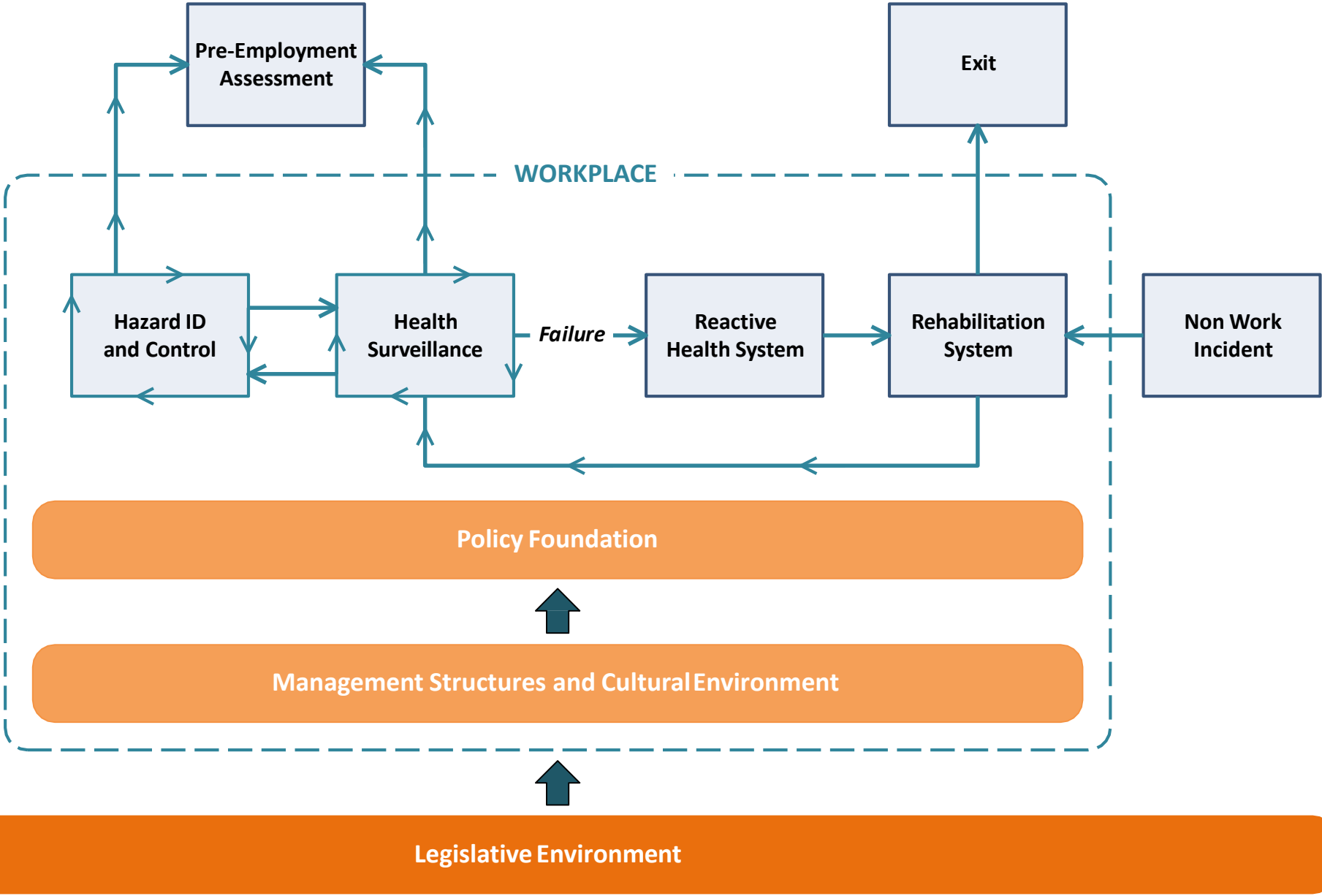
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The Why.

- The Examinations!
- As a structure to put training experience into context.
- As a framework for bench-marking workplaces.
- As a tool for informing and influencing decision makers.

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Hazard Identification and Control = Risk Assessment and Control.

What are the steps involved in Risk Assessment?

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Risk Assessment Steps

- Hazard ID (phys, chem, bio, psych, ergo)
- Exposure evaluation
- Dose response data
- Risk characterisation
- Risk communication
- Controls
- Audit

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Hazard Identification Approaches.

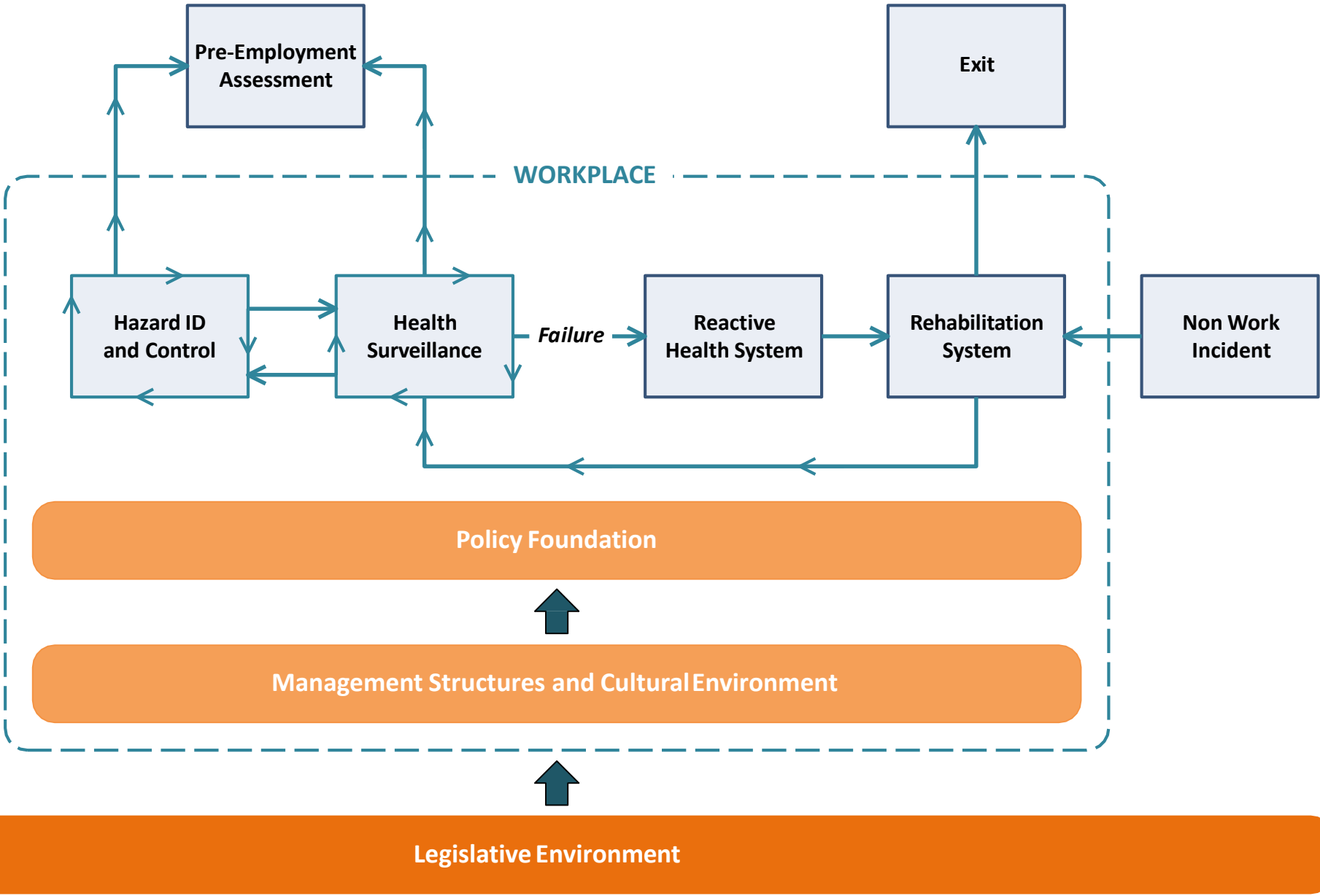
- Historic versus predictive.
- Quantitative versus qualitative.
- Systematic versus reactive.

Control Measure Hierarchy.

- Eliminate/substitute.
- Isolate.
- Minimise.

AUDIT!!!!!!

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Pre-Employment Screening.

- Primary goals?
- Legislative tension?
- What do you need to know?
- What do you screen for?

- Process map.

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Legislative tension in MWF/FFW assessments.

HRA vs HSE with some privacy on the side.

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Medical Work Fitness (MWF) Assessment Primary Goals.

- Assessment of medical work fitness/work function
 - Can they do the tasks
 - Condition may worsen with work
 - Condition may predispose to work related harm
 - Unable to do work safely
- Statutory requirement
- Baseline for Health surveillance

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What do you need to know to develop MWF/FFW framework for a specific role?

What do you test for?

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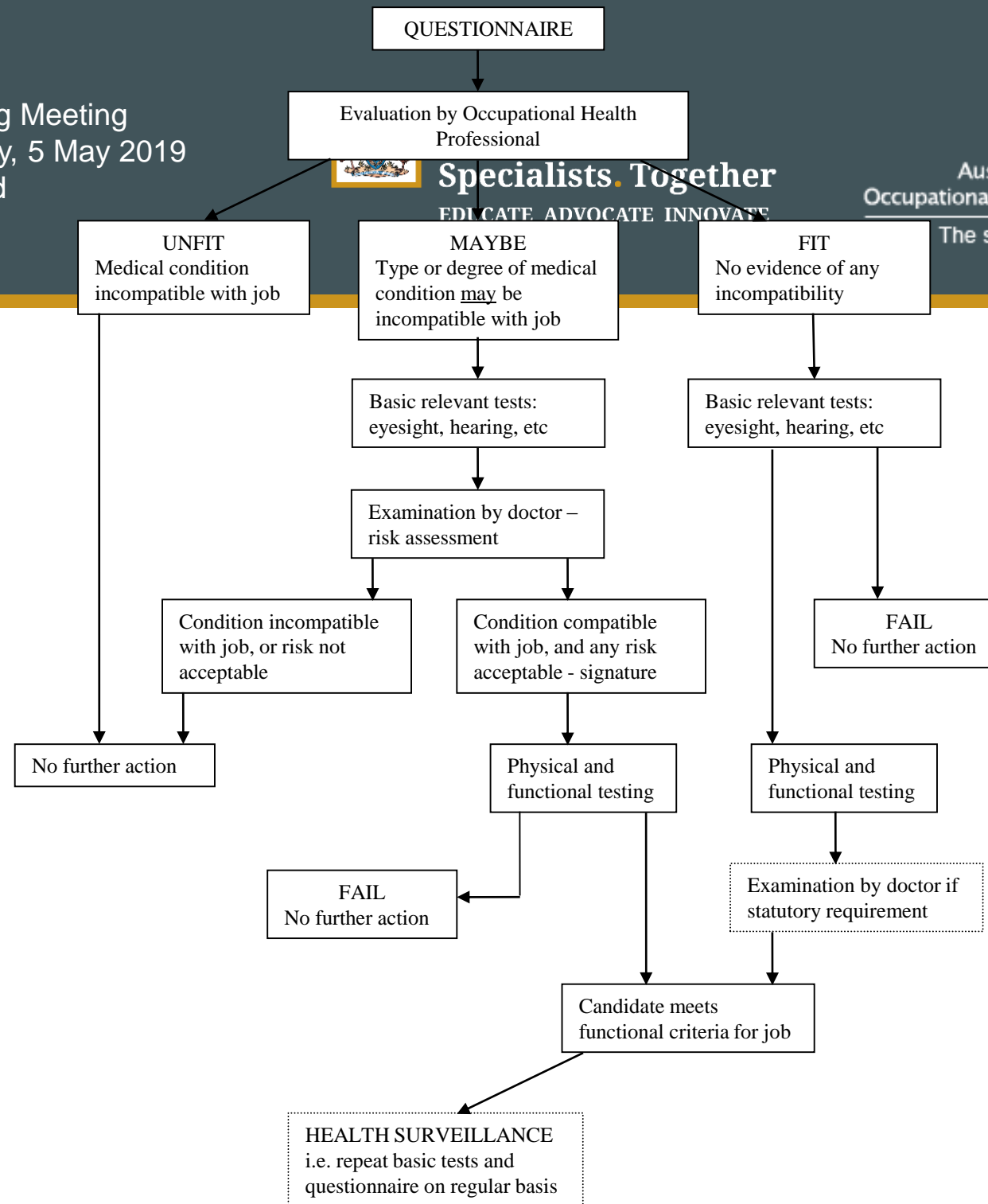
What do you need to know to develop MWF plan for specific role?

- Functional job description.
- Hazard profile AND risk assessment.
- Identify important conditions- may affect job, prevalent, test available.
- What is the step by step process?
- A possible pathway could look like this.....

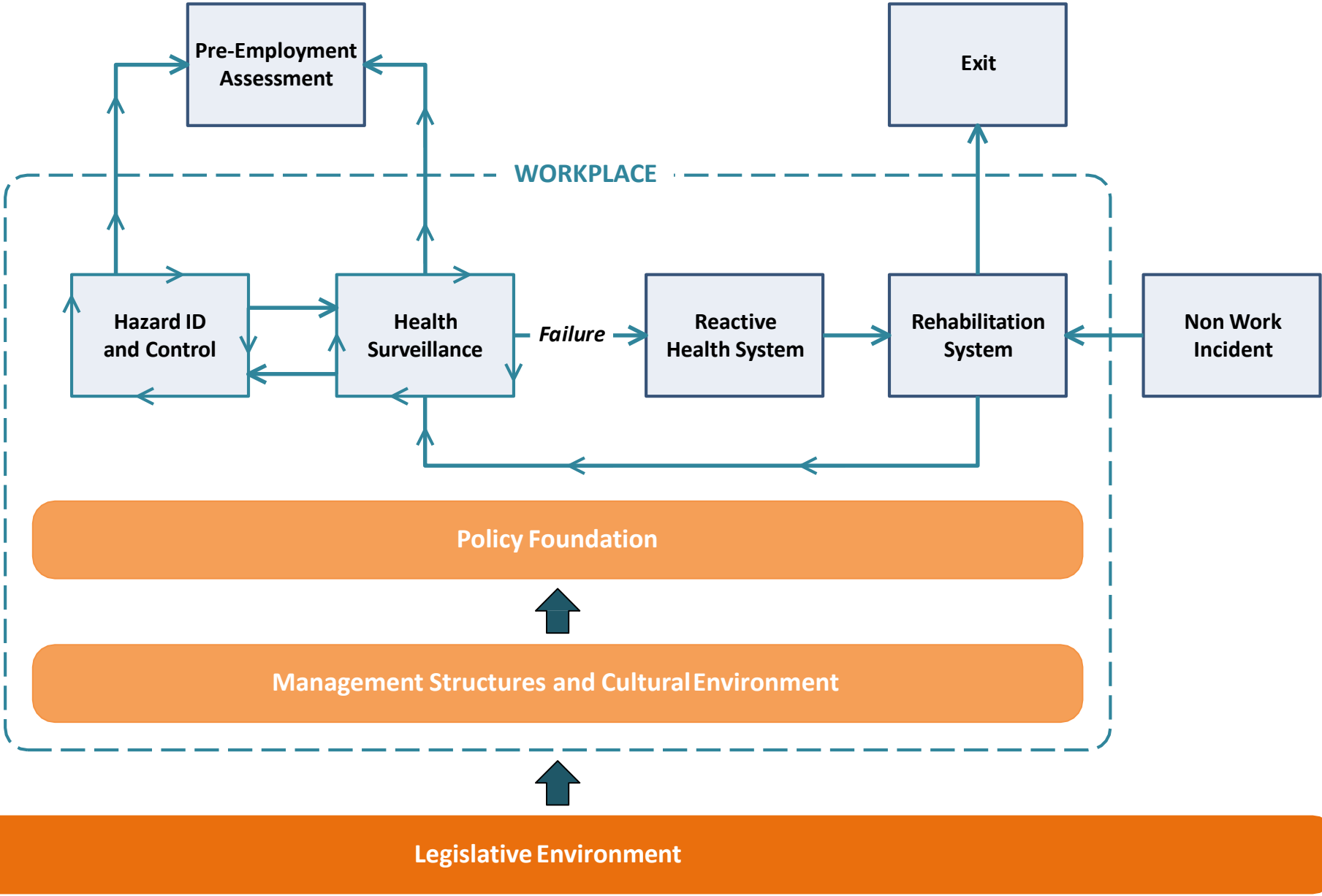
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Health Surveillance +/- periodic MWF/FFW.

- What is the purpose of health surveillance?
- What is the purpose of periodic MWF/FFW assessment?

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Health Surveillance +/- periodic MWF/FFW.

- Goals?
- Periodic assessment of medical work fitness.
- To assess health of workers specifically relating to work related exposures that are unable to be eliminated = searching for failure of Hazard and control systems.
- Does not strictly include wellness or general health monitoring but can be provided as “nice to do”.

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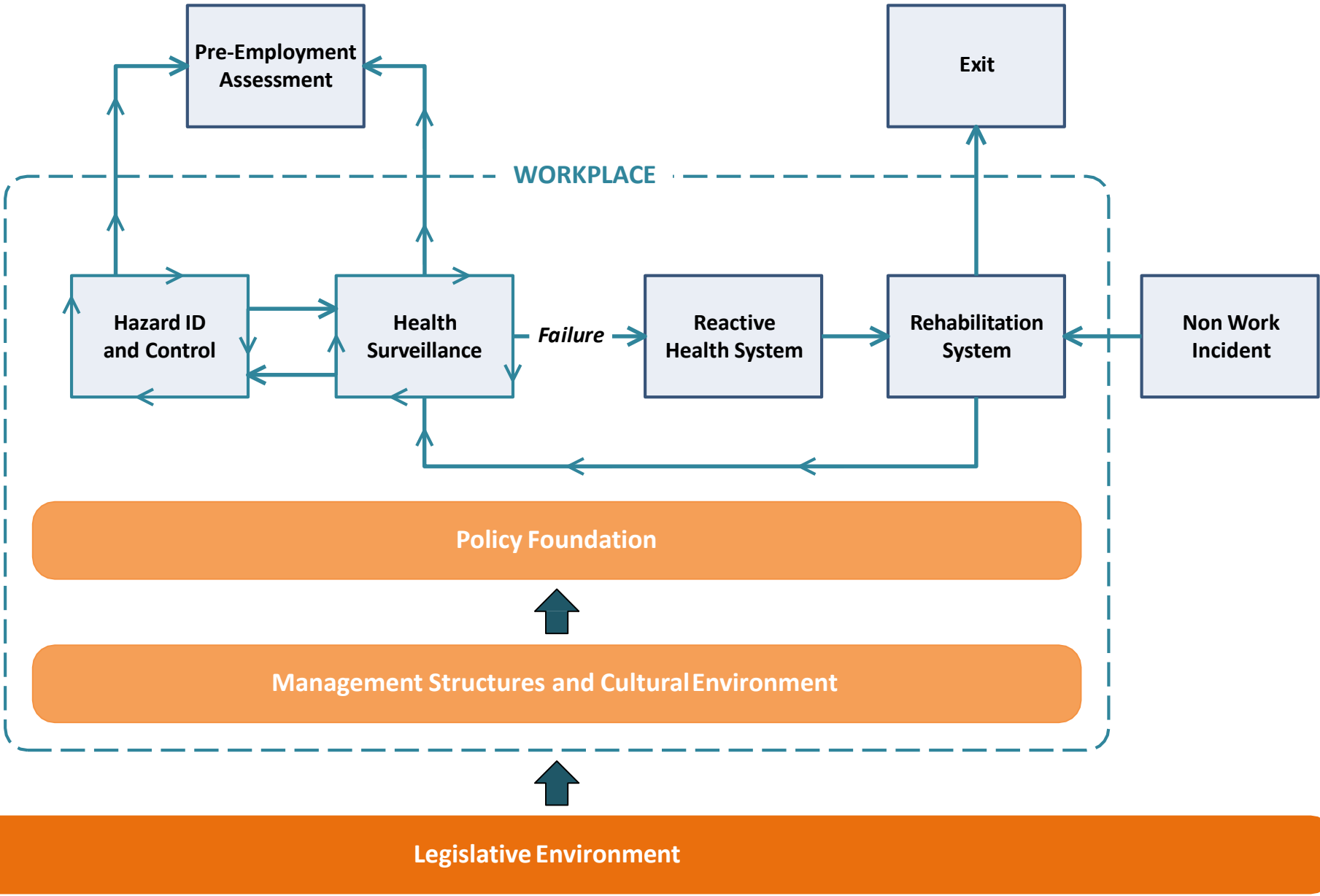
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Health Surveillance +/- MWF/FFW – possible framework.

- Develop policy.
- Identify important conditions (note pre-employment) and potential work related conditions.
- Questionnaires.
- Basic tests.
- Specific tests (appropriate test guidelines).
- Medical examination.
- Physical readiness testing.
- Feedback and AUDIT (individual and anonymised group)

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Reactive Health System = responding to a failure in the hazard and control systems.

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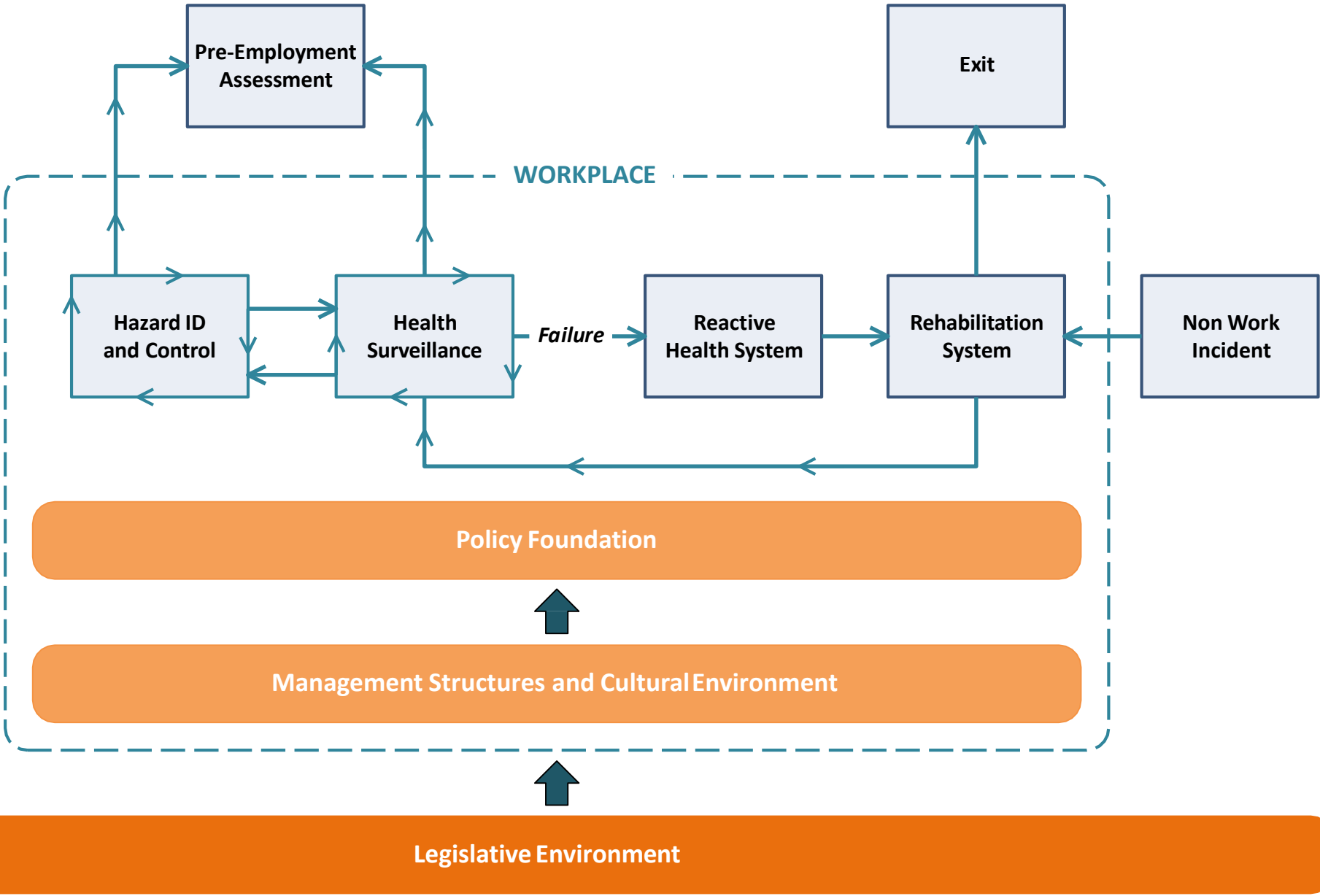


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Reactive Health System

- Reflects outcome of a risk assessment process.
- Nature, extent, and location of enterprise and activities.
- Nature, extent and location of possible adverse events.
- Resources required or available internally and externally.
- Extends from first aid/response to medivac, to acute and subsequent treatment.
- Needs to have capacity for worst cases.
- Includes planning and communication and policy development.

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Occupational Rehabilitation.

The combined and coordinated use of medical, psychological, social, educational, and vocational measures to restore function or to achieve the highest possible level of function at work following an illness or injury.

Note that the Rehabilitation system could/should include that for non-work injury/illness.

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Rehabilitation Planning- what basic knowledge is required?

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Rehabilitation Planning- what basic knowledge is required?

- Current level of functioning. (includes but not limited to diagnosis).
- What is the functional level required to perform role? (functional job description).
- What (if anything) is needed to restore function? (treatment- specific rehab interventions).
- How long will it take?
- Who to do it?

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REHAB FRAMEWORK CONCEPTS.

- Functionally orientated and work based.
- Multidisciplinary/holistic/inclusive.
- Clearly defined and documented goals roles responsibilities.
- Early intervention.
- Clearly communicated.
- Audit/review/revise.

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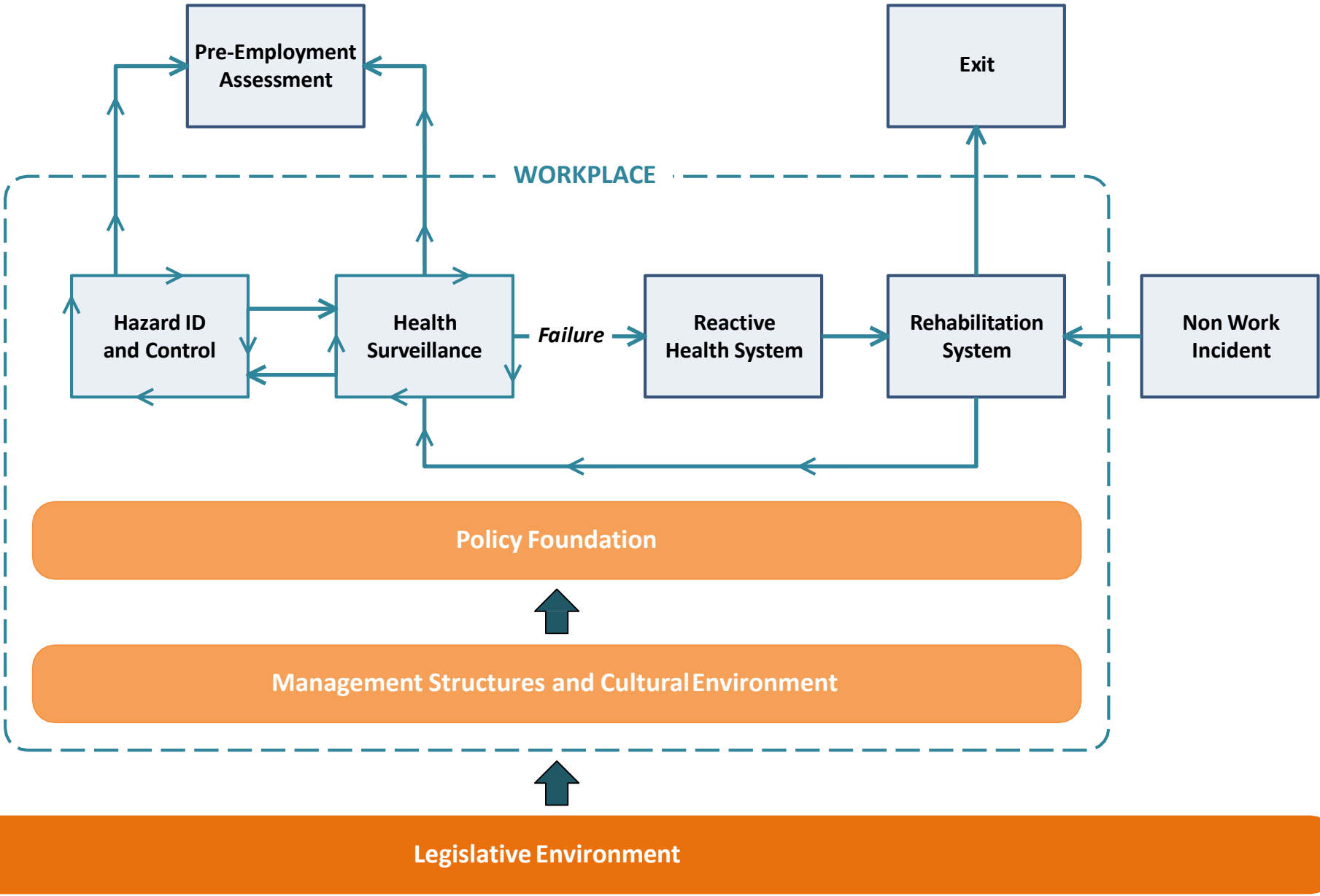
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Specific ELEMENTS of rehab.

- Early accurate diagnosis and treatment.
- Early assessment of current function (physical psych social).
- Early ID of demands of the job (WSA).
- Early ID of barriers (work, home, person).
- ID interventions required AND who will do them.
- Regular scheduled review.
- Documentation and communication.
- Documented exit.

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Policy = a guiding principle used to set the direction of an organisation.

- Versus values or culture or vision.
- Versus process or procedures.
- Leads to procedures that action policy outline.
- Must be integrated across organisation and across policies.

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POLICY Development Framework

- Commitment and involvement of all parties- **co-design**.
- Consider all relevant legislation HRA/Privacy/ACC-workers comp/HSE/ERA.
- Consider current policy/industry policy/best practice/relevant standards.
- Identify all resources available and required (for planning and implementation)
- Seek agreed written policy with clearly outlined goals, roles, responsibilities and procedures
- Integrate with current quality management systems
- Identify training/education/communication needs
- Identify performance measures for AUDIT.

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Barriers To Implementation of Optimal Systems and Policy?

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Barriers To Implementation of Optimal Systems and Policy?

- Cost versus investment argument.
- Union concerns- job threat.
- Competing risks.
- Organisational inertia.
- Lax legislative environment.
- Lack of management commitment or poor management structure.

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Occupational Physicians Role in Overcoming Barriers.

- Explaining what is medically correct.
- Demonstration of cost-benefits.
- Clear risk communication- legal, financial, reputational, and (lastly) medical.
- Identify the influencers and influence.
- You are but a cog in the machine- don't take it personally but document your advice-input.

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