




Update: addressing musculoskeletal harm in New Zealand

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Abstract

Musculoskeletal discomfort and injury is a health risk prevalent across many industries and job types. The recent changes in WorkSafe and ACC systems have created a **lack of focus** on this issue - confusingly re-named as 'body stressing' - **with a resultant lack of direction, leadership and effective resourcing**. A review of current international good practice trends will provide a picture of **what good practice in this field could look like**, and will include a summary of the useful 'discomfort, pain and injury' prevention and management approach that was promoted in New Zealand 2006-2012. The New Zealand situation will be discussed to provide **understanding of the strengths, limitations and challenges of existing musculoskeletal harm reduction** understanding and approaches.



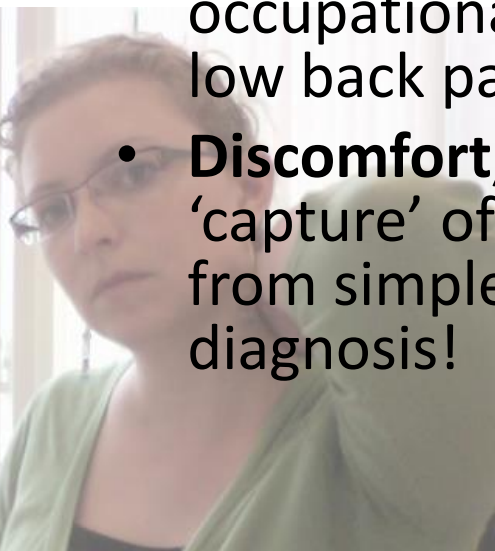
Musculoskeletal harm in NZ

- History
- Resources
- Recent efforts
- Where I think we are at now

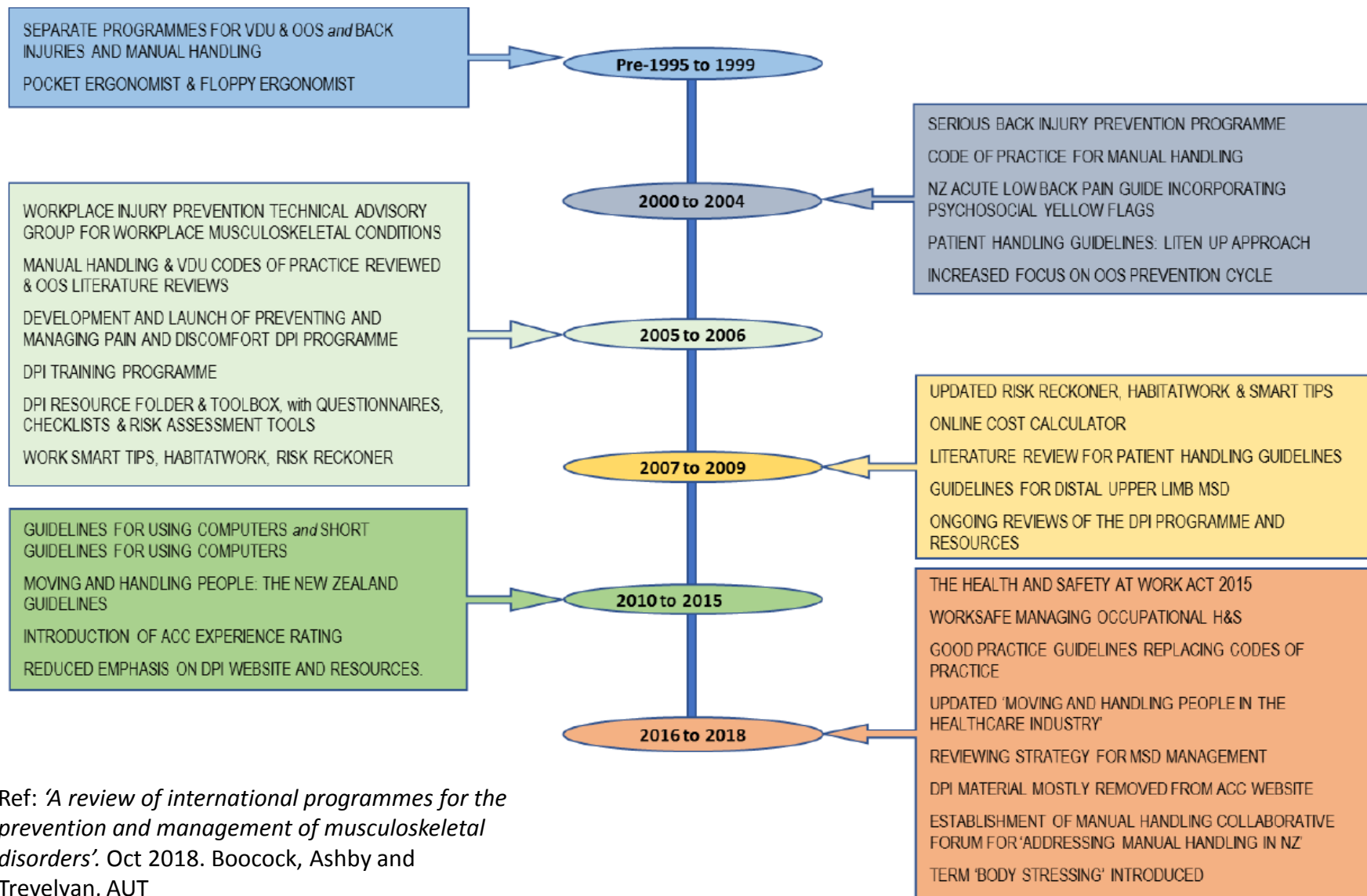


Key terms

- **Manual handling** is any activity requiring a person to interact with their environment and use any part of their muscles or skeletal system to lift, lower, push, pull, carry, throw, move, restrain or hold any animate or inanimate, object.
- **Musculoskeletal disorders** (work related) (MSD) is a collective name for a range of conditions that affect muscles, tendons, bones and joints. This term includes occupational overuse syndromes, back injuries and acute low back pain.
- **Discomfort, pain and injury (DPI)** is an even more inclusive 'capture' of a wide range of musculoskeletal symptoms, from simple discomfort through to specific injuries. Not a diagnosis!



History



Ref: 'A review of international programmes for the prevention and management of musculoskeletal disorders'. Oct 2018. Boocock, Ashby and Trevelyan, AUT

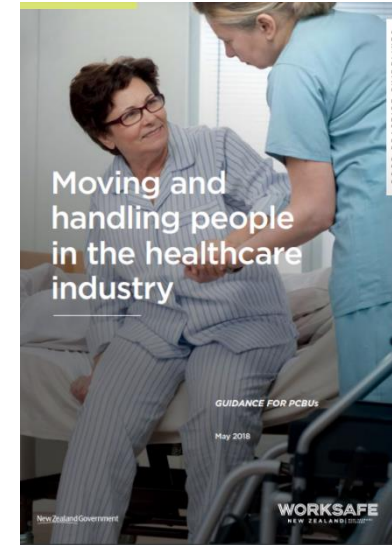
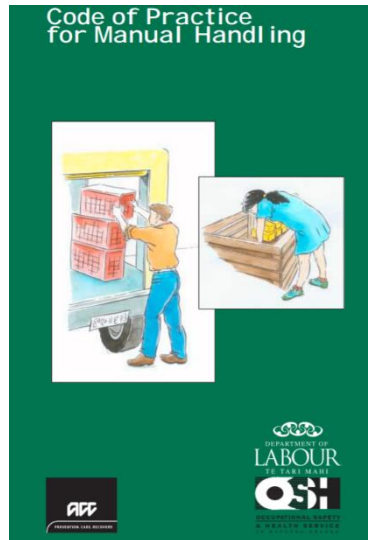
Harm Reduction Action Plan 2016-2019

(ACC/WorkSafe)



- Aim for 25% reduction in serious injuries/fatalities by 2020
- Target sectors - agriculture, construction, forestry, manufacturing, healthcare and social assistance
- 4 cross-cutting risks – slips, trips and falls, working in and around vehicles, body stressing, clean air
- In 2014, ACC costs for 4200 body stressing injuries (all sectors) was \$140m
- ACC leading the programme for initiatives to be delivered from Dec 2017

Key documents and resources (WorkSafe)

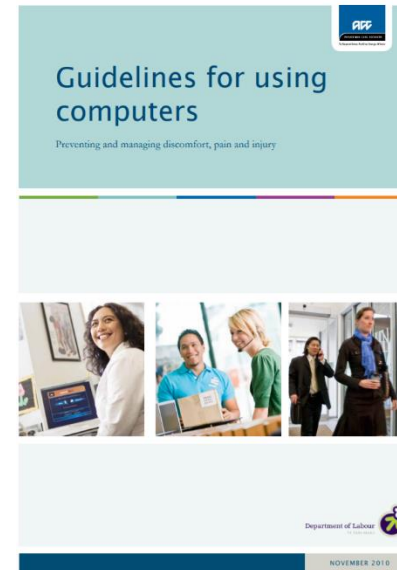
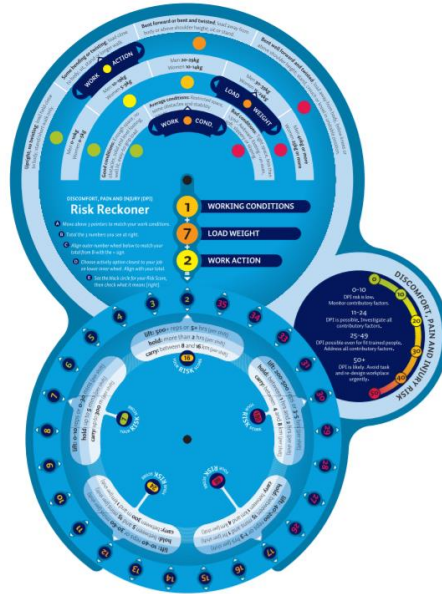


‘Manual handling’ search - documents from 2001, 1991, 2018 (nothing if searching ‘musculoskeletal injury’, ‘occupational overuse’, ‘body stressing’, ‘Guidelines for using computers’)

Plus information sheets on:

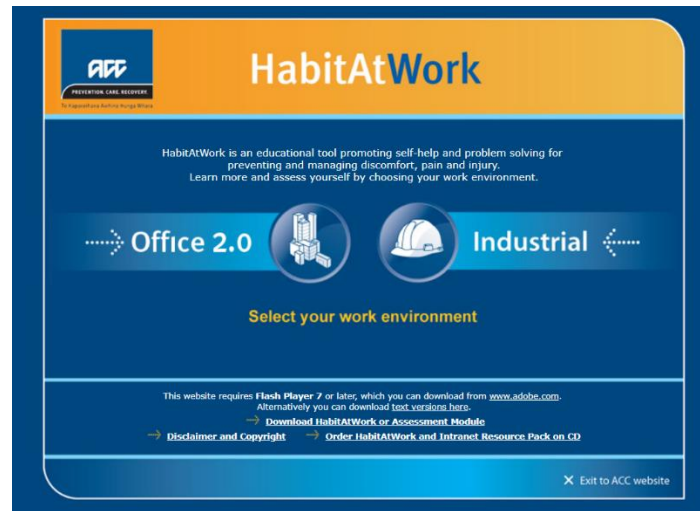
- ‘Safe sheep shearing’ June 2016
- ‘Preventing manual injuries’ (farms) June 2016
- Good Practice Guideline ‘Preventing manual injuries on farms’ July 2014

Key documents and resources (ACC)



- Search 'injury prevention' resources, 'manual handling', 'discomfort, pain and injury' (nothing with 'body stressing', 'occupational overuse')
- ACC6075 – 'Moving and handling people guidelines' (2012) and the old ACC1342 (2003) version
- 'Musculoskeletal disorders in meat processing industry' – literature review (2006) and document on addressing these (2007)
- ACC 5637 'Guidelines for using computers' (2010) – only when searching specifically for this

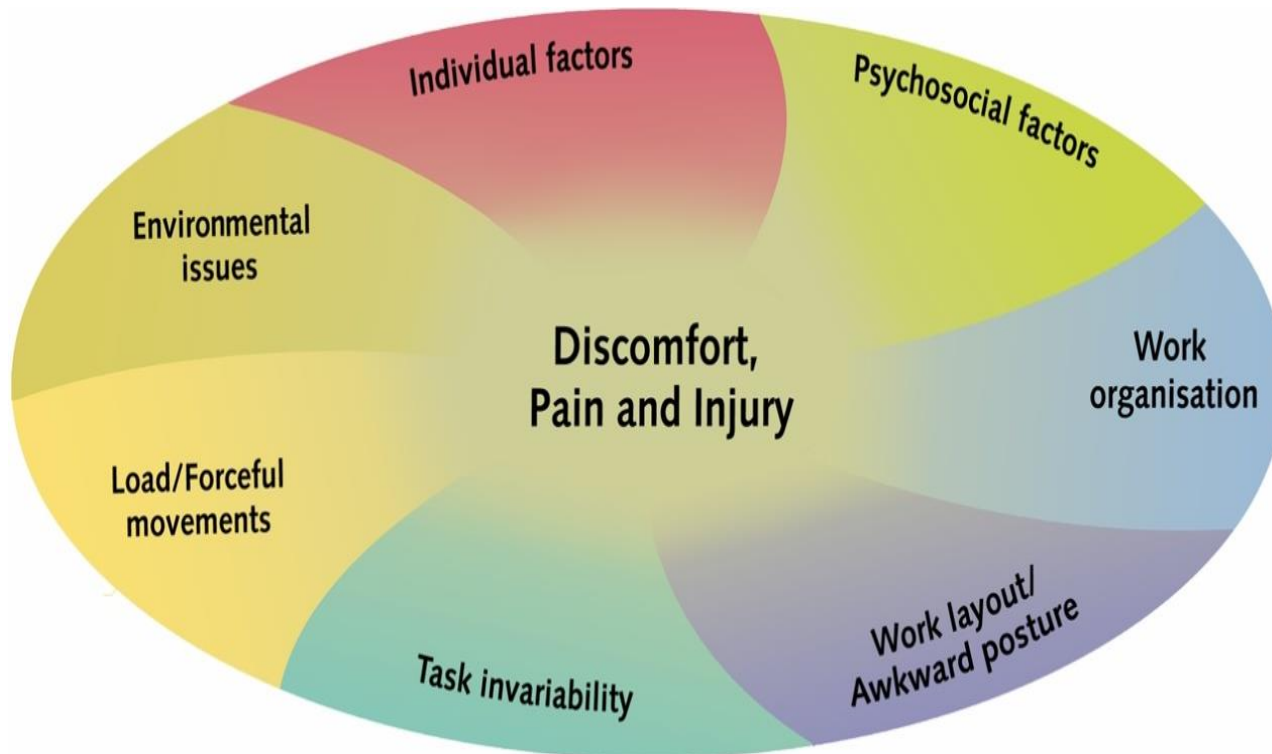
And because I know...



- www.habitatwork.co.nz
- www.worksmarttips.co.nz appears to be NO LONGER AVAILABLE (targeted MSD prevention/management advice and selectable templates for unique information sheets, across 15 different industries/sectors)
- The previously available cost calculator (used to determine real costs of injuries) could also not be found
- And you can no longer get hard copies of the Risk Reckoner (from the Manual Handling Hazard Control Record, COP)

Discomfort, pain and injury (DPI)

- Linked injury management, injury prevention and health and safety systems approaches – addressed ‘whole system’
- Based on evidence from literature



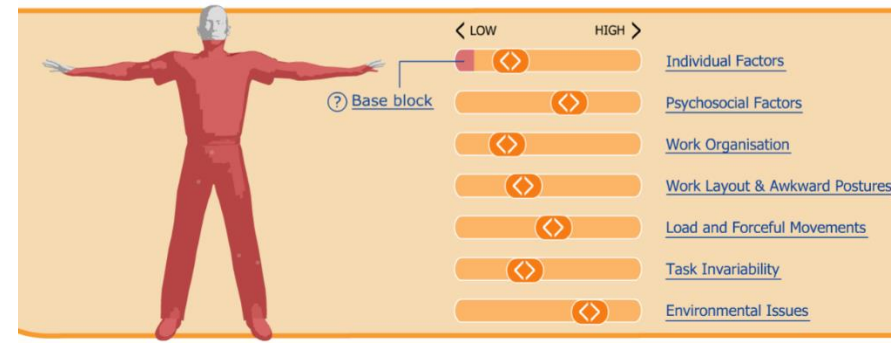


DPI (ACC 2006-2012)

- MSD prevention and management programme/ approach
- Resourced by ACC (with an ergonomist/OT combination in the lead roles)
- Trained almost 4000 H and S professionals/ business representatives in 3 hour sessions up and down the country
- Systems/HFE approach
- Multiple contributory factors vs single cause
- Recognised that the previous 'single diagnosis' programmes were addressing many of the same issues, so rolled multiple musculoskeletal issues into same approach
- The 'DPI' title deliberately de-medicalised the approach

Progress with DPI

- Data review (2009) suggested that new claims were declining in frequency (2.5% - 6.67% per year) following DPI programme introduction, though this was perhaps confused by the rising cost of existing claims
- After just 3 years, it was calculated that the programme had saved upwards of \$30m in accumulated ACC costs
- For 2008/2009 a cost benefit of \$24.16 for every \$1 spent on the DPI programme was calculated
- But system changes meant that from 2012 there was no staffing for the DPI programme, and the resources provided have been steadily disappearing...



Big sigh...



Recent efforts

- Pike River... Taskforce... WorkSafe and major H and S system changes...
- WorkSafe/ACC addressing 'Body Stressing' per 2016 HRAP
- HASANZ organisation reps have engaged with ACC from 2018 as subject matter experts to assist the development of an MSD/BS strategy
- Work towards this goal was slow (multiple new and inexperienced ACC personnel assigned to the programme) and then stalled (we were redirected to support a PERFORM pilot)
- Still no clear overarching MSD strategy, or strong links with WorkSafe



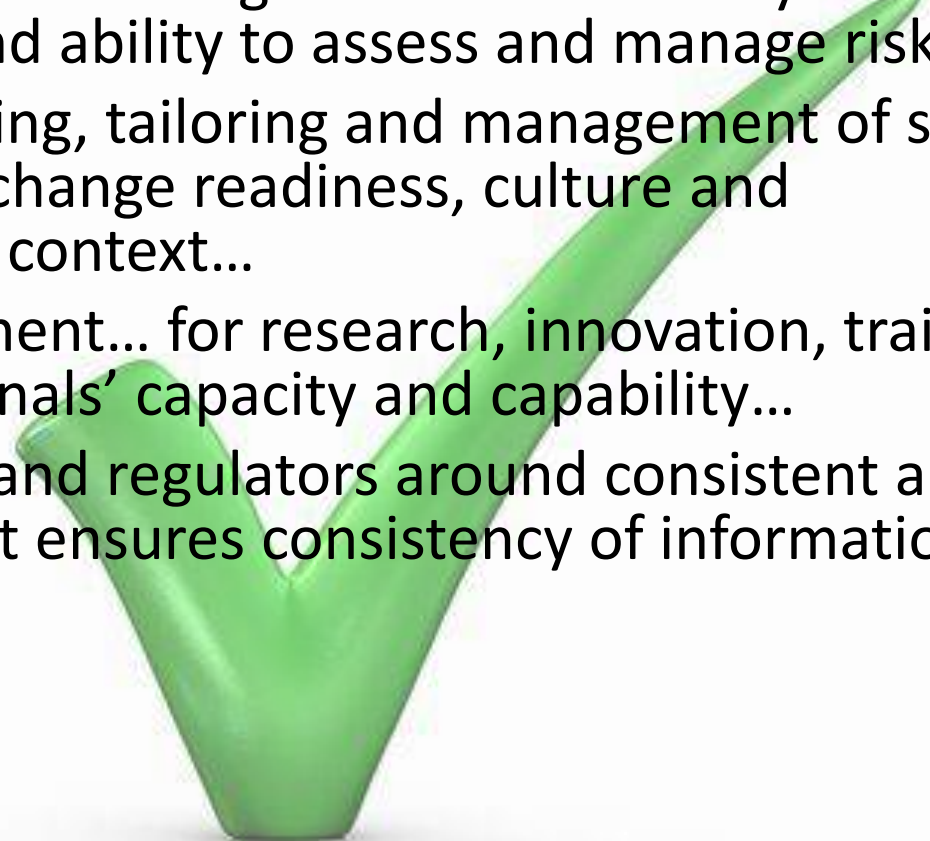
From 2016 work to identify a manual handling strategy - problems:

- Over-simplified and reactionary approaches combined with inconsistent follow-through....
- Wide ranging, often complex and dynamic nature of contributing factors is severely impacting the ability to assess and manage the risk factors...
- The influence of cultural and socio-economic diversity, as well as ingrained mindsets...
- Lack of investment and collaborative approaches to research and innovation, combined with limited expertise...
- Lack of strategic and collaborative engagement together with legislative and compensation systems are sustaining the status quo



'Strategic responses' included:

- Increasing stakeholder awareness and knowledge of practices and resources... for MH injury prevention
- Increasing understanding of the contributory factors and interactions, and ability to assess and manage risk factors...
- Improve targeting, tailoring and management of strategies to account for change readiness, culture and socioeconomic context...
- Expand investment... for research, innovation, training and more professionals' capacity and capability...
- Align agencies and regulators around consistent and joined up thinking that ensures consistency of information and approach...



From Boocock et al (2018) review of international MSD programmes

- Importance of proactive, multi-faceted approach to MSD
- Ergonomics programmes featuring a holistic/systems approach
- H and S bodies with units of specialised/qualified ergonomists
- Consider physical risk factors alongside psychosocial, individual and organisational factors
- A toolkit of assessment methods provided for use (from screening to expert, small organisations to large)
- Proactive inspections – with MSD ‘blitzes’
- Linking with trade unions and industry associations
- Many themes in the strategies: leadership and management, integration in systems including H and S, worker participation, controls, tools and resources, training/education, data gathering, enforcement and motivators/incentives, public awareness and engagement, standards and regulations, research, design solutions...



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Where I think we are at...

- Not yet with the compass of an accepted and current national MSD strategy to guide businesses
- Professionals have knowledge of the recently used DPI approach, that has now been lost to ACC and may never have been visible to the regulator
- WorkSafe and ACC still not on the same page with a shared vision for action, or with appropriately skilled professionals to lead in this field
- Still don't have good visibility of the link of MSD to vibration – this is a gap area for professionals also





So we have lots of room to improve!

Q. What is the current best practice lifting method?

Q. Is it acceptable to give someone at a too-tall desk a footstool?