

REDUCING THE RISK OF MUSCULAR SKELETAL DISORDER, WHAT TO DO WHEN THE STANDARD TRAINING PACKAGE DOES NOT REDUCE INJURY.

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ABSTRACT

Manual handling injuries are continuing to cause concern across many types of industry; the local government sector is one of these. It has been found at the Melton Shire Council that due to the broad nature of services provided a generic approach to education and training in manual handling has failed to reduce injuries. This paper looks at the approach adopted by Melton Shire Council in order to provide a proactive and targeted response to the management of muscular skeletal disorders. The approach has focused strongly on engaging staff and assisting them to develop solutions. The adoption of a strong behavioral approach is the key, as many of the practices (behaviours) need to be undertaken in the absence of pain that is people don't tend to do anything if there is no pain. The program is categorised into three key areas. These are 1. Prevention, which is focused on training and education developed to suit specific job tasks, 2. Management of current injuries through increased support and access to an ergonomist/physiotherapist and 3. management of future injuries by early interventions and close links with health care providers and the establishment of return to work programs.

INTRODUCTION

This is Melton Shire Councils story, the paper is not written with lots of references to 'someone saying this' or 'someone else finding that', if we adopt that approach we believe the intent of the paper will be lost. Whilst there is science behind what we have achieved, reality and our experience is that people don't want to know the science, they need to know what works and it must be in plain simple language. This paper is aimed from the CEO right through to the worker at the shop floor and this we hope is where it will be of most use. This paper is about people, if you treat people well, people respond in a way that is positive and it is this positive energy that we need to harness.

You will note through this paper there is a strong focus on back injuries, this is for ease of discussion and probably due to the engineering marvel of the back and the few design weaknesses that it contains. The approach is the same for all types of manual handling injuries whether it be shoulders, elbows or any of the other many parts of the body that people injure.

I will be the first to admit that I am like most people, let me see the accident data and I will see what we can fix, anyone with a background in health and

safety will realise that this is the wrong area to target as the injury has occurred or in technical terms it is a 'reactive' response. The problem is its great to be able to say to the boss we have had a 10% reduction in injuries. Often, it does not pick up how severe these injuries were though, but the figures look good.

At Melton on paper things were looking good, but we still had injuries and if your approach is to look at just the injury figures you are unlikely to see the real cost. Think about what pleases you at work, most staff will be uplifted when the boss takes an interest in how they are, this is a philosophy that extends from the CEO down. People like it when they are cared about, we looked at the issue and dug a little deeper and saw the personal suffering, the problems in getting back to work or extended periods off work, and saw the impact that isolating a person from the workforce does not only impact on self esteem, but also the ability to rehabilitate and return to meaningful work. The first important message we would like you to take away is 'big change does not always need big actions'. Whilst we had an effective return to work program established we needed to go further, the first action was to bring in an ergonomist/physiotherapist. It's great to know all about health and safety but you cannot be an expert in everything.

Understand your business; often we can work for large organisations for a long time and think we have the finger on the pulse, but do we? Do you know what people do in their different roles? Local government provide a vast range of services from local law enforcement to customer service activities, site inspections through various departments, childcare and home support including such activities as house cleaning, personal care, respite care and other forms of home help. There is a vast array of jobs. The manual handling folder on the shelf, whilst it looks great, has some great slides and after being delivered we can say "well now they should know and be safe", just didn't stack up.

The delivery of the training should aim to get into the 'hearts and minds' of the participants. Without this, any behavioural safety approach is dead. The training should be pitched so that the 'reason' to change to a safer behaviour is clear and compelling. In this sense instead of training being the lowest form of control it may well be a powerful impetus to change to a safer set of safer movement habits and practices. You should ask, is your approach to training the same for local laws officers as it for home support? Think about it if you have an area of your workforce that is predominantly male, would you approach the training in the same manner as for a group that is made up of predominantly middle aged post menopausal women? If you do think again. The risks of injury are vastly different and the actions to manage need to be developed to suit accordingly.

WHAT'S THE DEAL WITH BACKS?

Humans are not set up well neurologically to detect early warnings especially with regard to lower back problems. The peripheral and vague nerve supply of the lumbar discs is an example of this. Therefore having an intricate (not complex) knowledge of basic/relevant anatomy is crucial for arguing the case for adopting safer behaviours in the absence of pain. My experience is that most people are interested in the 'workings' of their own bodies, demystifying this not only aids general understanding but gives the notion of injury risk a relevant context.

How many times have you had someone come to work and say 'boy my back feels great today', its not something we hear, it is more likely that you have heard the opposite, 'crikey my back is sore'. Everyone will have a sore back at some point in their life. That does not mean that some major health disaster is going to happen though. A back injury can mean many things from neck and head pain, arm pain, stomach problems, leg and feet pain and of course the dreaded sciatica pain or even paralysis. What we don't realise as humans is that if there is no pain, we naturally think there is no problem, this is not the case. Just because you have worked in an area for 20 years and have never had a problem with the tasks you undertake, does not mean your are not doing damage. Our aim is to teach people to avoid damage even in the absence of pain.

WHAT TO LOOK FOR?

Group demographics, there will be a strong sense of not only where the risks are and it is alright to look at it from an age gender point of view, that's the real world. Injured workers need reassurance that everything will be alright, that they will get better. The problem is that people can easily become dependant on care providers and various types of modalities to help them get by. A person turning up with a request for a further 30 physio treatments should ring alarm bells, a person saying I have been to the chiropractor 50 times and I am not getting any better should ring alarm bells. Often we allow these things to occur because we just process the paperwork and rely on insurers to sort out any problems. We can tell you now this simply does not make sense. Yes there can be other underlying issues, but treat everyone fairly and equitably and you can work through these.

If someone comes to work and says 'gee I have a sore shoulder or my back hurts today and I am not sure why', see how you can help them. At Melton, staff with personal injuries and illness are treated in the same manner as staff injured at work, a personal injury will generate a return to work plan, it may even mean modified or alternate duties where possible (it is not always possible), but this is only the start.

WHAT TO DO – BUILD TRUST

If you build relationships, build trust and show a genuine interest in a person's well being you can start to help them get better. From a physiotherapists point

of view the cornerstone of my ability to operate 'in-house' is a culture of openness and care in the organisation especially since 'inconvenient truths' may need to be expressed and I need to maintain the trust and confidence of injured employees.

We adopt a philosophy at Melton that if we can stop one person from having a serious back injury, we have potentially saved someone from a very negative and potentially life long experience. How do you measure this, you cannot, but you can measure the reduction in injuries and the establishment of better and quicker return to work plans, and whilst these figures are nice and look great on paper its not the complete picture for us. It is the response of staff to the actions that tell the story, staff are always willing to be plainly blunt about how things are going and this provides a gauge to your progress, that non scientific term 'gut feel' or to all those boffins 'professional judgment' will give you a feel for how things are going.

At Melton it costs \$134.00 to set a desk up with a full set of equipment that is foot rest, gel keyboard and mouse rests, lumber supports and so on. This amount pails into insignificance when you think that someone that gains some form of strain injury may cost \$50,000.00. It comes back to that age old problem however, how do you prove it? You don't, it just makes good sense so do it. Adopting this approach also sends a very clear message to staff that someone cares, that is worth more than any other fancy trinkets or words you can ply staff with.

THE MELTON APPROACH

1. Prevention, which is focused on training and education developed to suit specific job tasks,
2. Management of current injuries through increased support and access to an ergonomist/physiotherapist and
3. Management of future injuries by early interventions and close links with health care providers and the establishment of return to work programs.

TRAINING AND EDUCATION

The first task is to understand the job, we go out and observe workers carrying out their duties, they are engaged and far from being threatened can tell you where the real problems are. If we use the example of home support, from our point of view it is probably one of the hardest and most labour intensive jobs undertaken in the Shire. Tell this to most people and they will scoff. The fact however is, just because its something that a lot of women do in the home every day does not mean it is easy, or not presenting a risk of injury. Our perceptions often cloud our view, think about the task of cleaning a toilet, what sort of forces are on the body, or vacuuming just because its something that everyone has probably done at some point in their life does not mean that through repetitive actions, 5 days a week it is not hard on the body.

Our experience is that very quickly (esp through the practical task specific component of the training) you pick-up manual handling hot spots that need to be addressed. Through this engagement risk assessment training is meshed into the training almost without the participants knowing it! The staff always has the solutions to the problem, engage them and let them tell you the fix. This is an extremely powerful tool of empowerment, it is much better than some outsider telling them how to do their job.

You should not miss the opportunity to use these training experiences to your advantage, the manual handling training experience can also be used as an opportunity to reinforce reporting and other OHS requirements. Garry's 'in-house' mode of delivery has definitely enhanced his ability to deal with injuries because he can influence quickly (and therefore effectively) what workplace response is required.

The development of evidenced based exercise programs is also an 'off-shoot' of manual handling training and helps reinforce the self responsibility and self management message, which we know is an effective way to support injured employees in the workplace. You don't need to have an injury to be provided with core stability training. Teaching people how to look after their backs before an injury, provides a greater opportunity to assist in the prevention of injury. Provide pamphlets that show how to do it, put posters on the wall, but most importantly develop these in-house and use your own people, they will own it.

MANAGEMENT OF CURRENT INJURIES

Regardless of our progress there are a number of injuries still on the books so to speak. The adoption of the new approach has seen an increase in support to injured staff rather than relying on local service providers. An in-house physiotherapist, understands the job demands and is in a position to provide advice to treating practitioners in order to increase understanding and assist in early return to work programs. The management of long term injuries can also be reviewed with the aim of doing what is right for both the employer and employee; sometimes there is a need to challenge either service providers or insurers in their actions. This is often out of the league of the return to work coordinator or the OHS person and we have found that this is when the engagement of a physiotherapist has come into its own.

No longer do we look at getting the forms and processing them, its more about getting the forms, reviewing them, seeing where we can value add to the process and assist the injured worker, particularly if they have been a long term claim without resolution.

MANAGEMENT OF FUTURE INJURIES

Whilst ideally we aim for zero injuries, reality at this point in time is that they do still occur (all be it at a reduced rate). We maintain the focus of zero injuries as once we become willing to accept even a low level we will loose focus on what we aim to achieve. No injury is acceptable. When injuries do

occur, the return to work coordinator is in touch with the person within 24 hours, the rule of thumb however is same day. Assistance is provided where help is required arranging medical appointments or support, providing job role information to medical practitioners and developing return to work plans with a tripartite approach (doctor, injured worker and manager/supervisor) all involved in the process. For injuries that can be aided by physiotherapy, our in-house physiotherapist can provide advice on management and treatment strategies to assist the injured worker in understanding their injury.

CONCLUSION

Melton has found that through increasing its provision of service to injured workers and providing expert advice on injury management we have been able to reduce the impact of injuries to both the organisation and staff. On the surface from a purely financial perspective, yes it does cost money, but the overall savings far outweigh these costs even if they are difficult to quantify.

The engagement of staff in training programs and utilisation of their knowledge is a powerful tool for educating people and is not only confined to this topic, but can translate into many other areas. Caring for your people is probably the greatest thing any employer can do, the results may not be easy to see on paper, but you only have to move amongst the staff to see the importance of goodwill.

If you can take anything away from this paper we hope it is that the day of one package fits all for manual handling training is over. The best way forward is to understand the role performed and guide the staff in the provision of solutions, they know the problems and they can generally tell you how to fix them. The challenge now is to look at the title as manual handling training no longer fits our approach, it is not what we are on about, this will come in time and no doubt through the input of the staff at Melton Shire Council.