

Putting the “HEALTH” into health and safety

Allyson Harwood: NZRN; BN; PGDip HlthSci (OHS)
Managing Director: Midway Occupational Health Services
President NZOHNA



Putting HEALTH into health and safety

- ▶ What's changed
- ▶ A lifetime of OHN and a history
- ▶ Where are we now – what's changed
- ▶ What we are not seeing (or still seeing)
- ▶ Drivers for change
- ▶ OHN pathways
- ▶ What do YOU need to do for YOU
- ▶ What WE can do for you
- ▶ A sea change in thinking

A lifetime of OHN work – excerpts from Marlene Thomson

- ▶ Marlene moved from Public health nursing into the Occupational health sphere early on
- ▶ Philips Industries in the UK
- ▶ Unaware of management processes
- ▶ Boss at the time was a traditional North Country Englishman who believed that having a “Mum” in the role
- ▶ Changes were afoot!

- ▶ Returned to New Zealand in the mid 80's
- ▶ Confronted with a very different economic environment
- ▶ Health had entered the world of commerce
- ▶ Short stint setting up an occupational health arm with the public health nurses
- ▶ Appointed to the nurse adviser role in the Department of Labour.

- ▶ A number of innovative OHNs saw an opportunity and established themselves as consultants.
- ▶ Private clinics replaced the old public health units
- ▶ On site visiting for specific service delivery became the norm
- ▶ OHN's grasped a growing knowledge of safety management systems.
- ▶ *Is it possible to integrate health into a safety based mindset and system? Have we or are we being successful in doing health like safety?*

How do YOU see us??



Effects of Health

Effects of Work on Health				
Chemical Risks	Biological Risks	Psychosocial Risks	Ergonomic Risks	Physical Risks
Asbestos	Blood borne viruses	Bullying	Manual handling	Noise
Silica	Animal viruses	Excessive workload	Shift work	Vibration
Pesticides	Bacterial infection	Lack of autonomy	Job design	Radiation



Effects of health on work

Costs	Lifestyle
Inc injury risks	D+ A use
Poor work performance	Obesity/lack of exercise
Inc ACC Costs	Stress
Higher medical costs	

Dr John Wren
Principal Research Advisor
ACC

An effective approach to protecting workers and others from work-related health risks is an important part of being a successful business. We use the term '*work-related health*' to differentiate it from workplace health promotion and wellbeing. We view work-related health as having two important and interrelated parts (Figure 3):

1. The effects of work on health (from work-related health risks).
2. The effects of health on work (from health-related safety risks).

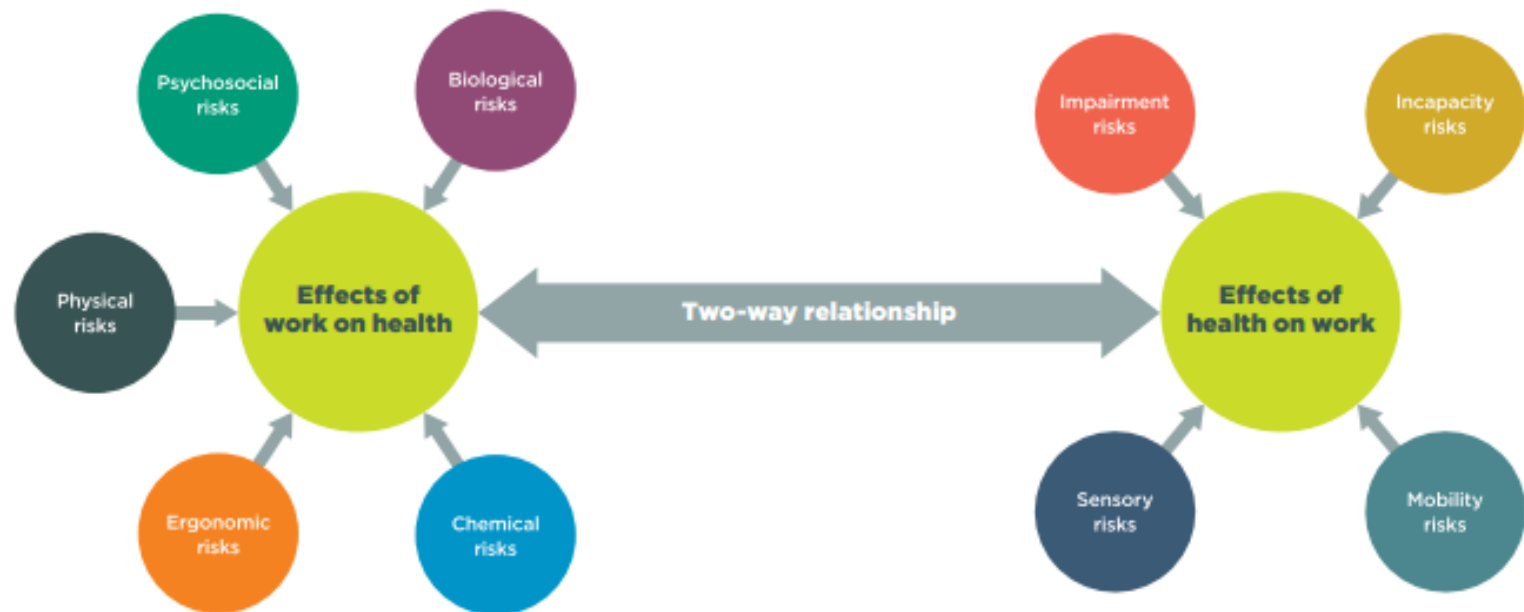


Figure 3: What WorkSafe means by 'work-related health'

Health is:

Covert; **Private;**

Hard to see; **Hard to measure;**

Men at work; Aging population

Causes of ill health or chronic un-ease is multifactorial

Latent

Major gaps in the information and intel flow

HSAW Act – What's changed – are we really doing health?

- ▶ We have seen an increase in the need for our services
- ▶ We have seen a shift in the balance of clients
- ▶ We have seen more notice taken of our reports – with more queries
- ▶ We have had to change how we report
 - Identifying not necessarily health hazards but health related safety risks
 - What is safety critical and how we report that
 - The affect that has on the transfer of information and privacy

What's changed

- ▶ How we do health monitoring – more electronic equipment
- ▶ Laptops and on-site access
- ▶ Cloud based PMS – patient management systems
- ▶ User pays time driven days
- ▶ OHN's as skilled medical professionals on site as opposed to a technician

What we are not seeing

- ▶ The intel gap
- ▶ No good statistics for the impact of work related HEALTH
- ▶ Reporting – NODS
- ▶ Reporting – WorkSafe
- ▶ We are still seeing and hearing evidence of those in charge paying lip service to the health of their workers

Drivers for change

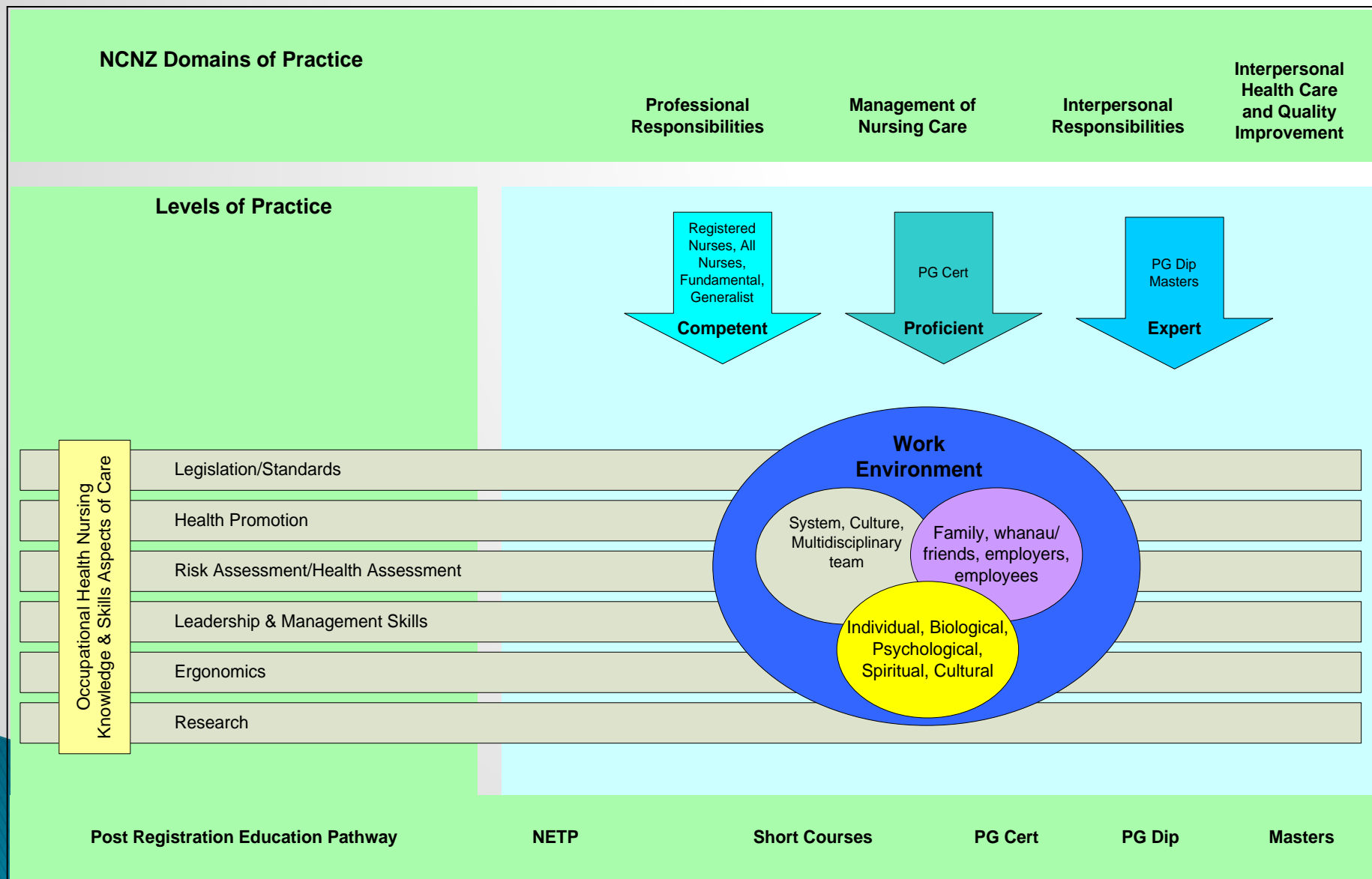
- ❑ Legislation change (HSAW Act) with a bigger focus on health monitoring
- ❑ The development of HASANZ and NZOHNA's work and representation
- ❑ Nursing Council requirements – annual APC
- ❑ Other key documents that embody the worth and need for OHN's
 - ❑ Worksafe's Healthy Work – Strategic plan for work related health 2016 to 2026
 - ❑ Asbestos regulations and the role of health monitoring

Objectives

- ❑ To produce a base document for practice, that aligns with NZNC competencies, and provides a standard for practice for individual acceptance to the HASANZ register.
- ❑ Identify OHN's unique **core competencies** to meet in this speciality
- ❑ **Identify** the knowledge, skills and capabilities of OHNs
- ❑ To guide OHNs in their continuing **professional development pathway**
- ❑ Define OHN's **scope of practice** and contribution to the improvement of health outcomes of the working population



Education pathway for OHNs



What do YOU need to do for YOU

- ▶ Communicate – top down without imposition
- ▶ Have a front line person leading your investigation or critical risk panel.
- ▶ Call these learning teams – stories will convey more than statistics
- ▶ Give your staff permission and encourage them to talk
- ▶ People need to know that you care – they don't care what you know
- ▶ Look at the content and the context of the work that YOUR workers do and manage that
- ▶ “off the shelf” system will gather dust because it doesn't actually fit

A safety advisor or consultant is not the only solution

- ▶ Use Kiwirail's example as they won the NZ Blackwoods "Best initiative to encourage engagement in health and safety"
- ▶ It involved staff, union, managers, technical experts and safety advisors
- ▶ It was textbook engagement process
 - The team learns how to learn
 - Proposes solutions
 - Challenges them
 - Develops a consensus solution

What can WE do for you?

- ▶ A day in the life of an OHN
- ▶ Pre-employment – we screen for existing co-morbidities
- ▶ Annual monitoring – we monitor for exposure to a health related safety risk (hazard)
- ▶ We report statistically
- ▶ We identify those that could pose a health related safety risk and whether that risk is safety critical

- ▶ Good conversations start with good inquiry – ask NOT the 5 why's but 1 HOW
- ▶ In the HOW you get the operational PROCESS to make the CHANGE
- ▶ What you manage is the VARIABILITY SHIFT from not IF this happens but WHEN
- ▶ The problem is NOT THE HAND – the hand is how we work. Give the worker the CAPACITY TO FAIL SAFELY

Dr Todd Conklin

Management– make sure **YOU** are not asking **YOUR** workers to come into **YOUR** world and look at the issue through **YOUR** lens so that **YOU** can give **THEM** a solution to **THEIR** problem

- ▶ Safety is not the ABSENCE of accidents –it is the presence of the CAPACITY for DEFENCES
- ▶ Workers are AS SAFE AS THEY NEED to be without being too safe and IN ORDER TO BE PRODUCTIVE
- ▶ It's not about the ACCIDENT because you will always fail – it's about how GRACEFULLY you fail
- ▶ Safety is not INHERENT – you have to ADD safety to the PRODUCT to make it safe

❑ Must be based on a freedom of honesty

❑ Must be based on a freedom of knowledge

❑ And used in a relationship of trust

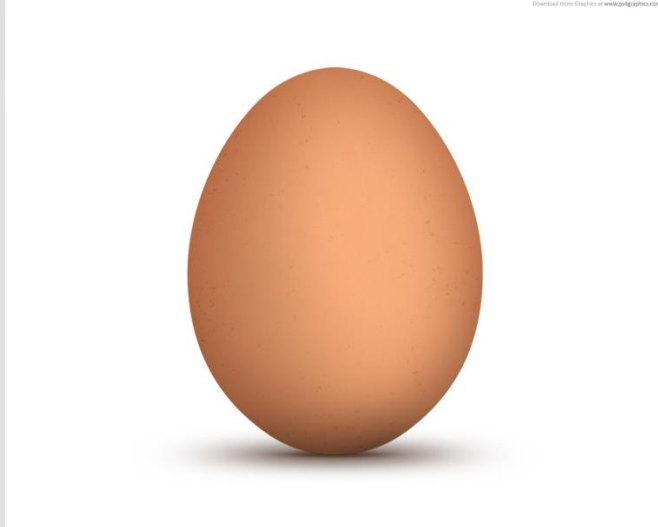
Health + Safety = Good Business

Versus – a seachange in thinking

Compliance	Engagement
Safety	Health
Reactive	Proactive
Statistics	Stories
Cost	Investment
Blaming	Learning
Failure	Success
THIS?	OR THIS??

Dr Hilary Bennett





When something breaks
you can see what's inside

Dr Hilary Bennett

