About the Australian Work Health and Safety Strategy 2012–22

The Australian Work Health and Safety Strategy 2012–22 (the Strategy) has been designed to drive key national activities that:

- will improve the health and safety of all Australian workers, and
- support organisations to better prevent and manage workplace risks.

The Commonwealth, all state and territory governments, major peak employer organisations, worker representative groups, and other bodies all develop strategic plans to support improved work health and safety.

The activities which they each undertake under their strategic plans will support (and be supported by) the outcomes of the Strategy.

Notes:

- Please read the Strategy in full before commenting as the context in which the quoted sections occur and the interaction between various parts of the Strategy need to be taken into consideration.
- The explanatory notes and the text in the left hand column are intended to assist you in answering the questions; they do not form part of the Strategy and do not require comment.
- All direct quotes from the Strategy are in *italics*.
- If you only wish to comment on a particular part of the Strategy, you can click on one of the **LINKS** below to go direct to that page.
- Please either highlight your choices (e.g. YES NO) or delete the inapplicable option.

PURPOSE OF THE STRATEGY

Explanatory Note

The purpose of the Australian Work Health and Safety Strategy is to drive key national activities to improve work health and safety.

It is aimed at national organisations – professional, industry and worker bodies; safety regulators and governments; and other peak bodies which in turn will influence everyday work and workplaces across Australia.

Detailed national activities will be developed by stakeholders as part of the implementation plans that will underlie and support the Strategy.

The Strategy is not designed to be applied directly to generating individual workplaces work health and safety plans. However managers may like to consider how concepts within the Strategy such as '*healthy and safe by design'* may be applied in their own workplaces.

Purpose of the Strategy	Do you agree with this focus in the Strategy? **YES** **NO**
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THE VISION AND PRINCIPLES

Explanatory Note

The vision is the aspirational outcome of the Strategy.

The Strategy is underpinned by the principle that all workers, regardless of their occupation or how they are engaged, have the fundamental right to be free from the risk of work-related death, injury and illness, and the belief that healthy and safe work will allow Australians to have more productive working lives.

This is consistent with the United Nations' Universal Declaration of Human Rights and is reflected in duties of care established in all Australian work health and safety legislation.

The vision of the Strategy is:	Does this vision capture the aspirations you believe should underpin the Australian Work Health and Safety Strategy?
Healthy, safe and productive working lives.	**YES** NO

Comment:

This vision is based on two key principles:

Workers have the fundamental right to be free from the risk of work-related death, injury and illness, and	Should this principle be included in the draft Strategy? **YES** NO

Comment:

Healthy and safe work will allow Australians to have more productive working lives.	Should this principle be included in the draft Strategy? **YES** NO

Comment:

2022 OUTCOMES

Explanatory Note

Four high-level outcomes are to be achieved by 2022:

- reduced incidence of work-related death, injury and illness
- reduced exposure to hazards or risks causing work-related injury and illness
- improved quality of workplace controls, and
- improved work health and safety infrastructure.

The first outcome will be achieved through the other three. Reducing exposure to hazards, and improving the quality of workplace controls, will lead to a reduction in the incidence of work-related death, injury and illness.

Note: The Strategy proposes reductions of 20 per cent in work-related injury fatalities, and 30 per cent in work-related injuries by 2022. You will be asked to comment on these figures in the next section of these questions.

The 2022 Outcomes are not expressed in numeric terms but it is assumed that the reductions and improvements referred to in the 2022 Outcomes would be broadly consistent with the numeric targets.

Reduced incidence of work-related death, injury and illness.	Do you think this outcome would contribute to achieving the vision? **YES** NO
	Can a reduction be achieved within the time frame? **YES NO**
Comment:	
Reduced exposure to hazards or risks causing work-related injury and illness.	Do you think this outcome would contribute to reducing the incidence of work-related death, injury and illness? **YES** NO
	Can a reduction be achieved within the time frame? **YES NO**
Comment:	
Improved quality of workplace controls.	Do you think this outcome would contribute to reducing the incidence of work-related death, injury and illness? **YES** NO
	Can an improvement be achieved within the time frame? **YES NO**
Comment:	
Improved work health and safety infrastructure	Do you think this outcome would contribute to reducing the incidence of work-related death, injury and illness? **YES** NO

	Can an improvement be achieved within the time frame? **Yes/ No**
Comment: 	

TARGETS AND PRIORITIES

Explanatory Note

The Strategy includes national targets and performance indicators which will be used to monitor the success of national actions to meet the 2022 Outcomes.

Targets will be developed and implemented by 2015.

Work-Related Fatalities Targets: The Strategy includes a target of a 20 per cent reduction in the number of injury fatalities. More information on injury fatalities.	Do you think a 20 per cent reduction is: • About right • Too low • Too high • Irrelevant, we shouldn't have numeric targets • Other (please explain).
Comment:	
Work-Related Injuries Targets: The Strategy includes a target of a 30 per cent reduction in incidence rates of all claims resulting in one or more weeks off work. More information on incidence rates	Do you think a 30 per cent reduction is: • About right • Too low • Too high • Irrelevant, we shouldn't have numeric targets • Other (please explain).
Comment:	
Body stressing Injuries Targets: The Strategy includes a target of a 30 per cent reduction in the incidence rate* of claims resulting in one or more weeks off work due to body stressing. More information on body stressing More information on incidence rates	Do you think a 30 per cent reduction is: • About right • Too low • Too high • Irrelevant, we shouldn't have numeric targets • Other (please explain).
Comment: Back to Links Next Page	

NATIONAL INDUSTRY PRIORITIES

Explanatory Note

The national industry priorities will focus activities and attention on those which contribute to the highest death, injury and illness to workers.

Sub sectors will be chosen from within these industries for three year periods during the life of the Strategy. This will be done during the development of the implementation plans.

National Industry Priorities	Please indicate whether you agree that the following industries should be considered priorities:
The following broad industry groups have been identified as priorities for the reduction of the incidence of traumatic fatalities, injuries and illnesses by 2015	
• Agriculture	<mark>YES</mark> NO
Comment	
• Transport	<mark>YES</mark> NO
Comment	
• Manufacturing	<mark>YES</mark> NO
Comment	
• Construction	<mark>YES</mark> NO
Comment	
• Health	<mark>YES</mark> NO
Comment	

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WORK RELATED DISEASES AND DISORDERS

Explanatory Note

To focus national prevention efforts, six work-related disease or disorder categories are proposed as national priorities in the first five years of the Strategy. These have been chosen based on their severity, the number of workers estimated to be affected, and the existence of known prevention options.

At the time of the development there is limited reliable national data on short latency occupational diseases, and a lack of reliable national data on work-related long latency diseases and disorders. Establishing numeric targets on the incidence of these diseases is therefore not yet possible.

For short latency diseases, there are clearer links between work-related exposure and subsequently developing the disease. For long latency diseases, although exposure to known hazards may be well-established as a cause of the disease, work-relatedness may be more difficult to establish.

The Strategy proposes in the first five years of the Strategy:

- establishing targets to reduce short latency diseases, and
- establishing targets to reduce exposure to the causes of long latency diseases

Priority work-related diseases:

The work-related disease and disorder categories are:	Please indicate whether you agree that the suggested diseases and disorders should be considered priorities:
musculoskeletal disorders	<mark>YES</mark> NO
mental disorders	<mark>YES</mark> NO
cancers (including skin cancer)	YES NO
asthma	YES NO
contact dermatitis, and	YES NO
noise-induced hearing loss	YES NO

Comment:

Work-Related Disease Targets:	Do you agree that numeric targets for reduction in the incidence of work-related short latency diseases should be established in the first years of the Strategy?
It may be possible to establish numeric targets for some short latency diseases in the first years of the Strategy.	<mark>YES</mark> NO If you answered **No** please indicate why.

Comment:

Work-Related Disease Hazard Targets:	Do you agree that targets for the prevention of exposure to disease causing agents should be established by 2015?
Establishing national targets for the prevention of exposure to the hazards which can cause short and long latency diseases is proposed by 2015.	<mark>YES</mark> NO If you answered **No** please indicate why.

Comment:

ACTION AREAS	
Explanatory Note	
The Strategy identifies seven national action areas which together will help deliver the 2022 Outcomes. Achieving each Outcome will involve activity in several Action Areas.	
Healthy and Safe by Design: Hazards are eliminated or minimised by design	
a) *Structures, plant, equipment and substances are designed to eliminate or minimise hazards or risks before they are introduced into the workplace*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **<mark>YES</mark> NO**
	Comment
	Is achieving this Outcome: • <mark>very important</mark> • important • neutral • of little importance • of no importance
	Comment
b) *Work and work processes and systems of work are designed and managed to eliminate or minimise hazards or risks*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **<mark>YES</mark> NO**
	Comment
	Is achieving this Outcome: • <mark>very important</mark> • important • neutral • of little importance • of no importance
	Comment
	Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? **<mark>YES</mark> NO**

Comment:

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Supply Chains and Networks: Improved work health and safety through supply chains and networks	
a) *All links along a supply chain understand their cumulative impact and actively improve the health and safety of the supply chain.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **<mark>YES</mark> NO**
	Comment
	Is achieving Outcome A: • very important

	- <mark>important</mark> - neutral, - of little importance of no importance - of no importance
	Comment
a) Commercial relationships within supply chains and networks are used to improve work health and safety.	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? <mark>YES</mark> NO
	Comment
	Is achieving Outcome B: - very important - important - neutral - of no importance
	Comment
b) Industry leaders champion health and safety in supply chains and networks.	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? <mark>YES</mark> NO
	Comment
	Is achieving Outcome C: - very important - important - neutral - of no importance
	Comment
	Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? <mark>YES</mark> NO

Comment

Work Health and Safety Capabilities: Improved work health and safety capabilities.	
a) Everyone in a workplace has the work health and safety capabilities i.e. knowledge and skills they require.	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? <mark>YES</mark> NO
	Comment
	Is achieving Outcome A: - <mark>very important</mark> - important - neutral, - of little importance - of no importance

		Comment
b)	**_Those providing work health and safety education, training and advice have the appropriate capabilities, i.e. knowledge, experience and skills._**	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
		Comment
		Is achieving Outcome B: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
		Comment
c)	**_Inspectors and other staff of work health and safety regulators have work health and safety capabilities, i.e. knowledge, experience, skills and resources to effectively perform their role._**	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
		Comment
		Is achieving Outcome C: • <mark>very important</mark> • important • neutral, • of little importance • of no importance
		Comment
d)	**_WHS skills development is appropriately integrated effectively into relevant education and training programs._**	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
		Comment
		Is achieving Outcome D: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
		Comment
		Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? **YES NO**

Comment

Culture and Leadership: Community and organisational culture and leadership leading to improved work health and safety	
a) Proactive communities and their leaders drive improved work health and safety.	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES NO**
	Comment
	Is achieving Outcome A: • very important • **important** • neutral, • of little importance • of no importance
	Comment
b) Organisational leaders foster a culture of consultation and collaboration which actively improves work health and safety.	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES NO**
	Comment
	Is achieving Outcome B: • **very important** • important • neutral, • of little importance • of no importance
	Comment
c) Health and safety is given priority in all work processes and decisions.	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES NO**
	Comment
	Is achieving Outcome C: • **very important** • important • neutral, • of little importance • of no importance
	Comment
	Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? **YES NO**
Comment	

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Research and Evaluation: Evidence-informed policy, programs and practice	
a) *Research and evaluation are targeted to provide the evidence to prioritise and progress areas of national interest.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
	Comment
	Is achieving Outcome A: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
	Comment
b) *Australia has an effective research infrastructure and capacity.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
	Comment
	Is achieving Outcome B: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
	Comment
c) *Translating evidence to assist practical application.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
	Comment
	Is achieving Outcome C: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
	Comment
d) *The results of research are disseminated and implemented.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO
	Comment
	Is achieving Outcome D: • very important • <mark>important</mark> • neutral, • of little importance

	• of no importance
	Comment
	Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? **YES NO**
Comment [Back to Links](#)	

Government: Governments improve work health and safety	
a) ***Work health and safety is actively considered in the development, implementation and evaluation of government policy.***	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? <mark>**YES**</mark> **NO**
	Comment
	Is achieving Outcome A: • <mark>very important</mark> • important • neutral, • of little importance • of no importance
	Comment
b) ***Governments use their investment and purchasing power to improve work health and safety.***	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? <mark>**YES**</mark> **NO**
	Comment
	Is achieving Outcome B: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
	Comment
c) ***Governments exemplify good work health and safety.***	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? <mark>**YES**</mark> **NO**
	Comment
	Is achieving Outcome C: • very important • <mark>important</mark> • neutral, • of little importance • of no importance
	Comment

		Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? **YES** NO
Comment 		
Responsive Regulatory Framework: The regulatory framework responds and adapts to changing circumstances to maintain effectiveness		
a) *Legislation, policies and regulatory practice are reviewed and monitored to ensure they are responsive and effective.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO	
	Comment	
	Is achieving Outcome A: • very important • important • neutral, • of little importance • of no importance	
	Comment	
a) *Relationships between regulators and all who have a stake in work health and safety are effective, constructive, transparent and accountable.*	Do you agree that achieving this outcome will contribute to achieving the 2022 Outcomes? **YES** NO	
	Comment	
	Is achieving Outcome B: • very important • important • neutral, • of little importance • of no importance	
	Comment	
	Are there actions and/or activities that could be undertaken at the national level to support the achievement of these outcomes? **YES** NO	
Comment 		

ADDITIONAL ISSUES

Explanatory Note:

The Strategy also addresses discussed the need for international collaboration and regular reporting on progress.

International Collaboration	Is it important that the Australian Work Health and Safety Strategy should include an international focus?
Australia is a signatory to a range of international work health and safety conventions and agreements. This is one important way Australia can demonstrate our commitment and regional leadership in work health and safety.	**<mark>YES</mark> NO**
Australia should continue to contribute to building the international evidence base on work health and safety through appropriate international collaboration, cooperation and exchange of information particularly in relation to our national priorities. Australia can support the building of work health and safety capacity in our region.	

Comment

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Reporting	Are the proposed reporting arrangements sufficient?
There will be an annual progress and activities report on national, and the Strategy (and Implementation Plan) will be comprehensively reviewed in 2017.	**YES <mark>NO</mark>**
Informed by the 2017 review, the Strategy will be modified as required to ensure its continued effectiveness.	**Comment:** The APA would support national reporting requirements that facilitate the accurate collection of data and acknowledges that data collection is essential to establish numeric targets on the incidence of short and long latency disease.
	There has been a trend in the Australian workforce to introduce 'safety bonuses'. The NSW Mine Safety Advisory Council has produced Guidelines for production bonus payments and safety-based incentive schemes in the mining industry. The APA is concerned that industries in which bonuses are directly related to an employee's health and safety record may encourage a significant incentive to under report. A reporting culture aimed at reducing injury claims at all levels can result in an under reporting of smaller injuries, hazards and near misses.

This under reporting means that businesses are likely to have a reduced ability to identify trends that result in the larger cost injuries and incidents and in cumulative disorders, such as those of the musculoskeletal system (body stressing injuries and disorders).

The APA would support a reporting target that is focused not only on reducing the number of reported claims at all levels but that encourages reporting of minor injuries and near-misses. This data will determine how and where to allocate funding for prevention education and training. Such a reporting scheme, coupled with the development of a sustainable risk register, has the potential to produce more accurate data and assist employers to eliminate or manage potential hazards and risks.

What would you like to see included in annual and periodic reports on the Strategy?

Comment:

Annual and periodic reports to include reported data and information on:

- Improvements in return-to-work rates - how quickly after the date of injury do workers return to work?

- What is the incidence of re-injury in the workplace?

- Reporting on *type* (i.e. body stressing injuries? mental injuries?) and *severity* of the injuries sustained at work

- What sort of safety measures have Australian workplaces implemented to prevent injury? i.e. is the implementation of safety equipment deemed more effective than educational seminars?

- How effective are the

	reporting requirements in preventing workplace injuries?

GENERAL COMMENTS

Is there anything in the draft Strategy that shouldn't be there?	**Comment:**
Should the draft Strategy include additional material? If so what?	**Comment:** **Mental health and national action areas** Whilst mental health is listed as the second disorder on the list of key priority work-related diseases or disorders, the APA submits that mental health does not fit simply into any of the current six national action areas. **Focus on overall health of Australian workforce** There is an emphasis on identification of hazards and management of risks in the Draft Strategy but no specific mention of the importance of improving the general health of working Australians. There is a strong correlation between general health (both physical and mental) and risk of injury. The APA would caution against a strategy that focuses only on minimising workplace hazards and risks at the expense of the overall health of the Australian workforce.
How could the draft Strategy be improved?	**Comment:**
If you wish to comment on any other issues in the draft Strategy which have not been addressed in the questions above, please include your comment in the **ADDITIONAL COMMENTS** area at the end of the questions. **If you wish to make any additional comments please** click here.	

ADDITIONAL COMMENTS

The APA bases the following comments on the principle that the workplace affords the best community opportunity for health promotion and maintenance in people of working age.

Australia's ageing workforce

The APA submits that there are several current and future challenges facing the Australian workforce. Australia is currently grappling with an ageing workforce. A central challenge is to maintain the health and work capacity of an ageing population and to assist older workers to adapt to changing work conditions.

Another emerging issue to consider is transitional retirement. This trend appears to be in response to the current social environment, in particular the economic impact of the global financial crisis on workers' superannuation value. This is encouraging people to work past the usual retirement age of 65 years and to re-enter the workforce full-time due to their financial situation. This requirement may contribute to employee stress and a decline in their overall physical and mental health.

As there is a strong correlation between general health and risk of injury, the APA considers that Safe Work Australia should consider this Strategy in the context of the wider economic market, coupled as it is with longer working hours, more stressful working conditions and delayed retirement.

Sedentary working conditions

We are moving to an age where jobs are increasingly sedentary and this poses associated health risks that may not be encompassed within a standard hazard identification approach. An unhealthy diet either at work or through lack of access to healthy food; chronic stress; and largely sedentary lifestyle have been identified as key factors contributing to a steep increase in adult-onset diabetes and obesity, what the Department of Health and Ageing has termed 'diabesity'[1].

The APA proposes that the Strategy should incorporate particular interventions to encourage a less sedentary working style and focus on encouraging workers to move about more frequently and increase their incidental physical activity.

Increased focus on mental health

The APA recognises that overall health and function involves a complex biopsychosocial process and that mental health is an important component of this. The modern work environment is changing at a rapid pace. The roles and functions of the traditional 'worker' have changed in recent years as the Australian workforce has diversified. Some employees, such as fly-in/fly-out workers face unique challenges of fatigue and increased stress, associated with frequent travel and living away from home and family. Similarly, employees working in remote areas, such as mining towns, often work long shifts for several weeks or months at a time, away from family and friends. Such solitary and tough working conditions carry severe personal, social and health costs.

The APA notes with concern that there is currently limited reliable national data on short latency work-related diseases and a lack of reliable national data on work-related long latency diseases.

The APA would support national reporting requirements that facilitate the accurate collection of data and acknowledges that data collection is essential to establish numeric targets on the incidence of short and long latency disease.

There has been a trend in the Australian workforce to introduce 'safety bonuses'. The NSW Mine Safety Advisory Council has produced Guidelines for production bonus payments and safety-based incentive schemes in the mining industry. The APA is concerned that industries in which bonuses are directly related to an employee's health and safety record may encourage a significant incentive to under report. A reporting culture aimed at reducing injury claims at all levels can result in an under reporting of smaller injuries, hazards and near misses. This under reporting means that businesses are likely to have a reduced ability to identify trends that result in the larger cost injuries and incidents and in cumulative disorders, such as those of the musculoskeletal system (body stressing injuries and disorders).

The APA would support a reporting target that is focused not only on reducing the number of reported claims at all levels but that encourages reporting of minor injuries and near-misses. This data will determine how and where to allocate funding for prevention education and training. Such a reporting scheme, coupled with the development of a sustainable risk register, has the potential to produce more accurate data and assist employers to eliminate or manage potential hazards and risks.

Reference
1. Department of Health and Ageing. (2000). Diabesity & associated disorders in Australia – 2000. Available at www.health.gov.au/internet/main/publishing.nsf/Content/pq-diabetes-pubs-diabesity

The Australian Physiotherapy Association (APA) makes the following comments:

1. The APA supports the proposed *Vision and 2022 Outcomes*. The APA acknowledges that it is important for a national strategy to focus on reducing the economic and human costs of work-related injuries, illnesses and deaths borne by employers, workers, their families and the broader community.

   The APA suggests however that the current Strategy statement should make mention of the health and social benefits of work. Work is of great importance to an individual's health and well-being. Without fulfilling work, people may not achieve their full potential and this may affect themselves, their families and their communities. [1, 2]

2. The APA supports that creating healthy and safe work will require jobs, tasks and equipment to be designed to accommodate the abilities, diversity and vulnerabilities of Australian workers. This includes those returning to work following illness or injury, as well as young and aging workers.

   In designing and re-designing jobs and tasks to reduce exposure to hazards and improve the quality of workplace controls, the APA suggests that qualified occupational health and

safety practitioners be consulted on improved designs, procedures and processes. By way of example, occupational health physiotherapists work with the direct support of workplace representatives to provide advice regarding the design, modifications, organisation and supply of equipment to help create a safer work environment and prevent workplace injuries.

In this respect the *Safe Design, Manufacture, Import and Supply of Plant* Draft Code of Practice should provide that effective risk management must include input from a range of appropriately informed content experts including health and safety professionals in addition to the designers, suppliers, purchasers and users of the equipment.

The APA would recommend that advice on training in the use of equipment should include recommendations for healthy and safe operation with input from qualified health and safety practitioners.

3. The APA believes that the three overarching national targets are achievable provided there is adequate commitment from governments, employers, unions, professional bodies and businesses.

4. The APA agrees with the third target of the Draft Strategy which proposes a *30% reduction in the incidence rate of claims caused by body stressing*. Combating musculoskeletal disorders and focusing on prevention efforts is a key objective of the national work-related disease and disorder targets.

The APA points out that Occupational Health Physiotherapists can add an extra dimension of knowledge and skills that can be applied to the prevention of work-related body stressing injuries and illnesses. They have specific clinical reasoning skills, knowledge of anatomy and biomechanics, ergonomics and occupational health, and understanding of workplace conditions to advise designers, employers, WHS advisers and employees regarding the appropriate design, selection and use of equipment; the design of work systems; and the development of safe work methods.

Reducing the incidence of body stressing disorders must be accompanied by reducing their prevalence. This is usually referred to as secondary prevention and is aimed at effective management of injured workers through early intervention (before claims are made); appropriate early treatment; and suitable rehabilitation including the safe upgrading of duties for injured workers, to prevent exacerbation of injury and to keep them as work-ready as possible. The APA would submit that APA-titled and specialist Occupational Health physiotherapists are extremely well qualified to prevent and manage body stressing injuries and encourage workers to remain at or, at least, return earlier to work.

5. The APA supports the six national action areas but would propose that additional national action areas should be expanded to include promotion of the health and wellbeing of all working Australians (not just injured workers); and to monitor and improve the mental health of workers who are at risk of these disorders.

References:
1. Black D. C. (2008). Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population. Norwich: The Stationery Office
2. Aylward, M. (2010). Realising the Health Benefits of Work. Australasian Faculty of Occupational & Environmental Medicine Position Statement. Available at http://www.racp.edu.au/page/policy-and-advocacy/occupational-and-environmental-medicine

DEFINITIONS:

Incidence rates:

The incidence rate is calculated as the number of accepted workers' compensation claims resulting in one or more weeks off work per 1000 employees.

Compensated Injury Fatalities:

Compensated injury fatalities refer to those fatalities due to an injury while working and for which there are accepted workers' compensation claims. It does not include fatalities of those workers not covered by compensation, for example self-employed farmers or self-employed construction trades persons.

Body stressing Injuries:

Body stressing refers to injuries or diseases which result from stress placed on muscles, tendons, ligaments and bones. It includes:

Muscular stress while lifting, carrying or putting down objects

Muscular stress while handling objects other than lifting, carrying or putting down

Muscular stress with no objects being handled (for example, bending, turning or twisting movements)

Repetitive movement, low muscle loading (for example, occupational overuse)

Claims due to body stressing account for about 40 per cent of all claims resulting in one or more weeks off work.

Severity:

The severity of the injury, disease or disorder refers to the seriousness of the potential consequences of the injury, disease or disorder for example whether it is potentially life threatening or causes a permanent or long-term disability.

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