

Work and Health



Many employers have been introducing 'health and well-being' and 'fit for work' programs. Governments are also promoting programs aimed at lessening the burden of chronic diseases caused by lack of physical activity, obesity, alcohol misuse and cigarette smoking. The predicted high human and economic cost of the chronic illness caused by these risk factors includes heart disease, diabetes, cancer and cardiovascular problems like strokes.

This Kit is designed to assist HSR/delegates/organisers in:

- making sense of these initiatives
- making sure that workers are treated properly and
- making sure that employers do not avoid or get sidetracked from their legal responsibilities in providing healthy and safe work.

As unions we have a role in improving people's lives: so improving work, workplaces, and encouraging healthy lifestyles are legitimate labour union roles.

This kit is a guide on health promotion at work for unionists; it does not deal with "fit for work" programs. Fit for work tests can be used by employers to screen out workers with disabilities or health problems which the employer believes makes the worker unsuitable for the work. These programs can be discriminatory and should be discussed with your union.

Refer to Appendix 1 for background information. This information may be useful when discussing these programs with the members or management.

The kit is divided into three sections:

I. THE H IN OCCUPATIONAL HEALTH AND SAFETY

II. WORK PROMOTING BETTER HEALTH: HEALTH PROMOTION IN THE WORKPLACE

III. A SUGGESTED APPROACH

Part A: What We Work With

Risks at work such as manual handling, hazardous chemicals, carcinogens, noise etc

Part B: The Way We Work

- shiftwork,
- long hours, lack of work breaks
- sedentary work,
- stress,
- casual employment etc.

Part C: Health promoting workplaces

- Cooperative relationship between management and workers
- Healthy food options on site
- Good facilities including showers etc

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Part D: Workers with disabilities and ill or injured workers

- Workers Compensation: Safe and fair return to work
- Rehabilitation
- Protecting workers with disabilities

A WORKED EXAMPLE

Appendix 1: Background information

Appendix 2: Tips for Unionists

Appendix 3: Checklists

Appendix 4; Body Mapping Exercise

Appendix 5: Individual health checks

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THE H IN OCCUPATIONAL HEALTH AND SAFETY

Australian workplaces are not always healthy places to be. The figures speak for themselves:

- 21 deaths per day due to work related incidents or illnesses
- 1890 people per day are injured or fall sick from work related cause
- An estimated one and a half million Australian workers are exposed to cancer causing substances¹.

Healthy work has to start with *where we work*, *what we work with* and *how we work*. Unions know that the most effective way of promoting health at work is through *prevention*. This is why unions educate, train and campaign to ensure that workers are protected from overwork, stress, exposure to dangerous chemicals and unsafe working practices etc.

Unions are involved in initiatives aimed at changing *the way we work*. Work can be organised to promote positive health through avoiding working arrangements where a person is inactive for long periods of time, or where a person is exposed to adverse levels of stress. Work-life balance policies are also an important contribution towards encouraging a healthier lifestyle.

Occupational Health is regulated under occupational health and safety legislation. The law gives the employer the tools to make work safe and without risk to health. The employer has legal duties to workers and others. It also means that governments have a duty to regulate; that is, to ensure compliance with the law by

- developing regulations and codes which address the range of work-caused injuries and illnesses
- providing information and advice;
- inspecting workplaces for exposures and to ensure compliance;
- where necessary, enforcing the law through the issuing of notices, prosecutions and other instruments.

Governments around Australia agreed to the [National OHS Strategy 2002-2012](#). The Strategy identified five national priorities to “achieve short- and long-term OHS improvement and to nurture longer-term cultural change”. These were to:

- reduce the impact of *risks at work*
- improve the capacity of business operators and workers to *manage OHS effectively*
- prevent *occupational disease* more effectively
- *eliminate hazards* at the design stage, and
- strengthen the capacity of government to influence OHS outcomes.*(Our emphases)*

In the view of unions, the National OHS Strategy and its priorities, and the expected outcomes, are far from being achieved. Much more emphasis must be placed, by both our regulator and employers, on addressing *occupational health and occupational disease*.

¹ Fritschi, L and Driscoll, T. Cancer due to occupational in Australia. Aust N Zealand Journal Public Health, vol 30, pp 213-219, 2006

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What is occupational disease?

Occupational disease refers to illnesses that are caused by risks at work. Safe Work Australia has identified six occupational diseases for monitoring: respiratory disease, occupational cancers, infectious and parasitic disease, cardio-vascular disease, musculo-skeletal disorders (muscle sprains) and noise induced hearing loss.

Unions have argued for the inclusion of the following occupational diseases:

- Dermatitis
- A focus on work related asthma
- Stress
- Psychological effects – e.g. anxiety, depression
- Physical effects – e.g. cardiovascular disease, etc
- Reproductive diseases

How serious is it?

In Victoria's WorkSafe 2007 'Omnibus' Survey approximately 58% of workers reported they were regularly exposed to stress. Exposed workers were asked about what risk control measures were used to decrease the risk of stress related illness/injury and the effectiveness of the controls. Unfortunately, workers rated the effectiveness of the measures a low 5 out of 10. The same survey found that 57% of workers were exposed to manual handling hazards.

Increasing numbers of people are working more than 48 hours a week which increases their exposure to workplace hazards e.g. manual handling and hazardous substances.

Certain aspects of work can also lead to other health problems. For example, there is a strong link between stress and the use of tobacco, recreational drugs and alcohol. Working sitting down all day or having only access to junk food during a 20 minute lunch break can contribute to obesity. Obesity is a risk factor in the development of diabetes.

A 2008 survey of Australian workers, conducted by the Federal government agency SafeWork Australia revealed the following:

Workers were regularly exposed to	% of workers surveyed
Chemical substances	36
Dusts	34
Gases, Smoke or Fumes, etc	22
Loud Noise	32
Vibrating tools, equipment or vehicles	30
Biological materials	20
Wet work	25

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WORK PROMOTING BETTER HEALTH: HEALTH PROMOTION IN THE WORKPLACE

Governments are encouraging the use of the workplace as a place to encourage healthier lifestyles. Some employers are introducing wellness and well-being programs – sometimes with government funding.

HSR, organisers and delegates need to engage with employers on these issues, while at the same time avoiding some of the pitfalls. Unions can also take initiatives to both address work related issues and non work related health issues. The use of the workplace for a public health message, that is with 'health promotion programs', is not new. But health promotion must be additional and not take the focus away from OHS – any suggestion that these health programs are the "H" in OHS is not acceptable. As we have highlighted above, the "H" in OHS is preventing the work causes of ill health.

What are some of the issues?

The workplace can, like any other environment, be a useful place to encourage people to make healthy choices and address 'lifestyle' health issues. But it must be done in a non-judgemental way that creates the opportunities for people to make healthier choices. Any activities must not over take or replace the prevention of work-related factors contributing to worker ill-health. Large gains in promoting better health can be made through reducing stress, unhealthy working hours, exposure to hazardous substances and injuries and introducing policies that promote 'work-life balance'.

After addressing workplace issues, there is a lot that an employer can do to assist in the promotion of good health through introducing measures such as those listed in Appendix 3. If the employer is going to be involved in *lifestyle health issues*, these programs must:

- ensure that no one feels pressured or discriminated against
- be voluntary
- not disclose confidential health information and
- look at any features about the work and workplace which contribute to unhealthy lifestyle behaviours
- be done in consultation with, and agreement of, HSR/delegates and workers.

Any attempts by employers/governments to introduce moral elements to lifestyle issues must be resisted. For example, there is a difference between an employer attempting to introduce choices in a positive manner that will help people wanting to lose weight, and an employer who sees it as their duty to make sure that anyone with an above-average body weight must lose weight. People who are over-weight/obese people must not feel stigmatised. An employer should be considering work practices, and introduce work methods that reduce the risks of becoming overweight: for example, change work so that a worker does not sit all day.

Consultation and in partnership with workers and their unions

Employers wanting to introduce any health promotion/lifestyle program or activities must only do so *in partnership with* the workforce and their unions rather than *on behalf of* the workforce. Examples of poor planning and/or no consultation include attempts to encourage

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workers to 'eat better' while not offering adequate facilities to make this possible; or introducing compulsory health checks. Employers must make sure that they consult with the workforce, through HSR /delegates and union, about what sorts of programs/activities might be introduced.

Choice

Workers must be able to choose to participate and at what level they wish to participate in programs targeting lifestyle factors. Participation in such programs cannot be compulsory.

Health promotion can only work if it is

- aimed at everyone
- involves everyone
- respects confidentiality and individual choice about each person's level of participation and
- does not discriminate or label those who are overweight or have health problems.

Sorting out who does what

It is recommended that both the elected HSR and the union delegates are involved. Both need to be consulted and consult with each other in relation to any proposal to introduce a health promotion program or activities. Delegates/HSR should jointly examine any proposal, and agree on a strategy to ensure that these activities do not shift the focus from the workplace to individual workers. The strategy should include how to inform/consult/involve the workers; who will be doing what; and so on. A suggestion is that while everyone needs to know what's happening and be involved in planning the response, the issues be split as follows:

Work-related factors - the HSRs ensure any potential work-related factors are identified, isolated from the 'lifestyle/health promotion' activities and dealt with as OHS issues (ie using powers under the Act, procedures for resolution under the OHS Act, and regulations); and

Health promotion/lifestyle/WorkHealth activities - the delegates ensure that any lifestyle targeted/health promotion activities are acceptable, and that any potential issues of concern are identified and resolved.

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A SUGGESTED APPROACH

In making work healthy it is important to look at all the risk factors making work unhealthy. This next section goes through the separate aspects of 'making work healthy'.

A. What We Work With

Physical hazards and risks at work such as:

- manual handling
- hazardous chemicals (including asbestos, lead, silica),
- carcinogens (cancer causing substances),
- noise etc

B. The Way We Work

Hazards and risks at work such as:

- shiftwork
- long hours, lack of work breaks
- sedentary work
- stress
- casual or precarious employment
- bullying etc

C. Health promoting workplaces

Workplaces that encourage healthy activities by:

- provision and maintenance of workplace facilities and amenities
- availability of healthy food
- appropriate dining facilities
- promotion of physical activities (eg subsidized gym membership; walking groups, etc)
- health checks.

D. Workers with disabilities and ill or injured workers

Workplaces that support and ensure that recovering workers or workers with disabilities are provided with:

- Modified workplaces where necessary
- Return to work plans which have been developed in consultation with injured workers and treating practitioners

A. What we work with

All workplaces must have a satisfactory system in place to ensure that the employer is complying with duties under the OHS Act and regulations (that is to identify the above, and

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any other, hazards, and to implement and review controls to eliminate or minimise the risks, in consultation with elected OHS reps and workers).

If your employer raises the possibility of introducing any sort of health promotion program or activities, the first thing to do is ensure that any hazards and associated risks of *occupational disease* are identified.

Go through the attached checklists on each of the topics according to duties under the OHS Act, and regulations.

Go through the Consultation Checklist to check consultation is occurring – see two possible models, attached

Has the employer undertaken a process to identify if there is an issue with any of the above hazards?

Do a Body Mapping exercise with your Designated Work Group (DWG). Ensure all the DWGs complete one and then to through the results with the other HSRs/delegates.

Check compliance with regulations – go through each of the items above; checklists, etc. For example, for Hazardous Subs:

- MSDS
- Monitoring
- Health surveillance
- Information instruction training
- Materials from the ZOCC campaign (see AMWU Occupational Cancer: a Guide to Prevention).

B. The way we work

Apart from the physical hazards described in **(A)**, the *way we work* also has a huge influence on our health.

Shiftwork: apart from the immediate effects on workers such as interference with sleep, difficulties with regard to diet, and effect on family life, there is increasing evidence that working certain types of shiftwork increases the risk of heart attacks and cancer.

Long hours, lack of work breaks: long hours of work and insufficient breaks not only cause fatigue and increase the rate of ‘accidents’ but also contribute to stress (which can be a factor in other conditions such as cardiovascular problems), and increase the likelihood of being a cigarette smoker. Long hours can also interfere with a person’s ability to have or a balanced social life and to exercise, eat well and so on.

Sedentary work: recent research² has shown that even if a worker undertakes moderate and regular exercise in their own time, if their work necessitates them being seated for most of the day, this is the most important precondition for the development of diabetes. In other

² Dunstan, D et al “*Too Much Sitting*” and *Metabolic Risk- Has Modern Technology Caught Up with Us?* European Endocrinology, 2010; 6(1):19-23

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words, if a worker is seated most of the day, then even regular exercise will not lower his or her chances of contracting diabetes.

Stress: stress can be the result of both workplace stressors (physical such as noise, or organisational, such as work pressure, shiftwork) and non-work related stressors.

Bullying, harassment and violence: which, according to numerous workplace surveys, are becoming increasingly widespread.

Casual or precarious employment: Australia has one of the highest levels of casual employment in the world. This can affect workers' ability to plan their lives and achieve a good work/life balance, and can be another source of stress.

Identifying work related risks is fundamentally important in ensuring that all the work related factors are dealt with. There are several ways of doing this, and it will be likely that a combination of ways is the best way to go. These are:

- Consultation between employers, HSR and workers (as per OHS law)
- Workplace inspections
- Mapping
- Making sure accidents, incidents, near misses and hazardous work overload, fatigue, unsafe shifts, bullying, etc are reported
- Checking that the workplace is being monitored, where necessary, for exposures to hazardous substances or noise
- Ensuring reporting and accident investigations are thorough and involve workers and HSRs
- Ensuring HSRs are informed, provided with all relevant information and have access to the Injury and Incident Registers.

C. Health promoting workplaces

If workplaces, as well as being as healthy and safe as practicable in terms of hazards and risks, can also be **health promoting**. This is a bonus for the general health of workers. It is in this area that government supported, employer promoted (non-occupational) health 'promotion' programs can provide benefits.

In conjunction with *eliminating/controlling hazards* and *improving the way we work*, such programs can lead to further improvements in the health of working people, and, by extension, their families. In other words, making sure that health and safety risks are controlled and making work and the workplace somewhere that promotes good health is of benefit to everyone.

D. Workers with disabilities and ill or injured workers

Having access to work is everyone's right. So workplaces need to make changes to ensure that everyone is welcome e.g. access for disabled workers, work station adjustments to cater for workers' physical needs, flexible and supportive working arrangements for workers with chronic health problems

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Many workers are injured at work. The right to return to safe and healthy work is also a fundamental right we must organise to protect. Work injured workers are entitled to compensation and rehabilitation. And they may require time off to regain their health.

Sometimes the workers' compensation process can create health problems e.g. financial stress, psychological problems dealing with difficult insurance companies and employers. Return to work planning specific and suitable to the individual should be undertaken by the employer in consultation with the injured worker and treating practitioner. Delegates/HSRs should refer to union information on workers' compensation and rehabilitation.

Summary

Improving workers' health and safety is a fundamental concern for unions. The best health outcomes for workers can be achieved by tackling *all* contributing factors – work-related and non work-related. Such an approach can provide for health promoting workplaces; where the combined efforts of employers, workers (and their unions) and government will improve the health and wellbeing of people at work.

This is achieved through a combination of:

- preventing exposure to all forms of hazardous work
- improving work organisation and working environment;
- promoting the participation of workers; and
- providing healthy choices.

But remember: An employers' first obligation under OHS law is to provide healthy and safe work. Those matters, over which the employer has a duty of care and control, are a first priority.

'Fit for work' and similar programs must not be a mechanism to discriminate against any group of workers, or to limit people's access to employment e.g. physical fitness tests, drug and alcohol programs, workers with injuries or illness not related to employment requirements.

Any program that encourages healthy choices must use the union principles of consultation, participation and involvement of the membership - from design to implementation to evaluation.

A WORKED EXAMPLE

There have been a number of workers compensation claims for back injuries and sore shoulders. The employer has read health promotion material, which says that tackling obesity will reduce the likelihood of this type of injury. The employer's proposal is to introduce a lunch time walking group to prevent these injuries. Before agreeing to anything, it's important to go through the four steps (A, B, C & D):

Background

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- Sprains and strains, musculoskeletal injuries are the highest compensable injuries in Australia
- WorkSafe Victoria (and other regulators) have had numerous campaigns to reduce the levels of such injuries
- Workhealth programs have identified that reducing 'obesity levels' will not only reduce the incidence of diabetes, but also reduce the incidence of strain and sprain injuries
- There are both work-related factors and personal lifestyle factors which can and should be addressed.

A – What we work with

Identify all the manual handling hazards and implement controls according to the hierarchy in the regulations to eliminate or if this is not reasonably practicable, reduce the risks so far as is practicable.

This means redesigning the workplace or the objects being handled; providing appropriate equipment; re-designing the work; providing such information, training, instruction and supervision as is necessary. Eliminating or reducing the risk of manual handling injuries will have both a short term and long term benefit on workers' health and well being.

B - The way we work

Identify and eliminate/reduce any factors that may contribute to both strains and sprains and may have an effect on weight. For example:

- Work pressure increases the likelihood of muscular sprains and strains
- Long hours and/or shiftwork increase exposure to the hazard and decrease opportunity for a healthy lifestyle
- Sedentary work increases risk of being overweight and developing diabetes.

C – Health promoting workplace

- Negotiating worker and family friendly working hours- for example to enable people to ride to work
- Suitable workplace facilities and amenities –eg, dining facilities, provision or access to healthy food/snacks/fruit; showers
- Encourage people to be more active both at work and after hours (eg promote health activities, subsidize gym membership, provide health checks)

D – Workers with disabilities and ill or injured workers

Investigate appropriate work modification and rehabilitation. Ensure that the work is appropriate to the capabilities of the worker.

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Check that workers on workers compensation are receiving all their entitlements and their Return to Work Plan has been discussed between worker, treating practitioner and HSR/delegate.

Going through all these steps will ensure that all the factors contributing to the problem of back and shoulder injuries are addressed – from what we work with, the way we work, ensuring the workplace is health promoting and looking after those with injuries.