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Safety Critical Workers - how do you certify fitness to work? - Concurrent Workshop Repeated

Friday, 16 August 2013

Start 2:00pm

Duration: 55mins

Kremlin

Start 3:05pm

Duration: 55mins

Kremlin



South GP CME 2013

General Practice Conference & Medical Exhibition

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Safety Critical Workers: How should you Certify Fitness for Work?

Dr Ben Johnston

Aviation and Occupational Medicine



Outline

- Who are Safety Critical Workers?
- Why should we care?
- Principles of Certifying Fitness for Work
- Considerations for Safety Critical Workers
- Case Vignettes
- Take Home Messages



Safety Critical Workers

Workers whose job function may affect...

the **safety** of themselves or others...

by their **actions** or **inactions**





Hazard vs Risk

Hazard

- A source of potential harm
 - To individuals
 - To organizations
 - To the general public
- e.g. A forklift loading dangerous goods

Risk

- The probability of harm if exposed to a hazard

Risk =

Likelihood x Consequence

- e.g. A hypoglycaemic T1 diabetic forklift driver loading dangerous goods



What is **Safety Critical** Work?

- Physical Risks
 - Specific hazards: physical, biological, chemical ergonomic/design
 - Working alone/isolated, heights/depths, heavy machinery, driving, confined spaces, hot/cold



What is **Safety Critical** Work?

- Risks with cognitive tasks
 - Higher executive functioning, decision making, regulatory and compliance roles
 - Distraction, multi-tasking, processing speed, insight and judgement
 - Specific hazards: psychosocial



Industries

Construction



Agriculture





Manufacturing



Fishing



Forestry



Aviation



Commercial Driving



Engineering & Regulation



Medicine



First Responders





Why should we Care?

1) GPs spend time certifying fitness

Top 3 activities (US)

- Diagnosis and treatment 39%
- Ability to work 13%
- Medicolegal 5%

Harber et al 2010

Poor decisions have consequences

Why should we Care?



2) Certifying too liberally may lead to injury and illness

Work-related health issues in NZ (Annual)

- 200,000 ACC claims
- 20,000 new work related diseases
- 445 serious non-fatal injuries
- 100 fatal injuries
- 1,000 work related disease fatalities

Why should we Care?



3) Certifying to conservatively may create unnecessary costs

Costs of absence and worklessness:

- \$500+ million pa paid by ACC
- £100+ billion pa annual economic costs in UK
- Loss of income, productivity, and associated social consequences



Why should we Care?

4) There are Health Benefits of Work

Consensus statement (RACP, AFOEM)

Work improves:

- Physical and mental health
- Social integration
- Self-worth and self-confidence
- Financial status
- Medical care



Framework

1. Identify the hazards and barriers
2. Assess the risks
3. Manage the risks and barriers
4. Review outcomes



Framework

1. Identify

- Diagnosis
- Workplace hazards
- Context, Stakeholders, Law
- Issues, Barriers for RTW

2. Assess

- Hazard exposure, dose response
- Risk Characterisation = Likelihood x Consequence



Framework

1. Manage

- Informed decision making
- Risk communication
- Implement Controls: Eliminate, Substitute, Isolate, Minimise (Engineering, Administrative, PPE)

4. Monitor and Review



Diagnosis

Accurate diagnosis is important

- Failure to diagnose = potential safety risk
- Too liberal application of diagnostic labels may lead to unwarranted restrictions
- Objective data is important
- Focus on function



Identifying Hazards

Use all available sources of information about the workplace

- Ask the worker
- Ask their manager
- Ask the organisations occupational health service
- Ask the regulator



Identifying Barriers to Return to Work: **Medical**

1. Attitudes: You need to be “100% fit”
2. Medicalisation of complex psychosocial issues
3. Unclear diagnosis
4. Lack of knowledge/confidence
5. Lack of vocational rehabilitation support
6. Concern about ongoing relationship with patient



Barriers to Return to Work:

Worker

1. Attitudes
2. Beliefs
3. Compensation
4. Disability
5. Emotions
6. Family
7. Work

The Employee may be Faking Well or Faking Ill



Beliefs and Attitudes that prevent Return to Work:

Employer

1. Can't be bothered
2. Poor understanding of law
 - “Reasonable Accommodation”
3. Good excuse to turn management problem “difficult employee” into a medical problem
4. Never tried it before
5. Poor advice, processes, policy, resources



Assessing Risks

If you are unsure, seek expert advice

- CAA
- Land Transport NZ
- Maritime NZ
- Fire Service/Police/Defence medical officers



Managing Risks

- Limitations-The things a worker is incapable of doing
 - Lifting (weight or frequency)
 - Tolerance for hours of work or shifts
 - Cognitive tasks



Managing Risks

- Restrictions – The things a worker is not allowed to do
 - Operating machinery
 - Working alone
 - Working in confined spaces
 - Working at height



Managing Risks

- Accommodations – The adjustments a workplace makes to help manage the risks
 - Modifying processes and tasks
 - Modifying equipment
 - Providing assistance or supervision
 - Providing alternative work



Managing Risks

- For all of the above consider timeframes
 - Temporary
 - Permanent



Your Challenges...

- 1) You have limited time to assess and make a decision
- 2) You have incomplete subjective information
- 3) May create tension in the doctor-patient relationship



Approaches Differ

Non Safety Critical Work

Threshold for RTW is lower

Safety Critical Work

Need to consider:

- Medical condition
- Treatment
- Role

If the medical condition & the nature of the work performed are very likely to endanger the safety of others, the physician must put the public interest before that of the patient

CMA Code of Ethics (Can Med Assoc J1996;155:1176A-B)

Safety Critical Fitness for Work



1. Demonstrate normal or adequate capacity
2. No immanent relapse risk
3. No significant risk of sudden incapacitation



Challenges: Generalising

“I reviewed Sue Bloggs on 24/6/13 and in my opinion she is fully unfit for work for 2 weeks”

- Not useful and often not accurate
 - Your role is to state what they can do
 - Employers role is to determine whether this can be accommodated



Challenges: **Subjectivity**

“ Mr Bloggs does not believe he is able to work full duties for another week”

Or

“ Mr Bloggs feels he will have no problem flying the airplane despite his depression so he should be allowed to go back to work”



Challenges: **Faking Well**

- Age 21: Onset chronic LBP & back brace use
- Age 24: Fails initial army medical examination, passes repeat exam several months later
 - Fellow employees note good health while at work
- Age 26: permanently unfit for same job
- Age 27: lumbar disc surgery





Case Discussion



**Anyone have
any cases to
discuss?**





Firefighter

- 26y old
- Rotator Cuff Tendinosis





What does he actually do?

Job Description & Job Task Analysis

What are the absolute requirements?

Specific Medical Fitness Industry Guidelines

Ideally Worksite visit

13 Firefighter Essential Duties



Firefighting tasks...

Wear SCBA

Exposure to toxic fumes

6 or more flights of stairs

Wear fire personal protection ensemble

Complex problem solving

Sudden incapacitation can result in death



Specific Requirements

Lift 50 kg

Carry 50 kg

Push 100 kg

Pull 100 kg

Time pressure constant

Attention to detail constant



Take Home Messages



Many Workers have Safety Critical Roles

Workers whose job function
may affect...

the **safety** of themselves
or others...

by their **actions** or
inactions





Certifying Fitness for Work

GPs are in a key role:

- Understand medical condition
- Understand functional capacity

Employers understand the job tasks and role

- Should provide reasonable accommodation



Consider..

1. Medical condition and treatment
2. Functional Capacity
3. Role
 - Risk Assessment: eg Physical and Mental
 - Absolute requirements of role?
 - Specific Medical Fitness Industry Guidelines?
 - Ideally Worksite visit or Specialist help
4. Individual Rehabilitation Plan



Help is Available

- Don't be coerced into an opinion that goes against your better judgement
- ACC resources
- Occupational Therapist
 - Driving, Worksite Functional Assessments
- Occupational Physician
 - Independent Medical Assessment, Review
- Industry FFW Guidelines
 - Driving, Aviation, Firefighters, etc etc



Questions?

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