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

Saturday, 22 June 2013	Start 11:00am	Duration: 55mins	Warhol
	Start 12:05pm	Duration: 55mins	Warhol

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

Dr Alexandra Muthu

Occupational and Environmental Medicine

Aviation 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

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- **Who are Safety Critical Workers?**
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Safety Critical Workers

Workers whose job function may affect…

the safety of themselves or others…

by their actions or inactions

Hazard vs Risk

Hazard

Any source of potential harm

to individuals as health effects

or to organizations as property/equipment losses, or damage to reputation

E.g. A forklift

Risk

The probability of harm if exposed to a hazard

Risk =

Likelihood x Consequence

E.g. A hypoglycaemic Type 1 diabetic forklift driver

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

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

Industries

Construction

Agriculture

Fishing

Manufacturing

Forestry

Aviation

Commercial Driving

Engineering & Regulation

Medicine

First Responders

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Why should we Care?

1) GPs spend time certifying fitness

Top 3 activities (US)

1. Diagnosis and treatment 39%
2. Ability to work 13%
3. Medicolegal 5%

Harber et al 2010

The physicians role is to encourage work, and return to work, as part of treatment Talmage and Melhorn AMA 2005

Why should we Care?

2) Health and Work are Inter-dependent

Health affects work, Work affects health

Risks to Workers p.a.

20,000 new work related diseases

445 serious non-fatal injuries

200,000 ACC claims

100 injury deaths

1,000 work related disease fatalities

Why should we Care?

3) There are Costs to Society

Costs of absence and worklessness:

$500+ million pa paid by ACC

£100+ billion pa annual economic costs in UK

Personal, social, economic costs

Healthy Citizens are the greatest asset any country can have

Winston Churchill 1874-1965

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

Employment is nature’s physician and is essential to human happiness Galen 129-200

Work banishes those three great evils: boredom, vice and poverty Voltaire 1694-1778

Work brings to the young hope, the middle-aged confidence, the aged repose William Osler 1849-1919

The best prize that life offers in the chance to work hard at work worth doing Theodore Roosevelt 1858-1919

Why should we Care?

5) Something needs to Change

Aging work force

Man sacrifices his health in order to make money.
Then he sacrifices his money to recuperate his health.
Then he is so anxious about the future that he doesn't enjoy the present:
the result being the he does not live in the present or the future;
he lives as if he is never going to die, and then dies having never really lived. Dalai Lama 1935-

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Risk Management IAMA

1. Identify
   - Context, Stakeholders, Law
   - Issue, Barriers for RTW
   - Bill Glass Triangle: Work, Worker, Workplace
2. Assess
   - Hazard identification and dose response
   - Exposure
   - Risk Characterisation = Likelihood x Severity
3. Manage
   - Informed decision making
   - Risk communication
   - Implement Controls: Eliminate, Substitute, Isolate, Minimise (Engineering, Administrative, PPE)
4. Audit
   - Monitor and Review

SEVERITY

LIKELIHOOD

	Catastrophic	Major	Moderate	Minor	Negligible
Almost certain	Extreme	Extreme	Major	Major	Medium
Likely	Extreme	Extreme	Major	Medium	Minor
Possible	Extreme	Major	Major	Medium	Minor
Unlikely	Major	Major	Medium	Minor	Minor
Rare	Medium	Medium	Minor	Minor	Minor

Extreme	Extreme risks that are likely to arise and have potentially serious consequences requiring urgent attention
Major	Major risks that are likely to arise and have potentially serious consequences requiring urgent attention or investigation
Medium	Medium risks that are likely to arise or have serious consequences requiring attention
Minor	Minor risks and low consequences that may be managed by routine procedures

Approach to FFW

1. Diagnosis
   - History, Objective Examination, Investigations, Referral
2. Impairment
   - Objective Function, Psychometrics
3. Capacity, Limitations, Restrictions
   - Functional Capacity Evaluation, Neuropsych Testing
4. Job Description, Job Task Analysis
   - Match Capacity to Role, Risks & Restrictions
5. Opinion on FFW
   - Consider Work Trial or Workplace Assessment

Frequency Rating

Term	Time per Day	Percentage of Shift
Never	0 minutes	0%
Rare	0 – 5 minutes	0–1%
Infrequent	6 – 25 minutes	2–5%
Occasional	26 minutes – 2.5 hours	6–33%
Frequent	2.6 – 5.25 hours	34–66%
Constant	5.26 – 8 hours	67–100%

Approaches Differ

Symptoms

- Back pain, MSK, stress, anxiety, mild depression
- Relatively easy diagnosis

- Early vocational rehabilitation intervention (often non-medical), regular employee/employer contact

- Goal: prevent chronicity

Chronic Conditions

- CVD, Rheumatology, Psychiatric (major depression, bipolar, schizophrenia), Diabetes, Cancer, Post-trauma disability
- More extensive investigations and difficult diagnosis

- Treatment requires good medicine, flexible employers, and vocational rehabilitation

- Goal: prevent deterioration

Limitations, Restrictions, Accommodations

- Based on job tasks and functional capacity evaluation
- May need specialist help
  - OEP, OT, PT
- Temporary or Permanent?
  - If Temporary: For how long? When will they be reviewed?
  - If Permanent: Are they at maximum capacity or will they keep improving?

Beliefs and Attitudes that prevent Return to Work:

Medical

1. You need to be “100% fit”
2. Medicalisation of complex psychosocial issues
3. Management rigidity, lack of accommodation
4. Reduced retention of chronically ill or disabled
5. Focus not on prevention
6. Lack of vocational rehabilitation support
7. Slow or inappropriate intervention
8. Poor OM training and advice for GPs
9. Poor training on sickness certification
10. Concern about ongoing relationship with patient

If you keep on doing the same things and expect things to change, then that’s a definition of insanity Einstein 1879-1955

Your Problems…

1) You have 2 minutes to make a decision
2) You have incomplete subjective information
3) It may compromise the doctor-patient relationship

GP warnings about being unfit to drive may result in decreased return visits

Physicians' warnings for unfit drivers and the risk of trauma from road crashes. *N Engl J Med.* 2012;367:1228–36

Beliefs and Attitudes that prevent 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

Faking Well for a Good Cause

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

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

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Safety Critical Workers

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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 J*1996;155:1176A-B)

ACOEM Medication Guides

Acceptable

Temporary

Shift

Restricted

Diagnosis

Safety Critical Fitness for Work

1. Demonstrate normal or adequate capacity

2. No immanent relapse risk

3. No significant risk of sudden incapacitation

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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

VFRS JDA

Lift	50 kg
Carry	50 kg
Push	100 kg
Pull	100 kg
Time pressure	constant
Attention to detail	constant


Anyone have any cases to discuss?
HYUNDAI
RRIER INSPECTOR

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Many Workers have Safety Critical Roles

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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

“Off Work” Certificates

“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
  - Employee may state “no alternative duties” and ask for an “Off Work Certificate”
  - Your role is to state what they are able to do
  - Employers role is to determine whether this can be accommodated
- Phased out in many countries now

“Fit Notes”

- Accommodations, Modifications, Restrictions
- Specific tasks unable to perform
  - Working alone/isolated, heights/depths, heavy machinery, driving, confined spaces, hot/cold
  - Higher executive functioning, decision making, regulatory and compliance roles
- Accommodation to roster
  - Flexible start times
  - Reduced hours
  - Phased return to work
- Practical adjustments to workplace
- Timeframe with updates to employer

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

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