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## **RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE SUBMISSION**

My background in making this submission is growing up, living and working in the bush in a forestry and farming area. Among family members, friends, and workmates known to me, there have been a number of deaths and injuries. These have included fatal and not-fatal chainsaw injuries, fatal and non-fatal tractor injuries, fatal and non-fatal injuries in the shearing shed.

After years of working as a shearer throughout Victoria and Australia interspersed with off-season work in the timber and forestry industries (including fire-fighting, timber falling and sawmill work), building and construction ( both housing and heavy construction), factory work and a wide variety of general farm work, I then trained in Occupational Therapy and currently practice in the area of Occupational Injury Prevention and Rehabilitation with a particular focus on rural and agricultural areas.

In offering this submission to the inquiry, I am providing opinion based on practical and professional work. This submission does not contain references or statistics due to time and resource constraints, however it is my belief based on considerable research and project consultancy work in these areas that the opinion is well founded on the available evidence.

### **Terms of Reference**

#### **1. The main causes of fatality and injury on Victorian farms and other primary industries compared with other jurisdictions.**

I believe a key matter here are the mismatch between OH&S legislation and small business, for example, while larger business and employers may have at least one person in the organisation who has some understanding of OH&S legislation, Codes of Practice, OH&S thinking etcetera, it is less likely that a business involving say, one to five people is likely to be up to speed on these matters. The current review of OH&S legislation may be addressing this.

A second key although obvious difference between operating a business in rural and regional Victoria and in Melbourne or major centres is isolation. This has particular impact on the events after any injury.

A third key factor relating to farming and other primary industries is that while it is one of the highest risk injuries from a manual handling musculo-skeletal disorder perspective for a variety of reasons including the nature of the tasks, the changing nature of the workplace and the packaging of farm merchandise, it has received less attention in solving these problems than most industries.

## **2. The matter and type of these injuries compared to other industries and jurisdictions.**

While the tragic farm related fatalities have received much attention for more than a decade, the following types of injuries and conditions in farming and other primary industries are matters of serious concern:

- Psychosocial matters relating to anxiety, stress, depression both in the absence of any physical injury or trauma and also after a physical injury or trauma.
- Diseases and conditions including those possibly related to the way chemicals have been handled in the past in agriculture.
- Musculo-skeletal disorders/manual handling related injuries. These, I believe are extraordinarily high in agriculture compared with other industries, for example, the back injury incidence among sheep shearers is six times that of the all industry average (Worksafe Australia Special report on Agriculture). There are serious concerns here regarding both the prevention of these injuries, the treatment and rehabilitation of them when they occur compared with people working in industries which are located in cities or large centres.

## **3. Current programmes and initiatives designed to improve Occupational Health and Safety on Victorian farms.**

Current programmes have tended to rely on training of farmers, advertising campaigns and subsidies for particular risk controls. My understanding is that farmers by self selection are not group classroom learners. Also an inherent problem relying on voluntary training only is that the people who most need education and a change in their Occupational Health and Safety Practice are those least likely to attend. Also, agricultural OH&S has a poor history regarding consultation on OH&S matters between employers and employees.

## **4. Any impediments to sustaining improvements in farm safety.**

Farming Occupational Health and Safety is often seen as separate to other industries, following from this is often a self belief within the industry that the industry is unique rather than having unique aspects like many other industries. This has tended to lead to a lower level of Occupational Health and Safety expertise compared with other industries. I believe there are real opportunities for agriculture to learn from other industries regarding OH&S matters.

In most instances farms are places where family activities including child raising, receiving visitors and recreational pursuits are intertwined with the workplace. In many cases, these workplaces have grown out of horse and buggy design and layout and are now dealing with very large equipment in close proximity to the family home.

## **5. The financial and social cost of death and injury on Victorian farms.**

While there has been much focus on the tragic fatalities associated with farming, other outcomes may be socially and financially costly also, if not more so. For example, a case involving a physically and intellectually disabled sixty year old man whose parents were in their mid eighties and dealing with concerns about how he would be cared for when they died. The cause of this person's disability was being run over by a tractor at the age of three and for the subsequent 57 years and for the future required twenty four hour a day, seven day a week care. The social impact and cost to the health care system have never been estimated to the best of my knowledge. Simply focussing on fatalities and the rather difficult to interpret Workers' Compensation data gives an inadequate picture of the real financial and social costs involved.

*Musculoskeletal disorders related to manual handling are the most prevalent and costly injuries in most industries and particularly so in the primary industries, usually around half the measured cost associated with occupational injuries (Worksafe Australia special report on Agriculture).*

Recovery from farm and other primary industry related non-fatal injuries has difficulties which add to the cost both financially and socially of these injuries. One is the difficulty associated with continuing case care where there is a high turn over of rural GP's in many more remote parts of the state, making it difficult for the injured person and for the GP treating at the time to track the needs of the injured person. In the case of people injured at work and covered by Workers' Compensation, an ongoing problem which adds to the length and cost of their rehabilitation and return to work is the decision making power invested in insurer agent employees located in the cities, most of whom have little or no direct contact or experience of work or workplaces let alone rural and remote or agricultural workplaces. In attempts to minimise short term costs and "get people off the books" chronic and costly problems are created. For example, as most experienced sheep shearing contractors who have seen numerous people injured out of their workforces know, once someone from the shearing industry has a more serious, usually manual handling related injury, they will not be able to come back to their pre-injury job or industry. In these cases rather than the Workcover system "biting the bullet", so to speak, and substantially retraining the person to make them employable, the usual Worker's Compensation games of attempting to prove capacity for work where no employment exists fritters away the opportunity to minimise the social and financial cost by taking a worker who is no longer able to do manual handling work (and whose work skills have all been related to heavy physical work) and equipping them sufficiently to be employed.

As with the prevention of injuries, distance and isolation are key factors in what happens to people after they are injured, particularly as regards longer term needs such as pain management clinics (which are currently almost non-accessible for rural and remote injured workers). Another key barrier which an administrative change could fix is the inflexibility and lack of portability of the Workcover Incentive Scheme for Employers (WISE). This potentially excellent incentive for employers is currently all but useless to people injured in farming related work due to the requirement for the employer to offer twelve months continuous work in an industry where there may be a wealth of available work, but not continuous with one employer. A solution would appear to be to make the WISE scheme portable among a group of employers. This WISE scheme is a Victorian Workcover Authority Worker's Compensation tool

providing employers with an incentive to employ someone who has been injured at work.

## **6. The need for further strategies to reduce the incidence of injury and fatality on Victorian farms.**

In this section I will focus primarily on my area of expertise and that is the prevention and rehabilitation of occupational musculo-skeletal disorders that is, injuries related to manual handling, however I believe that some of the principles would apply to general Occupational Health and Safety in farming and in other primary industries.

Being involved directly for more than ten years in farm OH&S both from a prevention policy perspective and dealing directly with people at their homes and workplaces when they are injured, I believe gives me an unusually clear perspective on the effectiveness and ineffectiveness of various prevention policies and approaches. Although I am not negating the good work that has been done so far, I think for Occupational Health & Safety in agriculture to advance it would be useful to develop some additional approaches. I think a key need is to incorporate into those rural organisations influencing people involved in farming and other primary industries a marked increase in the understanding and practice of Occupational Health & Safety matters and from my perspective particularly musculo-skeletal disorders/manual handling injuries.

I think there are three or more key country based organisations which have enormous potential for advancing farm OH&S, these are:

the rural and regional Football and Netball Clubs;

the Country Fire Authority organisation and volunteer network, and;

the Country Women's Association and Women in Agriculture organisations.

It may also be worth considering developing rural and regional small business that may not be in the same type of enterprise. For example it may be that the local hardware and rural merchandise store, local farmers and local garage/engineering workshops share many similar hazards and OH&S needs, as well as similar barriers to return to work should there be an injury.

The major and most costly injuries in agriculture as with most other industries are musculo-skeletal disorders/manual handling injuries. The Manual Handling Code of Practice does not appear to be working in those industries that need it most, that is, agriculture, particularly shearing, the meat industries, mining, transport, and particularly nursing home care in rural and regional Victoria, (some of which, known to me, have 30% plus of their nursing workforce off work with work injuries at any one time related to manual handling).

Most musculoskeletal disorder/manual handling hazards appear to be in the "too hard basket". Farmers and farm workers do not appear to be learning and changing the workplace based on the Manual Handling Code of Practice. I believe that generally Worksafe field officers are poorly equipped and not particularly motivated to deal with manual handling problems. Possible strategies or vehicles for changing this situation are

- A. Groups of rural and regional small businesses acting together based on geographical location and similarity of hazards rather than enterprise type,
- B. The harnessing of existing rural and regional networks well established and respected, for example, and I believe foremost among these: Country Fire

Authority, Football and Netball Clubs, Country Women's Association and Women in Agriculture organisations`.

The following are examples of strategies that could be researched, piloted and developed with these organisations.

### ***Country Fire Authority***

The Country Fire Authority has a huge training and extension infrastructure throughout rural and regional Victoria with many volunteer groups as we know and many people employed in training and community liaison roles. I believe it would be possible to up-skill and support integrated musculo-skeletal disorder/manual handling risk management into the CFA operations. This would reach an enormous network involving many, many farmers and farm workers directly and on a weekly or monthly basis with new skills practiced and applied coming from what to these groups, is a credible source. The challenge for occupational injury prevention would be to make the information, skills and application in fact credible rather than another lesson in how to complete checklists.

Many country people are directly involved with the CFA, particularly for an intense six months of the year and it could be that soundly based musculo-skeletal disorder manual handling risk assessment and management of equipment and tasks could be arranged between Worksafe Victoria, the Department of Natural Resources and Environment and Country Fire Authority. This would provide widespread opportunities for farmers and farm workers to learn and practice risk management ahead of an event (be it a bushfire or back injury).

### ***Football & Netball Clubs***

The extent of these networks and their influence has to be experienced to be believed in the life of rural and regional Victoria. My direct experience is that in terms of physical injury prevention, I sometimes think I have experienced more impact as a football trainer on Saturday than as an Occupational Therapist and Ergonomist from Monday to Friday. Currently Worksafe I understand has a sponsorship deal with Western Victorian Football Associations; I am unclear, other than the Worksafe name on the jumpers what the purpose of this is at present. I think there is a rich opportunity for the proper up-skilling and support of football coaches and trainers who are often educating and influencing rural Australian males for life in how they understand, use and/or abuse their bodies, particularly from a musculo-skeletal point of view. I am not suggesting that training people in how their bodies work and how to "lift" properly would have any effect on the continuing high rate of manual handling related injuries in agriculture and other primary industries, however, it can equally be said that the current approach of filling out check lists with no understanding of the human body is not working. Therefore, after involvement across many industries across Victoria, dealing with the prevention and rehabilitation of people injured in this manner, I believe new approaches are needed and a starting point is to equip those workers working in the high risk industries, eg: farming (including sheep shearing), mining, forestry, building and construction, nursing and transport with a basic understanding of anatomical structure, function, damage & recovery so equipping them to use the Manual Handling Code of Practice and checklists in a more effective way than is currently done.

The current OH&S practitioner's approach to manual handling often leads one to think that the purpose of all the manual handling talk, regulations, codes etcetera is to try and prevent manual handling, where in fact it should be to try and prevent manual handling related injury. Working the human body can be either healthy or unhealthy, the difficult task is to try and know the difference. There is some excellent information in the current Manual Handling Code of Practice, however unless people are skilled in reading the fine print and interpreting it, simply using the checklists does not appear to be working. Checklists are memory joggers not magical tools. I think environments where people are obviously using their bodies such as in physical sport or fire-fighting are fertile areas for stimulating their thinking and improved practice in these matters.

My belief is that in skilling and supporting coaches and trainers, more injury risk management and prevention is possible than through mass media multi-million dollar advertising campaigns. This would be due to the direct face to face weekly contact over at least six months of the year from credible sources. Also rightly or wrongly, I think it more likely that rural and regional men will be more influenced by football coaches than Worksafe Field Officers.

I believe there is a wonderful opportunity here to build on the existing links between Worksafe and Victoria Country Football & Netball Association's as well as the Health and Human Services injury prevention initiatives.

### ***Country Women's Association and Women In Agriculture organisations***

The Country Women's Association and other similar organisations are large well respected rural and regional networks with extensive influence directly onto farms. Many rural and farm women are directly involved in farming and health care, particularly nursing, and are sensitised to the before and after injury stories and also to the reality of musculo-skeletal disorder problems related to manual handling. They see two apparently very different industries, namely agriculture and nursing dealing with heavy physical workloads and high injury rates. I believe there is potential here for this credible network to be skilled and supported in applying improved musculo-skeletal disorder risk management on farms.

I believe these large and respected networks are in ideal situations to be skilled and supported to influence and train the management of the home and workplace. That home and workplace so often integrated as mentioned at the beginning of this document and where they need to be addressed as a joint area. An example of where this may lead is that by supporting the Country Women's Association to address integrated home and workplace issues, it may be that rather than a child running out to the letter box at the end of the farm driveway needing to deal with a semi-trailer being forklift loaded with bins, the family and business may decide that it is worth putting in a separate and fenced driveway for the operation of the workplace. This sounds very simple and not worthy of extensive strategies, however a drive to most farm houses is enough to convince that the need is real and not improving rapidly.

## **Conclusion**

### **The four key points I would like to make are:**

1. A clearer picture is needed of agriculture and primary industries related musculo-skeletal disorders and manual handling related injury.
2. A clearer picture of what happens after an injury is needed; how long people are incapacitated and/or off work, why this is so, the cost and who cares for them at what cost.
3. Opportunities for joint cross enterprise types of rural and regional small business groups to address OH&S risk management and return to work issues could be very usefully pursued.
4. Opportunities for appropriate government departments and authorities to work with existing credible rural and regional networks directly accessing farmer and farm workers I believe is an obvious next step strategy. Particularly so in relation to musculo-skeletal disorder manual handling risk management. My belief is that the key lead organisations here will be the Country Fire Authority, Football & Netball Clubs, and the Country Women's Association. I suggest that some exploration of these opportunities and piloting of injury prevention and OH&S risk management through these organisations can be done quickly and cost efficiently, particularly in view of the huge volunteer networks existing with each of these organisations.

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