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INQUIRY INTO THE CAUSES OF FATALITY AND INJURY ON VICTORIAN FARMS

SUPPLEMENTARY SUBMISSION

Executive Summary

This submission supplements a previous submission and makes four recommendations for improving regional and rural occupational health and safety:

1. Increasing the level of Occupational Health and Safety expertise available for supporting, promoting and implementing regional and rural injury prevention initiatives
2. Engaging regional and rural people and organisations in these prevention initiatives, focussing on those that have extensive and active networks
3. Piloting the development of a regional, University-based centre for regional and rural Occupational Health and Safety expertise and advice
4. Running a pilot program targeted to local community group and focused on a particular issue, the prevention of musculoskeletal disorders (manual handling related occupational injuries)

Supplementary Submission

Two key requirements for improvement to Occupational Health and Safety (OH&S) in regional and rural (R & R) primary industries are:

- Increasing the level of OH&S expertise available for supporting, promoting and implementing R & R injury prevention initiatives
- Engaging local people and organisations in these prevention initiatives, focussing on those that have extensive and active networks, especially large volunteer bases

The level of OH&S expertise and activity available to the R & R primary industries needs to be increased to match the level currently available to industries located in more population-dense areas and to larger businesses. This expertise also needs to be focused on the specific challenges involved in regional and rural OH&S.

This submission proposes a pilot project to establish a regional and rural OH&S centre. The centre would provide independent, central and expert advice for FarmSafe Alliance work

and the industry organisations involved, including the Victorian Farmers Federation, the Australia Worker's Union, the Shearing Contractor's Assoc. of Australia and Farm Safety Action Groups. The centre would provide a source of expert and independent OH&S information and assistance: resourcing, backup, problem solving, testing, promotion, uptake and implementation of solutions to R & R OH&S problems as well as advice on health promotion and social marketing tactics and strategy. The mission and focus would be to use community development principles and action research methods to develop the understanding of R & R OH&S issues and to support rural and regional communities to develop, disseminate and implement OH&S solutions. This would cover the full range of OH&S challenges for R & R industries, including large machinery, chemicals, manual handling, livestock, emergency response in isolated workplaces and rehabilitation.

The most useful structure would be one where the physical resources (building, desks, etc), administration and communication infrastructure were already in existence, had continuity and were flexible enough to facilitate the flow of knowledge and expertise to rural and primary industries. A suitable location for the centre is Ballarat University, with its regional and rural mission and its expertise in health, health promotion, information technology, ebusiness, engineering, sport, psychology, welfare and geosciences plus its expertise in agricultural education and the existing Victorian Farm Safety Training Centre. The proposed centre could work closely with the well-respected Victorian Institute for Occupational Health and Safety (VIOSH) at Ballarat University. VIOSH is prepared to be involved in the pilot proposal, which would complement its own activities.

It is worth noting that research in small business Health and Safety conducted by the University of Minnesota, an American lands grant university with close links to agriculture, found that information from OH&S centres at universities has higher credibility than other sources of information for small business people, provided it is practical and focused on solutions.

The proposed centre would also collaborate with local government, football/netball clubs, the CWA, Women in Agriculture, CFA, SES and Farm Safety Action Groups, as well as other appropriate university centres (for example, the Monash University Accident Research Centre, the Melbourne University's centre of study for health and society and the rural health expertise at Latrobe Uni, particularly the Bendigo campus). It is vital to engage the following organisations:

Government

- Victorian WorkCover Authority
- Department of Human Services Victoria
- Department of Primary Industries Victoria
- Department of Sustainability and Environment Victoria
- Department of Community Development
- Local Government

Industry Organisations

- Victorian Farmers Federation
- Australia Worker's Union
- Shearing Contractor's Assoc. of Australia
- Community Organisations
- FarmSafe Alliance
- Farm Safety Action Groups

Professional Groups

- Divisions of General Practice
- Rural and Remote Allied Health Association

Funding and Management

Appropriate funding bodies for this initiative would be the department of Human Services, the Victorian WorkCover Authority and the Department of Primary Industries. These funding bodies could form a steering committee for the centre. An advisory group would be composed of representatives from the Australian Worker's Union and the Victorian Farmers' Federation, including FarmSafe Victoria.

Supporting Information

Although occupational health issues are usually perceived to be a separate issue from general health issues, the Human Services recommendations for rural health promotion¹ are very relevant to the development of R & R OH&S strategies. This document points out that rural health issues are distinctive and specific strategies are required. Rural health promotion needs to focus on the specific risks inherent to rural life but equally on the impact of social, demographic and economic factors. Issues such as isolation, communication difficulties and economic stress are crucial, as are literacy, effective use of technology, confidentiality and other sensitivities in small communities. State-wide health promotion campaigns have too often been viewed as extensions of metropolitan focused efforts. Similarly, state-wide NGOs have had very mixed success in working in rural areas. Good models of partnership with rural communities need to be developed and disseminated and practical programs with communities are more promising. Leadership and community involvement are critical, as is advocacy to key local opinion leaders and the use of a wide range of venues beyond formal health services, including neighbourhood houses, pharmacies, shire offices, libraries, sporting clubs, schools, service clubs, country fairs and field days. Local collaborative models have been developed and trialled in rural areas in Victoria. Although not always having a high degree of sustainability, they provide examples that can be built upon and broadened out.

The report recommends the expansion of university campuses with a rural health focus, increasing the emphasis on public health in the rural medical workforce and encouraging state based research funding bodies to support rural health projects. The report lists proposed strategies and key responsibilities². I would strongly recommend that R & R primary industries occupational health and safety be included in the general concept of health and incorporated into these proposed strategies.

Pilot OH &S Centre

The second central idea in this supplementary proposal addresses a significant problem identified in the Human Services report, that is, the ineffectiveness of importing health strategies and expertise from metropolitan areas into the R & R area. Both the ideas and the people delivering them can be viewed as out of touch with local issues and requirements. The alternative proposed here is working with local sporting and community groups that are central to R & R life in order to develop local strategies and expertise. The proposed University-based R & R OH& S centre would be involved in this activity: developing, trialling and providing expertise and advice.

Pilot OH &S Project

In particular, I propose starting a pilot program with a targeted local community group, the local football and netball clubs. I am currently in discussion with WorkSafe Victoria to develop such a pilot project, focusing on preventing a particular kind of injury, that is,

¹ Strengthening Systems for Health Promotion Victoria 2002-2004

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musculoskeletal disorders arising from manual handling activities. As was discussed in my previous submission (summarized below), the issue of preventing manual handling injuries is important in R & R industries, yet it has not received the attention it deserves. Musculoskeletal injuries are the most frequent and costly injuries across all industries, including the R & R industries, and typically represent half of the total cost of occupational injuries.

This involvement with the football and netball clubs would also engage local primary industry small business owners and workers and develop the local understanding of the manual handling issues that need to be addressed. The pilot project is currently in development, one approach being a link with current WorkSafe sponsorship of South West football leagues.

Workcover premiums in key rural industries, for example the sheep shearing and meat industries are currently rising dramatically.

Summary of Previous Submission (November 21 2003)

[While this focuses on the prevention and rehabilitation of occupational musculo-skeletal disorders arising from manual handling, the ideas apply generally to OH&S in farming and other primary industries]

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

- Psychosocial problems relating to anxiety, stress and depression are an important issue, both after a physical injury/trauma and also in the absence of physical injury/trauma
- While tragic fatalities have received significant attention, less attention has been paid to manual handling musculo-skeletal injuries. There is a significantly high risk of such injuries occurring, arising from factors including the nature of farming tasks, the changing nature of the farm workplace and the packaging of farm merchandise.
- There are serious concerns about how to prevent these musculo-skeletal injuries, how to treat them when they occur and how to rehabilitate the injured person.

The matter and type of these injuries compared to other industries and jurisdictions

- This high risk of manual handling musculo-skeletal injuries in farming has received less attention than the equivalent risk of injury in other industries and jurisdictions. Much more information is needed about it.
- The Manual Handling Code of Practice does not appear to be working in the industries that need it most, that is, agriculture (particularly shearing), the meat industries, mining, transport and especially, bush nursing.
- It is clear that the prevention, treatment and rehabilitation of farming-related injuries have particular challenges when compared with industries that are located in cities or large centres.
- The physical isolation has a large impact on post-injury events and recovery.

- In most instances, farms are places where family activities (such as child raising) are intertwined with the workplace. With changes to farm technology, these workplaces have evolved so that very large equipment is in close proximity to the family home.

Current programs and initiatives designed to improve Occupational Health and Safety (OH&S) on Victorian Farms

- Current programs rely on training of farmers, advertising campaigns and subsidies for risk controls

Any impediments to sustaining improvements in farm safety

- Those involved in farming often consider it to be very different from other industries, thus reducing interest in adopting OH&S strategies developed for other industries.
- In general, farmers do not tend to be people who learn best in group classroom situations
- The OH&S training that is offered is voluntary, so that the people who need it most are those least likely to attend
- There is a huge difference in effectiveness between having written material (even the filling out of check lists) and actually understanding the anatomical structure, function, damage and recovery of the human body.
- The small business size typical of farms (approx. 1-5 people) does not make it realistic to create one OH&S procedures specialist per farm. A current review of OH&S legislation may be addressing this. However at the moment the excellent information in the current Manual Handling Code of Practice, for example, is relatively inaccessible to a non-specialist.

The financial and social cost of death and injury on Victorian Farms

- While the financial and social cost of tragic fatalities has received attention, the full picture must include the impact of non-fatal injuries.
- Worker's Compensation data is rather difficult to interpret. However recovery from rural non-fatal injuries is made more difficult by a number of factors. These include the turnover of rural GP's which makes consistent case management problematic. Decision-making power is also invested in insurer agent employees who are usually based in the city and may have very little understanding of local conditions. Thus, for example, rather than retraining a person who is no longer able to do, manual handling work, chronic and costly problems can be created in an effort to "get people off the books".
- Distance and isolation also make post-injury management more difficult, for example, in access to pain management clinics
- The Workcover Incentive Scheme for Employers (WISE) could be of tremendous benefit as it provides incentives for employers to employ someone who has been injured at work. However its inflexibility creates a serious problem on Victorian farms: requiring an employer to offer 12 months continuous work is unrealistic in a seasonal industry. As an alternative, WISE could be developed so that it was portable amongst a group of employers.

The need for further strategies to reduce the incidence of injury and fatality on Victorian farms, what form they should take, whether they are best developed by government

agencies, industry bodies, worker representatives or a combination. The creation of further codes of practice, education or training programs

- A clearer picture is needed of agriculture and primary industries related musculo-skeletal disorders and manual handling injury
- There has been much good work done with various prevention policies and approaches, however more needs to be done.
- The local R&R understanding of OH&S, particularly of musculo-skeletal disorders/manual handling injuries, needs to be increased.
- I propose creating alternate sources of farm OH&S information through the organised groups and organisations that often form the backbone of rural and regional life, that is
 - Football and Netball clubs
 - the Country Fire Authority and its volunteer network
 - the Country Women's Association
- This would reach both farmers and farm workers and also R & R small business people, such as hardware retailers, garages etc, who, while they may not be working in primary industries, may well share some of the same challenges, for example, in the prevention of and recovery from musculo-skeletal injuries.
- Environments where people are actually using their bodies, such as football, netball and fire-fighting, are fertile areas in which to plant ideas, such as the prevention of manual handling injuries. This practical approach makes more sense than, for example, the dissemination of manual handling regulations, codes etc which often suggest that the idea is to prevent manual handling, rather than to prevent injury.
- I believe that more risk management and prevention skills could be developed in the R & R population through skilling and supporting coaches/trainers than through lavish advertising campaigns and that R & R men are more influenced by football coaches than WorkSafe Field Officers.
- Many R & R women are directly involved in farming and in health care, particularly nursing. There is great value in reaching them through appropriate organisations, including netball, the CWA, and so on, especially because of the typical overlap between farm workplace and family activities.

About Michael Lawrance

Michael Lawrance is an Occupational Therapist with extensive experience in Occupational Injury prevention and Rehabilitation. His perspective is distinctive because it includes many years of 'hands on' experience in primary industry, including the Shearing, Agriculture and Forestry industries.

Michael consults in Occupational Health and Safety/Ergonomics and specialises in the prevention and rehabilitation of occupational musculo-skeletal injuries arising from manual handling activities. He has completed a Master of Health Science on work related back injury, is an honorary Senior Research Fellow at VIOSH (University of Ballarat) and a member of the Ergonomics Society of Australia Inc.

Michael acknowledges the assistance of Dr Dennis Else and Stephen Cowley, who were consulted in the preparation of this submission.