Physicians in the Workplace

Oral Abstracts

MONDAY 27 MAY 2013

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE – WHERE IT IS AND WHERE IT IS GOING

THE GLOBAL BURDEN OF OCCUPATIONAL DISEASE AND INJURY

Tim Driscoll
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Background: Burden of disease estimates allow evidence-based decisions to be made in regards to policy and the allocation of resources. In 2004, the Comparative Risk Assessment project provided the first such estimates on a global scale for a range of occupational risk factors. The GBD 2010 project provides updated results for an expanded set of occupational risk factors.

Aims/Objectives: The aim of this presentation is to provide an overview of burden of disease methods and results used in the estimation of the burden arising from occupational risk factors, focussing on the GBD 2010 results. The presentation will also consider some of the strengths and limitations of the approaches used.

Methods: The occupational risk factors included in GBD 2010 were a wide range of occupational carcinogens; occupational asthmagens; particulates; gases and fumes; occupational noise; ergonomic factors leading to low back pain; and exposures leading to occupational injury. In most cases, the relevant population attributable fraction (PAF) was estimated, using estimates of relative risk obtained from the literature and estimates of exposure prevalence based on workforce data.

Results: There is a significant burden in terms of deaths and Disability-adjusted Life Years (DALYs) arising from occupational risk factors – an estimated 852,000 deaths worldwide, mainly accounted for by injury exposures; carcinogens; and particulates, gases and fumes. The main causes of burden in terms of DALYs were injury exposures; ergonomic factors leading to low back pain; particulates, gases and fumes; and asthmagens.

Conclusion: The results from GBD 2010 provide an updated estimate of the amount of ill health associated with various occupational exposures and a quantification in terms of allocation of available resources. They are yet likely to underestimate the true extent of the burden, the absolute and relative burden estimates being moderately dependent on the restrictive requirements of the study and on assumptions that are both necessary and arguable.

EMERGING OHS ISSUES AND OPPORTUNITIES

Malcolm Sim
Monash University, Victoria, Australia

The global burden of disease project has helped to identify many of the major hazards still causing ill-health in workplaces throughout the world. While there is a general view that in developed countries work-related ill-health from traditional work hazards is under control, this is not always the case. For example, noise induced hearing loss (NIHL) claims have been increasing in Victoria over the past decade, and qualitative research suggests that there is “burn out” in relation to noise control measures in Australian workplaces. In addition, a Cochrane Systematic Review has demonstrated that workplace noise control programs are largely ineffective in preventing NIHL. Similar challenges relate to ill-health from changing work arrangements, especially related to the casualization and increasing precariousness of the workforce and the identification of new risks. For example, night work has been identified as a Probable Human Carcinogen by the International Agency for Research on Cancer and, if identified as a Definite Human Carcinogen in the future, this will have important implications for work organisation. While a major focus of past occupational health research has been the identification of risk factors, an increasingly important area is the identification of effective interventions which can reduce the impact of workplace hazards. For occupational physicians this can lead to development of clinical guidelines, which can provide more consistency in managing occupational health problems and associated disability. One future area of opportunity is to better integrate traditional worker health and safety programs with more general health promotion programs in workplaces, as there is increasing evidence that both types of activities are more effective in increasing worker health, safety and wellbeing when implemented together. Lastly, a major challenge is to assist our regional neighbours in increasing occupational health capacity and setting up better systems to identify and manage the increasing burden of worker ill-health through rapid industrialisation in those countries.

THE HEALTH OF DOCTORS

THE HEALTH OF DOCTORS: THE EVIDENCE

Sam Harvey

Abstract not available at time of printing.

“MEDICINE, A HEALTHY PROFESSION?”

Roger Sexton

Doctors Health, South Australia, Australia

Having a doctor is good for your health but evidence shows that doctors can have considerable difficulty finding one. Our health is critical to our personal and professional longevity. The professional consequences of suboptimal health can include poor conduct and performance which translate into poorer patient outcomes and more frequent notifications to the Medical Board.

The personal sequelae can include social, relationship and financial distress and the occurrence of ‘sentinel’ events such as suicides and serious medicolegal incidents. Such events have not driven the sort of system-wide change across the profession that one might expect and only a paucity of initiatives has emerged.

The profession as a whole has neither sought to actively and positively influence the medical culture towards better self-care nor create profession-specific solutions that improve the formal health care of doctors.

In SA, however, the opportunity to do so arose in 2010 and a specific doctors’ health program was established to improve the number of doctors with their own doctor.

This paper will discuss the background to this initiative, how the profession responded and the process by which this was achieved. The paper will emphasise the consequences of poor health and the importance of the profession driving its own solutions.

LAUNCH OF THE RACP “HEALTH OF DOCTORS” POSITION STATEMENT

Kristin Good

Abstract not available at time of printing.

RAMAZZINI RESEARCH AWARD PRESENTATIONS

COMPARING THE QUALITY OF LIFE OUTCOMES FOR INDIVIDUALS UNDERGOING SINGLE LEVEL LUMBAR FUSION WITH NONSURGICAL MANAGEMENT OF INDIVIDUALS WITH CHRONIC LOW BACK PAIN (POST DISCECTOMY)

Michael Antoniadis

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Background: This qualitative study analyzes health-related quality of life measures utilizing 3 validated questionnaires.

A retrospective cohort study.

Objectives: To understand function and participation in work and non-work activity in individuals (2–4 years post-op) who have either undergone Single Level Lumbar Fusion versus Nonsurgical Management of Chronic Low Back Pain.

Methodology: Health-related quality of life questionnaires, which included 1. Chronic Pain Grade (CPG), 2. Resumption of Activities of Daily Living Scale (RADL), 3. Occupational Role Questionnaire (OccQR)

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Results: The analysis of results is pending.

Discussion: While there is clinical evidence showing health benefit for those undergoing fusion surgery, the cost-effectiveness (which includes an ability to return to effective and sustained paid employment) of such surgery versus nonsurgical management remains largely unclear.

There is relatively little information about the quality of life experienced by individuals after the procedure. Successful outcomes from back surgery are commonly measured through rates of complication (short or longer term) including the development of pseudoarthrosis or adjacent segmental failure after fusion.

However the long-term outcomes (including quality of life and return to work) of these procedures seem to vary considerably.

That is, despite the fact that there was an appropriate indication for such surgery at the time, a good technical result and completion of post-operative rehabilitation.

Initial review of the literature reveals limited research looking at quality of life outcomes comparing LFS with nonsurgical management.

INDIVIDUAL FACTORS ASSOCIATED WITH SICKNESS LEAVE IN A FUEL TRANSPORTATION COMPANY
Roderick Douglas
CentralMed Medical Centre, Tauranga, New Zealand

Objectives: To determine which individual factors are associated with increased or reduced levels of sickness absence amongst employees of a Tauranga based fuel transport company.

Methods: A cross-sectional survey was conducted amongst all staff of a medium sized fuel transport company based in Tauranga, New Zealand. Annual days of sick leave and annual periods of sick leave were compared with individual worker factors including age, gender, body mass index (BMI), smoking status, exercise levels and presence of co-morbidities as well as work factors including work type and shift pattern, to determine if any association existed.

Results: Statistical significance was reached for an association with increased levels of reported exercise and increased amounts of both sick leave days (odds ratio 3.59, 95% confidence interval 1.06–12.20) and sick leave periods (odds ratio 3.88, confidence interval 1.04–14.51). Other variables did not reach statistical significance, but several including alcohol intake, work role and shift pattern, suggested possible associations with the low numbers of study participants perhaps preventing the result reaching significance.

Conclusions: The study found one statistically significant association between increasing amounts of exercise and increasing amounts of sickness leave that ran against the weight of established literature and suggested several associations that were supported by the weight of established literature, but that did not reach significance. The author has concerns that several associations that were supported by the weight of established literature, but that did not reach significance. The author has concerns that several associations that were supported by the weight of established literature, but that did not reach significance. The author has concerns that several associations that were supported by the weight of established literature, but that did not reach significance.
Methods: Retrospective file review was undertaken of all bus operator pre-employment assessments conducted for an Australian transport organisation in calendar year 2011.

Findings: Six hundred thirty-five candidate files were reviewed. Among the 574 male candidates without pre-existing cardiovascular disease, 24.5% were smokers, 11.1% had systolic blood pressure >140 mmHg, 34.0% had total cholesterol >5.5 mmol/L, 17.7% had high density lipoprotein cholesterol <1.0 mmol/L; 7.4% were diabetic, and 22.1% had calculated 10-year cardiac risk percentage ≥10%. One hundred thirty-one were referred for further cardiac investigation and findings include significant coronary heart disease (seven candidates), dilated cardiomyopathy (one), atrial fibrillation (one) and atrial flutter (one). Overall, three candidates were found unfit for work from a cardiac point of view.

Conclusions: Use of a Framingham based Cardiac Risk Score in the assessment of bus operator pre-employment candidates successfully lead to detection of previously undiagnosed cardiac disease and cardiovascular risk factors. This study supports bringing cardiovascular assessment of Australian commercial vehicle drivers in line with the aviation and rail industries. Early identification of undiagnosed cardiovascular risk factors also provides an opportunity for health promotion and treatment in these safety critical workers.

10 YEARS ON: HEALTH OUTCOMES OF FIREFIGHTERS EXPOSED TO THE TOXIC 2001 BELLEVUE FIRE
Craig White1, Steve Overmeire2, Phil Weinstein3

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Background: In 2001 a hazardous waste and solvent recycling facility in Bellevue WA caught fire, becoming the largest toxic fire in Australian history and exposing over 350 firefighters to toxic fumes. These included hydrocarbons and non-specific pesticides. A voluntary health surveillance program was established to monitor the firefighters’ health on follow-up.

Objectives: To analyse health outcomes for Bellevue firefighters 10 years post-exposure.

Methodology: The study was of a retrospective cohort design, with voluntary participation. Data were collected by questionnaire, interview and physical examination. Investigations included urinalysis, spirometry, ECG and blood tests.

Exposure was classified by attendance, location and duration at the Bellevue fire. Outcome variables included symptoms and perceptions at the time of the fire and shortly after, current symptoms, medical diagnoses, absenteeism and access to Workers’ Compensation. A group of unmatched non-exposed younger firefighters was used for comparison because the Union did not support an age and tenure-matched comparison group.

Multiple linear regression and logistic regression were performed using SPSS20 to control for potential confounding variables.

Results: A total of 337 firefighters participated of whom 116 were Bellevue attendees. After controlling for confounders, differences of statistical significance were found comparing attendees to non-attendees for the following problems: skin (LR 4.5, 95% CI 2.1–9.4); dizziness/blackouts/fainting (LR 4.7, 95% CI 1.2–17.7), persistent numbness/pins & needles/weakness (LR 3.5, CI 1.3–9.2), back or neck pain (LR 1.9, 95% CI 1.05–3.3), and the Epworth score (mean difference 3.4, 95% CI 0.6–6.3).

Discussion: A priori issues led to selection bias, which was a design weakness. These were dealt with in the analysis, but conclusions drawn are based on patterns only. No objective outcomes displayed differences of statistical significance. Health perception was shown to be a powerful confounder.

Conclusions: Risk perception consequent to hazardous exposure may lead to significant disease burden. Management of risk perception using counselling and followup is the appropriate public health response.

BLOOD LEAD LEVELS IN AUSTRALIAN AMATEUR RADIO OPERATORS – A PILOT STUDY
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Background: Groundwater contamination concerns have prompted replacement of eutectic lead/tin solder (ELTS) with lead free solders (LFS) in electronic manufacturing. Electronic hobbyists continue to use ELTS due to persisting LFS reliability and compatibility issues arising from its differing metallurgy.

Objectives: A pilot study was undertaken in Australian amateur radio operators to determine if recreational ELTS use with few engineering controls is likely to be associated with blood lead levels (BLLs) near or above the accepted WHO threshold of 10 mcg/dL. Levels near or above this would indicate if additional control measures were warranted for recreational ELTS users.

Methods: With informed consent, blood was taken from 27 volunteers at routine meetings of two amateur radio clubs, and BLLs were determined using inductively coupled plasma mass spectrometry on a PerkinElmer ELAN DRC II.

Results: BLLs (n = 27) were consistent with a log normal distribution. Minimum BLL: 1.04 mcg/dL; maximum BLL: 8.07 mcg/dL; geometric mean BLL: 2.26 mcg/dL; geometric standard deviation: 1.65 mcg/dL. A 99% confidence interval for geometric mean BLL was found using the method described by Zou, Huo, and Taleban (2008) and ranged from 2.18 mcg/dL to 2.32 mcg/dL.

Conclusion: Amateur radio operators are broadly representative of electronic hobbyists who employ few or no engineering controls when using ELTS. Results indicate that recreational ELTS use is not associated with geometric mean BLLs near or above the WHO 10 mcg/dL threshold (99% CI: 2.18 mcg/dL to 2.32 mcg/dL). Handwashing and ventilation continue to be sufficient and appropriate controls.

IMPACT OF THE INTRODUCTION OF A BEST PRACTICE INJURY MANAGEMENT AND REHABILITATION SYSTEM ON THE WORKERS’ COMPENSATION PERFORMANCE OF AN AGED AND COMMUNITY CARE PROVIDER
Andrew Lingwood
Kinetic Health, Arundel, Queensland, Australia

Background: An employer’s policies regarding injured employees can play a significant role in both the medical and return to work outcome. The client organisation had a long history of suboptimal workers’ compensation and rehabilitation performance manifest as insurance premium rates, claim durations and claim costs significantly higher than industry averages.

Objectives: Changes to the organisation’s injury management and rehabilitation policies were to be planned and implemented. A comparison was then made of the organisation’s workers’ compensation performance, as measured by claim durations and costs, in the periods before and after the intervention.

Methods: Approval was obtained from the organisation’s executive management and the background literature review carried out. The project database was developed and pre-intervention (retrospective) claims data was extracted from incident reports, organisational records and WorkCover Queensland’s database. After the intervention, the post-intervention (prospective) data was subsequently added as it became available. The pre-and post-intervention data for median claim duration and cost were compared and tested statistically using the Mann–Whitney–Wilcoxon test.

Findings: Median claim durations and costs were reduced in the post-intervention data compared to the pre-intervention data. The result for claim duration was statistically significant; however, the result for claim cost was not. Mann–Whitney–Wilcoxon testing gave two tailed p-values of <0.0001 and 0.198 respectively.

Conclusions: The results are suggestive of a positive impact of the intervention on workers’ compensation performance. The apparent improvements support the continuation of the new policies and further investigation as more post-intervention data becomes available.
A COMPARISON OF BLOOD LEAD LEVELS IN AN OPEN AND AN UNDERGROUND LEAD MINE
Joshua Munn
OccMed NQ, Queensland, Australia

Background: Biological monitoring of lead exposed workers in lead mines is mandatory in Queensland. This study reviewed and compared biological monitoring results from an open and an underground lead mine.

Aims/Objectives: To determine whether a) there is evidence of lead accumulation in mine workers and b) if there is a significant difference in accumulation between workers in the open and underground mines.

Methods: During a calendar month all blood lead samples from each of the mines were compared with the workers’ baseline levels. The level of absolute change from baseline was used as the primary outcome measure.

Findings: Data was analysed for 1333 worker-years from the open cut mine (n=194, median 6.09 years between baseline and study samples) and 704 worker-years (n=120, 5.38 years) for the underground. The mean change in lead level was -0.0104 μmol/L for the open mine (95% CI -0.237 to 0.030) and 0.0032 μmol/L (95% CI -0.0173 to 0.0109). Neither was statistically or clinically significant.

With lead charted against duration time, there was a statistically but not clinically significant regression for the open-cut mine (-7.89 × 10^{-7} μmol/L per year).

For the underground mine, total and subset analysis of surface and underground workers showed no statistically significant regression or correlation.

Conclusions: This study shows that a) lead mining does not seem to result in significant lead accumulation in workers and b) there is no statistically significant difference in accumulation between the open and underground mines studied.

This is suggestive that risk assessments and control measures are effective in the mines studied.

IMPLICATIONS OF THE USE OF ETHANOL IMPREGNATED BANDAGES ON POST INCIDENT ALCOHOL AND OTHER DRUG (AOD) TESTING IN THE WORKPLACE
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Background: The use of ethanol impregnated bandages in the acute management of musculoskeletal injury by a number of large mining organisations has raised the question of how much ethanol from the bandage is absorbed and the effect this will have on interpretation of post incident AOD testing.

Objectives: To measure the ethanol absorbed after the application of an ethanol impregnated bandage and discuss its consequences on AOD test interpretation.

Methodology: After initial screening for confounders attainment of demographic information, 20 volunteers underwent a standardised application of an ethanol impregnated bandage. Breath alcohol readings were taken before application and at 15 minute intervals up to an hour post application using an Alcolizer HH1 breathalyser in order to simulate the process of a post incident breath alcohol analysis.

Results: The results verified the need for assessment and supported further study with a larger sample size.

Discussion/Conclusion: Though the results indicate the potential for use of ethanol impregnated bandages having an impact on the interpretation of post incident AOD testing, a greater sample size is required to calculate the effect and relationship to age, gender and BMI.

COMPARING FUNCTIONAL OUTCOMES IN PATIENTS WITH POSITIVE VS NEGATIVE METHACHOLINE CHALLENGE TESTS
Joe Siesenger

Abstract not available at time of printing.

TUESDAY 28 MAY 2013
EVIDENCE-BASED PRACTICE
MANAGEMENT OF ACUTE LOW BACK PAIN THROUGH GUIDELINES – WISHFUL THINKING? AN UPDATE ON CLINICAL PRACTICE GUIDELINES ON ACUTE LOW BACK PAIN MANAGEMENT IN PRIMARY CARE
Markus Melloh
Centre for Medical Research, University of Western Australia, Western Australia, Australia

The Australian Institute of Health and Welfare report 2012 on back problem states that primary care physicians as first point of contact for patients with acute non-specific low back pain (LBP) have an important role to play. Primary care physicians are the gatekeepers who decide how these patients will be managed. Even though to date, worldwide there have been more than 70 clinical practice guidelines published on acute LBP management, with the first Australian guidelines having been published in 2003, there is a lack of adherence to these guidelines.

This presentation will give an update on the clinical management of patients with acute LBP in primary care. It will provide a set of evidence-based recommendations on the management of acute LBP in Australia and internationally. For the diagnosis of acute LBP these include diagnostic triage, assessment of psychosocial risk factors, and imaging. Recommendations for the treatment of acute LBP are information and reassurance, advice to stay active, exercise therapy, analgesia, and spinal manipulation. Multidisciplinary treatment programs in occupational settings may be an option for workers with LBP and sick leave for more than 4 weeks.

The terminology of the Australian acute LBP guidelines ‘(evidence of benefit’, ‘conflicting evidence’, ‘insufficient evidence’) will be critically discussed. Other areas to be covered in this presentation will be:
• Barriers for guideline implementation;
• Influencing factors on clinical decision making in acute LBP management;
• The relationship between imaging and total health care spending on acute LBP;
• Influence of defensive medicine on referrals and consultations;
• Nocebo effects in acute LBP patients.

THE SHOULDER: EVIDENCE AND CONUNDRUMS
Michael Shanahan

Abstract not available at time of printing.

A COCHRANE REVIEW: ERGONOMIC DESIGN AND TRAINING FOR PREVENTING WORK-RELATED MUSCULOSKELETAL DISORDERS OF THE UPPER LIMB AND NECK IN ADULTS
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Background: Work-related upper limb and neck musculoskeletal disorders (WRULN-MSDs) are one of the most common types of occupational disorders. Although ergonomic design and training could reduce the risk of workers developing WRULN-MSDs, the evidence is unclear.

Objectives: To undertake a Cochrane Systematic Review to assess the effects of workplace ergonomic design and/or training interventions for the prevention of WRULN-MSDs in adults.

Methods: The literature search included journal databases, trial registries, and occupational safety and health databases. Randomised controlled trials (RCTs) of ergonomic workplace interventions for preventing WRULN-MSDs, with a baseline prevalence of MSDs of the upper limb or neck, or both, of less than 25% were included. Two review authors independently extracted data, assessed risk of bias, and quality of the evidence.

Findings: Thirteen RCTs (2397 workers) were included; they evaluated effectiveness of ergonomic equipment, supplementary breaks or reduced work hours, ergonomic training and patient lifting interventions. Overall, there was moderate-quality evidence that arm support with alternative mouse reduced the incidence of neck/shoulder disorders (risk ratio (RR) 0.52; 95% CI 0.27–0.99) but not the incidence of right upper limb MSDs.
THE OVERLAP BETWEEN OCCUPATION AND ENVIRONMENT

Nick de Klerk

Abstract not available at time of printing.

CASE STUDIES IN OCCUPATIONAL AND ENVIRONMENTAL HEALTH RISK ASSESSMENT

Chris Winder

Abstract not available at time of printing.

FREE PAPERS

PAIN MANAGEMENT PROGRAMS AND RETURN TO WORK: AN OCCUPATIONAL PHYSICIAN’S PERSPECTIVE

David Elder1,2

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2Monash Centre for Occupational and Environmental Health, Monash University, Victoria, Australia

Background: Pain management programs (PMP) often do not focus on return to work (RTW). It is uncommon for a PMP in Australia to include an Occupational Physician as the treating physician.

Aims/Objectives: The aim of this presentation is to present the results of one of the Network Pain Programs run under the Victorian WorkCover Authority/Transport Accident Commission’s auspices.

Methods: The data from the 4 years of running the program will be presented. These include work capacity certifications and return to work outcomes. Other validated outcome measures including Fear Avoidant Behaviour, Beck Depression and Brief Pain Inventory results will be updated to May 2013.

Findings and Conclusions: The outcomes of the Network Pain Program which compare very favourably to Non Network Pain Programs (programs which sit outside the Network) on all measures will be presented.

Reasons behind the high RTW rates (presently 88% on intention to treat analysis) will be discussed. The Program’s specific methodology of a rigorous selection process, integrating RTW education, RTW goals and possible exclusion criteria will all be presented in detail.

The case will be made for Occupational Physicians to become an integral part of Pain Management Programs on a systemic basis.

SICKNESS CERTIFICATION OF INJURED AND ILL WORKERS BY GENERAL PRACTITIONERS IN THE STATE OF VICTORIA, AUSTRALIA

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3Department of Epidemiology and Preventive Medicine, Monash University, Victoria, Australia
4Department of General Practice, Monash University, Melbourne, Victoria, Australia

Background: General practitioners (GP) play an important role in rehabilitation and return to employment after a work-related injury. There is little known about the certification patterns of GPs in the context of workers’ compensation.

Aims/Objectives: Our aim was to examine GP sickness certification patterns by nature of injury and disease in the state of Victoria, Australia over the period of 2003–2010.

Methods: This was a retrospective population-based cohort study of all injured and ill workers with an accepted lost time workers’ compensation claim in Victoria, Australia (2003–2010). Outcomes were certificate type (unfit for work, alternate duties, fit for work) and certificate duration (in days) of the first medical certificate written by GPs post condition onset within six categories of work-related injury and disease.

Findings and Conclusions: 71.4% of all initial medical certificates issued by GPs recommended a complete absence from work (unfit for work), while 22.7% were issued as alternate duties certificates. 94.1% of patients with mental health conditions were issued with unfit for work certificates, followed by fractures (81.3%), other traumatic injuries (79.1%) back pain (77.6%), musculoskeletal conditions (68.0%) and other occupational diseases (53.0%). Gender differences were observed for some certificates and the duration of initial certificates was longest in patients with fractures and mental health conditions, and shortest in patients with back pain, traumatic and musculoskeletal injuries.

The type and duration of medical certificates issued by GPs varies according to the patient’s presenting condition. Patients with mental health conditions are least likely to receive a certificate recommending modified duties. Future research should investigate why mental health conditions are more likely to result in “unfit for work” certificates and how those with mental health conditions can be helped to return to work.

HOW FREQUENTLY SHOULD SAFETY CRITICAL WORKERS BE EXAMINED REGARDING THEIR FITNESS FOR DUTY?

Bruce Hocking

Bruce Hocking and Associates, Victoria, Australia

Background: The rationale for the frequency with which safety critical workers should be examine with regard to their fitness for duty has been little discussed.

Aim: To provide a rationale for frequency of examination based on consideration of biological, medical, economic and ethical factors.

Methods: The epidemiology of normal ageing and the onset of degenerative disease is reviewed regarding its effect on fitness.

Results: Ageing has a slow but steady effect on fitness from the mid-20s onwards whereas degenerative disease has a rapidly increasing effect from the 50s onwards.

Conclusions: The frequency of examinations for safety critical work should be as follows: at pre placement, five yearly until age 50, then two yearly until age 60 and then annually. These set periodic examinations should be supplemented by “triggered referrals” which may be initiated by the worker, the employer or doctors.
DEFENCE MO ATTITUDE SURVEY: THE ADF MEDICAL EMPLOYMENT CLASSIFICATION (MEC) SYSTEM

Neil Westphalen
Royal Australian Navy, New South Wales, Australia

Background: There is considerable variation in the quality of the Central Medical Employment Classification Review (CMECR) documentation received at the MEC Advisory and Review Services (MECARS) at Joint Health Command.

A review of GP attitudes towards civilian sickness certification in the UK and Scandinavia identified several themes, and that a large number of GPs would prefer not to participate in the sickness certification process.

It therefore seems likely that the quality of MECR decision is significantly influenced by the attitude of the garrison health MOs who participate in the process.

Aim: This paper describes the attitudes of Defence MOs towards their participation in the MECR process.

Methods: A questionnaire was distributed to all participants at the 20th AMMA Conference held in Melbourne in October 2011. Additional questionnaires were distributed via email. The results were analysed using SPSS Statistics Student Version 18.

Results: MECARS received 82 useable questionnaires from 520 MOs. Findings of note include:

• 18.3% had not undertaken any MECR training, while only 29.3% of those who had undertaken the training considered it either good or very good.
• Only 54.9% rated the CMECR Member’s Health Statement (MHS) and 58.5% rated the Workplace Disability Report (WDR), as either important or very important with respect to making MECR recommendations.
• Only 26.6% considered the support provided by MECARS was either good or very good.

Conclusions:
• The low response rate itself suggests that the overall attitude of Defence MOs towards the MECR process may not be particularly positive.
• There is a need to significantly improve the quality and reach of MECR training.
• There is considerable wasted effort expended on duplicating MECR information that is already available on previous MECRs.

Follow-up regarding the perceived MECARS support indicated frustration with the MECR process, rather than MECARS per se.

Responder’s comments generally supported these conclusions.

OCCUPATION AND THE ULNAR NERVE

David Cullum
North Adelaide Occupational Medicine, Adelaide, South Australia, Australia

A review of occupation and its relationship to the ulnar nerve will be discussed with a comprehensive review of the literature with updated information regarding epidemiology and aetiology of entrapment of the ulnar nerve in the upper extremity associated with occupation. New investigations to diagnose ulnar nerve lesions both at the elbow and at the wrist will be discussed, as well as treatment options both surgical and non-surgical. In particular there will be an emphasis on the occupational link with ulnar neuritis and the workforce with a comprehensive review of the literature.

WEDNESDAY 29 MAY 2013

WORKING FAR FROM HOME

THE ROLE OF THE OCCUPATIONAL PHYSICIAN AND DISTANT WORK

David Crocker

Abstract not available at time of printing.

“SEAGULLS” – AN AUSTRALIAN PERSPECTIVE

Chris Cunneen

Background: “Seagull”, a term relating not only to a winged seabird, rather an Australian worker who is a FIFO – flies in and flies out (just like a seagull) for work.

Objectives: Over the past 3 decades, thousands of Australian workers have adopted and adapted to a “FIFO” lifestyle, in often remote non-residential locations such as Liquid Natural Gas (LNG) construction sites, oil and mining sites. Commonly these workers endure 10–14 hours shifts daily for periods of 2–6 weeks for each swing, returning home for 1 week only.

Findings: This presentation will by a “seagull” EOP who will highlight and discuss the challenges associated with this 2 speed working lifestyle, as well as the benefits along with the contemporaneous research and population studies.

Conclusions: FIFO workers are here to stay just like Seagulls. But this working lifestyle comes at a societal cost and therefore requires more study/research.

WORK OVERSEAS – PROACTIVE OH&S CONSIDERATIONS

John Schneider
United Arab Emirates University, Al-Ain, United Arab Emirates

Background: Society has undergone a dramatic transformation due to technological developments and internationalization. Rapid development in some regions particularly rich in economic but often with limited labour resources, and the globalisation of business activity has resulted in an increasing need for a mobile labour force, to provide either the manpower and /or skills required by these industries.

With this requirement many additional OHS management issues are faced by companies involved either directly in project management of these undertakings, or for contractors providing either services and/or manpower to these ventures. The movement of these employees with or without their dependants from country to country often results in risks to health and safety not experienced at home.

In addition to the psychosocial risks associated with sometimes new work or work practices in new, unfamiliar and challenging environments, new, unrecognised and unexpected hazards may also be associated with these ventures. Pre-deployment risk management strategies need to be developed to avoid unnecessary health consequences associated with exposure to these hazards.

Companies have a duty to brief their people adequately and to ensure that the necessary support infrastructures are in place to deal with hazards that are experienced by virtue of employment abroad.

Occupational physicians have a distinct role to play in ensuring appropriate health risk management for benefit of workers, their families and their organizations’ bottom line.

Aims/Objectives: While many of these issues such as fitness to travel and work in unfamiliar communities and cultures are relevant to all overseas workers there are some additional issues which are associated with work particularly in hostile and/or remote work environments.

This presentation will present a broad overview of the hazards and potential risks associated with work in both unfamiliar situations and environments.

Reference: