





Western Australian strategy for the prevention and management of work-related musculoskeletal disorders

2020-2022





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Reference

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- Department of Mines, Industry Regulation and Safety
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- Arthritis and Osteoporosis WA
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Executive Advisory Group

- Department of Mines, Industry Regulation and Safety
- WorkSafe Western Australia Commissioner
- WorkCover WA
- Arthritis and Osteoporosis WA

Introduction

Work-related musculoskeletal disorders (WMSDs) are the most common cause of occupational ill health in Western Australia. They include disorders of the back and neck, upper limbs and lower limbs. Manual tasks refers to any activity or sequence of activities that requires a person to use their physical body (musculoskeletal system) to perform work including manual handling (the use of force in lifting, lowering, pushing, pulling, carrying or otherwise moving, holding or restraining any person, animal or thing); performing repetitive actions; adopting awkward or sustained postures; and using plant, tools or equipment that exposes workers to vibration. Manual tasks range from lifting heavy loads, handling patients, assemblyline work through to using display screen equipment. The main health problems that can arise as a result of performing manual tasks are WMSDs such as sprains and strains.

WMSDs are prevalent in all sectors but there are significantly higher than average rates in health care and social assistance, construction, manufacturing, mining, transportation, warehousing and retail.

WMSDs are the most common injury in workers' compensation claims in Western Australia, accounting for 60% of all serious (5+ lost days) lost-time claims over the period of 2013-14 to 2017-18 (refer to Figure 1).

The most common mechanisms of injury for acquiring a WMSD claim are body stressing (63%) and slips, trips and falls (26%) (refer to Figure 2).

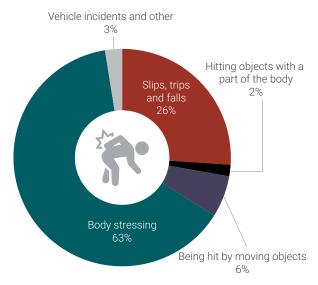


Figure 2 Percentage of serious WMSD lost-time claims by mechanism of incident group, 2013-14 to 2017-18 combined

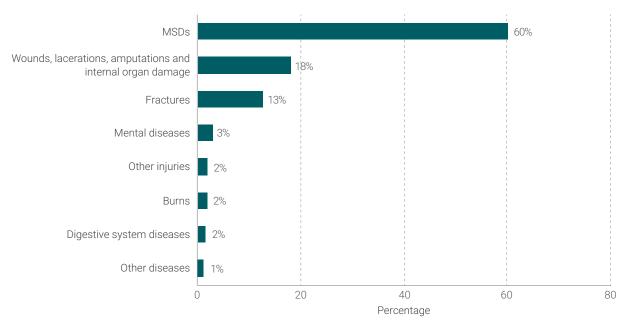


Figure 1 Percentage of serious (5+ lost days) lost-time claims by nature injury/disease Western Australia, 2013-14 to 2017-18 combined (provided by the Department of Mines, Industry Regulation and Safety, September 2019)

WMSDs include disorders of the back and neck, upper limbs and lower limbs. The burden on the community is significant and has presented in multiple ways including (but not limited to) temporary and permanent disability, lost time at work and financial costs to industry and worker. The majority (60%) of long duration claims (workers' compensation claims for which the injury or disease results in an absence from work of at least 60 days or shifts) were due to musculoskeletal injuries.

The Australian Work Health and Safety Strategy 2012-2022 identifies musculoskeletal disorders as a priority disorder, with a target of reduction of the incidence rate of serious workers' compensation claims for musculoskeletal claims by 30 per cent or more. The Department of Mines, Industry Regulation and Safety and WorkCover WA are working in collaboration to align with this strategy.



The Department of Mines, Industry Regulation and Safety, and WorkCover WA's aim is to meet their vision that Western Australians are healthier and more productive as a result of effective prevention and management of work-related musculoskeletal disorders.



Western Australia's progress towards reducing the incidence rate of serious non-fatal musculoskeletal disorder (MSD) claims by at least 30 per cent by 2022 is improving. A 15.3 per cent improvement has been recorded in the latest three year rolling average period of 2015–16 to 2017–18 (preliminary) compared to the base period. However, more work is required to reach the target in 2022.

Figure 3 illustrates Western Australia's progress in achieving *Australian Work Health and Safety Strategy 2012–2022* incidence rate target for serious MSD claims.

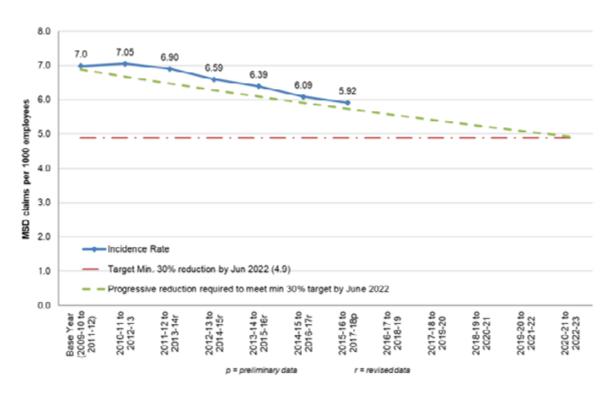


Figure 3 Australian Work Health and Safety Strategy 2012–2022 indicator, Western Australia incidence rate of serious non-fatal MSD claims (LTI/Ds 5+ days/shifts lost) - 3yr rolling average

Approach

Western Australia's WMSD strategy involves implementing a staged, multifaceted intervention using a combination of education, partnership, enforcement and industry incentive interventions at the primary, secondary and tertiary prevention levels (prevent, intervene early and recover). The goal during the primary prevention period is to protect healthy people from developing an illness or experience an injury in the first place. The goal during the secondary prevention period is to triage reported conditions optimally, to halt or slow the progress of injury or illness in its earliest stages. Tertiary prevention focuses on helping people recover and manage long-term health problems such as chronic musculoskeletal pain. The goals include preventing further physical deterioration and maximising quality of life.

This strategy involves the following:

- Acknowledging and accounting for the complex nature of the condition, owing to the interaction between workplace physical, workplace psychosocial, organisational and personal risk factors
- Acknowledging that working at all three levels of prevention (prevent; early and appropriate intervention; recover and rehabilitate) is important.
- Exploring current statistics and the development and utilisation of a suite of measurable leading statewide and industry indicators at baseline and regular intervals to measure outcomes.
- The collaboration and constructive engagement of multiple stakeholders in government agencies, non-government organisations, research, professional and special interest groups and industry communities. The collaborative approach will be guided by an agreed Western Australian framework for the prevention and management of work-related musculoskeletal disorders 2020-2025. This framework will secure stakeholder commitment to driving improved health outcomes;
- Utilising available evidence based research and shared best practice methods to guide industry on the practical ways of achieving success at all levels of prevention. Research will identify knowledge gaps and implementation, registering these and establishing research questions for the purpose of guiding policy makers, meeting current priorities and contributing to the overall aim of this strategy.
- Focusing and building the capacity through statewide interventions in high-risk sectors and for vulnerable cohorts.
- Utilising available media and digital platforms to optimise the access of information and practical tools; and improve networking channels amongst stakeholders.
- Promoting measured business successes and benefits of effective WMSD management.

Implementation

Implementation of the strategy will be coordinated by an advisory group of regulators and stakeholders and will involve a number of elements including:

- Development of indicators and identification of priorities [2020]
- Intervention projects and initiatives linked to priorities [2020]
 - Engagement with stakeholders
 - Research, education and information projects
 - Departmental compliance and inspection initiatives
- Annual progress report [2021]
- Strategy review and report to stakeholders and SWA [2022].

The suite of measurable leading statewide and industry indicators will be monitored and progress reported regularly to stakeholders and industry communities. Analysed indicators will be shared amongst relevant stakeholders for the purpose of discussion and refinement through the development of revised or new strategies and outputs (such as industry specific MSD prevention and management tools, information products or services).



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