For the instructor

• Instructor’s manual.
• PowerPoint® slides.

For the student

• Companion website: includes flashcards, crosswords and useful weblinks.

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Resources available

WHS A MANAGEMENT GUIDE

A MANAGEMENT GUIDE

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According to these figures, we appear to be winning, despite a slight increase in incidence in 2009–2010 (projected). However, a reminder: we are using workers’ compensation statistics. There are a number of reasons for this, the principal one being there is no other measure or comparable database that assesses workplace health and safety nationally. As soon as you think about it though, the shortcomings become clear.

Many accidents or diseases do not result in compensation being awarded. Research carried out for Safe Work Australia shows nearly half of legitimate claims are never made.7 There are several reasons for this:

- Workers are not aware of their rights.
- They do not know if the injury or disease was work-related.
- It may be difficult or impossible to gather sufficient evidence to show that a work-related injury or disease was in fact work-related, however that may be judged.
- Some diseases only result from long-term exposure (industrial deafness), have long latency periods (asbestos-related) or involve other contributing factors, making claims too difficult, time-consuming or costly to establish.
- Even in relatively simple cases, the process seems to require too much effort.
- Workers are sometimes afraid of making a claim lest it affect their employment or chances of promotion.
- Some consider the injury too minor, although it resulted in time off work.
- Some work cultures treat compensation as ‘sus’ and discourage legitimate claims.

**Figure 1.1** Incidence rates (claims per 1000 employees) and percentage improvement of serious* compensated injury and musculoskeletal claims by jurisdiction

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*Includes accepted workers’ compensation claims for temporary incapacity involving one or more weeks’ compensation plus all claims for fatality and permanent incapacity.


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- Even in relatively simple cases, the process seems to require too much effort.
- Workers are sometimes afraid of making a claim lest it affect their employment or chances of promotion.
- Some consider the injury too minor, although it resulted in time off work.
- Some work cultures treat compensation as ‘sus’ and discourage legitimate claims.

**Did You Know?**

An important feature of the growth and development of the labour market over the past 20 years that has influenced the development of workers’ compensation schemes, in particular, has been the shift away from traditional employer–employee, full-time work arrangements as contract, casual and part-time work arrangements have increased. There is growing evidence that this has adversely affected OHS outcomes and reduced the likelihood of workers lodging claims.

INTRODUCTION

When a workplace injury or illness occurs, the following four steps should be taken as soon as possible:

1. **Help the worker (or non-worker):** provide first aid and any assistance in receiving medical or hospital care. If helping a worker, supply them information on making a compensation claim and assist with the submission. Monitor the claim closely and keep in touch with the worker regularly while they are away from the workplace. Depending on the severity, keep management informed throughout.

2. **Inform the regulator:** if it is a ‘notifiable incident’ – a fatality, serious injury or illness, or dangerous incident, as defined in the Act – tell the regulator. You may have to secure the site.

3. **Record and investigate the incident:** record details in a register of injuries. Find out why the controls didn’t work and implement recommendations to prevent a recurrence.

4. **Notify the insurer:** notify your insurer of a fatality, injury or illness and provide details, normally within two days of learning of the incident. Advise the insurer if the worker will be claiming compensation.

In this chapter, we look at steps 1, 2 and 3. In the following chapter, we look at step 4 and the arrangements for compensating workers, managing their injuries and return to work.

INCIDENT PROCEDURES

As the most basic requirement, every workplace needs a simple set of procedures for dealing with incidents. Depending on the workplace, such procedures could combine with those covering emergencies – fires, floods, bomb threats (see Chapter 14).

A small wallet-sized card containing the basics and distributed to all workers is one step towards making sure procedures are followed. Besides forming part of the training for everyone, procedures should be provided to contractors and labour-hire. They should be checked regularly to reflect changes to the law, workplace and personnel and to see whether people are actually aware of them.

A full set of procedures should contain:

- definitions of incident categories – injury or illness with or without lost time, near-misses
- responsibilities of employees, managers, first aid officers, medical personnel, authorities, insurers
- rights of employees; for example, to compensation information
- required activities and timeframes to cover treatment of injuries; notifying, reporting, investigating and record keeping
- any maps
- contact details.
Anti-harassment and anti-discrimination policies, together with corporate programs to deal with workplace stress, form the basis for a psychologically healthy workplace, but additional work is needed to help workers with existing illnesses such as anxiety and depression.

It is beyond the scope of this chapter to canvas such a complicated problem except to say that, whether it is considered culture-building or risk management, mental wellbeing should be part of the corporate HS strategy.

With professional assistance, mental illness in the workplace can be handled with informed policies, procedures and training. Making yourself aware of the issues, raising them with others and treating people who experience mental health issues sensitively are first steps. Drawing on specialist resources is the next one (see additional resources below).

**Trauma assistance**

Occasionally, some employees experience traumatic events in their lives and the effects, both physical and emotional, can be long-lasting. Many experience feelings of anger, guilt, panic, emotional lability, depression and confusion. If the person does not deal with these feelings, they may suffer repercussions that affect personal and work relationships. Sleep, job performance, concentration and stress tolerance can also be affected.

Trauma counsellors can defuse any workplace trauma and counsel the people involved. Sometimes the after-effects are delayed and close liaison with sufferers and the employer can ensure that counselling is made available to people affected in this way (see additional resources below).

**DID YOU KNOW?**
The Australian Services Union and the Torquay-based Victorian Surf Coast Shire have made the first enterprise collective agreement that allows for an extra 20 days leave for victims of domestic violence. The Surf Coast agreement applies to around 260 council staff and is intended to help victims of family violence hold down a job. The agreement allows for up to 20 days a year of this leave but requires the employer not to breach the privacy of victims. It covers physical, sexual, emotional, financial, verbal or emotional abuse by a family member. The union intends to seek to include the family violence clause in all negotiations with employers.

**Employee assistance programs**

Employee assistance programs (EAPs) are another way of emphasising human wellbeing and building the health and safety culture. EAPs are short work-based programs designed to assist employees with work-related, health, family, financial or emotional concerns.

EAPs can help deal with issues such as high stress levels, conflict resolution, sexual harassment, violence, absenteeism, high staff turnover, declining productivity and work-related injuries and diseases.