Missing some fundamentals in injury prevention

Submission by the Australian Council of Trade Unions to the Commonwealth Department of Health National Injury Prevention Strategy July 2020

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ACTU
australian council of trade unions

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Introduction

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. There is no other national confederation representing unions. For 90 years, the ACTU has played the leading role in advocating in the Fair Work Commission, and its statutory predecessors, for the improvement of employment conditions of employees. It has consulted with governments in the development of almost every legislative measure concerning employment conditions and trade union regulation over that period.

The ACTU consists of affiliated unions and state and regional Trades and Labour Councils. There are currently 43 ACTU affiliates. They have approximately 2 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector.

The ACTU appreciates the opportunity to briefly comment on the National Injury Prevention Strategy (the Draft Strategy).

Recommendations

1. The Draft Strategy needs to reflect the true extent of work-related injury.

2. The Draft Strategy needs to adopt a broader approach to injury and more accurately reflect the Australian Work Health and Safety Strategy 2012-22. The Work Health and Safety Strategy was agreed after considerable consultation with many stakeholders.

3. The ACTU refers the Department of Health to the Work Health and Safety Strategy when addressing Objective 15.

4. The ACTU calls on the Department of Health to embrace and acknowledge the legal requirements for the prevention of work-related injury. These should be reflected in the Draft Strategy.

Scope

1. The measurement parameters for work-related injury are limited to fatalities and hospitalisations. The ACTU is unsure why the Strategy has failed to refer to Workers' Compensation statistics or the ABS Work Related Injuries reports[1] which, despite their own limitations, provided a more comprehensive overview than the information used in the development of the Draft Strategy.

2. The Draft Strategy focus on chronic injuries such as musculoskeletal disorders must be applied to all working aged people as it is the major work-related cause of morbidity and loss of physical and psychological health. Workers' compensation claims consistently highlight our failure to prevent these injuries. Many who are injured also develop secondary psychological conditions.

3. The Strategy references to suicide prevention fail to consider links between mental health/self-harm and the world of work. An example of an industry wide approach is the Blueprint for Better Mental Health and Suicide Prevention[2]. There is strong evidence that "poor" work or workers exposed to bullying are at a much higher risk of suicidal ideation and suicide[3]. The failure to include a linkage between risky work conditions and suicide prevention is a missed opportunity.

Definition of Injury

4. The definition of injury is confined to injuries with physical effects on the person. There are no direct references to psychological injuries. Within the document, mental and psychological health are not considered as a type of injury unless they have a physical effect such as self-harm, suicide or alcohol abuse.

5. An example is in the section entitled **Socio-economically disadvantaged people** where there is the following observation:

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[1] https://www.abs.gov.au/ausstats/abs@.nsf/mf/6324.0
[2] https://www.constructionblueprint.com.au/reducing-harmful-impacts-of-work/
[3] For example https://mates.org.au/media/documents/Mates-QLD-Apprentice-Report-2020-POMO.pdf

The association between low socio-economic means and mental health is equally strong. One in four Australians who are among the poorest SES quintile have high or very high indicators of psychological distress compared to 1 in 20 people in the richest quintile. Risk factors for psychological distress and mental disorders include homelessness, unemployment, violence and crime – to which people in lower SES areas are vulnerable. Poor communities also tend to have far worse consequences of mental disorders than more likely to experience or be exposed.

*It is vital that investment in injury prevention focus on the most socio-economically disadvantaged people (pag*e 16)

6. While the Strategy acknowledges that psychological and mental health are risk factors for this community the table of actions on the next page *Table 3 Priority areas for action across the priority population groups* contains no specific actions to prevent psychological injuries in the priority populations.

7. A similar observation could be made to Objective 29 *Improve response to the threat of physical and social impact of climate change and extreme weather events* where the actions refer to a risk management approach to the effects of climate change but there is no reference to the risks to the mental health of the communities or possible psychological injuries caused by changes to society or the stressors of living through extreme weather events.

Objective 15

1. Health and safety law and practice utilise an approach to prevention of injury called the hierarchy of control. The hierarchy of control moves from elimination of risk, through engineering controls to less effective controls such as training and safety gear. This is a regulatory requirement for the Prevention of Falls Regulations and accompanying Codes of Practice[4].

[4] For example https://www.worksafe.qld.gov.au/injury-prevention-safety/workplace-hazards/dangers-in-your-workplace/falls

2. The Draft Strategy has neglected to invoke the legal requirements and has instead focused on lower order controls like 'training', rather than improving the work environment. There are clear obligations on employers/persons conducting a business or undertaking which must be reflected in the Draft Strategy. This is a significant omission in the Draft Strategy.

3. The key industries refer to "other service sectors". Such a broad group does not accurately reflect the key at risk industries which include health and community services.

4. The key agencies need to refer to the ACTU and its affiliates that represent the key industries. The current references do not reflect the industries quoted e.g. nursing or service sectors.

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