Sharing Knowledge between Ergonomic Scientific Inspectors and Industry Inspectors: An Australian Safety Authority Cross Industry Manual Task Initiative

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Abstract

1. Introduction

In 2012, WorkSafe WA, an enforcement agency of Occupational Safety and Health (OSH) Legislation in Western Australia, implemented an operational initiative to assist in addressing the national priority disorder of work-related musculoskeletal disorders (WMSDs) as a result of performing manual tasks (SafeWork Australia, 2014). Historically there has been robust discussion about the application of OSH legislation alone for the purpose of preventing WMSDs (Fallentin, 2003). Fallentin described the challenges of creating legislation and enforcing for the purpose of preventing WMSDs, and recommended that a mixed approach by peak bodies were necessary for improvements to occur. WorkSafe’s mission is to inspire employers and workers to ensure that workplaces are safe through partnership, education and enforcement, and this has been applied in relation to WMSDs. This presentation describes one of the multi-faceted approaches taken by WorkSafe to address this hazard, namely increasing the organisation’s capacity to understand and enforce the OSH legislation in relation to hazardous manual tasks. This involved the integration of the skills of Ergonomic Scientific Inspectors into Industry Inspectorate Teams, with multi-staged sharing of knowledge, collaboration and support.

2. Methods

In 2012, WorkSafe WA, undertook operational changes in its approach to addressing this national priority hazard and area, involving: the designation of ergonomic scientific inspectors into industry inspectorate teams and the sharing of knowledge between teams.

The multistaged process consisted of 3 stages. Stage 1 consisted of the provision of fundamental knowledge (in-house training) to industry inspectors on existing legislation, how to inspect and how to enforce in relation to hazardous manual tasks, musculoskeletal disorders and the application of ergonomics principles (e.g., identification of hazardous manual tasks and knowledge into higher level controls). Stage 2 consisted of field base co-inspections (proactive and reactive), assistance with proactive team project and complex ergonomic investigation. Stage 3 (current stage) consists of deepening inspectors’ knowledge of manual task issues in their designated industry.

4. Results

The key outcomes to date have included: a notable trend of increased enforcement numbers in relation to manual tasks (see Figure 1.), as well as anecdotally, national and international design changes to equipment and system within specific companies that have been co-inspected as a result of this initiative, and reported reduction in workplace injury reports and improved performance within companies that have been visited.
5. Conclusion

This project shows that it is important to acknowledge that the understanding of manual task hazards, musculoskeletal disorders and ergonomics principles, and particulars of sub-industries, their current climate and relevant external stakeholders are not consistent across an occupational safety and health authority’s inspectorate. Therefore, the sharing of knowledge between different types of inspectors is imperative within OSH authority bodies. In addition to this, the way knowledge is shared and imparted may be critical in order to achieve desired outcomes.

References


