

Lessons of prevention from victims of occupational accidents and occupational diseases:

What can we learn?

About failing prevention of **occupational accidents and occupational diseases**, the need for an alternative prevention approach and the role of the victims

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Content

- Failing prevention of OA & OD
- TU/WC/WR has a marginal role in prevention of OA/OD
- Need for a new EU prevention policy and new role for TU/WR/WC: **openness & control**
- Many victims of occupational accidents (OA) and occupational diseases (OD)
- Victims: problems and opportunities
- Trade unions & victims: new prevention strategy with a role for victims

Research 2006-2014

- Research on the financial situation of workers with OPS (organic solvent syndrom)
- Multidisciplinary analysis of 40 dossiers of victims of RSI and OPS
- Research on workers' compensation and prevention:
 - Socio-legal analysis of 4 workers' compensation systems
 - Questionnaire among 467 employees/employers
 - Case study in 7 organisations

(member of the board of 3 victimsgroups: ops, rsi occupational accidents)

Failing prevention of OA/OD (1)

■ NL:

- ❑ 50% risk assessment;
- ❑ 80% 'experts'; not independent
- ❑ decline of labour inspection (400>220;87.000>20.000)

■ NL/BE: After OD &OA:

- ❑ Preventive measures after OA: 42%; OD: 15%
 - ❑ No preventive changes in at least 22% organizations
 - ❑ Emphasis on re-integration, not: primary prevention
 - ❑ Worsening situation victims: 50% no job after claims settlement; >75% not totally recovered
 - ❑ 90% of the victim **workers** with an OA/ 40% of victim workers with an OD have a healthier/safer attitude
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Failing prevention (2):

Trade unions and WC/WR have a marginale role

- ❑ Tolerating bad working conditions and OA/OD
 - ❑ Little power at workfloor level, i.e. SME, flex work, non-harmonious labour relations
 - ❑ Involvement in OA/OD is poor: max.50% is informed; max.5% demands measurements
 - ❑ Limited connection with
 - (individual) victims
 - Interventions at the organizational level
 - ❑ Too much 'believe' in policy and instruments of EU prevention policy (no risk assessment, OHS experts)
 - ❑ No influence on analysis and reporting of OA/OD
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Failing prevention of OA/OD in EU (3)

- EU prevention policy is based on two principles:
 - Protection of the worker by the employer
 - Selfregulation, with role of workerscommittees/representatives
WCR
 - The existing EU prevention policy is not adequate in all situations
 - Too much occupational accidents (OA) and occupational diseases (OD)
 - Lack of expertise to *change* working conditions
 - Lack of power of WC, WR and TU
 - When the employer is the 'offender'
 - No indepent role of OHS experts
 - Flexible work
 - Less harmonious labour relations
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Alternative prevention approach: more internal and external interventions:

- ❑ Openness and transparency of OHS risks, OA, OD (and preventive measures)
 - Public risk assessments
 - public reports of OD/OA

 - ❑ More control of stakeholders (internal and external) on OHS prevention
 - Right of research to minimum of 10% of the workers
 - Independent position OHS experts
 - Enlargement of labour inspection
 - Preventive role of workers' compensation
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Victims

Product of bad prevention policy

&

Part of the alternative
prevention policy

Many victims of OA and OD

	OA > 3 days absence	OD
EU	1.633/100.000 (2.3)	150.000? Recognised+ Reported
BE	1.826/100.000 (1.8)	1.440 ? recognised
NL	2.275/100.000 (0.6)	9.800 reported
FR	2.695/100.000 (3.2)	49.341 ? recognised
I	1.717/100.000 (3.1)	12.551 ? recognised
ESP	2.953/100.000 (3.2)	16.850 ? recognised

Stories 1

- Ambulance worker (after an incident with a stretcher; 1 year sick leave with shoulder disorder):

“The management told me the incident was my fault; that made me so angry that I decided to investigate the incident myself; my conclusion was that the stretchers themselves had small cracks ‘hairline cracks’; now all stretchers are replaced.”

Stories 2

- Partner of man who died after an incident (when 2 paper rolls of thousand ton fell from a heftruck and crushed him) gives lectures in companies about safety.
 - She wrote a book about her experiences:
 - “In the Port of Rotterdam they work with a lot of flexible workers. Those workers not always get the right safety instructions at the right time;
 - 10 days before the accident the WC had warned the labour inspection about the safety in the storage of paper roles. But the inspection didn't take measures;
 - After the incident they stopped taking 4 rolls on a heftruck”
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Stories (3)

- Mrs. Y (1947) is working as a production assistant, since 1985. She has heavy and repetitive work: 30 transactions per minute. From 1994 she has increasing RSI complaints. From 1994 to 2002 she has periods of sickness and RTW. In 2002 she becomes permanently disabled. In 2008 she receives workers compensation: “The employer is the cause of the occupational disease; he didn’t make any process innovation, except a new table and a new chair. The occupational physicians (OP) fail (diagnosis) and don’t intervene, because critical OP’s were replaced. The Trade union tried to get influence on the prevention of RSI, but had to stop this action after a redundancy of 400 workers was announced. The labour inspection never visited the plant. The local hospital was familiar with this practice.

Victims of OA and OD: **PROBLEMS** & OPPORTUNITIES (1)

1. Healthproblems:

- Late recognition of OD
- Weak diagnostics
- No Evidence based treatment of OD
- OD&OA= Physical & Mental

2. Social cultural problems

- isolated from work/workers/TU/WC/OHS experts
- pressure on/from family

3. Emotional problems

- neglected stories

4. Financial problems

- compensation not sufficient
 - long waiting time
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Victims of OA and OD: PROBLEMS & OPPORTUNITIES (2)

1. Social cultural opportunities

- some victims (how much?) break through the isolation
- victims are organizing themselves
- victims can be organized

2. Emotional opportunities

- every victim has a story about
 - a. the occurrence of his oa/od
 - b. the prevention of oa/od
 - c. quality of treatment
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Victims of OA and OD: PROBLEMS & OPPORTUNITIES (3)

3. Prevention opportunities (micro and macro level)

- victims have a safer & healthier working attitude
- victims can contribute to a better analysis of occurrence of OA/OD
- victims have suggestions for improvement quality of medical treatment
- workers are more willing to listen to victims/ co workers with experience in OA/OD, and change their attitude

Each year thousands new prevention ambassadors?

Victims organizations in the Netherlands (1)

1. Specific work related organizations (a.o)

- RSI
- OPS (victims of organic solvents)
- Asbestos (2 organisations)
- PTSD
- Occupational accidents

2. Non specific victims organizations with attention to work related diseases (a.o)

- Hearing loss
 - Back disorder
 - allergy
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Victims organizations in the Netherlands (2)

Activities:

- Meetings of fellow sufferers
 - Supporting legal actions and lobby
 - Promoting bans (asbestos and organic solvents)
 - Information: website, brochures, sector level, company level, occupational doctors
 - Coaches (rsi coach)
 - Supporting on social security problems
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Alternative prevention approach: the role of victims+TU

- Openness and transparency of OHS risks, OA, OD (and preventive measures)
 - Stimulate public stories of victims
- More control of stakeholders (internal and external) on OHS prevention:
 - Right of research of victims after an OA or OD
 - Right to have an own chapter in reports on OA/OD
 - Right to propose preventive measures after an OA/OD
 - From victim to prevention ambassador
- Conditions:
 - TU organizes victims, supports victims, takes care for contact between victims and co-workers
 - TU makes coalitions with victim organizations
 - Victims get a more central role in workers' compensationsystems
 - EU/ national law: better position of victims in prevention (and compensation), reporting of OA/OD and workerscompensation