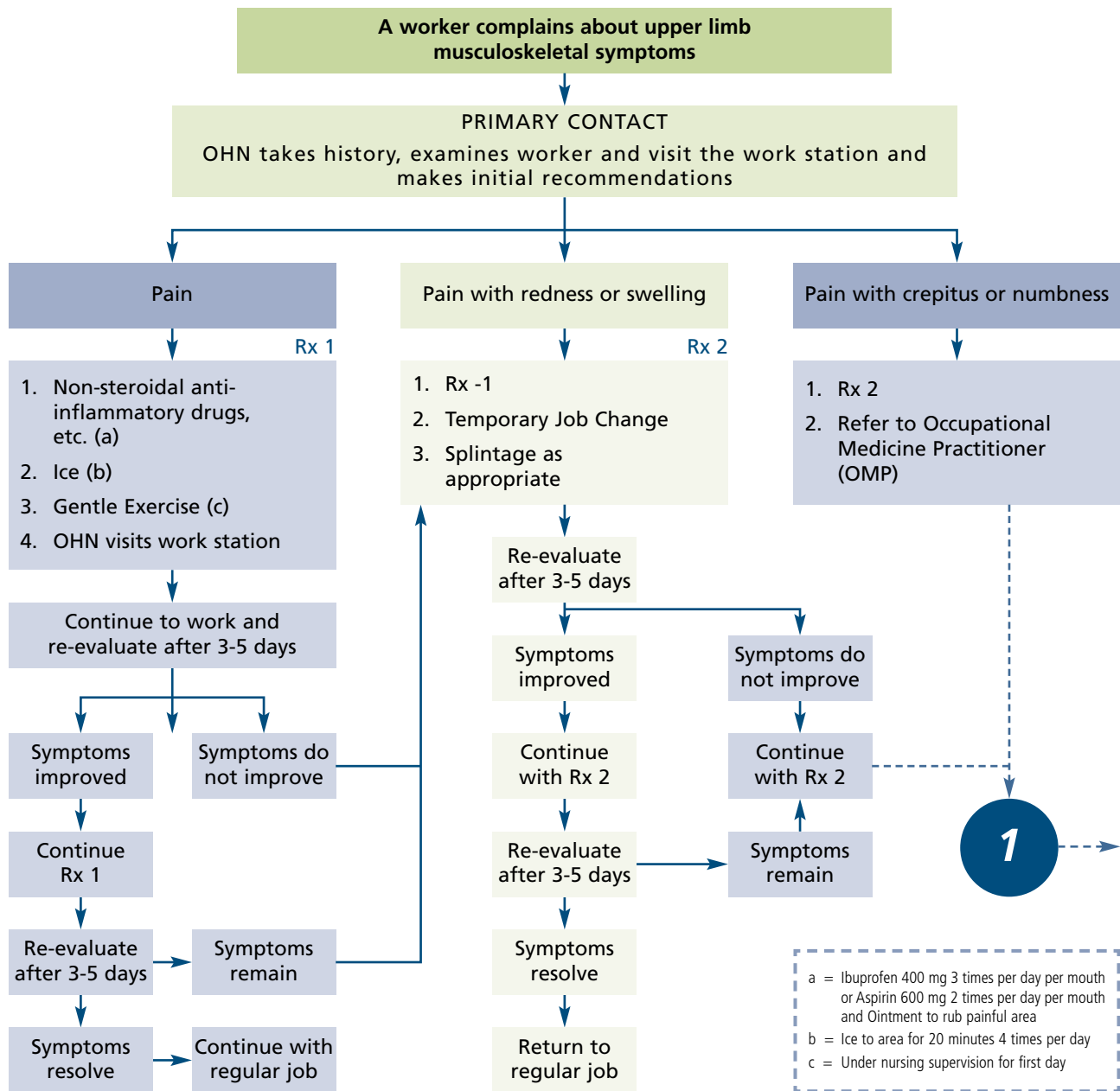




Work-related Upper Limb Musculoskeletal Disorders

Guidelines for the occupational nursing practitioner (OHN)



ABOUT THESE ALGORITHMS

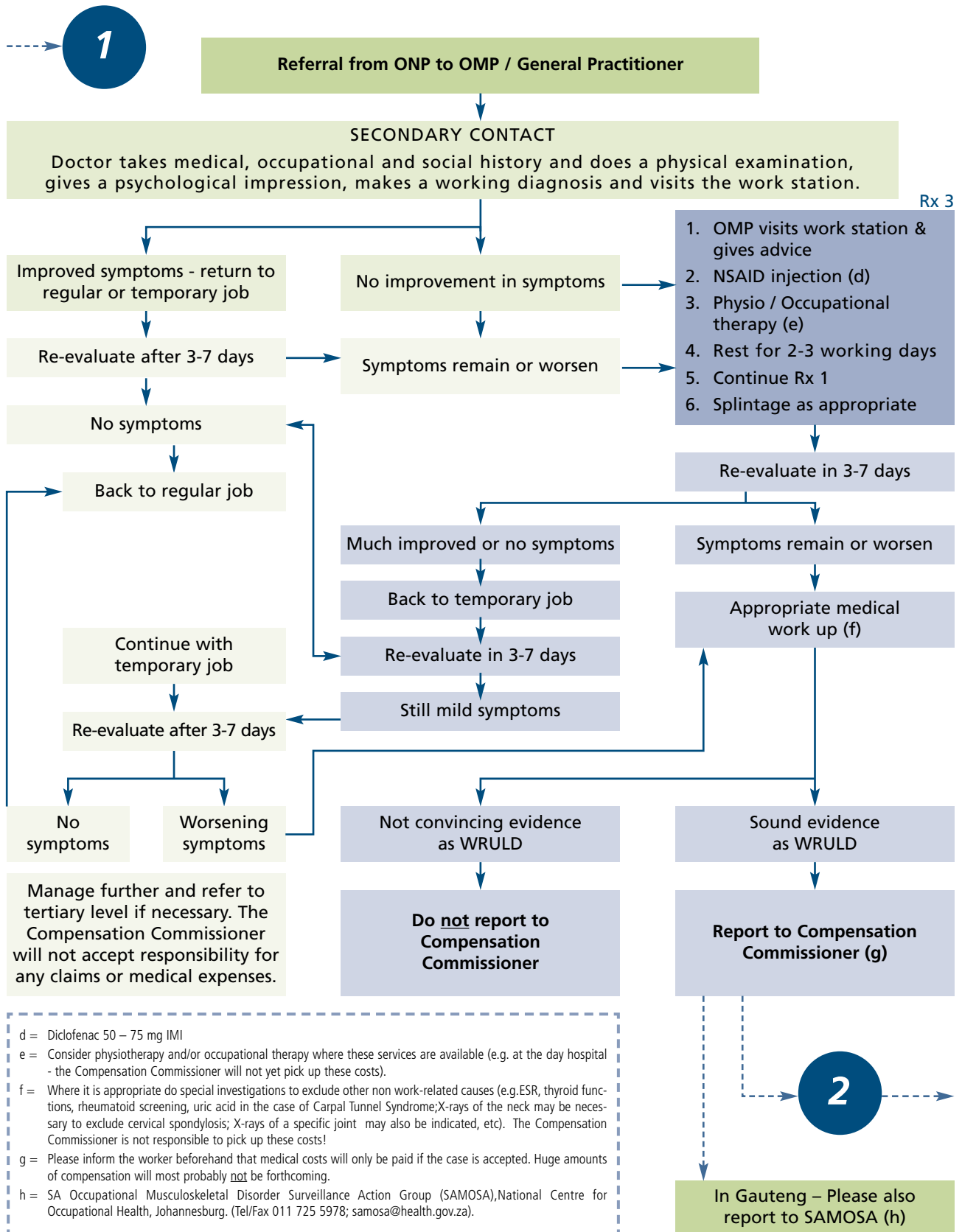
The rationale behind these algorithms is a typical occupational health clinic in an industrial setting with an occupational health nurse, as well as an occupational medicine practitioner (doctor) or general practitioner visiting a few hours per week. Where this is not the case, these algorithms will still give a health practitioner a good idea of the process to be followed in reporting a WRULD to the Compensation Commissioner, as well as the investigation of other potential causes.

- **Algorithm [A]** is meant for the occupational health nursing practitioner to screen workers, to initiate treatment and to make appropriate recommendations after an initial visit to the work station (i.e. simple adjustments, recommend full ergonomic assessment by competent person, etc.).
- **Algorithm [B]** is meant for the visiting in-house medical practitioner and gives guidance how to work up a case before reporting the WRULD to the Compensation Commissioner. No "external" medical costs should be encountered during this phase (i.e. the on-site occupational health clinic should be able to handle it sufficiently and referrals to the public health sector can help with initial tests, etc.).
- **Algorithm [C]** refers to the reporting of a worker with WRULD by an occupational medicine practitioner. "External" medical costs may be encountered (i.e. outside the scope of a typical occupational health industrial clinic) in the treatment and rehabilitation of a worker. If the case is accepted, the Compensation Commissioner may pay for reasonable medical costs, as well as the sick leave.
- **Algorithm [D]** gives guidance to the employer how to respond if a case of WRULD has been reported.

Algorithm A. PRIMARY CONTACT – The occupational health nursing practitioner has an important role to evaluate and screen ordinary muscle aches and pains from potential WRULDs.

B

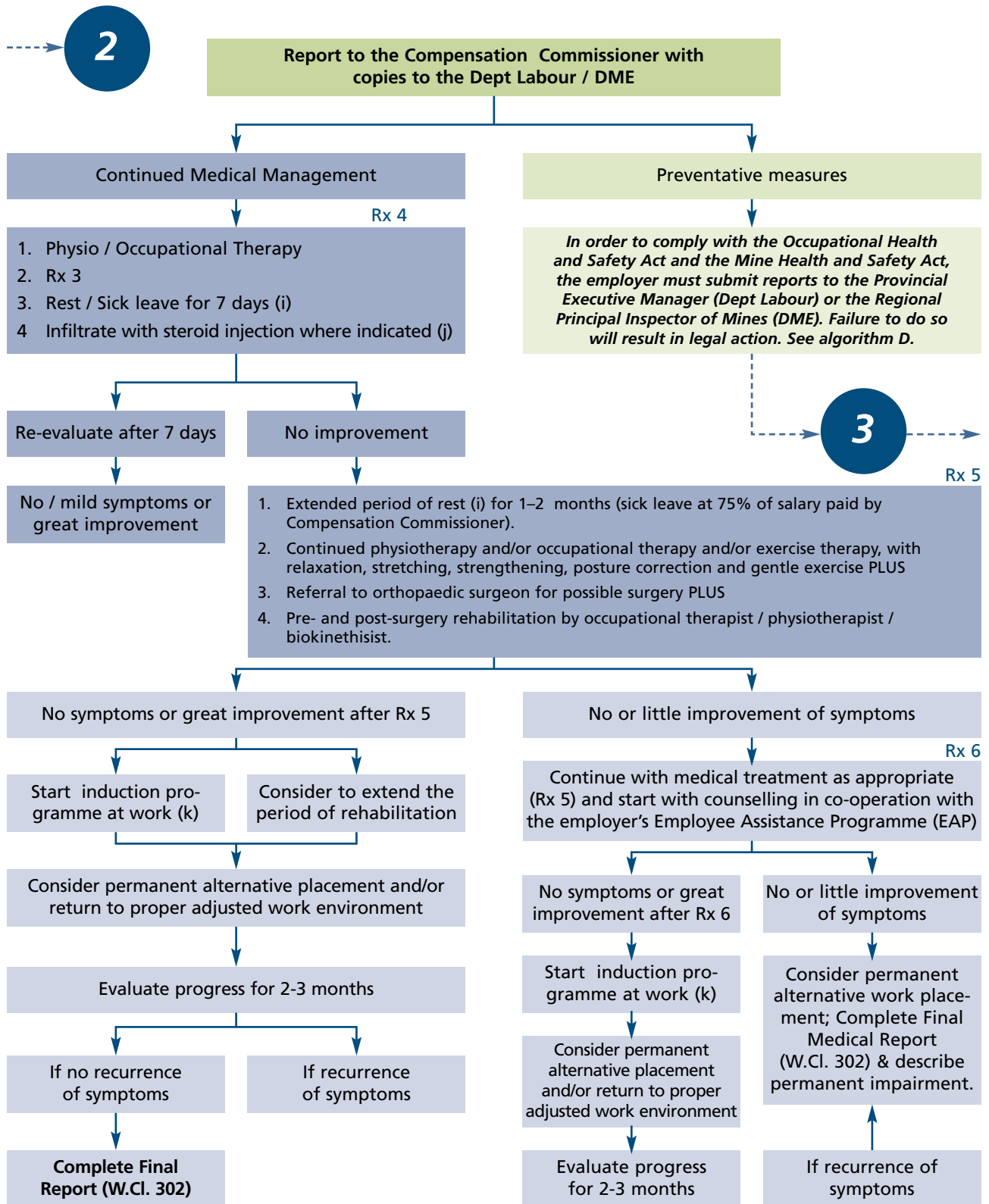
Guidelines for the occupational medicine practitioner (OMP) before a work-related upper limb disorder (WRULD) is reported to the Compensation Commissioner



Algorithm B. The doctor usually evaluates those workers not responding on the OHN's conservative management. The doctor now has the task to evaluate the work-relatedness of the symptoms, and then needs to decide if an occupational injury or an occupational disease (WRULDs) should be reported to the Compensation Commissioner.



Guidelines for the occupational medicine practitioner (OMP) when a WRULD is reported to the Compensation Commissioner



i = Rest (i.e. sick leave) should be part of a well-planned rehabilitation programme under the supervision of physiotherapist / OT / biokinethisist.
 j = Example: 1 ml Depot Medrol with 2 ml of Lignocaine injected into tendon sheath.
 k = Return to temporary job for 1-6 months and start with supervised work hardening programme (e.g. with help of ergonomist, physio, OT or OHP)

Algorithm C. Guidelines to the OMP when a case of WRULDs was reported to the Compensation Commissioner.

D

The employer reporting WRULDs to the Dept. Labour / Dept. Minerals & Energy

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Report the following to the
Provincial Executive Manager of the Department of Labour
(Occupational Health and Safety Act) or
the Regional Principal Inspector of Mines
(Mine Health and Safety Act).

I. IMMEDIATELY

A copy of the notification of a WRULD to the Compensation Commissioner should be sent simultaneously to the

- (a) Provincial Executive Manager of Labour (OHS Act) or
- (b) the Regional Principal Inspector of Mines (Mine Health and Safety Act).

ii. WITHIN 3 MONTHS AFTER MAKING THE DEFINITIVE DIAGNOSIS OF A WRULD

the employer will submit an ergonomic report and a consequent plan of action

ERGONOMIC REPORT

- Organisational factors • Task Analysis • Individual factors
- Human – Task Interaction • Environmental factors

PLAN OF ACTION

Detailed Ergonomic plan of action with time scale

Occupational Health Plan should make provision for education, health risk assessments and medical surveillance

Occupational Health Plan should make provision for education, health risk assessments and medical surveillance

iii. WITHIN 6 MONTHS AFTER MAKING THE DEFINITIVE DIAGNOSIS

the employer will submit a report containing:

A review on the progress made regarding the implementation of the ergonomic plan of action.

The progress made with the health risk assessments and medical surveillance

The negotiated policy on the prevention of WRULDs

Algorithm D. The employer must submit 4 reports in 6 months to the Department of Labour/DME.