

2 Investigating the incidence and nature of health complaints

J. Petersen, Hamburg
K. Sucker, Bochum

2.1 General aspects

Health complaints usually prompt the question of whether they have been brought on by adverse workplace conditions. However, it is practically impossible to identify one single event as the cause except in the case of an accident. For the most part, several factors are involved and the way people experience health complaints differs significantly. Consequently, documenting the symptoms the affected employees describe is not as simple as determining, for example, when a house was built.

The preliminary workplace inspection as part of a health complaint investigation can be used to interview those involved and thus gain an initial impression of the nature of the health complaints, the number of employees affected and the suspected causes.

Table 1 lists some examples of possible health complaints in different parts of the body. In addition, experience has shown it

to be helpful to involve the organisation's occupational physician from the outset.

The **questionnaire** shown in Section 2.2 can be used to prepare for the interviews. Its questions are intended to help document health complaints in a way that takes into account workplace specifics as far as possible. Interviewers should be careful not to influence employees' responses by asking them about particular symptoms. Interviews offer an opportunity to "read between the lines" and thus obtain information that often turns out to be relevant in any further action that needs to be taken.

Questionnaire G1 (see Annex 1), which covers health conditions in the workplace, permits a more comprehensive investigation of health complaints. An evaluation table and an evaluation example are presented in Annex 2 of this recommendation.

Based on the results specific investigations on the different issue(s) can then be carried out independently. If required, special occupational medical investigations and further diagnostic measures can also be initiated on the basis of the findings.

Table 1:
Parts of the body and associated health complaints that affected employees might report

Part of the body	Possible health complaints
Eyes	Stinging, itching, pain, watery or dry eyes, redness, irritation, inflammation, sensitivity to light, blurred vision, spots before the eyes, etc.
Throat, nose, ears	Aches, pain, itching, irritation, inflammation, dryness, saliva, blocked nose, nose bleeds, etc.
Other parts of the head	Loss of sensation, tingling, numbness, headache (stabbing, piercing, throbbing, pulsating), etc.
Respiratory tract/bronchi	Shortness of breath, coughing, mucus formation, increased incidence of infection, etc.
Cardiovascular system	Palpitations, rapid heartbeat, chest pain, low/high blood pressure, poor circulation, etc.
Skin	Lesions, pigmentation, reddening, inflammation, flakiness, rashes, wheals, itchiness, etc.
Digestion	Loss of appetite, nausea, vomiting, etc.
Musculoskeletal system	Tension, pain, impaired mobility, paralysis, etc.
Nervous system	Loss of sensation, numbness, tingling, paralysis, dizziness, feebleness, exhaustion, fatigue, poor concentration, irritability, etc.

2.2 Questionnaire for interviews conducted as part of health complaint investigations

Dear employee,

As you may know, some of your fellow workers have informed us that they have health complaints that they feel are linked to their workplace. We are investigating this issue to determine whether and where health is adversely affected within our organisation. We are also seeking to establish whether the building itself, the rooms in it or the furnishings and building service systems play a role.

Consequently, this questionnaire is obviously only concerned with illnesses or other health complaints that arise or have previously arisen in connection with your work. It does not address health problems caused by accidents, inherited diseases or any other illnesses developed elsewhere.

Completion of the questionnaire is voluntary and your answers will be recorded anonymously. If you do choose to give information, we would be very grateful if you could supply as much detail as possible.

1. Do you have any health complaints that you feel are linked to your workplace? If so, what are they?
2. Which health complaints are the worst in your opinion?
3. Have you been examined by a doctor in connection with these complaints?
4. Are you being treated for these complaints?
5. Have you ever been written off sick due to these complaints?
6. When did the health complaints start? (Month, year)
7. When exactly do they occur? (E.g. season, day of the week, time of day)
8. Do the complaints subside when you are not at your workplace? (E.g. when you have finished work, at the weekend, on holiday)
9. What do you think causes your health complaints?
10. Have there been any changes at your workplace recently? (E.g. redecoration, restructuring of the organisation/department, staff changes, changes in responsibilities, etc.)
11. Do you have any allergies?
12. Do you smoke?
13. How old are you?

2.3 Assessment

The workplace inspection and interview(s) reveal the number of employees affected and the ratio of room users affected to those not affected. As such, they contribute important input for the remainder of the investigation.

The nature of the health complaints, particularly those considered worst, and the information about whether the complaints subside when the employee is not at the workplace indicate whether the complaints can be attributed to the employee's work. If one specific factor is repeatedly cited as a suspected

cause, it can point the investigation towards factors that might have played a role.

Figure 2 shows how the investigation can then proceed.

Sometimes it will not be possible to establish beyond doubt whether the health complaints are related to the workplace or not, or the problem might prove to be extremely complex. In such cases, it is advisable to convene a round-table forum with representatives of management, the employees affected, the organisation's OSH professional and occupational physician, and the staff representatives. External specialists, e.g.

an inspector and an occupational physician from the relevant Social Accident Insurance Institution, should also participate.

The purpose of the round table is to engage in an open dialogue concerning the problems, the possible causes, the various

stakeholders' interests and the course of action to be taken. All measures agreed on should be communicated to the employees in a transparent process. Past experience has shown that secrecy and conspiracy are counterproductive approaches to these problems and must be rejected.

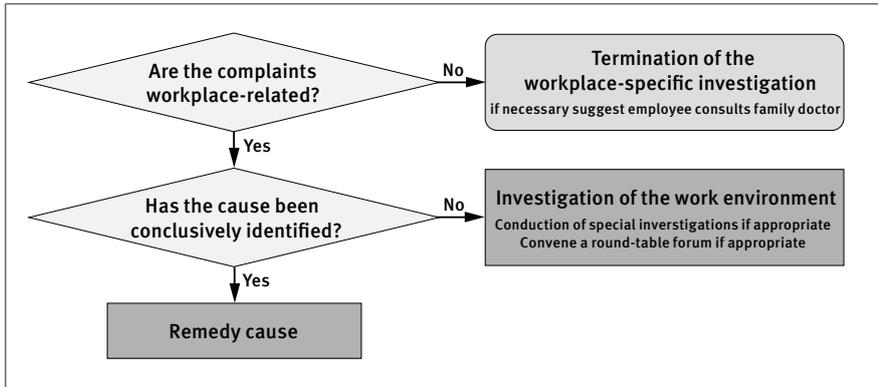


Figure 2:
Subsequent action based on the results of the investigation