



**FIRST STAGE CONSULTATION WITH SOCIAL PARTNERS ON  
MUSCULOSKELETAL DISORDERS IN THE WORKPLACE  
ETUC response**

Please find below ETUC's answers to the four questions put by the Commission to the social partners as part of their consultation on musculoskeletal disorders in the workplace.

We believe that action must be taken in the relevant areas so that the harmful effects of risks to which workers are exposed are tackled at their source. It is with this aim in mind that we have prepared responses to the Commission's four questions and stress the need for the introduction of Community legislation on this matter.

You will recall that the subject is dealt with in the following European Parliament resolutions: COM(2000) 379 - C5-0508/2000 - 2219(COS); COM(2001) 104 - C5-0536/2001 - 2001/2215(COS); P5\_TA(2002)0399 (...), in the Commission Communication COM(2002) 118, in the European Parliament report A5-0291/2000, in the opinions of the Economic and Social Committee (ESC 397/2002 and ESC 937/2001) and in the opinion of the Advisory Committee on Safety, Hygiene and Health Protection at Work (Doc. 0983/1/01). You will also recall that the European Agency for Safety and Health at Work in Bilbao organised a European week in 2000 to which ETUC and TUTB devoted a special dossier (TUTB Newsletter, Numbers 11 and 12, June 1999) and a European awareness campaign.

Answer 1

The current specific framework – made up of Directives 89/654 (workplace), 89/655 and its modification 95/63 (work equipment), 90/269 (manual handling), 90/270 (display screen equipment) and 2002/44 (vibrations) – is not entirely suitable and does not do enough to prevent musculoskeletal disorders. In this respect, the statistics speak for themselves, and the increase per country and the overall European trend highlight the problem even more clearly. The statistics clearly show how inadequate current measures are. Differences that may exist between Member States and between different types of companies (especially SMEs) are so small that an overall approach for tackling MSDs in all Member States and sectors is the best possible solution.

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A strategic approach to MSDs cannot simply be limited to parts of the human body. An approach that deals with different anatomical zones (neck and shoulders, upper limbs, back or lower limbs) is not desirable. Such an approach goes against the primary mechanisms to prevention that follow comprehensive, multidisciplinary and participative principles. Every aspect of the body is involved in the workplace - so much so, that non-manual workers complain of back pain and not 'brain-ache' (see Commission text) and vice-versa, forgetting about the mental burdens of manual work could lead to very serious errors when devising duties.

### Answer 2

Currently, the foundations of the comprehensive, preventive approach are present in the existing directives which are good tools but, as the Commission notes, unfortunately they do not produce good results. The principles concerned must therefore be developed and improved. To do this, gaps in existing legislation must firstly be plugged, by adding to and improving the directives on display screen equipment and manual handling, by supplementing these with a new directive on repetitive work and, if possible, by creating a new directive that would bring together the various legislative instruments. This directive will focus on preventing risks to the entire locomotor system and its component parts and will force all companies to adopt the tried and tested primary strategies for eliminating dangers. These strategies are characterised by a comprehensive, multidisciplinary and participatory approach (see answer 3) to problems related to musculoskeletal disorders.

The new directives will have to be based on existing tools relating to musculoskeletal disorders (e.g. framework directive, manual handling directive and display screen equipment directive). They will have to be carefully structured (in a way that brings together the different principles) and offer a pragmatic approach that can be implemented in the workplace itself but also earlier on in the process when the workplaces, work sites, machines and tools are being designed.

### Answer 3

We believe that all the above-mentioned aspects - ergonomics, work organisation, psychosocial aspects and other issues (toxicology, industrial hygiene, safety and medical issues) - interact and are therefore of equal priority. This view is also in line with the principles of the framework directive (89/391) and those of modern ergonomics ("Ergonomics promotes a holistic approach in which considerations of physical, cognitive, social, organizational, environmental and other relevant factors are taken into account"). According to the definition provided by the International Ergonomics Association ("Ergonomics (or human factors) is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimise human well-being and overall system performance"). Ergonomics is not limited to physical aspects of work but also includes other parameters in the work place such as work organisation and psychosocial aspects without separating them from the physical aspects.

It has been scientifically confirmed that MSDs result from exposure to mechanical factors but also that reducing biomechanical risks, although it may improve the situation, is not enough by itself to eradicate MSDs. In a review of the epidemiological literature entitled *Are psychosocial factors, risk factors for symptoms and signs of the shoulder, elbow or*

*hand/wrist?* by R. Bongers et al, published in the American Journal of Industrial Medicine 41:315-342 (2002), the conclusion reached is that high job stress and non-work-related stress reactions are consistently associated with all upper limb problems. In the United States, Grant D. Huang et al carried out a study on members of the US Marines Corps suffering from MSDs: the authors conclude that in order to reduce musculoskeletal-related morbidity, it is necessary to consider both biomechanical factors and specific work organisation factors, particularly time pressure (American Journal of Industrial Medicine 43:495-506 (2003)).

In line with the current approach to ergonomics, our request is therefore for an integrated approach rather than a much less appropriate fragmented approach.

Further to this, other important questions will need to be tackled, such as gender issues. Many tasks that cause damage to the locomotor system are mainly carried out by women (who are also often working a 'double day' involving other musculoskeletal stresses); in some sectors, this situation is made all the more worrying for women since professional development is difficult to obtain (for example, in the textile sector).

#### Answer 4

The new directive, which we support, must aim for the primary prevention of MSDs by summarising specific elements of existing Community legislation, complemented as required to fill any gaps and eliminate any imprecision.

1) **Summary of applicable directives:** by this we mean that all existing directives should be retained, but also updated and made feasible for companies to implement. The resulting text should, therefore, coordinate existing directives, fill in gaps, eliminate imprecision in one complete text that is coherent and easy for all companies to apply.

#### 2) **Gaps in specific directives:**

- Some areas of the body are mentioned whilst others are not - such as upper limbs (hands, wrists, elbows, shoulders) and lower limbs (feet, ankles, knees, hips) but the human body in the workplace is a single interconnected entity, in which all the individual parts work together, a point that we have already stressed following the Commission's example.

- Upper limbs do not seem to be covered at all: a directive on *manual* handling that does not mention either hands or fingers is therefore an incomplete directive.

- Lower limbs are addressed indirectly: they are never referred to directly yet slips, falls or trips and numerous other injuries to the trunk due to sudden strains which directly involve the lower limbs.

- The characteristics of movements, postures, forces and user interfaces are potential causes of MSDs that are not covered methodically:

- movements (range, precision, repetition, rhythm and duration of exposure),
- postures and extreme deviations,
- forces involved and static work,
- user interfaces (protection of contact areas);

- Psychophysiology shows that the agents causing stress in the workplace (stress factors) could explain the development of MSDs when combined with harmful mechanical factors. This aspect is not covered in existing directives either. Work organisation, psychosocial burdens, the degree of latitude and social support should at least be considered.

- Directive 89/391 (manual handling) lists certain movements but does not cover frequent lateral bending and extension of the back. It does not cover the movements involved when lifting and setting down an object carried between two points or high risk handling of patients and animals.
- The directive on display screens does not take the height of the screen into consideration, but if a display screen does not correspond to the natural line of sight it can be a major cause of neck and back-ache.

**3) Imprecision in the vocabulary used in the directive:**

- The directives (on display screens, manual handling and work equipment) use the term 'ergonomic principles' without defining the criteria. This vocabulary can therefore only be used by the few specialists who are familiar with the criteria.
- These same directives do not provide any means of practically evaluating the concepts of repetition, weight or force used.

A common vocabulary used to define and standardise basic concepts such as 'ergonomics', 'repetition' and so forth must be included in any future directive. Several European standards have been issued addressing this matter. These standards were drawn up by the European Committee for Standardization (CEN) which was given the mandate to do so by the Union within the framework of Directive 98/37 (machinery). Several planned European standards were published in the Official Journal and others are still being worked on. It would be truly absurd not to use these resources of Community consensus. These actions aim to combat the primary causes of MSDs more effectively in order to eliminate them as set out in the framework directive 89/391/EC.

To be effective, the proposed directive should also be accompanied by an initiative aiming to harmonise recognition of occupational diseases in the European Union. This would, in effect, be an important incentive for the implementation of more pro-active prevention policies.

Prevention strategies and action to combat the causes of MSDs must be able to be applied in specific situations and more generally and adapted to changes in work practices and technology. It must also be possible to implement them easily and in concrete terms in all types of company and work situations, from the most simple to the most complex and, therefore, also in SMEs.

Only a new legal instrument specifically focusing on the primary prevention of MSDs can meet these criteria. This does not rule out the possibility of developing or adding other non-legal instruments, but any such non-statutory measures may only complement their statutory counterparts.

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