



**ETUC's response to proposals made in
the second stage of the consultation with social partners on
work-related musculoskeletal disorders**

1. Introduction

ETUC shares the European Commission's opinion that the many initiatives concerning musculoskeletal disorders (MSDs) taken since the 1980s have been short on results and that such medical conditions are steadily becoming more frequent.

The Commission's document:

- puts musculoskeletal disorders back in the contexts of the physiology of the locomotor system, the pathomechanics of the workplace and the contribution of non-mechanical risk factors – such as stress factors – which has now been scientifically demonstrated;
- reiterates the existence of legislative instruments;
- clearly recognises the lacunae in these instruments and their weaknesses, specifically referring to the Manual Handling of Loads Directive and the Display Screen Directive, which need to be fundamentally rewritten;
- thus highlights the inadequacy of these two directives;
- recommends the additional use of other, non-legislative instruments to meet the intended objectives;
- confronts the Member States and companies with their responsibility to implement legislation.

In response, ETUC unequivocally reiterates its demand for a directive aimed at preventing MSDs, because it maintains that MSDs are the most common health-related problem reported by staff and the main reason for absenteeism and compensation payable by the Member States, and also points out that statutory measures have led to progress in the area of accidents at work. Future negotiations will only be possible if they are based on the new 'anti-MSDs' directive.

2. Content

For the Member States and companies, the directive demanded by ETUC will serve as an instrument aimed exclusively at triggering actions designed to combat MSDs. To achieve this, the directive in question will:

- specifically focus on MSDs, complementing but not replicating the instruments already in place;

- be consistent with the central objective of reducing the incidence of MSDs in Europe;
- be consistent with prevention of MSDs, from the design of working instruments and systems to their daily use, via the rigorous application and monitoring of the ergonomics principles;
- be based on the existing preventive mechanisms and reference frameworks provided by:
 - o the framework directive 89/391;
 - o the annexes to Directives 90/269 and 90/270, referred to below as the Manual Handling Directive and Display Screen Directive;
- be binding with respect to screening the risk of MSDs, which provides a solid basis for working towards the systematic elimination of risk factors;
- be binding with respect to reducing the risk of MSDs if the systematic elimination of risk factors cannot be achieved;
- be binding with regard to keeping victims in work or reintegrating them into the labour market and providing compensation for the harm or injury caused;
- be rigorous in terms of recording MSDs and their epidemiological follow-up.

The new directive must result from blending together and elaborating existing instruments, especially the Manual Handling Directive and Display Screen Directive, though it will have to go beyond codifying these two documents. ETUC has already highlighted the lacunae and imprecisions in these documents. Nonetheless, those same documents do include mechanisms that ought not to be ignored, which is why the new directive could take the form of:

- an anti-MSD framework that would cover the principles to apply bearing in mind the risk of MSDs, eliminate the exposed lacunae, clarify the objectives and ensure the rigorous epidemiological follow-up of MSDs in the European Union; and
- annexes that would include the Manual Handling Directive and Display Screen Directive, among other documents.

The anti-MSD directive must benefit from the enrichment of existing documents. At the same time, their usability needs to be improved by avoiding ambiguities and imprecisions.

ETUC emphasises the need for consistent simplification in the approach to be taken within a framework designed to cover all work situations that are potentially dangerous.

Risk factors to consider

Biomechanical aspects are not the only MSD risk factors, so only bearing them in mind may prompt numerous errors in assessing the risk and thus lead to inappropriate strategies to implement with a view to the primary prevention of MSDs and the redesigning of workspaces, environments and also tasks associated with MSDs.

The biomechanical work-related parameters and their undesirable effects are a result of the work to be done and its context, i.e. the work that is required and actually done and the environment provided for its completion (tools and equipment, methods, work organisation and other working conditions).

For ergonomists, the discrepancies between the work required and the work actually done create tensions that reflect some basic dysfunctions that are often an underlying cause of MSDs. This is why it is essential for the various parties involved to screen these tensions

or contradictions, which are sometimes subtle but can have severe consequences. A comprehensive, no-holds-barred evaluation of all the risk factors including those imposed by work organisation is also crucial.

1) Main categories of biomechanical factors

There are four known, identified biomechanical factors, which call for a systematic approach. They are characterised by magnitude and amplitude (e.g. the number of kilos or degrees of the angle involved), the number of repetitions and the duration of a worker's exposure to the constraint. Vibrations are already covered by their own specific directive. The screening of risk factors will always accompany an attempt to eliminate them. If risk factors cannot be eliminated altogether, it is vital to cut them out or curb their effects as far as possible and to accompany such efforts with a raft of other measures (information, training, re-evaluation, and so on). The table below sums up the biomechanical factors¹ and characteristics that need to be studied.

	<i>Amplitude Magnitude</i>	<i>Repetitiveness</i>	<i>Duration</i>
<i>Force</i>	Force applied or undergone, angular amplitude (range), velocity, acceleration	Frequency of exposure to constraint(s)	Duration of exposure to constraint(s)
<i>Posture</i>			
<i>Movement</i>			
<i>Vibration</i>			

2) Other key factors

- The impact of mechanical factors on living tissue – in this case human tissue – affects people in the workplace: their anthropometric characteristics vary because the European Union supports freedom of movement and labour and human activities are becoming more and more susceptible to globalisation.
- There is a broad scientific consensus^{2,3} shared also by other social partners⁴ that biomechanical constraints cause MSDs but that they are no longer sufficient by themselves to account for MSDs in the workplace. It is absolutely essential to investigate other constraints in the workplace if we are to make an effective contribution towards reducing the risk by attacking the probable causes:
 - work content;
 - work organisation;
 - physical environment;
 - psychosocial environment;

¹ Postures are static; movements are dynamic; the extreme angles involved in certain movements cause many problems.

² P. Larsman: On the relation between psychosocial work environment and musculoskeletal symptoms - Göteborg University, Department of Psychology

³ W. Marras: State-of-the-art research perspectives on musculoskeletal disorder causation and control: the need for an intergraded understanding of risk - Journal of Electromyography and Kinesiology 14 (2004) 1–5

⁴ P. Levy (UNICE) http://osha.europa.eu/publications/conference/20001127/index_7.htm

- sensory and emotional constraints.

ETUC, like the scientific community, cannot dodge these issues, so it is reiterating their importance and warning the Commission and the other social partners about the risks of omitting something that would inevitably result in the failure of the new measures.

Quantification

As indicated above, a number of simple parameters can be measured, and user-friendly screening charts have already been devised. These should be included in an annex to the directive, as should the texts of the old Manual Handling Directive and Display Screen Directive. The new directive shall foresee the specification of limit values for measurable factors.

Complementary measures

If risk factors cannot be eliminated, the directive will impose measures that aim to reduce the risk to a minimum, which will always need to be accompanied by complementary measures, such as information and training for staff, ways of protecting and monitoring the health of the exposed workers and regular updates on the risk situation in line with the latest findings.

In order to ensure an effective control of MSDs, additional measures with the aim of training employers and managers are necessary.

Measures to provide for

Description of tasks (activities)



Description of constraints and their physiological costs



Evaluation of the risk of MSDs based on work-related constraints



Taking measures in stages: investigation – action

Reference frameworks

1°) Statutory

All directives including the future anti-MSD directive created by merging and improving the Manual Handling Directive and Display Screen Directive, the Vibrations Directive and the framework directive on health and safety at work.

2°) *Non-statutory*

Guides and other means of conveying the statutory reference framework in an attractive, user-friendly format. Possible examples include general or sector-specific documents for use by all stakeholders, or more specifically for workers and very small businesses or for health and safety officers and inspectors.

3. Conclusion

ETUC's response is very clear. Firstly, we are calling on the Commission to launch an initiative based on Article 138 paragraph 3 of the Treaty establishing the European Community. Secondly, we are demanding that this initiative take the form of a brand new anti-MSD directive based on the principles of prevention as described in Framework Directive 89/391/EEC on health and safety at work and incorporating the Manual Handling Directive and Display Screen Directive. The future anti-MSD directive will set out to trigger specific initiatives designed to rule out MSD risk factors right from the outset.

The directive must provide for victims of MSDs to keep on working or be reintegrated into working life and be given compensation.

Until the anti-MSD directive demanded has come into effect ETUC does not wish to commit itself to negotiations with the other social partners on the basis of Article 139 of the Treaty establishing the European Community.

At the same time, ETUC would like to see the Commission's initiative be complemented by instruments that enable the MSD epidemic in Europe to be recorded and monitored. Naturally, this will necessitate an unambiguous definition of MSDs in the future directive.

MHA/RG/RB – 3 May 2007