

Argo Soon Estonia

Piece of statistics

What do we see

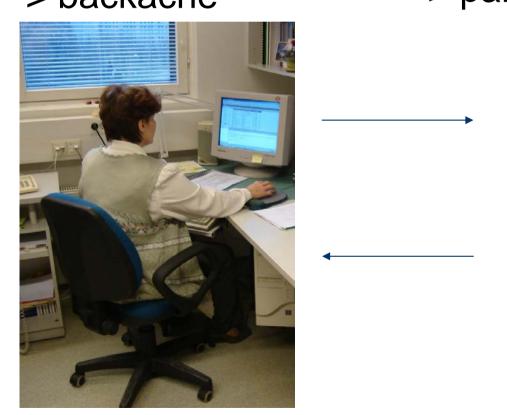
- Occupational MSDs per 100 000
 - 25 in 2001
 - 16 in 2005
- MSDs caused by work
 - none in 2001
 - 66 in 2005
- Risks of MSD present
 - o in 90% of workplaces
 - no prevention plans in most of cases

Behind those numbers

- Worker themselves
 - Do not care
 - Think, it is not serious
 - Think it'll overcome by itself
 - O Have a fear of
 - Getting bad reputation
 - Losing job
- OHS specialists and
- Employers
 - Choose easier way:
 - Ignore the problem

Example 1: PC worker

Traditional office chair Exercise ball at PC worksite -> backache -> pain in wrist





Why so?



The PC worker actually needs:

- Some knowledge about risks at work
- A OHS specialist
 - to be contacted if problems arise
 - Owho improves workplaces before that

Example 2: dressmaker

 Got aching back and shoulders



- Decision of Occupational Health physician:
- Worker can continue work but has to avoid
 - forward-bended position
 - repetitive movements

• But how?????

(have you ever seen a dressmaker?)

Proposition for problem solving

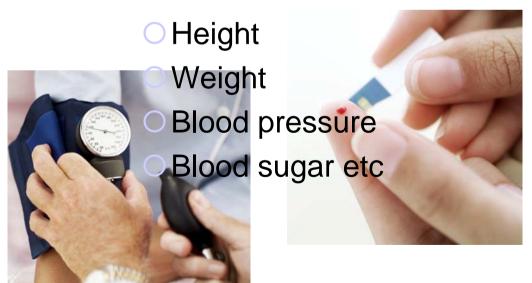
- Bring OHS physicians to workplaces
- Avoid uneducated/not motivated OHS specialists

- Advice to employer and employee:
 - adjust work load (working time, tasks)
 - apply physiotherapy, preventive exercising

Example 3: medical check-up

An employer sought OHS provider to do medical check-up of office workers

Measurements of



Maybe also this one?



How to improve?



- O....
- State should play more role
 - More strict rules:
 - Guidelines, standards
 - Accreditation
 - Market regulation
 - State-owned services
 - Regulation of fees?
- Wiser employers or
- Network of advisors (to be developed)

Conclusions

- Problems with MSDs occur often and
- at any level:
 - State
 - Employer
 - **Empolyee**
 - OHS service provider
- What can TUs do?
 - Encourage training of safety reps
 - More active discussion with social partners
 - Better communication with partners abroad