

## TUTB activities

### Seminar for evaluating the ETUC's MSD campaign : European and international perspectives Bilbao, 18-20 June 2000

This seminar was organised by the TUTB to assess the situation and provide a follow-up to the other workshops on the prevention of MSDs organised by the TUTB in London, Madrid, Amsterdam and Vienna. Various trade union activities were presented at the session providing a basis for sharing experiences and different approaches to the problems on hand. The purpose of the seminar was also to seek a more global understanding of the problem of MSDs through the contributions of representatives of the AFL-CIO, ILO and ICFTU. And 24 trade union health and safety officers from Spain, Sweden, Denmark, Norway, Finland, Germany, Italy, the United Kingdom, Luxembourg and Belgium represented some 20 national and European organisations.

#### Regulations and agreements

In its introductory presentation, the TUTB presented an evaluation of the campaign in terms of the original objectives, concluding that the campaign had been successful. All were agreed that both the regulatory approach and that of voluntary action must be pursued in order to ensure the broadest possible protection against upper limb disorders.

#### A sectoral approach to analysing and improving work processes in the long term

The reports on activities in the individual countries were then presented and followed by group work. The European Agency in Bilbao also had an opportunity to present its work on MSDs. Most participants considered that the results were more convincing where the sectoral approach was adopted, in particular in the textile sector, the metal, food and building industries, the transport sector the hotel and catering trade and the retailing and distribution sector. A wide range of activities had been carried out ranging from the production of publications and TV ads to the organisation of training courses, visits to victims at the workplace, the establishment of telephone help lines and the development of software for VDU work. The participants were of the opinion that a long-term approach must be adopted to the evaluation of working conditions and the improvements to be made, as was demonstrated by a 3-year pilot study in Italy, in which the trade unions were constantly involved together with health and safety experts in assessments carried out in undertakings in various sectors both at the stage

of MSD risk identification and in the implementation of practical solutions at the workplace. In another study of similar cases in the metal sector in Luxembourg, collaboration with the authorities proved very fruitful.

In several countries the trade unions have introduced the MSD issue in sectoral collective agreements. The ways in which the various types of MSD are taken into account differ from one country to another due mainly to differences in compensation schemes and national incidence statistics. In some countries such as Germany, for example, upper limb disorders are not recognised so widely by occupational physicians, and the trade unions have been focusing their activities on back pain. In other cases, efforts have been concentrated specifically on upper limb disorders since there is already a Directive in force on the manual handling of weights (Italy) or because the percentage of VDU workers is very high (The Netherlands).

#### An ergonomic approach to MSD prevention

The final day of the seminar was devoted to the European and international dimension regarding both regulatory aspects and the pragmatic approach. Our Swedish colleagues presented the results of a national survey and shared their experiences in applying the Swedish provisions relating to ergonomics for preventing MSDs. This study revealed a slight increase in reports of fatigue by workers, low back pain and uncomfortable postures during 25% of their working time, women being most affected. In terms of regulations, the introduction of job rotation at supermarket cashdesks was regarded as an example of "job enlargement". The trade unions also provided practical solutions on construction sites.

#### OSHA draft standard still under discussion

Peg Seminario from the AFL-CIO then presented the historical context and current debates on the development of the draft ergonomic standard of the OSHA<sup>1</sup>. A total of 1.8 million cases of MSD have been reported in the United States, but the OSHA considers that the actual number could double that figure, whereas the trade unions reckon that it could be 3 or 4 times as high. 60-70% of the upper limb disorders reported affect women. Despite the magnitude of

<sup>1</sup> OSHA proposed economic standard :  
<http://www.osha-slc.gov/ergonomics-standard/index.html>

the problem no federal regulations dealing with ergonomic risks have as yet been established. Peg Seminario was of the opinion that the main reasons for the employers' fierce opposition to the adoption of any standard of that nature are political rather than scientific, since they fear that regulation of that nature could give the government power to intervene in the organisation of work in undertakings and could also give workers participation rights. It was also underlined that the philosophy behind the federal OSHA standard itself contained more negative aspects than did the recently adopted Washington State Ergonomic Standard<sup>2</sup>. It is based on MSD reporting rather than on exposure to MSDs. Employers thus are not required to draw up any ergonomic programme until a case of MSD has been reported in the undertaking, i.e. action can only be taken when a worker has been affected, a system which places the focus on that individual worker. The ICFTU representative, Lucien Royer, stated that at the international level strategy must be focused on the ILO. The ILO representative, Ellen Roskam, presented the various ILO instruments which deal, or can deal, with MSDs or ergonomics, and in particular Convention 127 on maximum weights, whose possible revision is currently under discussion since the relevance of a weight limit in Recommendation 128, Convention 155 on worker health and safety, and the draft standard on agriculture has been called in question. She also presented the ergonomic checkpoints approach.

## A multiple intervention approach

The conclusions of the seminar stress the general trend towards deregulation, which is weakening government power on health and safety issues. Trade unions throughout the world must establish a multiple strategy for tackling MSDs. The organisational aspects of work were recognised as the main MSD risk factors and also the most complex to deal with. It is essential that the trade unions include health and safety and ergonomic aspects in negotiations on general work organisation.

Future activities were also announced such as the publication by the TUTB of a survey on MSDs in the textile sector carried out in collaboration with the European Textile Workers' Federation. At all events MSDs will obviously remain on the agenda of trade union policy, and projects for supporting exposed workers will be launched. ■

Theoni Koukoulaki  
tkoukoul@etuc.org

## Extracts from international interviews

In the framework of the seminar, Peg Seminario, Director of Regulatory Affairs in AFL-CIO and Ellen Roskam, Training Officer in ILO, were interviewed by Marc Sapir and Theoni Koukoulaki. Several key elements of those interviews are set out below.

**Peg Seminario**, on health promotion programmes / behavioural safety / incentive and disincentive programmes in the US :

*"In the last decade we have seen a real explosion in a whole variety of programmes by employers to place the focus on the individual. These programmes have not dealt with workplace conditions. They are not a piece of a larger H&S programme. They have become the whole programmes. The more problematic are the disincentive programmes, which in many workplaces take the form of drug-testing policies and penalties for workers reporting injuries, even when it is a case of carpal tunnel syndrome or back pain. This has had a tremendous impact on injury reporting. In the United*

*States the number of injuries reported has been dropping significantly for that reason in the last 5 years. The OSHA standard in its proposed form is triggered by MSD or symptoms reported to the employer. Although the rule doesn't allow discouragement of MSD reporting, these types of policies could continue to be implemented."*

**Ellen Roskam**, on how the ILO is addressing the MSD problem in the current SafeWork Programme :

*"Last September (1999), the ILO held a meeting with its tripartite constituents and experts around the world to find priorities for the SafeWork Programme. Ergonomics and attention to MSD were identified by many people as a priority area of focus. However, for the time being our specific activity dealing with this subject is liaising closely with the International Ergonomics Association. Through the IEA's network of experts we are running seminars using jointly developed tools such as 'Ergonomic Checkpoints'."*

## Highlights

In Denmark the trade unions succeeded, after many years of insistence, in including work-related low-back diseases in the List of Occupational Diseases (\*) - Group E (diseases caused by physical strain) - as per 14 March 2000 with effect from April 2000. They realised that this could be a tool for combating the rising number of lumbar back problems which are not recognised as occupational diseases. However, there are still several very strict requirements for having back problems compensated. As a main rule for men, 8-10 tonnes is the average daily lifting quantity with single weights of 50 kg over a duration of lifting work of 8-10 years. There may be special circumstances connected with the lifting work which allow a reduction in the requirements regarding the duration of lift-

ing work, the total daily quantity lifted, and the weight of each lift. For example, one reduction factor for the duration parameter is extremely heavy lifting (more than 15 tonnes per day), which can reduce the time to a maximum of 3-4 years. Requirements which very few people can meet.

More information on : *National Board of Industrial Injuries* Internet site in English :

<http://www.ask.dk/English/Udgivelsesereng/erhvervsygdforteng.htm> (List of occupational diseases, Group E, item 11).

<http://www.ask.dk/English/Udgivelsesereng/Laenderyglide.htm> (Guide to work-related low-back diseases).

<sup>2</sup> Washington State Ergonomic Standard :  
<http://www.lni.wa.gov/wisha/regs/ergo2000/default.htm>