

CEEMET POSITION 2009
regarding
possible options for a forthcoming initiative from the European Commission
in the area of
Musculoskeletal disorders.

In its communication "Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006", the Commission stated its intention to adapt existing legislation to the emerging problem of musculoskeletal complaints. Following consultation of social partners, the EC announced that it would propose a new legislative initiative addressing all significant risk factors of work-related musculoskeletal disorders (WRMSD) and minimum health and safety requirements for protecting workers from exposure to these risk factors in all workplaces. This initiative was presented as a simplification initiative making legislation easier to apply, less burdensome and more effective. It would take the form of an individual directive and integrate the provisions of Directives 90/269/EEC (manual handling of loads) and 90/270/EEC (work with display screen equipment).

GENERAL COMMENT

Simplification of EU legislation as part of the "better regulation" agenda is a necessity. However, merging two directives into one does not necessarily imply real simplification or improvement of legislation. In our view, simplification should lead to coherent and accurate legislation which is easier to understand and to implement.

MUSCULOSKELETAL DISORDERS

Statistics clearly show that musculoskeletal disorders (MSD) are the main cause of absenteeism in the working population today.

Working people can be exposed at work to risk factors causing MSD, however these factors are also encountered in activities relating to daily life. Further, MSDs are likely to expand in a population growing older, more and more sedentary (14-30 % of the population in industrial countries are physically inactive at the workplace and in their free time), and increasingly affected by weight issues.

The *increasing importance of risk factors present in daily life* and which are linked to our lifestyle choices needs to be recognised in order to achieve a balanced approach in the area of MSD.

The relative contribution of the different factors will obviously depend on the mix of individuals and the tasks they undertake. Unfortunately, our ability to assess the relative contribution of different factors across groups is limited.

Nevertheless research clearly demonstrates that specific preventive measures can reduce the rate of musculoskeletal disorders for workers.

Therefore we consider that any initiative in the area of work related MSD must focus on what is feasible and effective, which in this context means *prevention*.

WORKPLACE-TARGETED RISK PREVENTION (OPTION 2)

The approach proposed by the European Commission based on a limited number of biomechanical factors and setting limit values, is *outdated*.

Ergonomics today corresponds to a comprehensive approach taking into account individual differences and specific tasks. The risk of musculoskeletal disorders depends on the interaction of person and task, as does the effectiveness of options for reducing those risks. A full specification would require much more detailed handling of person-task combinations than is *feasible*. Therefore we consider that any further initiative, *in particular at EU level*, could only reasonably focus on *prevention*.

The Commission should concentrate its efforts on:

- MSD prevention as improved guidance on a sector specific basis, tailoring the preventive actions to individual, organisational, and job characteristics, and
- Communication of established best practices. Many examples of sector or task specific guidance and methods are available, notably in the MET industries.

Increasing the legislative burden on employers is not a useful way of securing improved compliance in areas already covered by effective legislation. Softer techniques such as sector specific guidance and communication of good practices will provide a framework for compliance, whilst the provisions of existing legislation allow for regulatory activity to address non-compliance.

TECHNICAL UPDATE OF EXISTING LEGISLATION (OPTION 4)

In addition to existing national rules, risk factors causing MSDs are currently covered at European level by various directives, each addressing certain tasks that increase the risk - Directive 90/269/EEC of 29 May 1990 on the minimum health and safety requirements for the manual handling of loads and Council Directive 90/270/EEC on the minimum health and safety requirements for work with display screen equipment, or a particular risk - Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration) -, as well as by the general provisions of the "framework" Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work.

Instead of a new legislative instrument, the adaptation of the existing ones taking into account technical progress and developments in knowledge could contribute to improve legislation in this area in a more efficient way.

CONCLUSION

There is room for improvement in the prevention of work related musculoskeletal disorders, however progress in effective prevention and management of musculoskeletal disorders cannot be achieved through legislative initiative but by improving workplace-targeted risk management on a task or sector specific basis and disseminating established best practices.

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