# HSE's Musculoskeletal Disorders Priority Programme – Learning and achieving together

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# Introduction

Health & Safety Executive

GB's Health & Safety set-up, & strategy on occupational health

• HSE's strategy & Priority Programme for tackling MSD

Learning and achieving: ✓ What has and is working × What hasn't worked – and what we have learned

Together: partnership working

# Background

UK has over 200 years of Health and Safety legislation Developed piecemeal Robens Committee 1970-72  $\triangleright$ - Recommended fundamental change in Health and Safety legislation - Health and Safety at work Act 1974 - Created the Health and Safety Commission (HSC) and Health and Safety Executive(HSE



# HSE's mission is

# To ensure that risks to people's health & safety from work activities are properly controlled





# HSC's vision is ...

to gain recognition of health and safety as a cornerstone of a civilised society and, with that, to achieve a record of workplace health and safety that leads the world.

HEALTH & Safety Executive

#### MINISTERS



COMMISSION | EXECUTIVE



**HSE BOARD** 

**Directorate/Division Staff** 

HSC Health & Safety Commission

# **Securing Health Together**

healthy work " healthy at work healthy for life

## GB's 2000 strategy on Occupational Health – a 10 year plan

# Why?

•2.3 m people have a health problem which is caused or made worse by work

 Too many people do not work because of ill health or disability.

Health & Safety Commission •Too many people are giving up work due to ill health.

# Securing Health - Together

#### The Strategy aims to:

- reduce ill health in employees caused or made worse by work
- help people who have been ill return to work
- improve work opportunities for those excluded from work on health related grounds
- use the work environment to help people maintain or improve their health

Securing Health Together -Targets for 2010

- To reduce the number of working days lost from work related ill health by 30%
- To reduce the incidence rate of cases of work related ill health by 20%



# What issues do we need to tackle to achieved targets?

	Total cases - caused or made worse by work (000's)
MSD	1126
Stress Related Illness	563
Breathing or lung problem	163
Hearing problems	87
Circulatory Disease	80
*Self-reported work related illness survey 2001/02 Estimated Prevalence, GB	

# Scale and cost of MSD in GB

 1.1 million cases of work-related MSD in GB in 2001/02

12.3 million working days were lost

On average each affected worker took 19.4 days off work

HSC Health & Safety Commission This costs the economy £5.7 billion (1000 billion yen) per year (1995 prices)



# HSE's MSD strategy

Evidence based

 Takes a wide view of occupational health

Health & Safety Commission  Promotes a holistic approach to better management of acute workrelated MSD

#### Evidence Base: Health & Safety (1)Prevention alone is not sufficient

Evidence\*:

New Zealand found that:

prevention initiatives, focused on primary and secondary prevention did not lead to a reduction in MSD compensation claims

need to prevent acute episodes becoming chronic - hence need for early and effective intervention

developed guidelines for assessment and treatment: physiological and psychosocial \*Shief J and Turner P (1997) Chronic back pain – a national strategy. Occupational Health Review

18-Commission

Executive

#### Evidence base:

Health & Safety Executive

# Evidence:

(2) Psychosocial as well physical risk factors must be addressed nce:

- Back pain sickness absence is strongly inversely related to employment grade in the Civil Service (Hemingway et al (1997) Whitehall II study)
- Psychosocial intervention programmes, in addition to ergonomics and manual handling ones, are needed to reduce back injuries in nurses (Burton et al (1997) Occup Med 47 25-37)

Whilst most cases of back pain have a physical origin, psychosocial factors often result in them becoming chronic (conclusion from British School of Osteopathy Symposium

Health & Safety (1997)) Commission

# Evidence base (3) So what works?

Six core elements of a successful management programme.

- Senior management commitment
- Employee involvement
- Identification of problem jobs
- Development of solutions ( control measures)
- Training and education
- Appropriate medical management
  - \*(USA General Accounting Office report HEHS -97-163)

# Evidence base: (4) We can change the way people deal with MSD

#### Evidence\*:

- Positive messages about back pain <u>can</u> change population and GP beliefs, influence medical management and reduce disability
- Based on the UK work of Gordon Waddell and Kim Burton
  - The Back Book, the Stationery Office, ISBN 0 11 7029 491
  - Back in Work: Managing back pain in the workplace - HSE Books, INDG 333

Buchbinder et al: BMJ 2001;322: 1516 - 1520

## HSC's MSD Priority Programme

Aims to reduce the incidence of MSD and the sickness absence resulting from it by: Improving compliance

Promoting continuous improvement

Increasing knowledge

Developing skills

HSC Health & Safety Commission

Improving and developing more support

Health & Safety Commission

### Compliance

• Improving compliance with law

 Where necessary improving the law and the guidance on it

 Increasing the involvement of workers' health and safety representatives to promote compliance

Regulations designed to prevent MSD

Management of Health and Safety Regs

Manual Handling Operations Regulations

Display Screen Equipment Regulations

Health & Safety Commission Workplace health, safety and welfare Regs

### Continuous Improvement

To secure continuous improvement in occupational health

 by promoting a culture where occupational health issues are addressed through interested parties collaborating and forming partnerships

## MSD Continuous Improvement activities include:

 Sector ergonomic intervention programmes

 Promoting best practice for the case management of MSD

# Knowledge

To acquire, e.g. by new research, and promote the spread of knowledge on occupational health

#### HSE has:

 Commissioned extensive research on MSD, some in partnership with others

 Published\* the results and used them to inform our guidance and policy making.

\*All HSE research is freely available on www.hse.gov.uk/research/publish.htm



To promote a better spread of the necessary competence and skills necessary to ensure good occupational health

To reduce the incidence of MSD – more people skilled at ergonomic assessment and control

Health & Safety Commission To reduce the sickness absence due to MSD – more people skilled at case management, i.e. early and correct diagnosis, proper treatment, prompt and appropriate rehabilitation

## Support

 Improve the delivery of advice and support where it is needed

 Improve and promote better guidance on the prevention and management of MSD

HSC Health & Safety Commission Improve access to advice and support on preventing and managing MSD

Learning and achieving - compliance

HSE's new MSD inspection approach - addresses MSD hazards when and where they present a significant risk

 focuses on things that make a difference to successful management of MSD risks and records employers performance against them

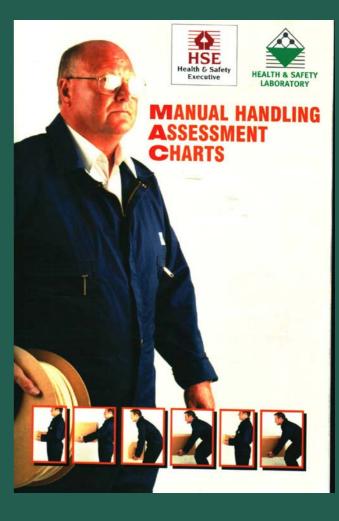
HSC Health & Safety Commission enforces where appropriate

## HSE's new MSD inspection approach

uses a new assessment tool (MAC)

helps objectively to identify high risk tasks

has been made available to all on www



# HSE's new MSD inspection approach

employers performance is assessed against 3 risk control indicators:

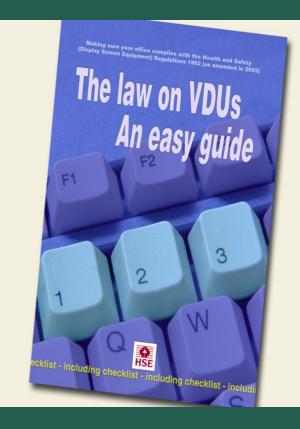
- avoidance and control
- instruction and training
- management commitment and worker involvement
- using a 4 point scoring system
  - (1=good,4=bad)
  - enforces where appropriate
    - scores of 4 are likely to result in an enforcement notice

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# Learning and achieving - compliance

Improving the law and the guidance on it New DSE Guidance published Feb 2003 Why? Equipment and working practices have changed. Better Knowledge. Changes in DSE Regulations.



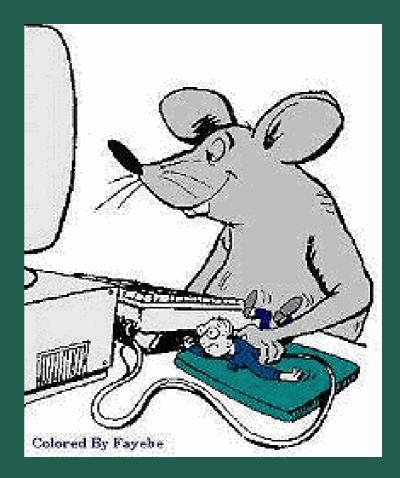
# HSE's New DSE Guidance

Main changes: • Inclusion of CCTV • Checklist modified • Working with a mouse • Use of portables • Health risks incl. stress





## Advice on using a mouse!



Learning and achieving - continuous improvement

Back in work" Project 1999:
identified and developed new ideas to tackle back pain in the workplace
developed examples of good practice
fully demonstrated the value of an holistic approach and partnership working

Learning and achieving continuous improvement

Working Backs Scotland - Launched in 2000

- Partnership of HSE and 19 other groups/bodies
- Promotes the simple messages of:
  - stay active, try simple pain relief and seek further advice if necessary
  - Has so far:
    - shifted by over 30% what people think they should do if they have acute low back pain
    - increased by 18% Doctors giving the stay active message
    - decreased by 10% Doctors advising rest/avoid activity

Learning and achieving continuous improvement Examples of successful sector initiatives: Corrugated Packaging Association - set targets, awards good practice, has road shows & interventions to create behavioural change in workers and a management action plan for use throughout the industry

Polythene Industries plc

Executiv

- has a programme for rapid rehabilitation
- uses network of osteopaths, chiropractors and physiotherapists

estimate benefits outweigh the costs by 12:1

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# Learning and achieving knowledge

Recent research which is informing the Priority Programme includes:

- Diagnostic criteria for ULDs
- Development of a Doctors' aid on ULDs
- Evidence based patient handling
- Principles of good manual handling: achieving consensus
- Health and safety of non-keyboard input devices
- Health and safety of portable DSE

# Learning and achieving knowledge

Current and proposed research which will inform the development of the Priority Programme:

Obstacles to recovery from MSD

Effects of the thermal environment on manual handling risks

The role of stress and psychosocial factors upon the development of MSD

Whether social support ameliorates MSD

Peoples perception of MSD risk

The effective management of ULDs

The value of "warming up"

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# Learning and achieving - skills

- Ongoing training for HSE and local authority inspectors in ergonomic enforcement
- But HSE has recognised there is a general lack of people skilled at:
  - undertaking practical workplace ergonomic
     risk assessments and identifying solutions
  - rehabilitation of MSD sufferers



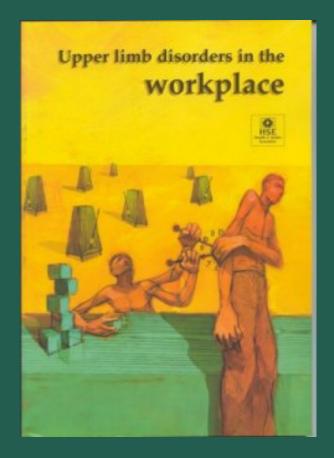
## Learning and achieving - support

HSE has continued to provide further support to employers and employees, by ensuring that they have the right information and advice to manage MSD



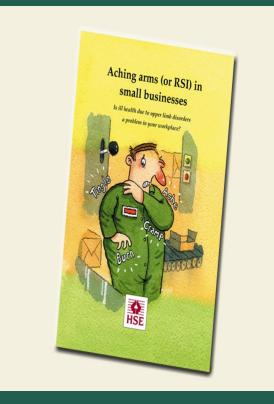
# Learning and achieving – support

- New guidance on Upper Limb Disorders in the Workplace -HSG 60
  - promotes an active management approach
  - based on ergonomic principles and the latest scientific evidence
  - encouraging employee involvement in assessing risks and developing control measures includes case studies, a risk assessment filter and checklist, medical aspects of ULDs



## Learning and achieving - support

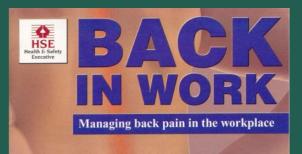
Aching arms - free leaflet for small businesses explains the main risk factors for RSI. advocates taking an ergonomic approach fitting the task to the worker. includes ideas and tips for reducing risks.

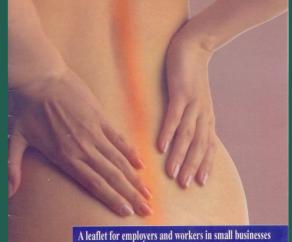




## Learning and achieving - support

Back in Work - advice on managing back pain for small businesses
Promotes the stay active message and a prompt treatment and rehabilitation approach





Learning and achieving – support support provision: we intend to work in partnership with others to provide independent occupational health and safety advice and support

• the scheme will have national coverage

it will actively prevent ill health, promote rehabilitation, and get people back to work more quickly

Learning and achieving – <u>together</u> Working in isolation seldom, if ever, makes a real difference

Forging partnerships and working to common agendas is the key to success

Partnership working can be carried out on many levels

Learning and achieving - together Will we achieve the targets? What else needs to be done?

More and better compliance

- To reduce heavy and frequent lifting and handling
- By encouraging the increased use of lifting aids
- More sector based continuous improvement /ergonomic intervention initiatives

HSC Health & Safety Commission More and better case management

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MSD key messages

MSD is a challenge in all workplaces - not just in a few high risk sectors

You <u>can</u> prevent MSD/minimise the effects
- and it is cost effective

But you <u>can't</u> prevent all MSD - so appropriate management - early reporting of symptoms, correct diagnosis, proper treatment and suitable rehabilitation, is essential



# Information

### Website <u>www.hse.gov.uk/msd</u>

# Thank you

# Any questions?