HOSPEEM-EPSU Webinar on MSD in the health sector

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Introduction

Musculoskeletal disorders have been increasing among healthcare workers

MSD have only been recognized as an occupational disease in very few cases

Musculoskeletal injuries in the health sector can be caused by repetitive movements, mobilization of patients, forced postures, lifting of loads and so on

CCOO promotes the legal obligation to assess the ergonomic risk suffered by workers in order to implement corrective measures

The consultation and participation of workers in these risk assessments is very important.
How is ergonomic risk management in Spain?

Ergonomic risks are being assessed using methods that are not achieving the expected results in terms of reducing musculoskeletal injuries.

- Lack of preventive culture
- Lack of resources
- Lack of participatory methodologies
Most common mistakes when assessing ergonomic risk

1. Transferring the responsibility of the company to the external prevention service.
2. Identifying the risk factors of a workplace without first describing it.
3. Assessing the risk without considering the characteristics of the people exposed.
4. Failure to identify exposure to ergonomic risks in the workplace.
5. Inadequate assessment of the level of ergonomic risk.
7. Proposing ineffective preventive measures.
8. Failure to monitor and control the effectiveness of planned measures.
9. Failure to assess the cost-benefit of preventive activities.
10. Not involving workers in the process of improving working conditions.
Information systems

Data on accidents at work can be found in different areas of information:
➢ The DELTA system, in which occupational accidents due to overexertion are listed.
➢ The CEPROSS system, which includes Group 2 occupational diseases caused by physical agents.
➢ The PANOTRATSS system, which records diseases not included in the list of occupational diseases contracted by the worker in the course of his or her work, provided that it is proven that the disease was caused exclusively by the performance of the work, including a category relating to diseases of the musculoskeletal system.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With sick leave</td>
<td>Without sick leave</td>
<td>Total</td>
</tr>
<tr>
<td>Healthcare activities</td>
<td>68</td>
<td>93</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td>268</td>
<td>292</td>
<td>560</td>
</tr>
<tr>
<td>Residential homes activities</td>
<td>16</td>
<td>26</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>203</td>
<td>363</td>
</tr>
<tr>
<td></td>
<td>336</td>
<td>385</td>
<td>721</td>
</tr>
<tr>
<td></td>
<td>176</td>
<td>229</td>
<td>405</td>
</tr>
</tbody>
</table>

CEPROSS: Recognised occupational diseases year 2020
### CEPROSS- NUMBER OF REPORTED SICK LEAVE REPORTS DISTRIBUTED BY DISEASE GROUP

<table>
<thead>
<tr>
<th>OCCUPATIONAL DISEASE GROUP</th>
<th>DISEASE GROUP</th>
<th>HEALTH AND SOCIAL CARE ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diseases caused by awkward postures and repetitive movements at work: diseases of the serosal sacs due to pressure, subcutaneous cellulitis, etc.</td>
<td>FEMALE 1  MALE 1  TOTAL 2</td>
</tr>
<tr>
<td></td>
<td>Diseases caused by awkward postures and repetitive movements at work: fatigue diseases and inflammation of tendon sheaths, peritendinous tissues and muscle and tendon insertions.</td>
<td>FEMALE 120 MALE 31 TOTAL 151</td>
</tr>
<tr>
<td></td>
<td>Diseases caused by awkward postures and repetitive movements at work: wrenching of the spinous processes due to fatigue.</td>
<td>FEMALE 0  MALE 0  TOTAL 0</td>
</tr>
<tr>
<td></td>
<td>Diseases caused by forced postures and repetitive movements at work: paralysis of nerves due to pressure.</td>
<td>FEMALE 100  MALE 7  TOTAL 107</td>
</tr>
<tr>
<td></td>
<td>Diseases caused by forced postures and repetitive movements at work: meniscus injuries due to tearing and associated compression mechanisms, resulting in cracks or complete tears.</td>
<td>FEMALE 1  MALE 0  TOTAL 1</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td>FEMALE 224 MALE 41 TOTAL 265</td>
</tr>
</tbody>
</table>
Participatory ergonomics

In 2020, the ministry of labor and the national institute for safety and health at work published a technical note on participatory ergonomics in order to give a different approach to ergonomic risk management.

Trade union recognition achieved
What is participatory ergonomics?

We could define it as a strategy for the improvement of working conditions based on ergonomic principles.

**ADVANTAGES**
- They promote the participation of the different actors in the company
- They fully address musculoskeletal problems
- They make it possible to identify and treat many risk situations without the need to use complicated technical protocols.
- They promote the integration of prevention in the Company.

**MAIN GOAL**
Improve working conditions and prevent musculoskeletal disorders.
Identifies exposure to ergonomic risk factors as a result of work, agrees on the best measures for the elimination or reduction of the risk, as well as their implementation, monitoring and continuous improvement.

**GOALS**

- Continuous improvement of working conditions at ergonomic level.
- Facilitate the participation of workers, their legal representatives and other actors involved in the prevention of occupational risks in the company.

**CHARACTERISTICS**

- It is applicable to all companies, all jobs and sectors of activity.
- It contributes to the compliance with national legislation on the prevention of occupational risks.
- It creates an autonomous and trained working group that includes the social partners.
- It requires the participation of those who work in the workplaces to be analysed, as they are the ones who know it best.
- Proposes the continuity of the method as a strategy for continuous improvement.
ADVANTAGES

• Incorporating the knowledge and experience of all the people involved in the experience.
• Generating participative and group dynamics and skills.
• Facilitating the proposal of preventive measures adapted to the real needs and circumstances of the company and the workers.
• Allowing flexibility and adaptation to different business contexts.
• Promoting the adoption of preventive measures.
• Shortening the implementation time of preventive measures.
• Making it possible to visualize the involvement of the company management in the prevention of ergonomic risks.
• Promoting the improvement of labor relations in the workplace.
"Porters at the Hospital del Mar in Barcelona"
- **Number** = 52 men from 3 different shifts (morning, afternoon and night shift).
- The workers proposed **29 measures**.
- The health and safety committee (formed for union and employer representatives) accepted and **planned 21**.

- Locate the trolleys in specific and marked areas.
- To have equipment to help with mobilisation and transfers.
- Direct participation in the choice and purchase of materials.
- Training in the use of aids and materials.
- Construction of a lift to avoid going up and down ramps by pushing equipment (trolleys, stretchers, etc.)

**Effectiveness evaluation**: 80% of the porters (42) expressed a very high/high interest in the implementation of ERGOPAR in their company.
Thank you for your attention!!!

You can find more information about this method on the ISTAS website: www.ergopar.istas.net