

# ERGOPAR



## HOSPEEM-EPSU Webinar on MSD in the health sector

*Yolanda Gil Alonso  
International and youth secretary of FSS-CCOO  
[yolandagil@sanidad.ccoo.es](mailto:yolandagil@sanidad.ccoo.es)*

# 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?

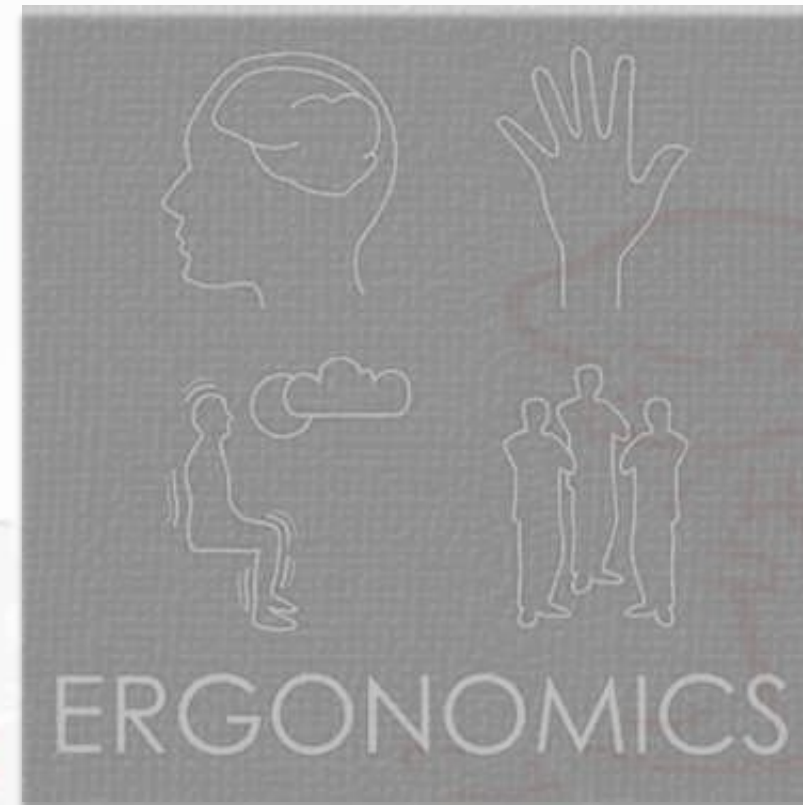


Ergonomic risks are being assessed using methods that are not achieving the expected results in terms of reducing musculoskeletal injuries

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.
6. Not carrying out ergonomic risk assessments.
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.

## CEPROSS: Recognised occupational diseases year 2020

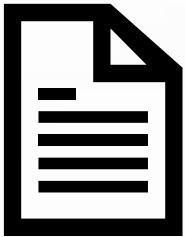
Classification	Male			Female			Total		
	With sick leave	Without sick leave	Total	With sick leave	Without Sick leave	Total	With sick leave	Without sick leave	Total
Healthcare activities	68	93	161	268	292	560	336	385	721
Residential homes activities	16	26	42	160	203	363	176	229	405

# CEPROSS- NUMBER OF REPORTED SICK LEAVE REPORTS DISTRIBUTED BY DISEASE GROUP



OCCUPATIONAL DISEASE GROUP	DISEASE GROUP	HEALTH AND SOCIAL CARE ACTIVITIES		
		FEMALE	MALE	TOTAL
OCCUPATIONAL DISEASES CAUSED BY PHYSICAL AGENTS	Diseases caused by awkward postures and repetitive movements at work: diseases of the serosal sacs due to pressure, subcutaneous cellulitis, etc.	1	1	2
	Diseases caused by awkward postures and repetitive movements at work: fatigue diseases and inflammation of tendon sheaths, peritendinous tissues and muscle and tendon insertions.	120	31	151
	Diseases caused by awkward postures and repetitive movements at work: wrenching of the spinous processes due to fatigue.	0	0	0
	Diseases caused by forced postures and repetitive movements at work: paralysis of nerves due to pressure.	100	7	107
	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.	1	0	1
	TOTAL	224	41	265

# 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.

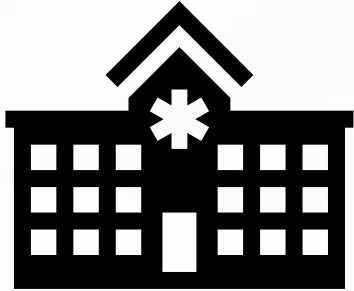


## ADVANTAGES

- 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.



## Good practice example with the ERGOPAR method



### *"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](http://www.ergopar.istas.net)