

**FIRST-PHASE CONSULTATION OF THE SOCIAL PARTNERS ON  
MUSCULOSKELETAL DISORDERS AT WORK****UNICE REPLY****Executive Summary**

The prevention and management of MSD needs to be taken seriously and progress in terms of more successful prevention and management of this phenomenon across the board in all public and private sectors and sizes of organisations is desirable.

However, UNICE believes that this progress cannot be achieved through the legislative route, either by conceiving new legislative provisions or by integrating more specific legislative provisions on MSD in the existing legislative framework.

The fact that the phenomenon of MSD remains important is not due to a lack of legislation in this area, but linked to the complexity and the multifarious and multifactorial nature of MSD. This results in numerous challenges of getting to grip with it from a practical prevention and risk management point of view.

UNICE therefore thinks that priority should be given to the elaboration of toolkits that are sector- and workplace-oriented, with a view to closing the know-how gap and enabling companies to develop well-adapted solutions. In particular, social partners at the appropriate levels as well as preventive services have an important role to play in supporting companies in this respect. Moreover, additional efforts could be deployed with regard to awareness-raising, exchange of experience and good practice at appropriate levels, including at Community level.

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**FIRST-PHASE CONSULTATION OF THE SOCIAL PARTNERS ON  
MUSCULOSKELETAL DISORDERS AT WORK****UNICE REPLY****Introduction**

In its consultation document on musculoskeletal disorders at work (MSD), the European Commission points out the following:

- Even though the framework Directive as well as several specific directives provide for the protection of workers from MSD, the trends in MSD occurrence throughout the European Union (EU) have not been reversed and European workers are increasingly being affected by MSD.
- In its Communication on the new Community strategy 2002-2006, it had already announced its intention to adapt the legislative framework to the emerging problem of musculoskeletal complaints, supplementing wherever necessary the existing provisions so as to take better account of ergonomics at the workplace.
- Some Member States do not make provision for protection from work-related MSD and its effects on the health and safety of workers with the result that there is a wide variety of protection levels within the European Union.
- Some Member States consider that further preventive action is needed in the area of MSD.
- Particularly upper-limb disorders need focused attention.

It therefore comes to the conclusion that there is justification and need for Community level action with a view to ensure minimum-level protection of workers from work-related MSD.

In the light of the above, it invites the social partners to answer the following questions:

1. Do you consider that the existing health and safety legislative framework is appropriate and sufficient to prevent musculoskeletal disorders, or do you consider that further initiatives are needed in this area? Should this initiative focus on upper-limb musculoskeletal disorders, or should it address other musculoskeletal disorders as well?
2. If so, should this initiative be taken at Community level?
3. If so, which should be the priority preventative focus of this initiative: ergonomics, work organisation, psychosocial aspects, or other issues?
4. If so, taking into consideration the existing EU Directives applicable to this field, do you consider that a binding instrument is called for from the outset, either by amending the existing Council Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment or by adopting a new and specifically binding instrument? Would you instead favour the use of non-binding initiatives, such as the use of voluntary European standards or guidelines? Or would you prefer a method combining the regulatory with the non-regulatory, such as a binding legal act, setting out the goals to

be achieved, with the technical means of achieving those goals described through European standards and other guidelines? Do you consider that a joint initiative of the European social partners pursuant to Article 139 of the EC Treaty would be appropriate?

### **Reply to questions 1 to 4**

The Commission bases its argumentation that work-related MSD is generally on the rise on a few sources only, these being essentially two reports and a factsheet from the European Agency on Safety and Health at Work and the latest working conditions survey of the European Foundation for the Improvement of Living and Working Conditions. These data are not sufficient for a thorough analysis of the current situation and the differences at the level of the EU Member States. Moreover, there is a need to investigate to what extent the figures put forward reflect medically proven work-related problems, particularly with regard to backache. Due to a lifestyle generally involving little physical exercise, backache is, in the first place, a public health issue.

UNICE highlights that considerable progress in relation to taking account of ergonomic factors at the workplace has been achieved over the years.

UNICE agrees however with the Commission that the prevention and management of MSD needs to be taken seriously and that progress in terms of more successful prevention of and management of this phenomenon across the board of all public and private sectors and sizes of organisations is desirable.

In this context though, it highlights that this progress cannot be achieved through the legislative route, by either conceiving new legislative provisions or by integrating more specific legislative provisions on MSD into the existing legislative framework.

The current legislative framework provides for sufficient and wide coverage of MSD, including upper-limb disorders: the framework directive requires that employers assess, prevent and manage all health and safety risks. More specifically, it also requires the adaptation of the work to the individual, especially as regards the design of workplaces, the choice of work equipment and working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work rate, and to reducing this effect on health. Moreover, a number of specific health and safety directives<sup>1</sup> include provisions that require the prevention and management of MSD risks. Finally, the machinery directive 98/37/EC addresses the issue from the point of view of technical specifications for machinery, supplemented by several European standards. In addition, the proposal for a Directive on machinery amending Directive 95/16/EC includes specific provisions on ergonomic principles to be observed in the design and construction of machinery. Member States have taken account of these provisions in the transposition of these EU directives into national law, thereby providing minimum-level protection of workers from work-related MSD.

The fact that the phenomenon of MSD remains important is thus not due to a lack of legislation in this area. It is rather linked to the complexity of MSD, its multifarious and multifactorial nature and the difficulties of getting to grip with it from a practical prevention and risk management point of view. New or more specific legislative provisions would not

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<sup>1</sup> Directive 90/270/EEC on the minimum health and safety requirements for work with display screen equipment ; Directive 90/269/EEC on the minimum health and safety requirements for the manual handling of loads ; Directive 89/655/EEC concerning the minimum health and safety requirements for the use of work equipment by workers at work; Directive 89/654/EEC concerning minimum health and safety requirements for the workplace; Directive 2002/44/EC on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration); Directive 93/104/EC concerning certain aspects of the organisation of working time.

bring a solution to this. In different professional contexts different MSD risks may arise, whereby these will also depend on a number of non-work-related, individual and physical factors.

Generally, there is a need to improve information on appropriate prevention strategies and to increase know-how with regard to management of occupational MSD risks, particularly at the level of small and medium-sized companies and the public sector. Moreover, there is a need to further investigate the links between causes and effects and communicate this information to employers.

Priority should therefore be given to the elaboration of toolkits that are sector- and workplace-oriented and will prove very useful in enabling companies to develop well-adapted solutions. In parallel, making available relevant information to workers as regards safety instructions to be followed can prove useful as well. In particular, social partners at the appropriate levels as well as preventive services have an important role to play when it comes to the development of such tools. In the context of conception of such tools, specific attention could also be given to the prevention of upper-limb disorders and ergonomic issues.

Initiatives that could be usefully undertaken at Community level are awareness-raising activities, the exchange of experience with regard to successful prevention and management of MSD in specific work situations and the dissemination of good practice. In this respect, UNICE welcomes the foreseen campaign on manual handling of loads foreseen by SLIC in 2006 and the European Week on MSD which the European Agency for Safety and Health at Work will organise in 2007. Work on an EU-level standard does, however, not seem appropriate as the conception of a standard that could cover all work places and situations is unrealistic. Toolkits focusing on specific workplaces and situations could however also be developed at Community level, with the help of the Advisory Committee on Safety and Health at Work (ACSH).

## **Conclusion**

The prevention and management of MSD needs to be taken seriously. Further Community action in the legislative field would however not be appropriate. Firstly, the conception of a meaningful specific Directive or an EU standard with the aim of appropriately covering all workplaces and situations seems unrealistic. Secondly, it is difficult to see how the adaptation of the existing legal framework, which already well integrates a number of general as well as specific provisions aimed at preventing MSD, could bring any of the desired results.

The fact that the phenomenon of MSD remains important is not due to a lack of legislation in this area, but linked to the complexity and the multifarious and multifactorial nature of MSD. This results in numerous challenges of getting to grip with it from a practical prevention and risk management point of view.

UNICE therefore thinks that priority should be given to the elaboration of toolkits that are sector- and workplace-oriented, with a view to closing the know-how gap and enabling companies to develop well-adapted solutions. In particular, social partners at the appropriate levels as well as preventive services have an important role to play in supporting companies in this respect.

Moreover, additional efforts could be deployed with regard to awareness-raising, exchange of experience and good practice at appropriate levels, including at Community level.