Learning & Development

OH Strategy –

Use of self-assessment tools to proactively identify the incidence of musculoskeletal disorders (MSD's) and influence MSD risk management culture

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Aim – to share with delegates different tools that can be used to gain baseline data for the incidence/culture of MSDs

Learning Outcomes – Delegates will be able to:

- *Use body mapping tools to identify which systems of the body including the musculoskeletal system are affected by different job roles, locations or equipment*
- *Use data gained as part of the risk assessment process to objectively highlight problem areas and create an action plan with the wider risk management team*
- *Work with occupational health and the department's management team to implement early pain reporting systems and effective proactive procedures to help the individual (personal risk assessment in relation to job role, early assessment of problem, referral and treatment and education)*

Body Mapping - Interactive tool developed in America by Trade Unions

- Why use it?
  - *Helps establish the link between work and a wide variety of the health issues*
  - *Can identify population work groups, locations, equipment or processes*
  - *Is fun, quick and easy-to-use*
  - *Actively involves front-line staff and their managers and encourages communication*
  - *Identifies where the real problems lie which are often different to where health and safety professionals expect them to be*
- When would you use it?
  - *As a snapshot survey of an organisations musculoskeletal health*
  - *Before and after implementing a new process or machine, as a monitoring tool*
  - *independently, within team meetings, training days, awaydays*

Body Mapping

- How would you use it?
  - *Can be used as a stand-alone education tool, as part of refresher training by a manager trainer, OHA, safety rep*
  - *However suits your organisation – e.g. Unilever Best foods, Food factory had a 6 ft cardboard Steve Redgrave placed at the entrance. Staff stuck on different coloured dots to indicate the health problems that they were suffering from*
- Things to think about. Staff may:
  - *not report symptoms to management because they fear for their job*
  - *blame their symptoms on getting older or being unfit, without realising that others are being affected as well*
  - *accept symptoms as 'part of the job' without further thought*
  - *staff may fail to consider non-work causes – MSD's, stress and the interrelationship*
- Important - Separating work-related effects from general wear and tear can be difficult

Using Body Mapping

- The body map is a chart showing the front and back view of a body. Using coloured pens or stickers, workers doing a particular type of job are encouraged to mark on the chart where they suffer pain or injury while they are working.
- Different coloured pens or stickers can be used to identify different problems, e.g.:
  - *Red for aches and pains.*
  - *Blue for cuts and bruises.*
  - *Green for illnesses (stomach upset, dermatitis, etc).*
  - *Black for any other problems.*

Key Points for success

- Make it fun
- Get managers to use with their staff (assist if required) but better if owned by manager and employees)
- Get employees talking to each other about their own experience
- Make sure that as many people as possible take part
- Make sure that all the employees taking part do a similar job (e.g. porters or all the night shift shelf-fillers in a store, or all the drivers in a warehouse)
- Do not assume that you know the causes or solutions
- Ask employees to write down the causes of the pain or injury beside the mark
- Encourage them to think about ways in which the injuries could be prevented – staff doing the job often come up with cost-effective solutions that are simple to implement and manage
- Present results to wider management and risk management team

Body Mapping – what do I do with the data obtained?

- Identify any significant problems
- Collate all the comments and marks on to one chart, clear clusters may emerge showing similar jobs and associated similar or differing problems (e.g. may get 2 production lines but different symptom patterns) – look at why
- This evidence, along with suggested causes and solutions from the members, can be taken to the employer - e.g. at a safety committee meeting, occupational health team, safety team

Employee Early Pain Reporting

- Alongside body mapping, early pain reporting tools can be useful in identifying potential problems early. The nature of musculoskeletal disorders, mean that they are often cumulative, and it may be a long period of time (six months to two years) before a problem becomes annoying or painful enough for an employee to talk about it.

Employee Early Pain Reporting – how do I do it?

- The system needs to suit your organisational structure and your staff. It may differ depending on the availability of managers, occupational health provision, physiotherapy, manual handling or health and safety advisers
- It may be as simple as a paper form that is completed and submitted or an e-system using a dedicated confidential mailbox or online form

Personal Risk Assessment – use for health condition, post-illness, accident/ injury, job change

- Personal details - name, date of birth,
- Work details – working hours and pattern, job role, location
- Description of job tasks
- Identified hazards for any individual
- Differing hazards from this particular individual
- Line manager and employee to discuss elements of the job, that may aggravate their condition or cause concern
- Identify controls already in place
- Identify what actions should be taken to reduce exposure to the identified hazards
- Assessor and individual to both sign and date

Early assessment of problem, referral and treatment and education vs referral to GP

- Does this approach work?
  - *Early research suggested that this approach works well with good outcomes, for those with a new MSD who had previously not had a problem. The authors urge caution using this approach for those with existing MSDs who sustained a new injury or problem, as outcomes between both the approaches above were similar.*
- The research authors suggested that the later group possibly assumed the 'sick-role'
  - *More recent research shows that it is more likely to be caused by poor management of people, RTW and light-duties*
  - *My personal view – there is a place for both! Ultimately, referral routes rely on the health professionals, at both ends of the referral process, having up to date knowledge and a positive approach in relation to MSDs!*

Test your knowledge – True or false? HSE (2006)RR493

- 100% or nothing – workers must be able to do 100% of job or fit/pain-free
- Risk of re-injury – workers who come back to work, will re-injure and have longer absence/bigger claim
- It's not my problem – healthcare providers, not employers are responsible for getting the work back to work
- Light duties – putting workers on light duties is always effective
- Staff will want to stay off as long as possible
- Dr always knows best, about work and ability of the individual to RTW
- Total disengagement from work is needed to recover fully

Health Professionals – test your knowledge

- *Knowledge of the musculoskeletal system & physiology of MSDs*
- *Knowledge of the mechanics of injury for your clients and their workplace?*
- *Your questioning skills/Your clinical examination skills?*
- *Your knowledge of acute injury first aid?*
- *Your knowledge of acute/ chronic pain control?*
- *Your knowledge of inflammatory disorders?*
- *Your knowledge of alternative therapies, medications and creams?*
- *Could you explain the difference between an osteopath chiropractor, physiotherapist, sports massage therapist and sports rehabilitator?*

Perception of employees with MSDs - therapy provision

- 68% of respondents had been provided with some therapy or treatment by their employer
- 89% agreed that the organisation should provide therapy for those with discomfort
- 70% agreed that if the organisation provided therapy, they could specify the therapy provider they should attend
- 96% agreed to follow the advice of an adviser or therapist
- 70% agreed that they should have time off work to attend clinics or appointments

Perception of employees with MSDs - concerns

- 70% felt pressure to work at full capacity, despite discomfort
- 50% concerned that any pain at work would worsen the condition
- 38% agreed/ 22% disagreed - colleagues were supportive of reduced hours / tasks
- 63% happy for info about their problem to be shared between relevant individuals
- 72% useful to discuss the problem with other work colleagues with similar problems
- 42% felt that disclosing the extent of their discomfort might suggest that they would no longer be able to do their job is well as they used to
- 54% were confident that their manager understood the limitations that their discomfort causes

Employee perceptions & concerns – return to work

- 52% reported being concerned about experiencing more discomfort on return to work
- 48% wanted to be completely discomfort free before returning to work
- 56% reported they would not be prepared to return to work with reduced paid hours or a lower paid role, if unable to perform normal role
- 24% did not feel confident about doing the same job as before
- 48% feel more confident, returning to work if did not have to work full hours initially
- 16% agreed that they would like someone from the company to visit.
- 52% were in favour of regular Company telephone contact
- 56% would like to visit the workplace regularly while off work, to keep in touch with colleagues

Summary – are you there yet?

- robust and realistic (‘can do’) policy (that includes what is foreseeable)
- robust risk assessments completed (involving staff)
- safe working procedures in place & equipment (inspected & maintained)
- competent advice available
- return to work interviews
- documentation is maintained & legible
- high quality, realistic training (applying principles) –’Can do approach’
- competent & confident clinical assessment and advice
- staff with supervisory responsibilities ’’supervise’’
- continual improvement culture - to improve working behaviours

References & Further Information

- Body mapping – For further information see:
  - *http://www.usdaw.org.uk/getactive/resource_library/files/RLFBodyMap/BodyMapping.pdf*
  - *http://www.usdaw.org.uk/getactive/resource_library/files/RLFManualHandling/ManualHandling.pdf*
  - *http://www.tuc.org.uk*

- HSE (2005) RR 315 Measuring the effectiveness of competency-based education and training programmes in changing the manual handling behaviours of healthcare staff - Question set - Appx 4 (based on RCN competencies) – used as a self-assessment tool
- HSE (2006) RR493 – the costs and benefits of active case management and rehabilitation for musculoskeletal disorders (slides 12-16)

Further info

- Revitalising health and safety – HSC (2000)
  - *http://www.hse.gov.uk/revitalising/index.htm*
- Securing health together – (HSC 2001) MISC225
  - *http://www.hse.gov.uk/sh2/index.htm*
- A strategy for workplace health and safety in Great Britain to 2010 and beyond HSC (2004) MISC643
  - *http://www.hse.gov.uk/aboutus/hsc/strategy.htm*
- HSE Musculoskeletal Research full downloadable documents
  - *http://www.hseresearchprojects.com/*
- HSE MSD Microsite
  - *http://www.hse.gov.uk/msd/index.htm*