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First-phase consultation of the social partners on musculoskeletal disorders at work

1. INTRODUCTION

The purpose of this document is to elicit the opinion of the social partners on the protection of the health and safety of workers from musculoskeletal disorders.

Musculoskeletal disorders are a major cause of concern not only because of the health effects on individual workers, but also because of the economic impact on businesses and the social costs to European countries. Available cost estimates of musculoskeletal disorders put the cost at between 0.5% and 2% of GNP¹. The costs to European business include: lost production; staff sickness, compensation and insurance costs; losing experienced staff and the cost of recruiting and training new staff; and the effect of discomfort or ill health on the quality of work².

Musculoskeletal disorders are the work-related health problem most commonly reported by European workers. For example, 34% of European workers complained of backache in the year 2000. This is a three-point increase on 1995 and affects self-employed and employed workers and men and women equally. Among employees, those on fixed-term contracts reported a higher incidence of backache (36%). The highest increases among occupations are for professionals (from 18% to 24%) and technicians (from 23% to 31%). Agricultural workers show the highest figure (57%) of all. Regarding neck and shoulder pains, a quarter of European workers are affected. There are no significant differences between men and women except in the case of upper limb pains – the incidence among female workers is three points higher. Among occupational groups, blue-collar and agricultural workers are the most susceptible to neck and shoulder pains³.

Musculoskeletal disorders occur as a result of poor ergonomic conditions for both women and men. Women often work in conditions associated with musculoskeletal disorders - work requiring awkward postures, monotonous and repetitive tasks, inappropriate work methods and organisation and, more often than is commonly recognised, heavy lifting⁴.

European workers are increasingly being affected by musculoskeletal disorders and there is a need for a Community initiative in this regard.

¹ European Agency for Safety and Health at Work:
<http://agency.osha.eu.int/publications/reports/201/en/index.htm>

² European Agency for Safety and Health at Work:
<http://agency.osha.eu.int/publications/factsheets/3/en/index.htm>

³ European Foundation for the Improvement of Living and Working Conditions:
<http://www.eurofound.eu.int/publications/EF0121.htm>

⁴ European Agency for Safety and Health at Work:
<http://agency.osha.eu.int/publications/reports/209/en/index.htm>

2. THE GENERAL CONTEXT

In its communication "Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006"⁵, the Commission announced its intention to adapt existing legislation to the emerging problem of musculoskeletal complaints, supplementing wherever necessary the existing provisions so as to take better account of ergonomics at the workplace.

Most Community legislation having an impact on musculoskeletal complaints has been in place for more than a decade. First of all, Council Directive 89/391/EEC⁶ on the introduction of measures to encourage improvements in the safety and health of workers at work establishes general prevention principles applicable to all occupational risks. Several other individual health and safety directives address risk factors for musculoskeletal complaints. This is the case with Council Directive 89/654/EEC⁷ concerning the minimum safety and health requirements for the workplace, Council Directive 89/655/EEC⁸ concerning the minimum safety and health requirements for the use of work equipment by workers at work, Council Directive 90/269/EEC⁹ on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers, Council Directive 90/270/EEC¹⁰ on the minimum safety and health requirements for work with display screen equipment, and Council Directive 2002/44/EC¹¹ on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration).

In 1997, the Commission requested the assistance of the European Agency for Safety and Health at Work to conduct a review of the available knowledge regarding risk factors for work-related neck and upper-limb musculoskeletal disorders. The report concluded that existing scientific knowledge could be used in the development of practical, preventive strategies and that there was limited but convincing evidence of the effectiveness of work system interventions that have incorporated ergonomics¹².

In this context, the Advisory Committee on Safety, Hygiene and Health Protection at Work (ACSHH) set up an ad-hoc group on "Musculoskeletal Disorders". The Advisory Committee adopted the opinion of this ad-hoc group in 2001¹³. This opinion recommends that the Commission consider a further regulatory initiative, particularly targeted at preventing upper-limb disorders, and develop general and, if possible, sector-specific guidelines (see the attached opinion and the employers' comments on the opinion). It also recommends that before consideration of a further regulatory initiative, the Commission should perform an analysis of the scope and coverage of existing directives, particularly Directives 90/269/EEC and 90/270/EEC,

⁵ COM(2002) 118 final

⁶ OJ L 183, 29.6.1989, p. 1.

⁷ OJ L 393, 30.12.1989, p. 1.

⁸ OJ L 393, 30.12.1989, p. 13.

⁹ OJ L 156, 21.6.1990, p. 9.

¹⁰ OJ L 156, 21.6.1990, p. 14.

¹¹ OJ L 177, 6.7.2002, p. 13.

¹² Buckle P and Devereux J: *Risk factors for work-related neck and upper limb musculoskeletal disorders*. Bilbao: European Agency for Safety and Health at Work, 1999.

¹³ Advisory Committee on Safety, Hygiene and Health Protection at Work: Musculoskeletal disorders. Opinion. Doc.0983/1/01. Adopted 15 May 2001.

and take into account the conclusions of the report "Work-related neck and upper-limb musculoskeletal disorders"¹⁴. The employers' group in the ACSHH issued comments on the opinion which opposed a further regulatory initiatives and advocated preventive instruments at branch level.

The Commission recently adopted its communication on the practical implementation of the provisions of the Health and Safety at Work Directives 89/391 (framework), 89/654 (workplaces), 89/655 (work equipment), 89/656 (personal protective equipment), 90/269 (manual handling of loads) and 90/270 (display screen equipment)¹⁵. Regarding Directives 90/269 and 90/270, the communication stresses the increased level of awareness among employers, who understand and accept the ergonomic focus of risk management adopted by the Directives. In addition, it is stated that there is new impetus for monitoring and improving the ergonomic aspects of VDU workstations. On the other hand, it is pointed out that certain issues, such as seating ergonomics, are difficult to resolve. Moreover, the communication underlines the generally unsatisfactory situation in SMEs, the public sector and industrial sectors with a high number of temporary workers or other "atypical" employment contracts.

The European Agency for Safety and Health at Work has been offering integrated and updated information on work-related musculoskeletal disorders on its website. This includes publications and information on risk assessment, case studies, prevention, treatment and policy¹⁶. The Bilbao Agency has also produced an inventory of socio-economic information about work-related musculoskeletal disorders in the Member States¹⁷.

Prevention of work-related musculoskeletal disorders was the main topic of the European Week for Safety and Health at Work in 2000. The Bilbao Agency, which was responsible for the overall coordination of the event, set up a website¹⁸ and disseminated information and education materials. A wide range of activities, involving different types of organisations, companies and individuals, took place in the Member States.

In spite of all these initiatives, the number of European workers complaining of work related musculoskeletal disorders has not fallen.

The Nice European Council approved the European Social Agenda¹⁹, which identifies as a priority the need for action to respond to new risks by means of initiatives on standards and exchanges of good practice.

In the context of Article 138(2) of the Treaty, the Commission thus proposes to consult the social partners on this subject.

¹⁴ Buckle P and Devereux J: Risk factors for work-related neck and upper limb musculoskeletal disorders. Bilbao: European Agency for Safety and Health at Work, 1999.

¹⁵ COM(2004) 62 final.

¹⁶ <http://osha.eu.int/msd/index.php?id=4&sub=1&lang=en>

¹⁷ <http://agency.osha.eu.int/publications/factsheets/9/en/index.htm>

¹⁸ <http://osha.eu.int/ew2000/>

¹⁹ <http://ue.eu.int/en/Info/eurocouncil/index.htm>

3. PROTECTION OF THE HEALTH AND SAFETY OF WORKERS FROM MUSCULOSKELETAL DISORDERS AT NATIONAL LEVEL

Musculoskeletal disorders at work imply huge costs at national level. In Britain, the total costs were equivalent to 0.79-0.82% of the British GNP in 1995-1996. In Germany, it is estimated that the total losses due to work-related musculoskeletal disorders amount to around 0.61% of GNP. In Finland, the socio-economic costs of work-related musculoskeletal disorders were estimated as 1% GNP in 1996. In the Netherlands, it is estimated that the total cost of neck pain is around 0.1% of GNP. The previous data comes from the "Inventory of socio-economic information about work-related musculoskeletal disorders in the Member States of the European Union"²⁰ that pools together national data on absenteeism, turnover, as well as medical, rehabilitation and compensation costs.

The percentage of workers complaining of work-related backache (34%) and muscular pains in neck and shoulder (23%) is the same in the new Member States and in the former European Union of 15 Members²¹. On the other hand, the new Member States present higher rates for muscular pains on lower (22%) and upper limbs (20%) than the former EU 15 (13% and 12% respectively)²².

Preventive actions focusing on lifting/moving heavy loads, repetitive movements and strenuous working postures – three major risk factors in the development of musculoskeletal disorders – vary from country to country. According to the European Agency for Safety and Health at Work report on "The State of Occupational Safety and Health in the EU – Pilot Study"²³:

- Greece, the Netherlands and Luxembourg considered that the national preventive actions taken or planned with regard to the lifting/moving of heavy loads were sufficient to deal with the existing problems. On the other hand, Austria, Belgium, Denmark, Finland, Italy, Portugal, Spain, Sweden and the United Kingdom indicated that further preventive action was needed;

- Denmark, Greece and the Netherlands stated that the national preventive actions taken or planned with regard to repetitive movements were sufficient. Other National Focal Points, such as those in Austria, Belgium, Finland, Italy, Portugal, Spain and Sweden, considered that further preventive action was needed;

- Denmark, Greece, the Netherlands and Luxembourg informed the Agency that national preventive actions taken or planned with regard to strenuous working postures were sufficient. On the other hand, Austria, Belgium, Finland, Italy, Spain and Sweden indicated that there was a need for further preventive action.

The European Agency for Safety and Health at Work report on "Repetitive Strain Injuries in the Member States of the European Union: the results of an information

²⁰ <http://agency.osha.eu.int/publications/factsheets/9/en/index.htm>

²¹ <http://www.eurofound.eu.int/publications/files/EF0306EN.pdf>

²² <http://www.eurofound.eu.int/publications/files/EF0121EN.pdf>

²³ <http://agency.osha.eu.int/publications/reports/401/en/index.htm>

request"²⁴ summarises the national policies concerning these types of musculoskeletal disorders:

- legal proceedings appear to be used in the following Member States: Denmark, Ireland, Italy, Netherlands, Spain and the United Kingdom. However, they appear to be used infrequently, except in the United Kingdom;
- in many Member States, the prevention of repetitive strain injuries is part of the general approach to the prevention of occupational risks. However, a number of Member States have formulated specific policies to prevent repetitive strain injuries in response to complaints from workers;
- four Member States indicated that they had set quantitative goals in this field: Denmark, Germany, the Netherlands and Sweden;
- many Member States have organised information campaigns and activities to foster prevention;
- Member States indicated a range of initiatives which aim to establish voluntary agreements in this area. It is interesting to note that this type of cooperation usually takes place at sectoral level and that social partners are cooperating actively in projects at national or sectoral level.

4. PROTECTION OF THE HEALTH AND SAFETY OF WORKERS FROM MUSCULOSKELETAL DISORDERS AT COMMUNITY LEVEL

Community action in this area is possible under Article 137 of the EC Treaty.

At present, there is no specific legal provision focusing on work-related musculoskeletal disorders. However, several European directives apply to musculoskeletal disorders and its prevention.

Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work²⁵ provides that employers have a "duty to ensure the safety and health of workers in every aspect related to work", on the basis of several general principles such as:

- avoiding risks;
- evaluating the risks which cannot be avoided;
- combating the risks at source;
- adapting the work to the individual, especially as regards the design of work places, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a pre-determined work-rate, and to reducing this effect on health;

²⁴ <http://agency.osha.eu.int/publications/reports/303/en/index.htm>
²⁵ OJ L 183, 29.06.1989, p. 1.

- developing a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors relating to the working environment;

The above provisions include musculoskeletal disorders and its causes. In addition, several other European directives have an impact on the prevention of musculoskeletal disorders.

Council Directive 90/270/EEC, on the minimum safety and health requirements for work with display screen equipment²⁶, states that "employers shall be obliged to perform an analysis of workstations in order to evaluate the safety and health conditions to which they give rise for their workers, particularly as regards possible risks to... physical problems". The Directive also includes a number of minimum requirements regarding display screens, keyboards, work desks or work surfaces, and work chairs.

Council Directive 90/269/EEC²⁷, on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers, provides that "the employer shall take appropriate organizational measures, or shall use the appropriate means, in particular mechanical equipment, in order to avoid the need for the manual handling of loads by workers".

Council Directive 89/655/EEC²⁸, concerning the minimum safety and health requirements for the use of work equipment by workers at work, states that "the employer shall take the measures necessary to ensure that the work equipment made available to workers in the undertaking and/or establishment is suitable for the work to be carried out or properly adapted for that purpose and may be used by workers without impairments to their safety or health".

Council Directive 89/654/EEC²⁹, concerning the minimum safety and health requirements for the workplace, stipulates that workplaces must satisfy minimum safety and health requirements in relation to several features, including loading bays and ramps, doors and gates, floors, walls, ceilings and roofs of rooms.

Council and Parliament Directive 2002/44/EC³⁰, on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration), includes provisions on assessments of risks, avoiding or reducing exposure and exposure limit-values and action values. It is clear that one of the main objectives of this Directive is to prevent musculoskeletal disorders arising from exposure to vibrations, such as Raynaud syndrome.

Council Directive 93/104/EC, concerning certain aspects of the organization of working time³¹, regulates minimum periods of daily rest, weekly rest and annual leave, breaks, and maximum weekly working time. The length of exposure and the

²⁶ OJ L 156, 21.6.1990, p. 14.

²⁷ OJ L 156, 21.6.1990, p. 9.

²⁸ OJ L 393, 30.12.1989, p. 13.

²⁹ OJ L 393, 30.12.1989, p. 1.

³⁰ OJ L 177, 6.7.2002, p. 13.

³¹ OJ L 307, 13.12.93, p. 18.

recovery periods have a clear impact on the development and prevention of musculoskeletal disorders.

In addition, several directives regulating "machinery" have an impact on the prevention of musculoskeletal disorders. For instance, Directive 98/37/EC³² of the European Parliament and of the Council on the approximation of the laws of the Member States relating to machinery, provides that Member States shall take all appropriate measures to ensure that machinery or safety components are placed on the market and put into service only if they do not endanger the health or safety of persons, and in particular lays down essential requirements that manufacturers have to comply with.

The European Committee for Standardisation (CEN) has issued three European standards in support of the machinery Directive mentioned above, following a request from the Commission. These standards address manual handling in relation to machinery, recommended force limits for machinery operation, and terms and definitions for human physical performance. The CEN is also in the process of drawing up two standards focusing on the evaluation of working postures as well as risk assessments for high-frequency repetitive handling. Compliance with these standards will create a presumption of conformity with the relevant essential requirements of the machinery Directive, and thus may have a direct effect on the protection of health and safety in this field.

Regarding specific work-related musculoskeletal disorders, the Commission recommendation concerning the European schedule of occupational diseases³³ mentions eleven musculoskeletal conditions that are linked directly to occupation. It recommends that Member States develop effective preventive measures, draw up quantified national objectives with a view to reducing their incidence, ensure that all cases are reported, and promote research and awareness among medical staff.

5. THE IMPORTANCE OF COMMUNITY ACTION AND A POSSIBLE APPROACH AT COMMUNITY LEVEL

Thus although Community legislation on the protection of the health and safety of workers applies to some extent to musculoskeletal disorders, there is a high percentage of European workers who report being affected by these disorders. Moreover, the available data does not indicate any positive trends³⁴.

As the ACSHH points out in its opinion³⁵, "it is not certain that all employees and employers, particularly those who run small firms, have received comprehensive information on the reality of musculoskeletal disorders".

³² OJ L 207, 23.7.98, p. 1.

³³ OJ L 238, 25.9.2003, p. 28.

³⁴ European Agency for Safety and Health at Work: <http://agency.osha.eu.int/publications/factsheets/3/en/index.htm>

³⁵ Advisory Committee on Safety, Hygiene and Health Protection at Work: Musculoskeletal disorders. Opinion. Doc.0983/1/01. Adopted 15 May 2001.

The fact that some Member States do not make provision for protection from work-related musculoskeletal disorders and its effects on the health and safety of workers has resulted in a great variety of protection levels within the European Union.

In the light of the subsidiarity principle, the gaps in Community law and national legislation in this area show that action at Community level is necessary with a view to ensuring a minimum level of protection of workers from work-related musculoskeletal disorders.

Some Member States have already adopted rules to protect workers from work-related musculoskeletal disorders. Member States which have not yet taken measures in this field could benefit from the very positive results of the implementation of such measures in other countries. Hence, an initiative in this field would be proportionate and respect the principle of subsidiarity.

6. MATTERS FOR CONSULTATION

In the light of the above, the social partners are invited 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?

ANNEX

ADVISORY COMMITTEE ON SAFETY, HYGIENE AND HEALTH PROTECTION AT WORK

Adopted 15 May 2001

OPINION ON
"MUSCULOSKELETAL DISORDERS"

OPINION

Doc. 0983/1/01

PRELIMINARY DECLARATION OF THE INTEREST GROUPS

The interest group wish to record that musculoskeletal disorders (MSDs) constitute a serious health problem for employees and for the development of European companies. MSDs account for between 40 and 50 % of all work-related ill-health and affect over 40 million workers in the EU. (*Inventory of socio-economic information about work-related musculoskeletal disorders in the Member States of the European Union* - European Agency for Safety and Health at Work Fact sheet number 9: 2000). As a result the EU's competitiveness is being considerably reduced by the social and economic impact of MSDs. The ACSHH therefore urges the Commission, taking account of existing provisions, to promote an approach based on primary prevention, with a view to improving the level of prevention and protection, in all undertakings, irrespective of size, and particularly in the most seriously affected sectors.

INTRODUCTION

It should be noted that the Community rules and standards concern the protection of safety and health against exposure to all risks (physical, chemical, biological, etc.); hence, some of the risk factors for musculoskeletal disorders are covered, directly or indirectly, notably by the following directives (or draft directives) and standards (or draft standards):

Directives under Article 118a:

- Framework Directive 89/391, which is designed to address all risks to safety and health at work; ergonomic factors - which constitute the main risk factors for musculoskeletal disorders – come within its remit.

Certain specific risk factors are or will be dealt with in specific directives:

- Daughter Directives: 90/270 (display screens), 90/269 (manual handling), 89/655 (use of work equipment), 89/654 (minimum requirements for the workplace);
- Draft Directive "physical agents", which will address an important factor affecting musculoskeletal disorders, namely vibrations.
- Directive 93/104 (organisation of working time).

Directives under Article 100a:

- Directives pertaining to machinery: 98/37/EC, etc.

Standards or draft standards (CEN/Technical Committee 122: Ergonomics) under discussion:

- prEN 1005-1, prEN 1005-2, prEN 1005-3, prEN 1005-4 (working postures), prEN 1005-5 (risk assessment for repetitive handling at high frequency).

The European schedule of occupational diseases includes the main musculoskeletal disorders (Commission Recommendation No 90/326/EC of 22 May 1990), in particular:

- Osteoarticular diseases of the hands and wrists caused by mechanical vibration
- Angioneurotic diseases caused by mechanical vibration (Raynaud's phenomenon of occupational origin)
- Diseases of the periarticular sacs due to pressure (bursitis or traumatic bursitis)
- Diseases due to overstraining of the tendon sheaths
- Diseases due to overstraining of the peritendineum
- Diseases due to overstraining of the muscular and tendonous insertions
- Meniscus lesions following extended periods of work in a kneeling or squatting position
- Paralysis of the nerves due to pressure (entrapment neuropathy)

Three main factors appear to be limiting the introduction of measures to prevent musculoskeletal disorders in European undertakings:

1. existing regulations lack specificity and are therefore not very effective for preventing certain types of MSDs, particularly upper limb disorders (ULDs);
2. the lack of comprehensive information and awareness-raising and, to a certain extent, the fact that neither employers nor employees have been trained to recognise the existence of these conditions, the fact that they are work-related, the risk factors that give rise to them and their consequences for employees and the undertakings where they work;
3. the difficulty in getting to grips with the problem in concrete terms by drawing up effective preventive plans which include tools for implementing the principles set out in the directives, given that MSDs are very varied and may differ greatly from one undertaking to another or even from one work station to another.

Nevertheless, there is clear evidence that MSDs can be prevented in undertakings provided that the issue is approached in a multidisciplinary and participatory manner. Furthermore in order to ensure the success of such interventions, the following elements are necessary:

- commitment on the part of management;
- involvement of employees;
- assessment of workplace risks;
- identification and implementation of corrective and preventative measures;
- training and information - for both employers and workers;

- appropriate medical management, including the promotion of the reporting and identification of early symptoms and the onset of MSDs, prompt treatment and proper rehabilitation.

For the purposes of defining its policy, the Advisory Committee recommends the Commission to take account of the following elements:

1. Regard for the principles of prevention described in the Framework Directive (Directive 89/391), in particular:
 - avoiding risks;
 - evaluating risks which cannot be avoided;
 - combating risks at source;
 - adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-related to reducing their effect on health.
2. Assessment of physical, organisational and other risks at workplaces, namely:
 - an initial qualitative assessment involving a review of all workstations in order to establish priorities: this stage may require specific tools, for example sector-specific, for assessing MSD risks;
 - in-depth assessment, if necessary, on the basis of the initial assessment, but using more detailed methods; in most cases, these tools are available.
3. Encouragement of the development of integrated approaches, to be adapted on a case-by-case basis, by professional/occupational bodies and undertakings.
4. There is a clear need at an enterprise level for preventive multidisciplinary and participatory approaches which necessarily involve the workforce, namely the workers and/or their representatives in the preventive policies and actions.
5. Provision of information and training for all personnel aimed at encouraging undertakings and their staff to adopt a preventive approach. In particular this should include information on the pathologies, the main recognised risk factors, the issues at stake, preventative and control measures, etc.
 - Although there are numerous publications in this area (such as documents prepared by the Bilbao Agency) and although many events have been organised (such as the European Week, etc.), it is not certain that all employees and employers, particularly those who run small firms, have received comprehensive information on the reality of musculoskeletal disorders and what is at stake. The Commission should therefore encourage making information more accessible, possible on a sector specific basis, making use of the overviews prepared mainly by the Bilbao Agency and other European Organisations and Institutions.

6. Integration of elements relating to the prevention of MSDs at the design and when selecting new installations and items of equipment.
7. Improvement in the diagnostic criteria, particularly with regard to early symptoms, and medical management of MSDs, taking into account by the health systems available in the Member States.
8. Promoting the implementation of corrective and preventive action plans and indicators for monitoring the progress made.
9. Taking into account the risk of MSDs especially when changes are made to the work organisation. The Advisory Committee recognises that European undertakings, in order to be successful, must constantly adapt to their environment, especially to market conditions, and this understandably can lead to changes in work organisation. In order to anticipate any additional risk of MSDs, the introduction of major changes in work organisation should make allowance for the risk of MSDs.

The Advisory Committee therefore recommends the Commission to develop its approach as follows:

1. Consideration should be given to a further regulatory initiative, particularly targeted at preventing upper limb disorders, taking into account the suggested approach. However before doing so an analysis of the scope and coverage of existing directives, particularly Directives 90/269/EEC and 90/270/EEC, should be carried out, and account should be taken of the conclusions of the report produced for the Commission entitled “Work-related neck and upper limb musculoskeletal disorders” by Prof. P Buckle and Dr J Devereux.
2. In order to raise awareness amongst all partners (Governments, employers and workers) of the need to prevent MSDs and how this can be achieved, general, and if possible sector-specific **guidelines**, again taking into account the suggestions above, should be developed and promoted.

Employers' comments on the opinion of the ACSHH on MSD

While it agrees with most of the opinion, the Employers' group strongly opposes the conclusions of the Ad hoc group "MSD" on the content of the initiatives which the Commission should take to improve the prevention of MSD.

The Employers' group feels that a further regulatory initiative is not justified for the following reasons:

- The existing regulations allow MSD to be dealt with effectively and no serious study has been conducted to show that new legislation would improve the situation.
- No study on the use of the existing regulations is available.
- A new directive would only further complicate the already complex existing regulatory instruments.
- The very idea of a single text covering all MSD risks is unrealistic, given the many forms which the risk factors take and the variable work situations.

The Employers' group feels that European enterprises, particularly SMEs, would benefit more from a practical approach. Instruments drawn up at occupational branch level, for example, would be an effective means of improving the prevention of MSD.