

• *Repetitive Strain Injury*

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WHAT IS REPETITIVE STRAIN INJURY?

Repetitive Strain Injury (RSI) is the more commonly known term for a set of disorders called Work Related Upper Limb Disorders or WRULDS. It is a serious condition that according to the Health and Safety Executive (HSE) affects up to 500,000 workers each year - with 81,000 new cases in 2007/08 alone. RSI covers a wide range of injuries to muscles, tendons and nerves. Usually hands, wrists, elbows or shoulders are affected but knees and feet can also suffer; especially if a job involves a lot of kneeling or operating foot pedals on equipment. RSI's must be treated at an early stage or a permanent disability could be caused.

There are many different names for RSI injuries, including:

- Tenosynovitis
- Carpel tunnel syndrome
- Tendinitis
- Dupuytren's contracture
- Epicondylitis or 'tennis elbow'
- Bursitis
- 'Housemaid's knee' or 'beat conditions'
- Overuse injury

WHAT CAUSES RSI?

RSI is caused, or made worse, by continuous repetitive or pressurised finger, hand or arm movements, twisting movements, squeezing, hammering and pounding, pushing, pulling, lifting or reaching movements, too fast or excessive workloads, long hours, lack of variety or breaks, overuse, awkward grips or positions, using too much force, badly designed equipment and/or poor working environments (including low temperatures and stress).

WHO IS AT RISK?

Although many of the cases dealt with by UNISON involve keyboard workers, such as secretaries and administrative staff who use computers or other electronic equipment, nearly all work carries some risk. It has also been linked to the use of vibrating equipment.

In addition to those using display screens or other computerised equipment for long periods, UNISON members at risk include:

- cooks,
- cleaners,

- typists, clerical, and data processing workers,
- drivers,
- road maintenance staff,
- carpenters, and
- machine operators.

But many other jobs can cause RSI unless measures are taken to avoid prolonged periods of repetitive work .

WHAT ARE THE SYMPTOMS

Symptoms of RSI vary . They include:

- pain in the fingers, wrists, arms and shoulders
- tenderness,
- heaviness in the arms and wrists
- swelling,
- a tingling sensation in the fingertips
- numbness
- restriction of the joints
- loss of strength and grip in the hand, and
- loss of sensation and whiteness on the fingers

These symptoms can be very similar to aches and pains of everyday life – especially after physical effort; but those aches and pains die away after a day or so. The signs to watch for are the pains that go away when you are not at work and return when work is resumed.

There are two main types of RSI; localised and diffused conditions. Localised conditions are easier to diagnose as the symptoms are usually confined to a particular part of the body. Diffused conditions are harder to diagnose as it is often more difficult to determine the exact site of the injury. Examples of localised RSI conditions produced by the London Hazards Centre are listed below:

EXAMPLES OF LOCALISED RSIs

Injury - Bursitis Inflammation of the soft pad of tissue between skin and bone or bone and tendon. Can occur at the knee, elbow, and shoulder. Called ‘beat knee’, ‘beat elbow’ or ‘frozen shoulder’ at these locations.

Symptoms Pain and swelling at the site of the injury.

Typical causes Kneeling, pressure at the elbow, repetitive shoulder movements.

Injury - Carpal tunnel syndrome pressure on the nerves which pass up the wrist.

Symptoms Tingling, pain and numbness in the thumb and fingers, especially at night.

Typical causes Repetitive work with a bent wrist, use of vibrating tools.

Injury - Cellulitis infection of the palm of the hand following repeated bruising. This is commonly known as ‘beat hand’.

Symptoms Pain and swelling of the palm.

Typical causes Use of hand tools, like hammers and shovels, coupled with abrasion from dust and dirt.

Injury - Epicondylitis inflammation of the area where bone and tendon are joined. Called 'tennis or golfer's elbow' when it occurs at the elbow.

Symptoms Pain and swelling.

Typical causes Repetitive work often from strenuous jobs like joinery, plastering, bricklaying. Common in meat packers.

Injury - Ganglion a cyst at a joint or in a tendon sheath, usually on the back of the hand or wrist.

Symptoms Hard, small, round swelling usually painless.

Typical causes Repetitive hand movement.

Injury Osteoarthritis: damage to the joint resulting in scarring at the joint and the growth of excess bone.

Symptoms Stiffness and aching in the spine and neck, and other joints.

Typical causes Long-term overloading of the spine and joints.

Injury - Tendonitis inflammation of the area where muscle and tendon are joined.

Symptoms Pain, swelling, tenderness and redness of hand, wrist, and/or forearm. Difficulty in using the hand.

Typical causes Repetitive movements.

Injury - Tenosynovitis inflammation of the tendons and/or tendon sheaths.

Symptoms Aching, tenderness, swelling, extreme pain, difficulty in using the hand.

Typical causes Repetitive movements, often non-strenuous. Can be brought on by a sudden increase in workload or by the introduction of new processes.

Injury Tension neck or shoulder: inflammation of the tendons.

Symptoms Localised pain in the neck or shoulders.

Typical causes Having to maintain a rigid posture.

Injury - Trigger finger inflammation of tendons and/or tendon sheaths of the fingers

Symptoms Inability to move fingers smoothly, with or without pain.

Typical causes Repetitive movements, having to grip too long, too tightly or too frequently

As RSI is a progressive condition there are commonly three stages of injury:

Stage 1: Mild

Pain, aching and tiredness of the wrists, arms, shoulders or neck during work, which improves overnight. This stage may last weeks or months, but is reversible (threatened over-use injury).

Stage 2: Moderate

Recurrent pain, aching and tiredness occurring earlier in the working day, persisting at night and may disturb sleep. Physical signs may be visible such as a cyst-like swelling near a joint or in the tendon area. This stage may last several months.

Stage 3: Severe

Pain, aching, weakness, and fatigue are experienced even when the person is resting completely. Sleep is often disturbed, and the sufferer may be unable to carry out even light tasks at home or work. This stage may last for months or years. Sometimes it is irreversible and the person never gets back use of the affected part of their body (established over-use injury).

RSI conditions are difficult to treat but it is crucial that treatment begins as early as possible before the condition reaches a chronic stage. If this occurs it may take years to recover and in some case a full recovery will not be possible.

HOW CAN RSI BE PREVENTED?

The first step is to look at the way jobs are carried out. Does the work include any of the risk factors listed above? Ultimately the job should fit the worker - not the other way round. Use the checklist below to find out what improvements are needed.

RSI checklist

1. Does the work involve:
 - awkward movements of hand, wrist, arm or shoulders?
 - rapidly repeated movements?
 - prolonged physical pressure - such as gripping or squeezing?
 - holding an uncomfortable position for a long time?
 - too few breaks to allow muscles to recover?
 - lack of variety of physical tasks?
 - long hours or fast-paced work?
2. Are tools and equipment:
 - too heavy?
 - the wrong shape to be used comfortably?
 - causing problems of vibration or noise?
 - the wrong length, height or size to be used comfortably?
3. Are workstations and work areas:
 - too high or too low?
 - not adjustable for individual users?
 - noisy or poorly lit?
4. Is training:
 - adequate?
 - provided for all employees, especially those who are new to the work?
 - provided when there is a change in equipment or methods of working?

- provided but not include risks and ways of avoiding RSI?
5. Are problems:
- ignored?
 - not reported to management?
 - not reported and recorded in writing i.e in the accident book)?

Depending on the problem areas you have identified, the following measures will help to prevent RSI:

- redesign equipment and/or tools,
- change the way the work is done,
- redesign work area or work station,
- reduce the pace of work,
- introduce rest breaks and more variety of tasks, and/or
- training to include risks and safer methods of work.

EMPLOYERS DUTIES TO PREVENT AND CONTROL RSI

All employers have legal duties to ensure their employees' health and safety at work, provide safe work methods, workplaces and equipment, and give employees health and safety information and training.

Employers must also conduct suitable and sufficient 'risk assessments'. This means that your employer has to work out the risk factors associated with each job and then prevent and control those risks. It is vital that safety reps and workers are involved in the risk assessment process to make sure that:

- all tasks are covered, including work carried out away from the employers premises,
- all the RSI risk factors have been examined,
- gender is considered in the risk assessment process,
- experienced people have carried out the assessments (they don't need to be experts, but they do need experience and knowledge of the job), and
- an action plan has been developed to make sure that risks are prevented, reduced and monitored (they should be reassessed if the job or work changes). The action plan should prioritise any problems found and set a timetable for the action to be taken.

The legal basis for all this is the Management of Health and Safety at Work Regulations 1999. In the case of keyboard work the Display Screen Equipment Regulations are particularly relevant and can be found at www.hse.gov.uk/au/lacs/16-1.htm

Other relevant legislation includes the Provision and Use of Work Equipment Regulations, the Workplace (Health, Safety and Welfare) Regulations, and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

More information is given in UNISON's guide to these regulations. You can download the UNISON guide to the six pack from www.unison.org.uk/acrobat/10349.pdf

In addition, the Health and Safety Executive (HSE) have launched a new downloadable tool that they say can help to assess the risk of RSI. The Assessment of Repetitive Tasks (ART) tool, developed with the Health and Safety Laboratory (HSL), can help identify where significant RSI risks lie, suggest where to focus risk reduction measures and help prioritise improvements. However, while the tool can help reduce the likelihood of employees suffering from upper limbs associated with repetitive tasks it is not intended for assessment of risks from screen-based work. The tool together with existing HSE guidance on upper limb disorders, is available online at www.hse.gov.uk/msd/uld/art.

THE DISABILITY DISCRIMINATION ACT (DDA)

If a member discloses their disability, they are protected (as a job applicant or employee) from unjustifiable and less favourable treatment. The DDA covers: recurring and progressive conditions, past impairments, and conditions which would have a substantial effect on normal daily activities but for any treatment or medication. Under the DDA employers must consider making reasonable adjustments including: reallocating some duties, changing working hours, and buying or adapting equipment.

Help and support for employers and workers is available from the Access to Work Scheme. This is a government funded scheme which offers free practical advice and potential funding or grants for or towards: special equipment or aids, adaptations to premises or existing equipment, travelling to work if public transport is not usable, and possibly a support worker to assist with a task (e.g. a blind employee supported by a sighted reader).

REPORTING SYMPTOMS

Symptoms should be reported to the employer as early as possible. If a RSI is recognised in the early stages, it can be treated by resting the painful arm or hand, etc.

Other measures, such as painkillers, arm-splints, physiotherapy, ultrasound or surgery will not cure the condition if the sufferer is forced to continue the work that caused the problem in the first place. If you have a member you or they think may be suffering from RSI due to work:

- Get them to tell their GP about the work they do their symptoms and why they think they could have RSI. They should not delay in getting treatment, including sick leave. They should follow their doctor's advice and try to stop doing anything they think may be causing the symptoms.
- Make sure the member reports it to their manager and to the occupational doctor or nurse, if there is one. They should make it clear that they believe it is work related RSI and keep a copy of any written report. Make sure the symptoms are recorded in the accident book.
- Ensure that management do a full assessment of the member's work and take any necessary action to remove any possible causes of RSI.
- Prevention is obviously best, but if RSI is confirmed, you may want to see if the member can claim benefits and compensation for their injury (see below). Do this as soon as possible.
- You may want to suggest the member contact RSI Action for further support. RSI Action is the national charity working to facilitate the prevention of RSI conditions and for the relief of sickness, hardship and distress amongst sufferers. Their web site can be found at www.RSIAction.org.uk where you will be able to find information on local RSI support groups

CLAIMING COMPENSATION

Some types of RSI are prescribed industrial diseases. This means that sufferers may be entitled to incapacity /disability benefits.

The types of RSI that are prescribed industrial diseases are:

- A4 Dystonia - Cramp of the hand or forearm due to repetitive movements; for example, writer's cramp. Anyone involved in prolonged periods of handwriting, typing or other repetitive movement of fingers hand or arm; for example, typists, clerks and routine assemblers.

- A5 Subcutaneous cellulitis of the hand (Beat Hand). Manual labour causing severe or prolonged friction or pressure on the hand; for example, grounds maintenance staff
- A6 Bursitis (swelling) or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee. (Beat Knee). Manual labour causing severe or prolonged external friction or pressure at or about the knee; for example, workers who kneel a lot
- A7 Bursitis or subcutaneous cellulitis arising at or about the elbow due to severe or prolonged external friction or pressure at or about the elbow. (Beat Elbow). Manual labour causing severe or prolonged external friction or pressure at or about the elbow; for example, jobs involving continuous rubbing or pressure on the elbow
- A8 Traumatic inflammation of the tendons of the hand or forearm, or of the associated tendon sheaths. (Tenosynovitis). Manual labour, or frequent or repeated movement of the hand or wrist; for example, keyboard and computer mouse operators, and those whose arms and hands are involved in jobs as varied as stirring large containers of soup, butchering meat, regularly using a manual screwdriver and other repetitive/static load jobs too numerous to mention.
- A11 Vibration White Finger - the symptoms of episodic blanching (whiteness due to circulation seizing up) occurring throughout the year, in thumbs and fingers. This covers a wide range of tools such as handheld rotary tools in grinding, sanding or polishing of metal, the holding of material being ground or polished by rotary tools, chain saws, the use of handheld percussive (vibrating) metal working tools, handheld percussive drills or hammers, often holding the material being worked upon by handling machines. (So you see this covers a wide range of tools).
- A12 Carpal tunnel Syndrome - caused by the use of handheld powered tools whose internal parts vibrate so as to transmit without vibration to the hand, but excluding those which are solely powered by hand.

It may also be possible to claim compensation from the employer. However, it must be clear that the RSI was caused by work and the employer had the opportunity to prevent it.

It is not always easy to take compensation cases related to RSI but in some cases UNISON can help with a members' claim. Ask your branch secretary for a UNISON Legal Services Form P1 to apply for legal assistance for work-related cases of injury, illness, or disease.. Once the member has completed the form, UNISON's Legal Services will be able to advise them on their chance of a successful claim

YOUR ROLE AS A UNISON SAFETY REPRESENTATIVE

UNISON has at least three tasks to do:

- get employers to prevent risks,
- support members with WRULDS/RSI and
- identify whether this can be used for a campaign in the workplace to recruit and organise staff

Workers should be encouraged to report their symptoms – and management must be made to deal with the cause of the problem, and not take it out on sufferers.

The law requires employers to investigate reported health and safety problems and take steps to prevent them. If they just sack employees without any attempt to rectify the problem or rehabilitate the employee, this is grounds for unfair dismissal.

As a safety rep, you have legal rights to be consulted :

- in good time over any change to working practices or equipment that might affect health and safety,
- about the risk assessment process,
- about health and safety information and training for employees,

- about any experts or competent persons appointed to assess WRULDS/RSI problems.
You also have the right to:
- request that a safety committee is set up (make sure any WRULDS/RSI problems are discussed at these meetings).. ,
- time off to represent your members health and safety interests and carry out workplace inspections for WRULDS/RSI, and
- time off to attend TUC and UNISON health and safety courses.

CAMPAIGNING

If one or more workers in a section is reporting RSI problems then this can be used to raise the profile of UNISON with members and also help to recruit new members.

- Safety reps should use the risk of RSI to liaise with other workplace reps/branch secretaries to build a workplace campaign to recruit and organise staff
- You can also circulate membership forms or advise non-members they can join by going on-line at www.unison.org.uk/join or by phoning 0845 355 0845
- **Make sure that you publicise any successes so that staff know that the union is working for them.**