

Aches, pains and strains

Dealing with issues arising from
manual handling, DSE and RSI

A guide for UNISON health and safety representatives

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Introduction

Aches, pains, and strains are a common experience; especially after some physical exertion which is more than or different to usual; but our bodies usually recover after a few days. However, repeated exposure to the hazards that cause these aches, pains, and strains – or asking our bodies to do too much – can lead to serious, long-term, or even permanent injury or disability.

Musculoskeletal disorders (MSDs) cover a range of conditions affecting the bones or soft tissues (including muscles, tendons, and ligaments) of the skeletal joints in our bodies. MSDs may cause pain or discomfort and could either limit the use of the affected parts of the body or limit the activities that we can do.

A common hazard

In a 2016 survey of UNISON safety reps:

- 68% identified back strains as one of the top concerns at work
- 56% repetitive strain injury (RSI – see below for definition)
- 40% handling heavy loads
- 23% highlighted cramped working conditions (extracted from the TUC safety reps survey).

According to estimates from the 2016 Labour Force Survey, MSDs account for 41% of all work related ill health cases (the largest cause) and 34% of all the working days lost due to ill health. Aches, pains, and strains at work are common; but it doesn't mean that we should be expected to put up with them.

MSDs can arise:

- because our work requires us to move constantly, too fast, or not enough
- from carrying or lifting too much or too often
- from standing or sitting for too long.

The human body is designed to move, but also needs to rest, so repeated movements, prolonged inertia, or asking it to do too much can wear it out.

However, MSDs and the accompanying aches, pains, and strains can be prevented or minimised, just like all other work related injury or ill health. So employers should use the process of risk assessment to do this (see below for explanation).

The types of harm that may be suffered

Repetitive strain injury

Repetitive Strain Injury (RSI) covers a wide range of injuries to muscles, tendons, ligaments, nerves, bones, and joints. Usually the fingers, hands, wrists, elbows, arms, or shoulders are affected but the neck, back, hips, knees, ankles, feet and toes can also suffer. These injuries may also be referred to as: work related upper limb disorders (WRULDs), lower limb disorders (LLDs), or upper limb disorders (ULDs).

The symptoms can vary, but may include:

- pain, tenderness, swelling, inflammation, or a feeling of heaviness
- a tingling or burning, cold or loss of sensation, numbness, or the fingers turning white
- swellings or ganglions (a cyst-like swelling)
- restricted movement of the joints, stiffness, muscle weakness or spasms, or loss of strength and grip in the hand
- tiredness and extreme fatigue.

It is especially important to watch out for any of these aches and pains that don't go away, are frequent or re-occurring, or that may go away when you are not at work but return when you are.

Potential causes

RSI can develop or be made worse where a task or a job requires continued or repeated movement or application of pressure. Certain movements increase the chance of harm, including:

- twisting or squeezing
- hammering and pounding (including typing)
- pushing or pulling
- lifting or reaching.

Other risk factors include:

- working too fast
- repetition and a lack of variety in tasks or a lack of breaks
- long hours, overuse (excessive use) or excessive workloads
- having to adopt awkward or fixed positions or grip
- having to use too much force
- working with vibrating or badly designed tools and equipment
- poor working environments (including those with low temperatures or that are uncomfortable or stressful).

Who is at risk?

Many of the cases dealt with by UNISON involve workers who use keyboards, but nearly all work carries some risk if there are prolonged periods of repetitive work. Those members potentially at risk include: cooks, cleaners, carers, drivers, road and general maintenance workers, healthcare workers, carpenters, gardeners, and machine operators.

Progression

RSI is a progressive condition which can be difficult to treat, and has three common stages of injury. It is crucial that treatment begins as early as possible. Any delay or continued uncontrolled exposure to the causes, can result in it taking longer, possibly years to make a full recovery. In some cases a full recovery may become no longer possible.

Stage 1: mild – pain, aching, and tiredness of the affected limbs or joints; usually during work but improving overnight. This stage may last weeks or months, but it is reversible if exposure to the hazard causing the injury is risk assessed, and appropriate measures of prevention or control are put in place (see below).

Stage 2: moderate – recurrent pain, aching and tiredness occurring earlier in the working day, persisting at night, and possibly disturbing 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 completely resting. Sleep is often disturbed, and the sufferer may struggle to carry out even light tasks at home or at work. This stage may last for months or years, or may be irreversible so that full use of the affected part of the body is never regained.

Types of RSI

There are two main types of RSI:

- Localised conditions are easier to diagnose as the symptoms are usually experienced at a particular part of the body.
- Diffused conditions are harder to diagnose as it is often difficult to determine the exact site of the injury, since they have no visible signs and as yet there is no specific test for this type of RSI.

Examples of localised RSI conditions include:

Bursitis – is often called ‘beat knee’, ‘housemaid’s knee’, ‘beat elbow’, or ‘frozen shoulder’. It is an inflammation (swelling) of the tissue between the skin and bone or between the bone, tendons, and/or muscles. Symptoms include pain and swelling and typical causes include kneeling, pressure at the elbow, and repetitive shoulder movements.

Carpal tunnel syndrome – involves pressure on the nerves which pass up the wrist. Symptoms include tingling, pain, and numbness in the thumb and fingers, especially at night. Typical causes include repetitive work with a bent wrist or with vibrating tools.

Cellulitis infection – of the palm of the hand following repeated bruising and often called ‘beat hand’. Symptoms include pain and swelling of the palm. Typical causes include the use of hand tools, like hammers and shovels, coupled with abrasion from dust and dirt.

Dupuytren’s contracture – affects the hands, fingers and thumbs, causing one or more of the fingers or thumbs to bend into the palm of the hand. Some recent studies suggest that there might be a link to manual work or work with vibrating tools.

Epicondylitis – is inflammation of the area where a bone and tendon are joined. Often called ‘tennis’ or ‘golfer’s elbow’, it can occur elsewhere. Symptoms include pain and swelling. Typical causes include repetitive work such as typing or strenuous jobs such as joinery.

Focal dystonia of the hand or forearm – may involve muscle spasms and contractions which may be sustained or may come and go. Symptoms may include repetitive movements and/or unusual, awkward, and sometimes painful postures. The condition may include writer’s cramp where there are prolonged periods of handwriting, typing or other repetitive movement of the fingers, hands, or arms.

Ganglions – are cysts at a joint or in a sheath around a tendon, usually on the hands, wrists, or fingers. Symptoms are a small, hard, round swelling which are usually painless. The typical cause is repetitive movements.

Osteoarthritis – is the most common form of arthritis, involving damage to the joint resulting in scarring and the growth of excess bone. Symptoms include stiffness and aching in the affected joints. Typical causes include long-term overloading of the joints.

Raynaud’s phenomenon/Vibration White Finger/Hand Arm Vibration Syndrome (HAVS) – is a condition where the blood supply to extremities such as the fingers and toes is interrupted, especially when exposed to the cold. May lead to permanent numbness/loss of feeling if exposure to the hazards continue. May be caused by repetitive use of the fingers as with typists, or the use of vibrating tools.

Rotator cuff syndrome/Tension neck or shoulder – involves inflammation of the tendons or muscles. Symptoms include localised pain. Stress or having to maintain a rigid posture are typical causes.

Tendonitis or Tenosynovitis – is where the tendons or their protective sheath become inflamed and includes “trigger finger”. Symptoms include pain, swelling, tenderness and weakness in, or difficulty in using the affected joint. Typical causes include repetitive movements.

Thoracic outlet syndrome – involves the compression of the nerves or blood vessels that run between the base of the neck and the armpit causing numbness or other issues in the arm. Symptoms may include: shoulder and neck pain radiating to the arm; weakness, tingling or numbness in the arm and fingers; difficulty with hand movements like buttoning up clothes; and Raynaud’s syndrome (see above).

Back pain/injury

Lower back pain is common, and can be extremely painful and difficult to cope with. It can limit work activity, but this does not necessarily mean that all work or movement should be avoided. In the past, bed rest was prescribed for back pain, but it is now generally accepted that it is much better to keep as normally active as possible.

Most of us will experience back pain during our life time, but back injuries must be avoided for their potential to become long-term, recurring, or permanent.

Potential causes

Back pain can develop or be made worse where a task or a job requires:

- continued or repeated movements
- bending, twisting, stretching or reaching
- pushing or pulling
- lifting or carrying.

Other risk factors include:

- working too fast
- a lack of variety in tasks or a lack of breaks
- long hours, overuse (excessive use) or excessive workloads
- having to adopt awkward, fixed, or uncomfortable positions (including driving or sitting for too long)
- having to use too much force, or a shifting load when carrying
- working with vibrating or badly designed tools and equipment
- poor working environments (including those with low temperatures or that are stressful).

Doing any task which involves several of these risk factors, or for longer periods, increases the risk of back injury.

Who is at risk?

There is evidence that suggests women are more likely to suffer from back pain than men but that they take fewer days off. Some studies have identified that while in some jobs a man may lift individually heavier objects, some jobs typical among women require them to lift more frequently, so that the total amount they lift and frequency is far greater. This is a fact that may be missed when employers assess the risk of harm.

Many UNISON members including those working in health, social care, caretaking and portering are in occupations with above average rates of back injury. But others such as administrative workers, drivers, and those working in parks, are also at risk.

Preventing harm and employers' legal responsibilities

Risk assessing

By law, employers must take steps to prevent or minimise the chance of harm to their employees. So if for example, a particular task or way of working risks a repetitive strain or back injury, then it should be avoided or adapted. This is done by a process called risk assessment:

- First the employer must identify the hazards (the things that may cause harm) and avoid them so far as reasonably practicable. So for example, avoid the need to lift heavy objects by having them supplied in smaller units.
- Where it is not reasonably practicable to avoid the hazard, such as lifting an infirm patient who has fallen down, then the employer must assess the risk (calculate the chance of harm actually occurring).
- This will then enable the employer to put in place appropriate measures to prevent or minimise this risk so far as reasonably practicable. In this example, it could include the use of appropriate hoists or specialist “pat” slides. Where it is not possible to use mechanical assistance, two specially trained employees might be appropriate.

Whether a particular measure is “reasonably practicable” means that the more likely it is that harm will occur, and the more serious that harm could be, the more an employer is expected to do to avoid or minimise the chance of danger.

UNISON has more detailed guidance on risk assessment for safety reps which will enable you to check whether your employer’s risk assessment is suitable and sufficient (see “Further resources”). The legal requirement to risk assess comes from

the Management of Health and Safety at Work Regulations, and UNISON’s safety rep guidance on these regulations is within our guide, *The Health and Safety ‘Six Pack’* (see “Further resources”). For some hazardous tasks, this general requirement to risk assess is expanded upon in more detail by topic specific regulations (see below).

The Health and Safety Executive (HSE) website provides guidance for employers on how to carry out risk assessments and includes specific interactive tools to assist employers with some of these assessments (see “Further resources”).

Display screen equipment (DSE) including work with computers, etc

For work with computers, keyboards and other display screen equipment; employers must:

- make an assessment of any risks to their workers health and safety
- ensure that there are breaks or changes of activity away from this type of work
- provide free eye and eyesight tests and possibly glasses as appropriate
- comply with specific minimum standards for workstations.

For further details about these and other requirements, see UNISON’s guidance on the Display Screen Equipment Regulations in the guides *The Health and Safety ‘Six Pack’* and *Are you sitting comfortably? UNISON’s Display Screen Equipment (DSE) Guide for members and staff* (see “Further resources”).

The provision and use of work equipment

Employers must ensure that all work equipment used or provided at work is both suitable and only used for the work intended. The equipment should be risk assessed including its design and condition

and, if appropriate, consider whether a better design or modification is required. For example, could the equipment cause vibration or strain injuries? Undue straining, force, stretching or reaching should not be necessary when it is used. Also to be considered are:

- the conditions where the equipment is used (for example larger wheels for mobile hoists used over soft carpet)
- its actual use and purpose (for example not exceeding load limits or whether lightweight DIY equipment is adequate).

Work equipment is defined as including ‘any machinery, appliance, apparatus, tool or installation for use at work’ and so will cover things like hoists and elevating work platforms.

For further details about these and other requirements, including maintenance, inspections, and providing information and training to employees; see UNISON’s guidance on The Provision and Use of Work Equipment Regulations (PUWER) in the guide *The Health and Safety ‘Six Pack’* (see “Further resources”).

The Workplace Health, Safety and Welfare Regulations

These regulations require employers to:

- keep the workplace and furnishings sufficiently clean
- ensure that waste materials do not accumulate (except within suitable receptacles such as bins)
- maintain equipment, devices, and systems in good repair and without risk to workers.

There must be sufficient floor area, height, and unoccupied space so that people can move easily; and workstations must be suitable for the workers using them and the work being carried out. The work should be able to be done safely and comfortably so that awkward postures or movement such as bending or stretching are kept to a minimum. Where the work can be done sitting down, suitable seating should be provided – with a footrest if necessary.

Floors should also be obstruction free and any holes should be repaired.

For further details about these requirements, see UNISON’s guidance on The Workplace Health, Safety and Welfare Regulations in the guide *The Health and Safety ‘Six Pack’* (see “Further resources”).

Manual handling (lifting, carrying, pushing or pulling, etc.)

Manual handling means physically transporting or supporting a load so includes lifting, lowering, pushing, pulling, carrying or moving; by hand or by using bodily force. The human effort required may be direct or indirect, where some human force is still required, such as pulling a lever. Even a powered hoist may reduce but not necessarily eliminate manual handling, since human effort may still be required to move, steady, or position the load.

Duties undertaken by UNISON members that amount to manual handling include: moving patients from beds, chairs or stretchers; pushing or pulling wheelchairs or trolleys; and collecting or emptying rubbish bins.

Prevention

Where there is a risk of harm, the Manual Handling Operations Regulations (MHOR) require employers to avoid the need for manual handling so far as is reasonably practicable (see definition on page 9).

This can mean:

- redesigning the work, task, or the workplace to remove the need for hazardous manual handling
- using roller conveyers, height adjustable work surfaces, or fully mechanised equipment such as a forklift truck.

However, using equipment does not always eliminate manual handling and may introduce new risks that need to be assessed. For example, a trolley makes it easier to move an object but still requires bodily force. A forklift truck may collide with pedestrians, knock over shelving, or turn over etc. – all risks that also need to be assessed. Employers must also provide suitable information, instruction, supervision,

and training because equipment must be used correctly to avoid injury.

Staff should never be asked to lift a person on their own, or support someone's full body weight. However, where equipment has been introduced for lifting patients or clients, it sometimes goes unused. This has been because employees have found it either too troublesome, unsuitable for where it is to be used, or undermining of the client's dignity. Staff and patient/client groups should always therefore be consulted on the choices of equipment.

Control

Any manual handling which may cause an injury but cannot be avoided must be risk assessed with measures put in place to reduce the chance of injury so far as is reasonably practicable (see definition on page 9). The risk assessment must be conducted and the required measures put in place before the work begins. These measures might include equipment to reduce either the movement of loads by hand or the bodily force required. For example: height adjustable furniture, smaller loads, information about the loads, and training on safer manual handling and the use of any lifting equipment.

Part 4 of the HSE's guidance which accompanies the regulations (see "Further resources") gives examples of the type of mechanical assistance that can be used to reduce the risk of injury. These include: simple levers; powered or hand operated hoists, cranes, or lifts; trolleys or trucks; chutes, roller or powered conveyers or flow racking; hand held hooks or suction pads; and turntables, inverters or rotators.

The lifting of patients

Despite the development of mechanical aids such as electronically adjustable beds and hoists, the lifting of people poses specific challenges. As well as the weight of the patient, risk assessments have to take into account the condition of the patient and whether they pose any behavioural challenges. Where patients pose such challenges, staff should not, wherever possible, be required to manage that patient on their own. For advice on lifting and handling in healthcare settings see the NHS Staff Council's Back in Work Back Pack, plus the manual handling training passports for Scotland and Wales (see "Further resources").

Case study – failure to risk assess behavioural hazards

A local authority care worker was employed at a respite care facility for people with learning disabilities, most of whom also had physical disabilities and high dependency needs. While lowering a young man using an overhead hoist the care worker received a punch in the face resulting in a fractured nose and shock. The service user was subsequently found to have a history of aggression. As a result of UNISON legal action the care worker received compensation from her employer who was also forced to put a management plan and risk assessment in place.

Case study – broken and inappropriate equipment

Gill is a paramedic. She was not working alone at the time of the accident but suffered injury to her back due to a broken clip on a stretcher. This meant that Gill had to manually wheel the stretcher that the patient was laid on, rather than winch them onto the ambulance. There was also no bariatric stretcher available. The condition of the patient, who weighed in excess of 20 stone, was deteriorating and so urgently required transportation to hospital.

However, it is not just heavy loads that may cause harm; so may awkward or repeated movements, etc. Refer to the earlier sections on “Potential causes” and the safety rep checklist below for more on the risk factors. A schedule covering risk assessment and regulations 4(3) and 4(4) of MHOR also list factors and questions that must be considered when making an assessment on manual handling operations. These include consideration of the task, the load, the working environment, psychosocial risks (such as stress), individual capabilities, vulnerable workers, and any impact from personal protective equipment or clothing. This list is also summarised in UNISON’s guidance on MHOR which is contained within our guide, *The Health and Safety ‘Six Pack’* (see “Further resources”).

It is the employer’s responsibility to conduct the risk assessment not a safety rep’s, but safety reps should be consulted. The assessments should not only cover the main place of work, but also cover employees who work away from the employers’ premises. This includes refuse collectors and ambulance staff, and groups such as home carers and community nurses who may have to lift in other people’s homes. The employer’s policy on manual handling should define what this means, aim to avoid all unnecessary manual handling, and explain the requirements under the regulations and risk assessment, including the measures of prevention and control.

The HSE guidance also looks at a safer lifting technique for where there is no alternative. This technique includes:

- assessing the load’s ease of handling by attempting to gently rock it and only lifting what can be easily managed
- planning the lift – including removing any obstructions beforehand, identifying rest points and any necessary handling aids (eg non-slip gloves)
- holding the load close to the waist
- adopting a stable position
- ensuring a good hold

- slight bending of the back, hips, and knees at the start of the lift
- then lifting with the strong leg muscles whilst keeping the position of the back still
- avoiding twisting or leaning to one side.

This list will only give you an idea of how a safer lifting technique can be carried out and must not be relied upon. If you have to manually handle objects or other people, and there is a risk of harm, then your employer must provide you with sufficient information, instruction, training, and supervision to do this safely. This training should include:

- recognising potentially harmful manual handling operations
- dealing with unfamiliar handling operations
- using handling or lifting aids properly
- using PPE properly
- good handling and moving techniques
- recognising the importance of good housekeeping
- individual capabilities and limitations
- where and when to record any incidents or injuries
- the reality of back and spine injury.

Refresher training should be given on a regular basis to ensure that manual handling policies and procedures are adhered to and that up to date best practice is applied.

Further details about the requirements to avoid or risk assess manual handling, and the other factors that need to be considered under MHOR are covered in UNISON’s guide, *The Health and Safety ‘Six Pack’* (see “Further resources”). UNISON’s guide on risk assessment (details also below), explains how to check if your employer’s risk assessment is suitable and sufficient.

Your role as a UNISON health and safety rep

As a UNISON safety rep, don't forget your rights:

- to be consulted (including on any 'experts' the employer wishes to use)
- to carry out workplace safety inspections and investigations
- to represent your members
- to raise concerns with the employer.

Further information on these rights can be found in UNISON's guides on being a safety rep, workplace safety inspections, and *The Brown Book* (see "Further resources"). There are three main tasks that safety reps can perform as regards MSDs:

1. help prevent members being harmed
2. organise members at risk
3. support those members who have been affected or harmed.

1. Help prevent harm

Get employers to avoid the hazards or prevent or control the risks. Ensure that the employer has: carried out suitable and sufficient risk assessments (considering all the risk factors and hazards), implemented the measures of prevention and control, and kept this all under review. Use this guidance (especially the sections on "Potential causes" above and the safety rep checklist below) and as appropriate, UNISON's other guides including those on risk assessment, DSE, and the 'Six Pack'.

2. Organise

Consider whether MSDs can be used for a campaign at work to recruit and organise members. If it's a common and major concern in your workplace (as is likely – see the section "A common hazard" above) then non-members may be prepared to join UNISON and current members may be prepared to get active. See UNISON's guide to

organising on health and safety, *Safety in Numbers* (see "Further resources").

3. Support

Members who have been affected or harmed by MSDs may require individual support to get the employer to remove the hazards or control and minimise their exposure, and/or make reasonable adjustments for and/or not discriminate against a disability. These members may also need support to claim compensation.

Remove the relevant hazards or control and minimise exposure to them

Use this guide and the other guides as suggested above in point 1 to get the employer to take this action. Workers should be encouraged to report their symptoms to their GP and employer as early as possible.

Make sure that the member:

- reports their concerns to their manager and to the occupational doctor or nurse, if there is one
- explains that they believe it is work related
- keeps a copy of any written report
- records the symptoms within the accident book.

The employer must deal with the cause of the problem, and not take it out on those suffering. The sooner it is dealt with, the less chance there is of long term or permanent harm. In addition, 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.

The member should also tell their GP about the work they do and why they think they could have an MSD and follow their doctor's advice. Their doctor may issue a fit note – this has replaced the traditional sick note. Doctors can now suggest adjustments to the workplace or work activities to aid a return to work when a worker is not ready to make a full return to normal duties and responsibilities. Dependent on the nature of the injury, these adjustments may include a phased return, altered hours, amended duties, or

adaptations to the workplace, etc.

Further advice on fit notes, phased returns, and rehabilitation can be found in UNISON's guides, *Disability and Health and Safety*, and *Making sickness absence policies work better for us* (see "Further resources").

Make reasonable adjustments for and/or not discriminate against a disability

Under the Equality Act a worker should not face discrimination because of their disability. If an employer takes action against a disabled worker for disability-related sickness absence, this may amount to discrimination due to their disability.

The Equality Act also requires employers to make reasonable adjustments to help someone with a disability remain in or undertake a job. These adjustments may include:

- a disability leave scheme which is separate to any sickness absence scheme
- reduced or altered hours without financial detriment
- a change of duties
- adaptations to the workplace
- working from home
- no financial detriment where bonus, attendance or performance incentives are made to staff.

There is a small list of conditions which are automatically treated as disabilities under the Act, but for MSDs to be covered the condition or impairment **must** be long-term (12 months or more, either with this amount of time already past or likely into the future) or recurring and have a substantial effect on an individual's ability to carry out normal day-to-day activities.

Access to Work is a specialist service delivered by Jobcentre Plus. Regardless of whether they are working, self employed or looking for employment, it gives advice and support to people who have either a health condition or a disability that affects their ability to work. This can, for example, include funds towards:

- aids and adaptations to equipment in the workplace
- fares to work if public transport is not suitable
- covering the cost of a support worker or job coach to help an individual at work.

To access this support the employee (not the employer) must approach Access to Work, although it is advisable (but not mandatory) to inform the employer, especially if any of the measures require the support of the employer. The employer can ask the employee to initiate a request and the employer, as a minimum, must give the same level of consideration as they would with any other reasonable adjustment.

Further advice on how the Equality Act applies to disabilities and on the Access to Work scheme can be found in UNISON's guides, *Disability and Health and Safety*, *Making sickness absence policies work better for us*, and *Proving Disability and Reasonable Adjustments – a guide to evidence under the Equality Act 2010*. The Citizens Advice Bureau also has very user friendly and detailed guidance on the Equality Act and further information on Access to Work can be found on the government's website (see "Further resources" below).

Claim compensation

Industrial Injuries Disablement Benefit (IIDB) may be payable if an individual becomes ill or disabled because of an accident or disease either while at work or on an approved employment training scheme or course. The accident or disease has to be linked to a particular job as listed.

Disabilities and diseases related to MSDs for which IIDB may be claimed include:

Bursitis or subcutaneous cellulitis – arising at or about the knee or elbow due to severe or prolonged external friction or pressure at or about the knee or elbow – where manual labour caused severe or prolonged external friction or pressure at or about the knee or elbow. For example, workers who kneel a lot or experience continuous rubbing or pressure at the elbow.

Carpal tunnel syndrome – where caused by the use of handheld powered tools (with internal parts that vibrated and transmitted to the hand) or by repeated movement (at least every 30 seconds) of the wrists (note there are also more specific criteria here including time periods).

Subcutaneous cellulitis of the hand – where manual labour caused severe or prolonged friction or pressure on the hand.

Task specific focal dystonia of the hand or forearm, for example writers cramp – where there were prolonged periods of handwriting, typing, or other repetitive movement of the fingers, hand or arm.

Tenosynovitis, either traumatic inflammation of the tendons of the hand or forearm, or of the associated tendon sheaths – where there was manual labour, or frequent or repeated movement of the hand or wrist.

Vibration white finger – where there was use of a wide range of tools such as handheld percussive/vibrating tools or the holding of the material that was being worked upon with these tools (note there are more specific criteria as regards to the symptoms and type of tools used).

Further and more detailed guidance is available on the government website (see the “Further resources” section below).

UNISON members are also entitled to free legal advice and assistance following an accident or injury at work. A major part of UNISON's work is helping members claim compensation from their employer where they have been injured or made ill by work. Compensation claims can also show employers that ignoring health and safety issues is not a cost-effective option. Generally it has to be shown that the injury or illness was caused by work and that the employer should have prevented it.

To apply for legal assistance for a member, contact UNISON on 0800 0 967 968 or ask your branch secretary for a UNISON ‘PI’ legal services form. Once this has been completed, UNISON's legal section will be able to advise whether or not a claim should be pursued.

Safety rep checklist

This checklist will assist you in identifying any MSD risk factors in your members work and workplaces, and whether your employer could do more to reduce the chance of harm.

The task/job

- Is there manual handling, including pushing, pulling, supporting or lowering? If so,
 - can this be avoided by redesigning the work, task, or the workplace (see page 10) or by using mechanical assistance (which may either avoid or reduce the need for manual handling)?
 - has it been risk assessed, have you seen a copy, and is it suitable and sufficient? See pages 9 and 11 and also UNISON's guide on risk assessment.
- Has any lifting and handling equipment been risk assessed and checked/inspected as required? See page 9 and also UNISON's guides on risk assessment and *The Health and Safety Six Pack* (specifically the section on PUWER) for more on this.
- Does it require holding or manipulating a load at a distance from the body? This increases the weight experienced by the body. At arm's length it will feel roughly five times as heavy as compared to when holding it next to the body.
- Is it or can it be done seated? If so is a seat provided? Is the position comfortable and the back supported? However, note that manually handling whilst seated uses the weaker arm and upper body muscles rather than the stronger leg muscles and body weight, and may also encourage the twisting of the back; so standing on these occasions may be preferable.
- Is there unsatisfactory or awkward bodily movement, posture, or position; especially twisting or squeezing, frequent or prolonged standing, stooping, stretching, or reaching? These all involve extra risk.

- Does it involve prolonged physical pressure, such as gripping, squeezing, or pushing; or frequent or prolonged physical effort, including hammering and pounding?
- Are the tools or equipment used too heavy, inappropriate for the job, noisy, or do they transmit vibration to the user?
- Are rest or recovery periods/breaks sufficient, or is there a lack of variety of physical tasks?
- Is the rate of work fast paced or imposed by a process, or does the work involve rapid and repeated movement? This can lead not just to musculoskeletal risks but also psychosocial risks.

Psychosocial risks

Stress and other psychosocial risks can affect how workers respond to their work and workplace conditions. They can also make them more susceptible to musculoskeletal injuries and less likely to take breaks.

Reasonable workloads, realistic deadlines, tackling monotony and other causes of stress can reduce the risks.

The load

- Is the load:
- Heavy, bulky or unwieldy? Can it be made lighter or can smaller units be requested or mechanical assistance be used?
 - Stored at an appropriate height, with heavier items closer to waist high, to avoid stooping or reaching for heavy loads?
 - Weight known or clearly marked?
 - Sharp, or too hot or too cold to hold, or otherwise potentially damaging?
 - Difficult to grasp or slippery? Can it be made easier to grip or use, including by providing hand holds, handles, or suction pads? Is it dirty, which could make it slippery?

- Unstable, unbalanced, uneven or with contents likely to shift, including any risk of sudden movement of the load? This could include a person, animal, or the freeing of a jammed item; loose items, or partially empty containers. Or does it involve one-handed or one-sided carrying?

Where a person is being lifted:

- Are lifting and handling needs included in patient/client care plans?
- Are patients/clients given training and/or instruction so they can assist as much as possible?
- Are staff warned about particular handling problems (for example if patient/client is confused, violent, or injured)?
- Are staff ever expected to lift people alone? If manual handling cannot be avoided, can it be shared? Are there enough trained and experienced staff to cope at all times?
- Is there an agreed procedure in case of patient/client falls?
- If patients/clients have accessibility issues, is the workplace/building as accessible as possible and have PEEPS (personal emergency evacuation plans) been drawn up to cover where such individuals may need assistance during an emergency evacuation?

The working environment

- Are work stations too high or too low, or adjustable for individual users? Can equipment and tools be arranged to avoid twisting or stretching? Is seating available where the job can be done whilst seated, and are footrests provided where necessary?
- Can the layout be changed to remove/reduce the need to manually handle between different surfaces either in terms of horizontal distance or differences in height?
- Is there enough space to move freely as an individual or to use mechanical assistance when

appropriate?

- Are space constraints preventing good or a change of posture? Such as work surfaces that are badly designed, cramped, poorly positioned, or that lack headroom.
- Are floors dirty, obstructed, uneven, slippery or unstable?
- Are there variations in level of floors or work surfaces? Can these be avoided/designed out?
- Are there extremes of temperature, humidity or air movement/ventilation/gusts of wind? These can lead to heat stress (which can lead to serious illness), sweating causing blurred vision or less (requiring the use of more force) or loss of grip, or the need to use bulky clothing (in the cold) which may reduce grip.
- Are lighting conditions adequate (neither too dim nor causing glare)?
- Is the environment noisy or stressful?

Noise and psychosocial risks

Apart from the obvious damage to hearing, noise can also cause or contribute towards other work hazards including vibration and stress, increasing the risk of MSDs. A loss of concentration, fatigue, or tension may be experienced, and accidents may increase.

For more on psychosocial risks, see the box on page 16. For more information on noise at work, see UNISON's information sheet (see "Further resources").

Individual capabilities and training, etc

Does the job:

- Require unusual strength or height, etc? The job should be possible to do safely by most reasonably fit and healthy persons, but employers need to consider how the Equality Act might apply as regards being non-discriminatory and making reasonable adjustments for disability. See UNISON guidance, *Disability and health and*

safety and Proving Disability and Reasonable Adjustments – A guide to evidence under the Equality Act 2010 (further details below).

- Create a hazard to those who might reasonably be considered especially at risk? This might include the recently or currently pregnant; a new, young, or an older worker; or someone with a disability, an injury, or a health condition. Employers must pay particular attention to the risks faced by vulnerable members of staff. See UNISON’s guides, *Risk Assessment* and *The Health and Safety ‘Six Pack’* (further details also below).
- Require uniforms, personal protective equipment (PPE), or other clothing to be provided and worn; and do these allow for ease of movement, good posture, and safer lifting techniques?
- Require special knowledge or training for its safe performance? This might include training on dynamic risk assessments, for emergency workers for example, or on safer manual handling (see page 12) or the use of lifting equipment? And is the training adequate and are all appropriate staff trained?

Dynamic Risk Assessments

UNISON believes that risk assessment has a vital role to play in preventing or controlling the risks the workers face, so far as is reasonably practicable (see the box on page 9 for further detail) in the circumstance. Training appropriate workers in dynamic risk assessment allows them to assess new or changing circumstances or situations as they occur or approach, and identify appropriate measures of prevention and control.

Training

Training includes refresher and updates and also that provided for new starters either before or as soon as possible after they start work. Training should include:

- recognising potentially harmful handling operations or those that present repetitive strain risks
- dealing with unfamiliar handling operations
- using handling and lifting aids properly
- good handling and moving technique
- good posture and good positioning of equipment to avoid repetitive strain injury
- using personal protective equipment properly
- recognising the importance of good housekeeping
- knowing your own capabilities and limitations
- where and when to record incidents, injuries, and near-misses; and
- the reality of back and spine injury and other MSDs.

Incidents, injuries, and near-misses

- Are they recorded in the accident book or via a separate process?
- Are they followed up, investigated, and resolved with appropriate action being taken to prevent them happening again or to prevent future harm?
- Is the correct non-slip footwear provided where appropriate? Note that it is always preferable to ensure that non-slip footwear is a last resort when dealing with slippery floors. In the first instance floors should be prevented from becoming slippery, or should be cleaned up as soon as possible – see UNISON’s guidance on slips, trips, and falls (details below).

Further resources

UNISON guidance

UNISON stock items (with a stock number) such as guides, leaflets, and posters can be downloaded or ordered from the UNISON online catalogue at: unison.org.uk/onlinecatalogue. Most of our other general health and safety materials, including those mentioned below are available on the UNISON website at: unison.org.uk/get-help/knowledge/health-and-safety. Some job or sector specific materials are produced by the relevant national service group.

Are you sitting comfortably? (stock number 2692) – DSE guide for UNISON members and staff.

Disability and health and safety (stock number 3068)

Proving disability and reasonable adjustments – a guide to evidence under the Equality Act 2010 – unison.org.uk/content/uploads/2014/12/TowebProving-disability-and--adjustments-ed5-Oct-142.pdf

Health and safety inspections at work (stock number 1939) – how to carry out safety rep inspections.

Health and safety (stock number 1684) – guide on the role and rights of safety reps.

Making sickness absence policies work better for us (stock number 2594).

Noise at work information sheet – unison.org.uk/content/uploads/2013/06/Briefings-and-CircularsNoise-at-Work-Health-and-Safety-Information-Sheet3.pdf

Risk assessment (stock no. 1351) – how to check employers' risk assessments.

Safety in numbers (stock no. 2994) – how to organise and recruit on health and safety.

Slips, trips, and falls information sheet – <https://www.unison.org.uk/content/uploads/2017/01/Slips-Trips-and-Falls-information-sheet-Jan-2017-1.pdf>

The health and safety 'six pack' (stock no. 1660) – guide on the Health and Safety at Work Act/ (Northern Ireland) Order; and the Management of Health and Safety at Work, DSE, MHOR, PPE, PUWER, and the Workplace Health, Safety and Welfare at Work Regulations.

Other

Citizens Advice Bureau advice on disability and the Equality Act – citizensadvice.org.uk/law-and-courts/discrimination/protected-characteristics/disability-discrimination/

Government advice on Access to Work – gov.uk/access-to-work

Government advice on IIDB – gov.uk/industrial-injuries-disablement-benefit

HSE guide on the Manual Handling Operations Regulations – hse.gov.uk/pubns/priced/l23.pdf

HSE website on MSDs and related risk assessments – hse.gov.uk/msd/index.htm, including tools to assist employers in making various assessments: the Assessment of Repetitive Tasks tool (ART), the Manual Handling Assessment Charts (MAC), the Variable Manual Handling Assessment Chart (V-MAC), and the Risk Assessment of Pushing and Pulling tool (RAPP).

HSE website on general risk assessment – hse.gov.uk/risk/index.htm

NHS Staff Council's Health and Safety Wellbeing Partnership Group Back in work back pack – nhsemployers.org/case-studies-and-resources/2015/10/back-in-work-back-pack

The Scottish manual handling passport scheme –
hse.gov.uk/scotland/pdf/manual-passport.pdf

All Wales NHS manual handling training passport
and information scheme – [www.wales.nhs.uk/
documents/NHS_manual_handling_passpor.pdf?
tr_=true?_dosy1_=x451kG7KiNfCuEYEATwmx01
0wrMTdxDNT6p6jUO8B2QjkoQ91hkzGrHuyibgag
hjgwD2_VvCBANhjoQ5gpcHUP4HmtYbARqsKO_
hwBxZT2szKJAKIR8ZyX9h5kSnVV](http://www.wales.nhs.uk/documents/NHS_manual_handling_passpor.pdf?_tr_=true?_dosy1_=x451kG7KiNfCuEYEATwmx010wrMTdxDNT6p6jUO8B2QjkoQ91hkzGrHuyibgaghjgwD2_VvCBANhjoQ5gpcHUP4HmtYbARqsKO_hwBxZT2szKJAKIR8ZyX9h5kSnVV)

RSI Action – the national charity working to facilitate
the prevention of RSI conditions and for the relief of
sickness, hardship, and distress amongst sufferers.
Offers further support and information. Their website
is at RSIAction.org.uk, from where you will be able to
find information on local RSI support.

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