



Work-related Musculoskeletal Disorders (WMSDs) in Australia
HFESA Position Statement on Risk Factors and Workplace Prevention (June 16 2020)

HFESA Position Statement (Summary Short Version)

Work-related Musculoskeletal Disorders (WMSDs) may affect any worker and can result in debilitating life-changing consequences along with significant cost impacts on businesses and the Australian economy, costing billions of dollars annually.

WMSDs are a significant workplace problem, representing the highest category of serious workers' compensation claims for Australian workers.

Factors that are known to influence the development of Work-related Musculoskeletal Disorders (WMSDs) involve a combination of physical as well as psychological and / or social (psychosocial) hazards. Their level of influence varies depending on the task and equipment involved, the way in which work is designed and organised, the workplace environment, communications and the worker profile.

Physical hazards include high force, awkward postures, repetition, long duration, fatigue and vibration. Psychosocial hazards include high job demands, low job control, high job strain, low social support, low job satisfaction and low job security. Personal characteristics such as age, pre-existing physical and psychological conditions may impact personal WMSD risk.

The HFESA recommends that a holistic systems-based approach be taken to establish the workplace WMSD risk profile. In doing this, risk management strategies need to be comprehensive and include identification and then control of physical and psychosocial hazards. Participation of workers and managers in the process is fundamental to ensure the process accurately captures the most relevant hazards and the controls are appropriate for the work. A suitably qualified professional such as a Certified Professional Ergonomist can provide assistance to implement a comprehensive risk management process.

The HFESA has prepared this position statement to clarify some key issues related to WMSD management which takes into account contemporary evidence how to address this complex workplace problem and as a call to action to achieve practicable and sustainable outcomes to prevent WMSDs.

A more extensive statement provides further information and is available at <https://www.ergonomics.org.au/>.

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1 WMSD prevention is achieved through Human Factors and Ergonomics intervention and requires a risk management approach

Workplaces need to be aware of and manage workplace hazards that lead to WMSDs.

For a workplace, Human Factors and Ergonomics (HFE) is about design of work and the work environment to improve the health and safety, performance and productivity of the workplace.

A key focus of HFE practitioners is to manage and prevent WMSDs using a holistic approach to design and evaluate tasks, jobs, products, environments and systems in order to make them compatible with the needs, abilities and limitations of people.

2 WMSD prevention is critical as it is the largest occupational health problem in Australia

WMSDs are the highest category of serious claims for compensation for Australian workers with 36% of all claims in 2017-18 being for 'body stressing'.

3 WMSD prevention is not achieved through reliance on teaching workers how to lift or physical strength training

A key message therefore is that Hazardous Manual Task (HMT) training must not be used to prevent back injuries as it does not address the cause of these injuries. In addition, assistive devices such as back belts or abdominal belts should not be used as a way of controlling WMSD risk.

Exercise or work hardening programs can lead to improvements in fitness and health outcomes for workers without injury and injured workers undergoing rehabilitation and return-to-work programs. Such programs however, should not be relied on to prevent WMSDs.

4 WMSD prevention interventions work when considering all of the relevant hazards

Fundamental to the management and prevention of WMSDs is to design work that is inherently safe and which considers all relevant known and foreseeable hazards.

5 WMSD prevention is not just about the physical act of handling objects; there are organisational factors at the workplace that are just as important

Not all manual tasks may be hazardous in nature; it is manual tasks that involve hazardous elements such as poor posture, an unsafe level of force, high repetition and psychosocial risk factors. These must be assessed to reduce overall risk as they are most likely to cause injury.

6 WMSD prevention must include a participatory approach to solving workplace problems

Worker participation, consultation and management is required to ensure success of WMSD risk management.

7 WMSD prevention starts with good work design as it optimises work health and safety, human performance, job satisfaction, and business success

Failure to consider how work is designed can result in poor risk management and lost opportunities to innovate and improve the effectiveness and efficiency of work.

For further details on Good Work Design will shortly be release in the HFESA position paper on Good Work Design.

8 CALL TO ACTION - ALL WORKPLACES NEED TO ACTIVELY MANAGE AND PREVENT WMSD RISK

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A workplace should ensure that actions are followed to manage and prevent WMSD risk and to effectively manage problems of WMSDs using a strategic, informative and contemporary evidence-based methodology.

ENDORSEMENT

This position statement titled “Work-related Musculoskeletal Disorders in Australia: HFESA Position on Risk Factors & Workplace Prevention” was recommended to the Board of the Human Factors and Ergonomics Society of Australia by the position paper committee. The position paper was endorsed by the HFESA Board May 23 2020.

WHERE TO GO FOR FURTHER INFORMATION

HFESA

<https://www.ergonomics.org.au/>

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