

## PROVISIONS AND GENERAL RECOMMENDATIONS FOR THE PREVENTION OF MUSCULOSKELETAL DISORDERS (SWEDEN)

**Type of initiative:** Legislation

**Time frame:** 2012 onwards

### 1 Description of the initiative

#### 1.1 Introduction

In Sweden, occupational safety and health (OSH) is regulated through the Work Environment Act (WEA, 1978 — *Arbetsmiljölagen*). The WEA covers (nearly) all conditions and actors that may influence OSH. It is a framework act with broad requirements and it imposes a general preventive duty on employers. The Swedish Work Environment Authority (SWEA — *Arbetsmiljöverket*) is authorised to issue and enforce secondary regulations. Provisions that transposed the European Union Framework Directive 89/391 came into force in Sweden in 1991. In 2001, the provisions were updated and renamed systematic work-environment management (SWEM). SWEM sees work environment management as an integral part of everyday business activity. Enterprises are obliged to provide a suitable work environment; develop a work environment policy; assess risks; devise plans for dealing with the risks identified; hold personnel meetings; provide OSH training for the manager, safety representative and staff; maintain contact with occupational health service; and, set up routines for reporting injuries and incidents. The underlying principle is that both employer and employees work together to improve the work environment. These general provisions of SWEM are at times supplemented by more specific work environment-related provisions.

In 2012, SWEA issued provisions and general recommendations on ergonomics for the prevention of MSDs. The provisions apply to every activity in which employees may be subjected to loads and to other working conditions that may have an adverse effect on the musculoskeletal system (section 2 of the provisions and general recommendations). They are binding on employers and failure to adhere to the provisions may result in prosecution and fines (upon inspection by SWEA). However, the Authority focuses primarily on providing information and guidance, with sanctions rarely issued. In 2018 about 64% of inspected work places received inspection notes/administrative orders with written demands. Most such cases are closed after revisiting and receiving a report on measures taken. During the last three years 6-8% of all inspection cases were followed by injunctions or bans, usually combined with a penalty. The number of such sanction fees increased to 1134 last year, compared with 775 the previous year and the number of cases prosecuted was between 150 and 200 in the last three years.

The general recommendations are not binding. They serve to inform employers of the appropriate ways of fulfilling the requirements, and provide practical solutions. They relate to employers' obligations to investigate possible health-endangering or unnecessarily fatiguing repetitive work and to take the necessary measures to reduce the risk of MSDs to employees (sections 3-8). This includes both organisational measures and the use of aids (especially technical equipment) to limit employee manual handling of burdens and loads. The recommendations also highlight the need for increased knowledge and information sharing on this topic (section 9).

#### 1.2 Aim of the initiative

According to section 1 of the 'Provisions and General Recommendations of the Swedish Work Environment Authority on Ergonomics for the Prevention of Musculoskeletal Disorders', the purpose of these provisions on ergonomics for the prevention of musculoskeletal disorders is to organise and design workplaces and tasks so as to prevent risks of health-endangering or unnecessarily fatiguing loads.

### 1.3 Organisations involved

The provisions and recommendations were issued by the Swedish Work Environment Authority, SWEA (*Arbetsmiljöverket*). This authority, supervised by the Ministry of Employment, has a mandate to issue and enforce secondary regulations and to see that the Work Environment Act and SWEA's provisions are followed by companies and organisations. This is done largely by inspecting workplaces.

### 1.4 What was done and how

The provisions apply to 'every activity in which employees may be subjected to loads or other conditions in their work that may directly or indirectly have an adverse effect on the musculoskeletal system and vocal cords'. The document comprises a series of provisions on ergonomics (for the prevention of MSDs) followed by extensive general recommendations on implementing these provisions.

The provisions cover:

- investigation and risk assessment, stipulating that the risks must be assessed on the basis of the duration (how long), frequency (how often) and intensity (how much) of the load; the assessment must take into account physical, organisational and psychosocial factors in the work environment;
- work postures and working movements;
- manual handling and other applications of force;
- repetitive work;
- job decision latitude;
- knowledge and information.

An appendix presents factors influencing manual handling, reflecting those factors outlined in the annex to the EU Manual Handling Directive.

The provisions therefore embody the main types of work or work activities presenting a significant MSD risk and provide a series of duties for employers to address the relevant risks. It is interesting to note the inclusion of a psychosocial element (job decision latitude) within these provisions; however, this aspect is presented in the context of employers ensuring that workers can influence the arrangement and conduct of their work to get sufficient variation of movement and opportunities for recovery.

The provisions also refer to earlier provisions on SWEM, namely as regards follow-up and documentation of the risk assessment and employer's obligation to engage, where necessary, occupational health services or equivalent external assistance to solve problems.

After setting out these provisions, the document presents what is effectively guidance on implementing (or complying with) the provisions in the form of recommendations. It includes a reminder that all those within the supply chain have duties and responsibilities when it comes to ensuring a safe and healthy working environment. For example, those who provide goods have a duty to ensure that those goods are delivered in a form that helps to ensure their safe handling at the point of use and, in construction, those who plan and design constructions have a duty to consider the impact that their design might have on the work of those called upon to construct it.

The recommendations provide guidance on assessing risks but also on approaches to reduce those risks. They provide guidance on working postures, manual handling and repetitive work. Simplified rating models for assessing the degree of MSD risk are also included, with the aim of supporting employers in identifying the prevention measures and/or further investigations needed in their workplace. The models introduce a colour-coded system to assess work cycles, positions and movement, job decision latitude and work content:

- red indicates that loads bear the risk of MSDs affecting all or most of the employees in the short or long term;
- yellow indicates that loads must be evaluated more closely to determine the degree of risk of MSDs;
- green indicates that loads are acceptable, with few or no employees at risk of MSDs.

Employers can thus assess whether or not an activity includes physical loads that are health endangering.

Based on its inspections, the Authority can impose more specific requirements on certain professions or sectors.

According to the National Implementation Report of 2013, it imposed such requirements on the butchery profession in response to the high incidence of MSDs of the arms, hands and neck among butchers. It also imposed requirements to restrict the extent of repetitive work at cash registers in shops. The Authority also formulated a set of requirements and recommendations for managing a lack of space and the risks to medical staff arising during periods of overcrowding in hospitals. Failure to meet the requirements specified by SWEA can incur a fine.

The majority of employers comply with the requirements set out in post-inspection notices, with little need for any formal enforcement procedures. In 2014, fines were defined for violations of provisions and the Authority issued 355 such fines in 2015 (for safety and health violations).

Social dialogue and participation of workers' representatives in SWEM are important pillars of the Swedish work environment policies. Safety representatives (SRs) must be appointed in workplaces with at least five employees. They are to be appointed by the local trade union or, in the absence of such a union, directly by the employees. SRs support not only union members but all employees in the department for which they are appointed.

SRs participate in the planning of new or altered premises, equipment and work processes, in the organisation of work, and in the establishment of action plans as required by the SWEM provisions. Employers and employees are jointly responsible for ensuring that SRs receive adequate training. If employers do not respond to SRs' formal requests for an inquiry or action regarding working conditions, the SRs may appeal to SWEA, which must quickly inspect the workplace.

In winter 2015, the Swedish Government, in consultation with the social partners, developed the 'Work Environment Strategy for Modern Working Life'. This strategy concerns the development of work-environment management more generally during the period 2016-2020. Within the strategy, dialogue with social partners will focus on three priority areas: (i) zero tolerance of fatal accidents and the prevention of accidents at work, (ii) a sustainable working life and (iii) the psychosocial work environment. The strategy recognises the importance of compliance with the provisions issued by the Authority and stipulates an increase in its inspection activities.

## 1.5 What was achieved

Statistics show that the total number of reported accidents (both fatal and non-fatal) dropped significantly between 1980 and 2015 (1). While accident rates have fallen, it is difficult to ascertain the extent to which this is due to better prevention in high-risk professions or simply to fewer workers employed in such professions. No statistics are available regarding the number of accidents related specifically to MSDs. However, there was a reduction in the number of reported MSDs in Sweden during the 5 years to 2013. Nevertheless, the level of MSDs remains high, with a recent report indicating that almost 60 % of patients attending primary healthcare centres were seeking care for an MSD (although not necessarily work related).

The implementation of provisions on SWEM summarised above was evaluated in several studies. The evaluation distinguished between larger employers (50+ employees) and smaller employers (<50 employees) and was based on case studies, reviews, comparative studies, labour inspection reports and work environment statistics. For the larger employers, compliance with the SWEM provisions was highest at the level of required procedures, such as documented task allocation, risk assessments and action plans for unresolved problems. By contrast, methods of implementation of the procedures were found to be less satisfactory, with instructions often unclear and training largely insufficient, as well as insufficient management control of SWEM implementation overall. Nevertheless, the evaluation indicated that, in larger firms at least, the provisions have led to a more effective assessment and reduction of work-related risks, including ergonomics (e.g. adequate lifting equipment). Smaller firms have implemented the provisions to a lesser extent.

## 1.6 Success factors and challenges

Traditional work-environment management typically focuses on accidents and direct physical risks and less on long-term health risks and MSDs. The participatory approach and self-assessment mechanisms proposed in the SWEM provisions and recommendations and implemented in Swedish companies seem to be an effective tool to make sure that there are structures and procedures in place for the prevention and reduction of MSDs. The SWEM provisions on the engagement of the SRs in companies, facilitate extensive dialogue with the social partners in respect of the formulation and implementation of the provisions.

The social partners, such as trade unions, are highly organised and cooperate on many issues, including improving the work environment.

Challenges include a decreasing number of SRs in companies, which is mainly due to the changing structure of companies (more small companies and a lower level of unionisation). Furthermore, while most SRs report good cooperation with their managers, there are also cases of little or no support.

## 1.7 Transferability

As the Member States are free to adopt stricter rules for the protection of workers when transposing EU directives into national law, the legislative initiative is transferable to other countries. The problem of MSD risks is similar across the EU. The risk assessment approach and rating models proposed in the recommendations as well as other guidance on work postures, repetitive work, manual handling, etc. are highly transferable.

## 2 National background

Eurostat data from Labour Force Survey ad hoc modules show that, in the 5 years from 2007 to 2013, the percentage of workers in Sweden reporting some form of musculoskeletal disorder (MSD) decreased to some extent, from 58.7 % to 53.1 %. By contrast, in the whole of the EU, there was an increase from 54.2 % to 60.1 % over the same time period.

Provisions that transposed the European Union Framework Directive 89/391 came into force in Sweden in 1991. In 2001, the provisions were updated and renamed systematic work-environment management (SWEM).

The provisions of the Manual Handling Directive were transposed directly into national legislation in 2001 (Provisions of the Swedish National Board of Occupational Safety and Health (AFS 2000:1) on Manual Handling). The Provisions and general recommendations for the prevention of musculoskeletal disorders that entered in force on 1 December 2012, repealing AFS 2000:1 on Manual Handling, encompass all risks associated with MSDs, including all combinations of work movements, postures, positions and workloads and are more far-reaching than the EU Directive. The national legislation also covers some specific risks in particular jobs, such as butchery undertakings, cash register operators in shops and some elements of hospital work relating to overcrowded conditions.

Swedish legislation on display screen equipment (DSE) is also wider reaching than the EU Directive, covering some types and applications of DSE not covered by the EU Directive, such as drivers' cabs or control cabs for vehicles or machinery, computer systems on board a means of transport and computer systems mainly intended for public use. In addition, risk assessments have to be updated annually and eyesight testing is required for all those using DSE for more than an hour. The express purpose of such eye testing is prevention: by identifying those with deficiencies in their eyesight, measures can be put in place to enable them to perform DSE-related work without incurring additional risks.

Psychosocial risks are covered by provisions on the organisational and social work environment that came into force in 2016.

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