



Work Related Upper Limb Disorders (WRULD)

WRULD are conditions which affect the muscles, tendons, ligaments, nerves or other soft tissues and joints. They can be caused by a combination of risk factors such as repetition, force, posture, vibration and psychosocial issues, together with worker specific factors such as individual susceptibilities and pre-existing conditions. Evidence suggests that conditions can be caused or made worse by work activity. In the arena of civil claims, medical opinion can be inconsistent. Because upper limb pain can be experienced commonly by the general population for non-work related activities, symptoms can be difficult to attribute to work with any certainty and claims can fail on causation arguments. However, where an individual can directly relate their condition to the work process, high value claims can result, particularly as WRULD claims often allege associated stress related conditions and can result in significant periods of absence.

MINIMUM STANDARDS

1. WRULD is considered as part of the risk assessment process. An ergonomics approach is utilised where potentially significant WRULD exposures are identified. Employers seek to use an 'appropriate' ergonomics risk rating model such as OWAS, RULA, and MAC.
2. Notwithstanding the risk assessment process a variety of indicators are considered when analysing WRULD exposure such as the proportion of the workforce presenting with lost time, complaints from the shop floor, feedback from occupational health departments as to frequency, severity and causation of referrals, and civil negligence claims.
3. Where there is a lack of 'in-house' competence, employers seek advice from a qualified ergonomist. The UK Ergonomics Society has a list of competent providers.
4. As many WRULD are cumulative in nature, control of duration of hazard exposure is a priority measure. Systems of rotation are workable, enforced, documented, and reviewed to ensure effectiveness. Rotation is accepted as a 'lower order control' and never utilised in isolation.
5. Employees are fully informed of WRULD risks and the referral process / policy should symptoms arise. Task specific training needs are assessed, addressed and incorporated as part of documented safe systems of work that are directly relevant to the risk assessment.
6. Robust mechanisms are in place for the reporting and investigation of WRULD complaints and occupational health referrals from employees.
7. There is a competent occupational health resource in place to manage the referral process, to evaluate employees' fitness for particular tasks and to manage the return to work process in conjunction with line management.

BEST PRACTICE

- A selection of measurable indicators is used to quantify the business impact of WRULD exposure accurately and to build a business case for action.
- Work systems are engineered and assessed to take into account ergonomic principles at design & process modification stages.
- Employers adopt a holistic management system approach to controlling WRULD exposure such as that advocated by HSG60 'Upper Limb Disorders in the Workplace'.

LEGAL REQUIREMENTS

The main duty here under statute arises from the Management of Health & Safety at Work Regulations requiring the risk of WRULD to be assessed. There are also common law duties to provide a safe place / safe system of work. WRULD claims have been the subject of much civil litigation over the last few decades and whilst the legal process often appears inconsistent, the employer's duty of care in this arena is well established in the courts.

GUIDANCE & USEFUL INFORMATION

- HSE Website – MSD Pages: www.hse.gov.uk/msd/
- QBE Issues Forum: Musculoskeletal Disorders (November 2005)
- QBE Issues Forum: Rehabilitation and Active Case Management for MSD (May 2007)
- HSE: HSG60 - Upper Limb Disorders in the Workplace

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