

Centre for Epidemiology and Health Services Research
for Healthcare Professionals




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EU-Project ergoHair, Workshop Brussels, 2019

Medical reference document – a brief description

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1

UKE
HAMBURG

Medical reference document

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**MUSCULOSKELETAL HEALTH OF HAIRDRESSERS
– PROTECTION OF OCCUPATIONAL HEALTH AND
SAFETY AT WORKPLACE**
Medical Reference Document

Exposé
This document was developed within the framework of the EU-funded *ergoHair* project and is to be used as a working paper for sectoral social partners in the hairdressing industry in order to implement occupational health and safety measures with a focus on ergonomics at regional, national or international level.



2

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1. Hairdressing sector in Europe

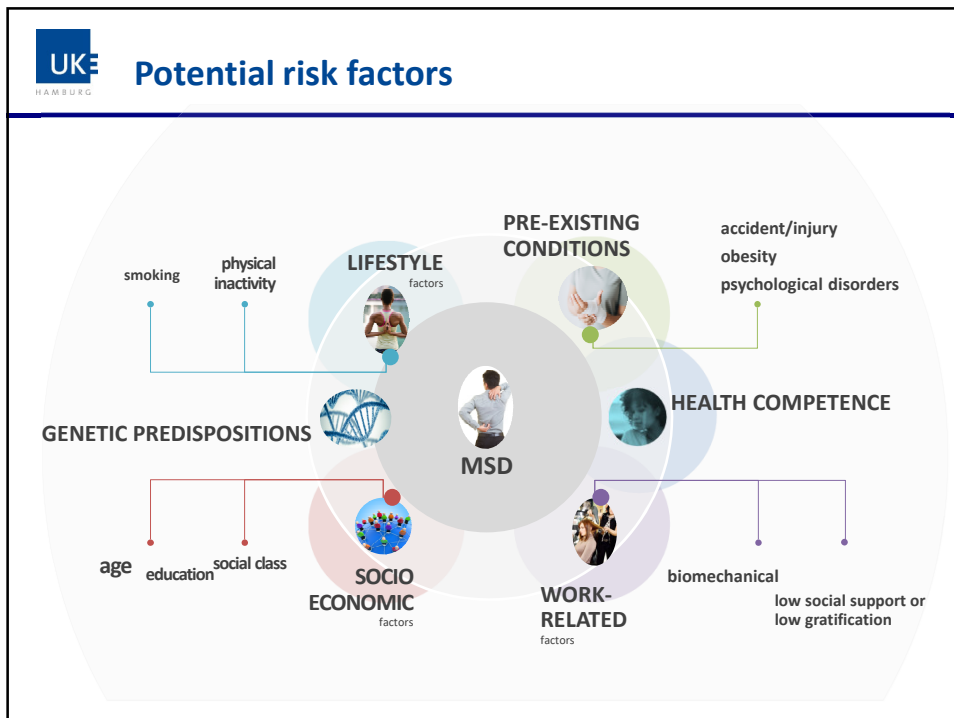
1. Efforts taken by EU and social dialogue to strengthen the OSH in hairdressing

2. Musculoskeletal system


2.1 Structure and function
2.2 Work-related MSD
2.3 Risk factors for MSD
2.4 Costs of work-related MSD
2.5 Economic benefit of MSD prevention

3. Systematic Scoping Review

3



4



Is prevention worth it?

Economic benefit

- ✓ Savings higher than total investment
- ✓ Payback periods ranging from...
 - ...3-5 yrs for employer's perspective
 - ...1-9 yrs from workers' compensation board perspective
- ✓ Ergonomic equipment and policies significantly reduced injuries and claims

Influencing factors

Positive economic results:

- ✓ High support from management
- ✓ High rate of employee participation

Negative or inconsistent economic results:

- ✓ Limited support from management
- ✓ Did not meet employees' needs
- ✓ Low "intervention dose"

5



Core section: scoping review on musculoskeletal health of hairdressers



6

Self-reported work-related symptoms in hairdressers
 1. Boshuizen, J., Morris-Roberts, J., Brown, S., Robinson, S. & P. Frithwell
 Centre for Workplace Health, Health and Safety Laboratory, Harper Hill, Buxton, Derbyshire S17 1 9PL, UK
 Correspondence to: J. Boshuizen, Centre for Workplace Health, Health and Safety Laboratory, Harper Hill, Buxton, Derbyshire S17 1 9PL, UK. Tel: +44 (0)1293 218445. Fax: +44 (0)1293 218475. Email: j.boshuizen@hse.ac.uk

Swedish Female Hairdressers' Views on Their Work Environment—A Qualitative Study
 Kerstin Ekstrand M.D., Jens Nilsson and Edith Andersson
 Division of Occupational and Environmental Medicine, Lund University, Sweden and Department of Health Sciences, Lund University, Sweden

PREVALENCE OF CARPAL TUNNEL SYNDROME AND ITS CORRELATION WITH PAIN AMONGST FEMALE HAIRDRESSERS
 HELEN ENIS DIBBONNETT and GILLIAN WOODROOPE
 Victoria University, Victoria, Australia
 Training and Research Hospital, Department of Neurology
 St John's Hospital, Glenelg, Victoria, Australia
 School of Medicine, Department of Neurology

Compensation claims for work-related musculoskeletal disorders among hairdressers in France, 2010-2016
 B. Ben Charraa PhD
 2. A Member of the European Society for Occupational Safety and Health, ESCO

Changes in hairdressers' work technique and physical capacity during rehabilitation
 Nina Norvald-Petersen
 Unit of Ergonomics, Norwegian Institute of Occupational Health, Oslo, Norway
 Margit Rindnes and Eivind Yllesass
 Stollery Rehabilitation Center, Trondheim, Norway
 Jari P.A. Aarås
 Norwegian Rehabilitation Center, Trondheim, Norway
 Espoo University Hospital, Department of Physical and Rehabilitation Medicine, Espoo, Finland

Upper Arm Postures and Movements in Female Hairdressers across Four Full Working Days
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La coiffure: une enquête de terrain en Côte-d'Or
 Cette enquête a été réalisée en Côte d'Or, un département de France, pour évaluer les conditions de travail des coiffeuses et les risques de blessures par traumatisme musculo-squelettique. Les données ont été analysées en fonction de la profession, du lieu de travail et du type de travail.

Abstract
 Objectives: To describe upper arm postures and movement patterns among female hairdressers, including the variability between hairdressers, between days within hairdressers, and between tasks, as a basis for understanding the characteristics of exposure to the job, considering possible differences between hairdressers and between days within hairdressers.

Introduction
 Hairdressers are at a high risk for developing musculoskeletal disorders in the neck, shoulder and hand/wrist. The prevalence of carpal tunnel syndrome (CTS) is estimated to be 10-15% among hairdressers. The purpose of this study was to describe the prevalence of CTS and to investigate the relationship between CTS and work-related factors such as work posture, work pace, and work environment. The study was conducted in Côte-d'Or, France, in 2010-2011. The study included 100 hairdressers working in 25 hair salons. The prevalence of CTS was 12.5%. The prevalence of CTS was significantly higher among hairdressers working in hair salons with a high work pace and a high level of noise. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of vibration. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of lighting. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of air conditioning. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of humidity. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of dust. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of odors. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of noise. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of vibration. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of lighting. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of air conditioning. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of humidity. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of dust. The prevalence of CTS was also significantly higher among hairdressers working in hair salons with a high level of odors.

7

Greater risk than other occupational groups

Early exit from trade

Back, neck, shoulders and hand

Hairdressers with MSD benefit from rehabilitation

MSDs in the first years at work


Physical loads exceed tolerance thresholds

Several biomechanical risk factors

Lack of regular breaks; High workload;

Preventive measures at work - no significant results

8




4. Outcomes – research results

4. Data from Member States on MSD frequency, risk factors, task analysis

5. Outcomes – ergonomic & organisational approaches

5.1 Prevention in training
5.2 Ergonomic design and equipment
5.3 Ergonomic working
5.4 General organisational conditions
5.5 Risk assessment
5.6 Pregnancy and MSD

9



Example: General organisational conditions

Communication

Participation and commitment

Breaks

Work organisation

10



Good Practice Examples

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8 good practice examples

- Evaluation guide (Austria)
- Studio 78 (Germany)
- Cutting technique PIBYRP (France)
- Poster '3D floorplanner' (Belgium)
- The healthy hairdresser campaign (the Netherlands)
- Davines (Italy)

11



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Thank you for your attention

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12