

**GWASANAETHAU IECHYD A DIOGELWCH
HEALTH AND SAFETY SERVICES**

**AN AUDIT OF OCCUPATIONAL HEALTH INTERVENTIONS TO SUPPORT MUSCULOSKELETAL HEALTH AMONGST
DOMESTIC, SECURITY AND HALLS STAFF**

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Background information

The Bangor University facilities management team undertake the majority of manual handling tasks during activities that include cleaning, postal delivery, security, gardening and estates maintenance duties. These duties need staff to be physically able to lift, carry, walk distances, climb or descend stairs. This state of health is referred to as 'functional ability'. When health problems arise, they tend to affect muscles, joints, ligaments, bones and nerves. Collectively these conditions are referred to as musculoskeletal illness. The effect causes pain, inflammation and restricted movement. This often results in sickness absence.

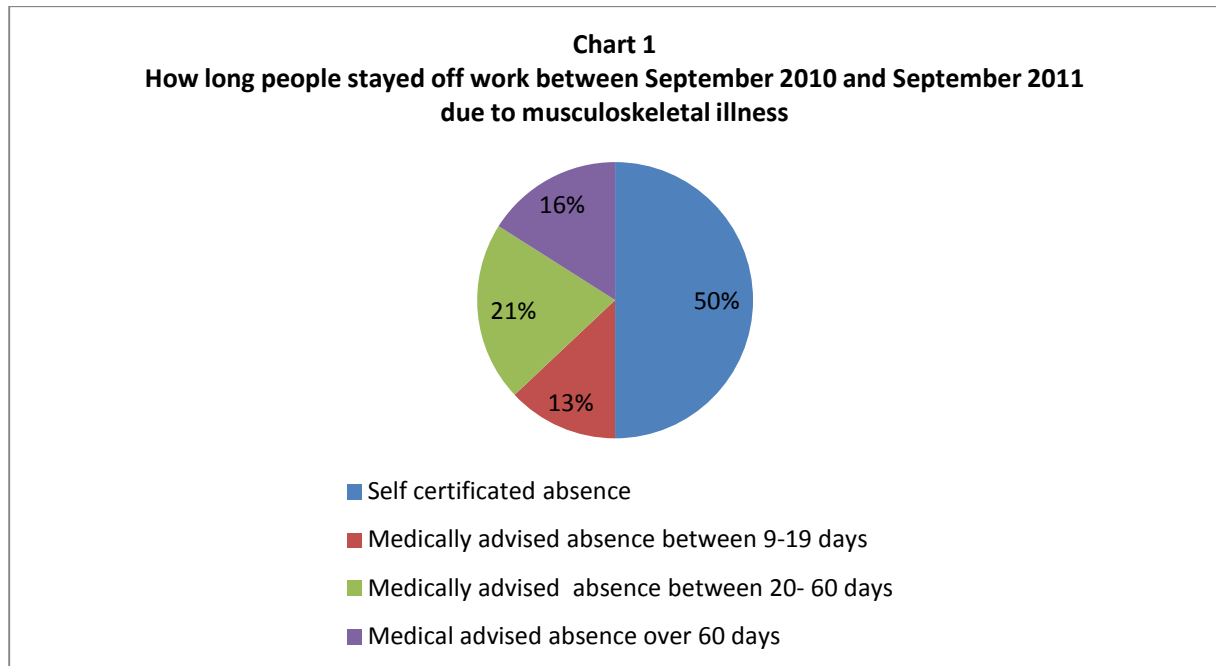
Sickness absence over the past 12 months

Information from self-certificates and medical statements advising people not to work have been reviewed for some estates and facilities staff between September 2010 and September 2011. Musculoskeletal illness is the largest group of reasons for sickness absence. The numbers of staff affected and the amount of time lost is listed below (Table 1).

TABLE 1 SICKNESS ABSENCE AMONGST DOMESTIC, HALLS AND SECURITY STAFF CAUSED BY MUSCULOSKETAL ILLNESS BETWEEN SEPTEMBER 2010 AND SEPTEMBER 2011									
	BACK			OTHER LIMBS			ABSENCE DUE TO FRACTURES		
	SECURITY	DOMESTIC	HALLS	SECURITY	DOMESTIC	HALLS	SECURITY	DOMESTIC	HALLS
No of staff who went off sick	6	10	3	3	22	2	3	6	1
Number of days absence per person	5	143	2	2	4	1	52	33	64
	1	1	17	18	65	13	3	20	
	1	15	3	2	143		20	40	
	3	8			2			15	
	4	1			110			9	
	2	30			3			90	
		27			38				
		5			152				
		1			94				
		2			1				
					34				
					6				
					22				
					6				
					34				
					1				
					4				
					117				
					20				
					28				
				4					
				5					
Total	16	233	22	22	893	14	75	207	64

Between September 2010 and September 2011 a total of 56 security, halls and domestic staff accumulated 1546 sickness absence days due to musculoskeletal illness.

To help understand where future health interventions can be most effective, the duration of sickness absence has been analysed (Chart 1):



The numbers of people included in the above distribution are detailed below

HOW LONG PEOPLE STAYED OFF WORK DUE TO MUSCULOSKELETAL ILLNESS BETWEEN SEPTEMBER 2010 AND SEPTEMBER 2011	NUMBERS OF PEOPLE WHO WERE OFF SICK DUE TO MUSCULOSKELETAL ILLNESS
Self-certificated – under 7 days	28
Medically advised absence between 9 – 19 days	7
Medically advised absence between 20 – 60 days	12
Medically advised absence over 60 days	9
Total	56

- Over the past year 50% of staff recovered by resting from work with or without self medication and return to their job without needing medical care (28 staff)
- For others, 13% needed short term medical care from their GP and returned to work within 3 weeks of sickness absence (7 staff)
- When staff required longer term sick leave of over 20 days absence, 37% of staff fell into this category (21 staff)

Actions to support musculoskeletal health

a) Preventative

As part of a wider strategy to prevent injuries arising from manual handling at work, the Health & Safety Adviser has delivered a programme of manual handling training to new staff during induction. For existing staff, refresher manual handling training is scheduled during December 2011 and January 2012.

Because the focus of manual training is to reduce the risk of injury from workplace activity, the occupational health practitioner arranged for a series of self care talks that aim to improve physical fitness so as to prevent both work and non-work musculoskeletal problems. These talks were delivered to a total of 45 staff during sessions held this year on October 25th and November 8th. Feedback has been received from staff to confirm the usefulness of this initiative.

b) Reactive

To mark 'National Back Care Week 2011', the occupational health practitioner invited staff throughout the University to attend a Back Care club. Attendees have included some estates & facilities staff who had suffered back pain within the past year. The aim of the back care club is to strengthen core muscles that support the spine and reduce the risk of recurrent back problems in the future. To measure the impact of this year's club, an evaluation will be undertaken in April 2012 to check whether attendees had avoided a further bout of sickness or sickness absence due to back problems.

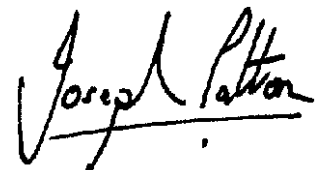
Conclusion

Whilst efforts are being made to prevent ill health in the first place, it does occur and for back problems the occupational health practitioner makes additional efforts to prevent a recurrence. The drift into longer term sickness absence highlights a need for employer funded interventions. For that group of staff, the main treatment strategy from GPs has relied on pain killers, rest and lengthy delays for physiotherapy treatment.

Recommendations

When staff required longer term sick leave of over 20 days absence, 37% of staff fell into this category (21staff).

- a) Issuing copies of 'The Back Book' – a self care guide that has been shown to have helped improve recovery and return to work timescales, emphasis needs to prevent back problems in the first place through improved fitness levels
- b) That overall fitness is encouraged by a funded fitness assessment and fitness programme at Maes Glas
- c) Early intervention will enable people to return to health and work earlier than the present profile of absence has illustrated. This can be achieved by funding a physiotherapy/chiropractic or osteopathic assessment and treatment plan



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