

MINUTES OF THE STEERING GROUP MEETING FOR THE ERGOHAIR PROJECT

Date : Thursday 12 October 2017
Time : 09.00 – 17.00
Location : Steinberger Hotel – Hamburg

01. Introduction Bjorn Kähler (BGW)

Bjorn Kähler (BGW) welcomed everyone present and outlined the agenda for the day.

Welcome

Stéphane Coigné, president UBK/UCB vzw-asbl, Belgium, Secretary General Coiffure EU

Stéphane Coigné also welcomed all those present and thanked our host Prof. A. Nienhaus, Agnessa and Olaf for their invitation, warm welcome and the additional financial support offered by their organisation. He also offered warm thanks to Rainer Röhr, the spiritual father of this project. He also applauded Miet Verhamme for all her hard work on this project. Stéphane provided a short explanation about the Ergohair project and the targeted results.

02. Musculoskeletal work accidents and occupational diseases in hairdressing salons – an analysis of German insurance data

Prof. Albert Nienhaus, University Medical Centre Hamburg Eppendorf (UKE), Germany

Prof. A. Nienhaus expressed his pleasure to have the opportunity to speak to such a diverse audience. He explained that he would present an outline of the situation in Germany today. He referred to the particular way of working in Germany: the existence of a compulsory social security. His university department is linked to the university hospital. He introduced his team via a photo, but stated that not all the current team members appear on it.

He explained that his talk today would cover the following subjects among others:

- The health of older workers
- The impact of migration (working conditions, how to improve the approach to health care)
- Health among apprentices

Throughout the different stages of our life we have different growth patterns, when younger we grow tall and when we age we shrink a bit. And when we get old, our skeleton weakens and declines along with the whole of the mobile structure of our body. New diseases and new problems also arise as we grow older. In most instances there are several different factors that contribute to the emergence of these diseases:

- socio-economic
- work-related
- psychological
- behavioural
- structural
- etc.

The German insurance system is very segmented and the way it operates depends on what kind of illness one has. If an accident is involved, a decision is first made as to whether it is work-related. If there is no exposure to danger during working hours, it will not be considered as an

occupational disease.

- Weakening of the spine (lifting heavy objects) (not applicable to hairdressers)
- Weakening of the spine at neck level (e.g. carrying customers, not really applicable to hairdressers)
- Weakening of the knees (more prevalent in the building industry)
- Problems with tendons due to repetitive work
- Carpal tunnel syndrome through repetitive movements of hands and fingers (repeating heavy movements over and again: does apply to hairdressers!)

Work Insurance Data BGW (for all hairdressers insured with BGW):

Graph: declarations 2012-2016

→ notifiable/not notifiable (must be reported – must not be reported (=absent for less than 3 days – not so serious).

1. Workplace accidents
2. Work-related occupations accidents
3. Suspected occupational diseases → higher chance of hairdressers suffering from occupational disease than other professions

Female and younger hairdressers run a higher risk of the three categories of accidents. There are more women and young people in the hairdressing sector. The older generation is made up mainly of men who have more problems (often wait too long before going to the doctor; don't report the problem early enough, etc.)

38% of accidents at work involve movement (falling, tripping over), which is not specific to the hairdressing profession.

Musculoskeletal Disorders rank third in the list of occupational diseases suffered by hairdressers. A large number of cases of MSDs are often not reported. It is above all problems affecting the back and spine that are reported (59%) followed by reports of problems with upper body extremities (33%). Some are not recognised as occupational diseases which presents a problem. The doctors of hairdressers are the most suitable people for ascertaining whether the disease is in effect job-related. Only 2% of MSD are recognised as cases of occupational disease.

03. Introduction to the French policy on prevention

Jacques Minjollet, AG2R La Mondiale, Deputy Director to the Director General, Director of Les Institutions de la Coiffure, France

J. Minjollet thanked Prof. A. Nienhaus and stated that he would not just talk about prevention. He showed figures relating to 140,000 people who carry out the hairdressing profession in France. Including a large number of women. He mentioned the stages that hairdressers go through in their career (mainly: apprentice-employee - possibly employer- possibly return to being an employee).

Observations:

1000 reported illnesses

50,000 days of absenteeism.

Only 600 reports of MSD disorders.

100,000 days of absence from work not officially reported.

There is a big discrepancy therefore between illnesses that are reported and those that are not reported. 600 work accidents with absenteeism.

In a survey among employers we asked what illnesses occurred most commonly in the hairdressing salons (“Do you recognise these illnesses occurring among employees in your hairdressing salon?”) even if they are not officially reported:

47% reported back and spine complaints,
46% reported wrist and arm complaints,
36.7% reported problems with legs, feet and knees,
28% reported suffering from stress, insomnia, depression, etc.

In France, there is a preference for a greater focus on prevention and quality within the profession of hairdresser and less on aftercare. Ergonomic wash basins and chairs have been installed and a survey was carried out before and after the installation.

Findings: 21% fewer complaints after six months of using the ergonomic wash basins (no more pain) in the area of the neck, shoulders, arms and upper back.

04. Raising awareness among younger generations

[Pascale Sauret, chair of ESO FORMATION, France](#)

P. Sauret works together with French schools raising awareness among pupils about occupational diseases. The presence of their teachers in this is very important.

Prevention

The sooner one starts pointing out the importance of risk prevention the greater the impact of this awareness raising. This relates to:

1. Work environment (air, noise, water, products, diet) has an impact on potential MSD disorders and skin and respiratory allergies. Psycho-social risks (stress of contact with customers etc.) also comes under this category.
2. Impact on hairdressers (prevention of MSD and skin and respiratory allergies.)

Teaching method:

It is extremely important to adapt the method to meet the needs of young target audiences (who are not yet fully aware of potential risks). They use different and varied methods, visual means and documentation that are handed over to the students themselves. This promotes greater interest on the part of the young people in the subject and encourages participation in the issue.

The method consists of the following steps:

1. Explanation (what are the MSDs)
2. Discovery through an exercise that they carry out themselves (have the team fill in posters with cards representing the right theme). A team leader then presents the result. There is an evaluation by the trainer.
3. Interaction and participation is very important. The trainer also shares his/her own experience.
4. Demonstration: show themselves how posture affects potential pain.

We were shown an example on two posters of the work style that is used:

- Poster 1: water, air, energy
- Poster 2: risk prevention (shampoo, dyeing/bleaching, perms, MSD, diet)
The following conclusions came to the fore from this:
MSD: What is it? How can we catch it but also prevent its occurrence? An explanation was provided about ergonomic equipment, posture and use of muscles.

Everyone was then given a folder, a link to www.moncoiffeursengage.com and a free phone number to call with any queries.

Conclusions

1. This module meets the expectations and needs of teachers and students.
2. It provides specific support for the prevention policy of this profession.
3. It raises awareness among students.
4. This module is integrated into the educational vocational qualification system of the National Education System.

Questions

Bjorn Kähler also referred to the fact that there is a hotline in Germany for questions from young people, but that it was barely used (only in use for three months). He wondered how this worked in France.

The answer was that this system was introduced into France two years ago. J. Minjollet referred to the use of smartphones and apps that are used more commonly than hotlines today.

P. Sauret referred to the fact that it is of utmost importance to relate to the lifestyle of young people – for example “If your hands are injured, you will no longer be able to use your smart phone”

In Austria, a “Safehair” project is also underway in which emphasis is laid on the fact that health is also very important and not just looks.

In Italy a number of seminars are held on the subject of "Safe is better". Working safely also works to the advantage of customers. Customers go to the hairdresser to look better which means that beauty and safety are inextricably linked. We talk about measures to improve safety in the profession (e.g. wearing gloves, etc.). The Italian project is financed through a bilateral fund for SMEs, with money being provided by employees and employers. This money finances training courses and welfare assistance in the event of unemployment

05. MSD among hairdressers – review of literature covering risk factors, preventive measures and rehabilitation concepts

[Prof. Albert Nienhaus, University Medical Centre Hamburg Eppendorf \(UKE\), Germany](#)

Prof. dr. A. Nienhaus presented the framework yet again relating to the number of people reporting in sick and the figures relating to absenteeism among hairdressers listed by the BGW. Agnessa reviewed the literature very systematically using a standardised and systematic method for ascertaining the frequency of MSD (prevalence and incidence), preventive measures and rehabilitation concepts.

Agnessa and Miet came up with 143 pieces of literature covering these subjects including 40 papers systematically highlighting MSD among hairdressers. The review also included one paper

that was a compilation of everything. Prof. dr. A. Nienhaus provided an outline of the most important results of this review of literature.

Questionnaire

Do you have – have you had any pain in:

Lower back: within the last year - 48%!

Upper back, fingers, elbows, etc. - less prevalent.

The risk of employees suffering from back ache in the hairdressing professions ranks among the top five of all professions.

Why do some hairdressers give up their profession:

- three times more chance of ending their career due to repetitive strain injury to wrists and elbows

- two times more risk of suffering from neck and shoulder complaints

Australia has seen a peak of repetitive strain injuries. There has also been a great prevalence of this problem in southern Europe, but less so in Germany.

Other surveys reveal that self-employed/owners who work alone are more likely to suffer from these problems (they take less rest, and often do other organisational work alongside their hairdressing tasks).

There is also a survey about apprentices in different professions who were asked how often they adopted the wrong posture (e.g. keeping arms above shoulder height).

This shows that there is a link between strain and the frequency of this incorrect posture.

The types of risks relating to MSD can be described in a pyramid. (The higher they appear in the pyramid, the less frequently the risk of these factors will occur). Of particular importance are poor posture of the back and arms in relation to shoulders as well as repetitive movements. This can be found in the documentation. We were told that Doctor Freitag would discuss this in greater detail on 13 October 2017.

Risk profile of hairdressers

- poor posture: holding arms too high (especially when drying hair) and bending one's back – these lead to health problems or cause prior problems to become worse.

- additional risk factors:

- lack of breaks

- general stress

- non-ergonomic work material etc.

Positive approach to prevention

Only three surveys have been published on this subject. Projects exist however for which no surveys have yet been carried out, but that are already in place (e.g. in France and Italy).

Findings:

➔ little change is observed after handing out a folder and providing one hour of explanation and exercises.

- introducing five ergonomic techniques has little positive impact either
- returning to the hairdressing salon to measure the impact of implementing preventive measures did not always produce positive results
- creating a course: acquiring knowledge does not always lead to a change in behaviour.

Greater results are obtained during rehabilitation, namely when hairdressers are already suffering from MSD problems.

The combination of ergonomic techniques, refitting the workplace and other prevention techniques produced more positive results in the three different surveys.

Conclusion

Not many surveys into this field exist (need for more surveys). More exchanges about the results of surveys from different countries are needed, because we can all learn from each other.

Wolfgang Eder presented an Austrian example, whereby a guide was published that also highlighted the notion of psychological stress, that explained how to carry out exercises at work and how employers can teach this to employees or how employers can implement these measures among employees in their hairdressing salons.

06. Towards a sustainable health policy in hairdressing salons (C. Ouillet)

Christian Ouillet, director of VITAL CAMPUS, France

Christian Ouillet talked about the prevention policy and the importance of sleep and relaxation techniques. It has been noticed that prevention among managers and executives is fairly well developed, but not among manual professions and blue-collar workers, or small businesses. Considerable advances have been seen in France and an assessment has also been made of the balance between work and home life: do those in question adopt the right posture at home? Do they have a balanced diet? Do they get enough sleep? These aspects also form an essential part of any prevention policy for the workplace. Our Canadian colleagues are at the forefront in this field.

They have developed a procedure for using *blended learning* in companies. Their organisation has access to a large number of sleep and stress specialists and they all work in the field and are very experienced because of their practical experience.

Their motto is rather basic: if our hairdressers have a healthy lifestyle, they will be healthier and they will be less likely to develop MSD and other such complaints. We must take account of a range of various factors therefore.

Experience in the hairdressing sector

This information dates back to 2012. There are few professions that involve so many different health risks (skin, respiratory tract, MSD). Hairdressers often stand for long periods of time in immobile positions.

One out of three young working people do not eat lunch, and often do not even have breakfast. This means that they are unable to maintain energy and alertness during their work. The peaks of accidents often occur in the late morning, which is associated with a lack of sleep and good diet.

It is difficult to take action after analysing the different complaints and problems, which is relatively easy to find in different surveys. But we know that it is not possible to convince people

to change their behaviour overnight. This involves a number of different steps and the process is quite complex.

That is why a new concept has been introduced in France, called "Vitaliance". The goal first and foremost is to convince people to take a positive attitude towards work. How can one function properly if one is stressed or in poor shape? This is even more difficult for hairdressers as they have to keep their customers happy. There must be a positive atmosphere at work. An atmosphere that will guarantee a win-win situation for everyone.

The more alert and fit one is, the more able one is to demonstrate a great sense of commitment and be better equipped to deal with stress. This is the best way to ensure happier employees who will be less tired, have fewer illnesses and accidents, and who will be less inclined to leave their jobs or take time off work. The surveys reveal in fact that 44% of absences are related to health problems.

A platform has been developed in France where hairdressers can carry out self-evaluations (a kind of survey) of this aspect. 600 hairdressers completed this evaluation, which revealed that there is still an interest in this subject after all. They have suspended this platform for the time being, because a great number of young people are choosing to enter the profession. And so they prefer to focus on creating an app that can be used on smartphones.

The results of this research via the hairdressing sector platform were compared with other professions. What came up was that there is a particular need for work on physical exercise, MSD affecting the back, and prevention of stress. These are the priorities.

It is important to be aware that a great number of hairdressers do not report that they are suffering from MSD (especially affecting the back)! The levels of stress are high as hairdressers have to constantly produce good results and have to appear to be in good condition in the presence of their customers, even if that is not always the case.

There is also room for improvement when it comes to diet. With regards MSD affecting the arms and legs, the situation is relatively good in the hairdressing sector compared to other professions.

How does France operate?

It has to work speedily and thoroughly. What are the main lines?

- to be able to carry out repetitive movements without this having a negative impact on the body
- a balanced diet, e.g. carbohydrates with fibre given the association thereof with good health
- drink sufficient water (hydration). Drinking regularly is also a preventive measure for a wide range of illnesses and diseases
- getting enough sleep
- sufficient exercise
- attention to relaxing and increasing resistance to stress

In France, they foresee a section in the questionnaire where the hairdressers can evaluate the risks themselves in order to prevent too much stress and fatigue developing.

As a conclusion Mr. Ouillet proposed that we should target raising awareness, proposing diagnoses, and sharing.

07. The risk of pain and complaints affecting the neck, shoulders and hands when carrying out repetitive work

Jane Frølund Thomsen, Consultant Ph.D., Head of Department, Department of Occupational and Environmental Medicine, Bispebjerg University Hospital, Copenhagen, Denmark

Jane Frølund Thomsen introduced herself. Her main field of study is MSD affecting the upper body. Her research team mainly deals with chronic neck pain, problems with shoulders (tendinitis), tennis and golf elbows, inflammation of tendons and carpal tunnel syndrome.

The most common causes are:

- repetitive movements
- powerful use of the extremities
- unsuitable position of the hands
- raised arms
- combinations of the aforementioned causes

Challenges

There are often multiple causes behind problems so it is important to identify which problems are caused in the first instance by the work itself. For example, if a person is in pain, this will also have a further impact on his/her behaviour and perhaps cause even more problems.

It is important to have independent objective measurements of the level of exposure. In addition, it is important to have valid independent definitions of the complaints/illnesses e.g. make sure that it is indeed carpal tunnel syndrome.

Looking at the extent to which exposure to a certain risk is tolerable is also essential as well as identifying which dangers present too great a risk for health.

a. Neck and shoulder pain

There is moderate evidence that a combination of repetitive work and a bent neck causes pain.

b. Inflammation of the shoulders

Working with arms raised and making forceful repetitive movements – there is sufficient evidence that this can cause this type of inflammation.

c. Tennis and golf elbows

Little research has been carried out into this aspect, but there is also little evidence that this is work-related.

d. Inflammation of the hands

There is really very little proof that forceful and repetitive use of the hands and wrists will cause this problem.

e. Carpal tunnel syndrome

There is sufficient evidence for this: causes are repetitive and forceful movements combined with vibrations in the hands.

Specific circumstances of hairdressers

They often raise their arms and hands (bad for the shoulder), make quick and repeated movements (bad for hands and shoulders), keep their necks bent, do not apply much force, but often work really hard. These issues, combined with taking insufficient breaks and working long days, pose a risk of these complaints arising.

Ergonomic measurements

31 jobs have been studied and 10 people per job. It was determined how often they carry out repetitive movements. Using a device shown on the photo measurements of hands and shoulders were taken. With regards pulse rate, the occupations are broken down into categories, and the hairdressing category reveals that hairdressers are exposed to high levels of repetition. When looking at the position of the hands, a neutral or often non-neutral position was taken as the basis. The wrists of hairdressers often appear in a non-neutral position.

As far as carpal tunnel syndrome is concerned, the group that is subjected to the highest level of exposure (including hairdressers) is at more than twice as much risk of developing this compared to the group with the least exposure. The greater the exposure, the higher the risk of carpal tunnel syndrome.

In 2009 a Danish survey was carried out among 5324 hairdressers. This survey revealed that more than 2300 hairdressers left the profession between 1985 and 2007. On average, hairdressers worked for eight years in the hairdressing sector. MSD-related complaints were quoted as being responsible in 42% of departures, followed to a lesser degree by skin conditions.

Recommendations

We must reduce the amount of work that requires hands and arms to be raised, which means less repetitive work therefore, we need to create greater variation, observe the breaks, provide ergonomic equipment for hairdressers.

Questions:

Can hairdressers return to work after an operation for carpal tunnel syndrome? Jane Thomsen said that this depends on the situation and the person in question. If someone is particularly passionate about their work, we would be very careful about making a negative recommendation. If experience afterwards shows that the person is able to continue working without any pain we would recommend that they continue working. If the pain recurs however our recommendation would be to the negative.

08. Health and working environment survey among hairdressers in Sweden

[Prof. Eva Skillgate](#), associate professor in Epidemiology at the Musculoskeletal and Sports Injury Epidemiology Centre, Institute of Environmental Medicine, Karolinska Institutet, Sweden

Prof. Skillgate does not just carry out research into occupational illnesses and diseases, but also into sports-related injuries. She explained that her goal was to monitor hairdressers for 18 months about muscle pains. A survey has already been carried out into this work.

As already mentioned, a number of factors have been observed today that are the cause of problems among hairdressers. Her survey has been circulated via email by the Swedish Hairdressers' Association SFSAB (employers) or "Trade Association" (employees). The survey

covered lifestyle, working conditions, stress, health problems and pains that presented an obstacle to their work.

The survey aimed for a high response rate, which is important because one could imagine that the people who fill in the questionnaire are different to those who don't fill it in. It was also emphasised therefore that it was very important to fill in the questionnaire and that it wouldn't take a lot of time (10-15min.).

Approximately 1000 reactions were received, which is not very high, even though Prof. Skillgate acknowledged that some surveys get even fewer responses (approximately 24% response rate).

At SFSAB, the average age was proportional to that of the overall population. A lot of young people within the Trade Association responded.

It was noted that in terms of ergonomic equipment a large number have special chairs and there are not many people at all who state that they do not have any ergonomic equipment available. In Sweden, hairdressers are quite satisfied with their workplace and the conditions there compared to the norm.

As far as general stress levels are concerned, these are slightly higher than in other working environments.

55% of respondents reported having health problems (not just pain, but above all allergies and mental problems), 42% of them say that this affects their work.

As far as back pain is concerned, 43% said they had experienced it in the past three months, 25% of whom say that this affects them at work. 40% had experienced neck pain in the past three months, and 30% of these experience this at work. *With regards pains in hands and / or arms* 46% of respondents have suffered from this in the past three months, 31% of these saw an impact on their work.

If we look at pain in these three parts of the body, we note that no less than 18% experience pain in all three parts of the body.

There was a particularly high prevalence in the Trade Association (so younger employees therefore) of hairdressers who suffer more from this kind of pain. This is probably due to the fact that as hairdressers get older and suffer from this pain and they often leave the profession. We need to look at what causes the pain and whether this pain is in turn the cause of other complaints and conditions.

Obesity, work-related comorbidity (several complains that are interconnected and that influence the way one carries out one's work), a general increased level of stress and unpleasant working environment are in the main the major risk factors behind the occurrences of pain.

Prof. Skillgate hopes to be able to continue carrying out the research to good effect – she has not yet received a budget – in order to be able to identify the real risk factors. The idea is to monitor the hairdressers in question via text messages over a period of 18 months, because it has been seen in other studies that this will produce a high response rate. It would be the first long-term survey among hairdressers.

J. Minjollet stated that similar risk factors are prevalent in France, but wondered whether the research also looked at hairdressing salons that work with and without prior appointments. Prof. Skillgate said she will take this on board. According to French research, the stress level is higher in hairdressing salons where no prior appointments are necessary. We also noted that the

relationship between customer and hairdresser is less good in recent years and he wonders whether this could be included in the research. We notice that in terms of importance for hairdressers, salary now takes precedence over the customer-hairdresser relationship. J. Minjollet invited Prof. Skillgate to Paris for further consultation on this subject.

09. In good shape at work – making ergonomics visible (Björn Teigelake - Sabine Schoening)

Sabine Schöning, Dipl.-Päd.; Björn Teigelake, M.A., German Social Accident Insurance for the Health and Welfare Services (BGW), Germany

Both researchers from the BGW recounted what they are doing in order to make ergonomics visible for people who are looking for it. Together they carried out a few ergonomic exercises. BGW also has an ergonomically equipped hairdressing salon/training centre.

The situation in Germany is that people who like the creative and fashion sector on the one hand, and the BGW on the other, do not share the same interests, but it tries to reconcile them. It has developed a programme of seminars and workshops, which also includes prevention themes. It covers cutting techniques and ergonomic equipment for instance. Often the participants are more motivated when they return to the hairdressing salon after attending this type of seminar and they see their insurance institutions more as a partner. It tries to integrate the concept of lifelong learning into adult education and looks at the aspects that are necessary in order to continue learning as an adult.

One important factor is that participants need to be curious, they need to be stimulated (new and interesting information). Relevance is also important (is this topic important to me?) and whether it is associated with a positive or negative factor? What needs to be done to make individuals aware of this common problem?

It has come up with a concept/method based on its sources taken from prevention policy instead of curative policy:

- How can we remain healthy and avoid illness and disease?
- What constitute good working conditions? What constitute bad working conditions?
- How can work conditions be improved? What leads to bad working conditions?
- What is feasible and what is not feasible?

If behaviour is to be changed, it is important to take a positive approach. It worked specifically using a natural upstyle seminar for instance (raised haircut), with a participation price of €59. These seminars are very successful. It works with an experienced trainer in combination with a practical coach.

Guideline: the best movement is the next movement. Remaining static should be avoided. During this seminar an attempt is made to accomplish the raised hairdo in the most ergonomic way possible. It makes a lot of use of a doll with moving limbs. Participants can indicate the places before the lesson where they have pain at that point in time so that the lesson can be designed around their circumstances.

It uses visual material to demonstrate how the spine functions (e.g. movement of a spine via a sponge and two plates) and how important movement is.

In addition, it also associates the useful and the aesthetic with ergonomic shoes as an example for instance thus giving specific guidelines such as "not too high, well ventilated, non-slip", leaving people with lots of opportunities so that they still have a wide choice of footwear. It uses a kind of bracelet to make organisation of tasks easier for the hairdresser (hairpins are attached to it so they are close to hand and hairdressers don't have to bend down all the time, etc.).

What it observed was that people need to experience the difference themselves first in relation with posture so that they can actually feel that this new and better posture really helps (e.g. standing upright and still being able to reach their equipment). Before the hairdressers go to work themselves, they can ask themselves how they can adapt their workplace themselves in order to simplify the ergonomic and organisational aspects.

When it comes to hairdressing chairs, there is no single chair that stands out from the crowd, but one has to look at personal choice. Classic hairdryers are very loud and heavy for instance. New hairdryers are light and make less noise. Newer hairdryers may dry somewhat more slowly, but the difference is minimal.

It concluded that if one wants to achieve long-term change in behaviour, one has to convince people that they want to use a new method that is actually more pleasant and that leads to new routines and experiences.

Question:

What happens if a hairdresser makes a faulty physical movement at home or in the gym for instance?

Mrs Schoeningen stated that it is important that we are aware of our bodies and that this type of thing doesn't just happen on the shop floor. In a profession that is prone to risks, it is very important to be aware of the risks. People are often not aware that certain movements are dangerous and people are sometimes afraid of appearing to be ridiculous in the presence of customers if they start doing exercises in the hairdressing salon.

10. Logo Ergohair

During the break a vote on the logo was taken as foreseen by Prof. A. Nienhaus. The chosen logo will be used for the following workshops. Given that the problem will continue to exist even after the end of "Ergohair" it is useful to continue using the logo afterwards. We will look into whether there is a website where this logo can be used.

11. Medical monitoring of hairdressers – the approach and experience in Belgium

[Mathieu Verbrugghe, Ph.D., researcher Mensura, Belgium](#)

Mathieu Verbrugghe introduced himself and Mensura. In Belgium all companies that employ one or more staff have to provide an occupational health service. Mensura is the biggest company of this kind and provides services for more than 50,000 employees. He provided an overview of the legislation governing wellbeing in the workplace, medical monitoring, figures and conclusions.

Belgian law

Belgium has a law governing well-being in the workplace. Employers are responsible for carrying out a risk analysis on the shop floor, testing for chemical agents for instance. In addition to this

law, there is also a Federal Agency for Occupational Diseases and it must report accidents at work and occupational diseases and ensure that the rights of people who are ill are guaranteed. The codes of occupational diseases are not sector-specific but cover for instance skin disorders due to persistent contact with dyes, asthma as a result of hypersensitivity caused by using certain substances (e.g. latex clothing) and disorders affecting tendons and muscles and the excessive strain on them.

Risk analysis

For this workshop he focused on problems with mobility based on a survey. 3029 of Mensura members are hairdressers, 2756 of whom are employers, with a regular staff of one or two employees in their company. The survey ran from 2010-2016.

Mathieu Verbrugghe showed a slide of a body and illnesses and complaints represented as percentages. A lot of people complain about pain in the lower back, shoulders, neck and, to a lesser extent, wrists and upper back. These numbers are probably just the tip of the iceberg however. It is possible that some hairdressers don't report certain symptoms to their doctor. We saw an increase in shoulder pains between 2010 and 2016, but a decrease in lower back pain after 2011.

Medical examinations revealed that only 0.25% of those with complaints were declared unfit to work (mainly unfit for work only temporarily and to a lesser extent permanently unfit for work). After a period of being unfit for work, most people were able to return to their job as a hairdresser.

These occupational disease codes are not specific to the hairdressing sector. In 2016 there were a large number of cases of tendon disorders (but this code was only introduced in 2015). There were also many skin diseases reported and to a lesser degree asthma.

Questions

If hairdressers are unable to continue their work due to persistent pain, what does Mensura do about this?

Mathieu Verbrugghe referred to Jane's presentation, in which she states that it is not always the professional doctor who decides to prevent someone from continuing their job, but that this is usually decided in consultation.

François Laurent noted that in Belgium professional physicians are somehow officially associated with employers, so that some employees are less inclined to be open about their problems and many problems are not reported. François wanted to make it clear that the figures provided by Mensura must be put into perspective.

Philippe Vigneron pointed out that as of 1/01/2018 the Belgian Minister of Health wants to get the long-term unemployed back to work, which is sometimes of concern for hairdressers. It is important to note that 70% of employees who are re-employed end up sitting at home again with an 'incapacity to work' status because the employer cannot offer suitable work

12. Wellbeing for hairdressers (Brian Suhr)

[Brian Suhr, International education coordinator Davines, Italy](#)

Brian Suhr is a hairdresser himself and currently works as an international education manager at Davines. He agrees with the fact that hairdressers are very passionate, but that this means that

they have less regard for their health. At Davines, there is considerable focus on sustainability and health. During training programmes however the right material is not always available e.g. proper hairdressing chairs. Hairdressers are sometimes impatient or somewhat lazy and use the chair in the position they find it in rather than raising it to the right height. In addition, it is a well-known fact that hairdressers don't have the healthiest of lifestyles. He referred for example to the food at Davines that has evolved from what was often unhealthy (wine with meals) to food that allows hairdressers to maintain a healthy diet.

When it organises seminars, it also tries to tackle fitness during their workshops as well as offering healthy food. It works together with Laura Oppici, a physiotherapist and osteopath, who designed the exercises used during the seminars. It is important to really apply the good practices oneself. The company's trainers first undergo training themselves in this aspect. The participants in their seminars also get used to their healthy diets.

A film by Davines is shown that appeals to hairdressers, emphasises the importance of well-being at work and shows exercises (breathing and exercise).

After carrying out these exercises the participants soon realize that they are not in ideal shape. This is why awareness is important in order to motivate people to continue to do the exercises. It is important to spread the message about this insight and the exercises in schools too! It starts with exercises that everyone can do under normal circumstances, so that everyone feels that it is within their capacity. Brian showed a short video in which he demonstrates a session. An idea that he got from a Spanish hairdresser is to occasionally interrupt the work in the salon, turn on the music and let both staff and customers dance to the music. This apparently produces a lot of positive energy in the salon!

With regard to healthy food, presentation of your food is important as well as the flavour. For example, beauticians and hairdressers eat completely different kinds of food (hairdressers are rather unhealthy). Davines recommends eating more frequently, but smaller portions during the day. A lot of vegetables, fruit, and customised portions. 80% rule: eat until you are 80% satisfied, as the brain needs time to register the feeling. It is also very important to take regular breaks, with all the hairdressers taking a break together (no chattering, no hair dryers, everybody takes time to wind down together). Davines also tries to build a kind of community, which also motivates people to maintain a healthy lifestyle. It only provides water; no soft drinks. A combination of proteins, carbohydrates and fats is important. It is also important to eat in peace and quiet, with no telephones and not much distraction. The trainers are made very aware of this. If necessary, they also recommend supplements, but usually this is not necessary (e.g. extra vitamins, omega 3, etc.).

13. Health and safety at work among small companies and hairdressing salons (L. Munar).

[Lorenzo MUNAR Project Manager, Prevention and Research Unit, European Agency for Safety and Health at Work, Bilbao – Spain](#)

Lorenzo Munar thanked the organisers for the invitation. He pointed out that his research also concerns companies that are not hairdressing salons and that it covers how they deal with health and safety problems. In the SESAME project, the decision makers are 1/3 employees, 1/3 employers and 1/3 government representatives.

In 2018-2020 an ambitious project will be carried out on the topic of MSD, which he will propose. In 2020-2021 a Healthy Workshop Campaign will be set up on the topic of MSD. The EU Agency wishes to support our projects.

The context of the EU policy

98.8% of companies in the EU are micro-or small companies (1-49 employees), which represents approximately 50% of the workforce.

This means that the main focus is on these micro and small companies to whom they want to offer practical tools and OiRA tools.

SESAME project

There are different attitudes towards prevention in the workplace.

1. Avoiders (accidents happen, difficult to avoid)
2. Reactors (it's not a pleasant aspect of the job, but risk analyses must be carried out)
3. Learners (don't have the knowledge but want to learn about it)

A great many companies do not carry out risk analyses therefore. They state that it is not necessary because:

- we already know what the risks are
- there is a lack of knowledge
- the procedure is too cumbersome
- there are no great problems.

The things that help in carrying out risk analyses are the following tools:

- government actions (inspections, even if the risk of undergoing a control is small in hairdressing salons)
- government recommendations supported by the social partners
- direct, face-to-face interaction
- offering solutions to specific problems
- use of IT to provide advice and guidance (e.g. videos)
- free and simple tools approved by the government (e.g. use better hairdryers)
- offer E-tools (e.g. OiRA)
- action from within the sector
- coordinated approach (training programmes, campaigns, etc.)

MSD project 2018-2020 by OSHA

This is a relatively ambitious project.

Goals:

- increase visibility and gather more data about MSD
- prevention of MSD: raise awareness, determine the resources required for this
- support policy makers in order to support preventive campaigns in the workplace
- try to reintegrate workers with MSD into the workplace via successful measures
- identify underlying causes of MSD via research and establish priorities

OSHA can still cooperate with Ergohair to look into and define the goals (which still need to be validated) for this project.

It tries to achieve different *results*, including

- reports, among others, on
 - facts and figures
 - identifying new risks
 - charting policy plans, MSD programmes
- information leaflets
- icons
- infographics
- workshops and conferences
- MSD database with pedagogical resources

12 OiRA tools already exist in Europe

The idea is to create a video and infographic together with Ergohair at EU and national level. The existing OiRA tool is already widely used in vocational training and is not only used for carrying out risk analyses, but also for generating awareness.

The existing information about OiRA can be used by Ergohair participants and includes tips for use on social media.

They can support the Ergohair project by making the results visible and publishing the results or using elements in their reports.

Ergohair is a priority for them and they want to support us.

He provided the example of the Coach L'Oréal Pro app. It is a free app made by L'Oréal that also shows exercises to help prevent MSDs. It is one example of a high-quality app.

In addition to prevention of MSD we also have an e-tool for dangerous substances that has not yet been launched.

He also presented a number of links in the PPT containing useful information.

Questions

J. Minjollet wondered what happens to the self-employed. Mr. Munar explained that he could not speak on behalf of the European Commission, but he realises that there are a large number of self-employed hairdressers. He explained that the work was Europe-wide and that there was a desire for as little discrimination as possible so the information will also be available for the self-employed.

D. Theodorakis wondered what the viewpoint was of the Agency with regards dangerous substances (e.g. potentially cancer-causing substances). Mr. Munar referred to the problem that hairdressers are considered as customers when it comes to the use of cosmetic products. The problem is that MSDs and cosmetic products were discussed and dealt with in different forums.

14. Miscellaneous

The bus leaves at 17.05 to the Ibis hotel.

At 18.20 the bus leaves the Ibis hotel to the location of the evening activity.



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