

## MINUTES OF THE WORKSHOP FOR THE ERGOHAIR PROJECT

**Date** : Friday 13 October 2017  
**Time** : 09.00 – 12.00  
**Location** : Steinberger hotel – Hamburg

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### 01. Introduction

Prof. Albert Nienhaus welcomed all those present as well as Sonja Freitag who will talk about hairdressers, the postures they adopt and specific tasks they carry out.

### 02. Survey among hairdressers – tasks, posture and the link with MSD

Dr Sonja Freitag, German Social Accident Insurance for the Health and Welfare Services (BGW), Department for Occupational Medicine, Hazardous Substances and Public Health, Germany

Dr Freitag explained that the BGW has carried out a survey about MSD among hairdressers.

In the first part of the survey we looked into the activities carried out by these hairdressers, raising their hands for instance, how often they do this and for how long. How much of their total working day is spent carrying out these actions? Cutting accounts for 20% for instance. We used films and photos to observe the postures that they adopt during these activities. During a second phase we use the CUELA measurement system, a kind of suit that takes measurements of the movements of the upper body. Particular attention is paid to the back, elbows, wrists and shoulders as well as the legs. It is important that hairdresser are able to continue to move freely, which is possible since the equipment is wireless. We did not ask normal customers to participate in these tests.

If you take measurements for a period of eight hours, you would end up with 100 million pieces of data, which is huge, but our system has the capacity to store this. We then view the movements again via computer images. It is difficult to see which exact activities were being carried out during these movements (dyeing, washing, cutting), so we overlaid the computer images and the actual photos of the hairdressers as they worked wearing the suit.

In the second part we carried out an ergonomic evaluation. What constitutes positive and negative postures/movements? What does the body have no problem coping with? Which actions do no damage (green)? Which movements can be tolerated to a limited degree depending on the length of time needed to carry out the task (yellow)? And which movements or postures are dangerous (red)? If we look at these statistics according to the type of activity (cutting, dyeing, drying, washing) and the impact thereof on shoulders, elbows, hands and back, we see that a lot of the activities fall into the yellow category. When we study the repetitions required in the tasks, we see that they almost always involve repetitive movements. This survey is limited in that we have studied only one hairdresser, who also has some knowledge of ergonomics.

In the third part of the survey we carried out more research with people via the telephone and a questionnaire. We interviewed these people about the problems they had experienced with different parts of the body over the past 12 months. The neck, lower back, shoulders and upper back came up the most frequently. If we look at influential factors, we see that there is no correlation with BMI and freelance work. Women are slightly more likely to get neck problems. The age, and the number of years of experience do play a role; they are more likely to get MSD. 13.4% of older people have already stopped their work temporarily or reduced the number of working hours due to the pain of MSD, which is quite a big number.

We are still working on part three, but in a fourth part, we will look into the findings. We will look at the typical work and shift profiles and evaluate these in terms of ergonomics. That way we will be able to distinguish physiological and non-physiological sequences of movements, work out preventive measures and raise awareness among hairdressers about their non-physiological movements.

Wolfgang Eder referred to the strange posture that certain hairdressers on the photo adopted (holding hairdryers above the handle, close to the nozzle, bending over, which suggests that it is impossible to cut a straight line). Mrs Freitag assured us that these photos had been taken while work was being carried out, but said that these photos did really show hairdressers during their daily work. We need to check the reality and not an ideal situation, because we need to chart the real situation. Mr. Coigné expressed some doubt about the first photo of the person with the hairdryer. For him, these are either not very good hairdressers or they are adopting an exaggerated pose on the photo. He asked that poor examples not be given if they are not representative of the hairdressing sector.

Mrs Freitag told us that she was showing us what she actually saw during the photo shoot/filming. There are indeed a lot of wrong and rather odd postures in the survey. J. Minjollet said that the way the hairdryer was held was perhaps not so strange as it appears given the surveys carried out with hairdryers where the nozzle is insulated and by holding this, the wrist is able to adopt a less unpleasant position. The same applies to certain ergonomic scissors that put less strain on the hands and are supposed to be able to prevent carpal tunnel syndrome. Mrs Freitag stated that she had not yet worked with this type of more ergonomic equipment, that would result in other postures. Given that this is just the first part of the survey, we realise the enormous potential for adopting more ergonomic habits, but for now we are still working on the results.

Mr. Coigné referred to the fact that posture of the customers can also play a role in the ergonomics for hairdressers, so that hairdressers do not have to adopt an uncomfortable posture. It was also suggested that some hairdressers specialise in one specific activity (e.g. dyeing, washing, etc.) whereby they have to carry out a lot of repetitive movements and do not have any variety in their movements, which would reduce (or increase) the risk of MSD. Mrs Freitag also referred to the pressure that hairdressers are under to work too quickly and to work less ergonomically than is possible. Ergonomic equipment must also be used in an ergonomic manner.

### **03. Introduction to the workshops**

Mr. Rainer Rohr outlined the objective of the workshops. He explained that we will look at the results of the surveys and the differences in legislation or procedures between the different countries. We will also look at the decision in Brussels to tackle MSD and skin complaints, even though the European Commission may decide not to accept this agreement. English will be the working language during the workshops. The group will be split up into smaller groups that will each tackle one single specific theme.

### **04. Minutes of the workshops**

- Subject 1:

*Inventory – Do the scientific findings presented here (frequency of the complaints, workflows, biomechanical strain), match observations in everyday practice?*

The group tried to work in a very solution-oriented manner.

What was lacking in the presentations was the height of the hairdressers. Additional problems with MSD can arise for short hairdressers and for very tall hairdressers.

We would suggest the subject of ergonomics be tackled above all by employers and managers, including via the use of ergonomic equipment. When new equipment has to be purchased, ergonomics must certainly form part of the considerations in the decision.

During training programmes, focus should be placed on repetitive movements/tasks. We don't need specialists in dyeing, washing, etc. and we need to ensure there is diversity in tasks to avoid repetitive gestures and the increased risk of MSD that this entails.

Focus on job-related complaints should also form part of the training sessions. Ergonomics must be given greater promotional coverage in schools and training centres. Yoga for hairdressers also came up, which produced positive experiences. A yoga app for hairdressers for instance that can help to achieve greater balance in the strain put on the different parts of the body.

Emphasis must also be placed on competitiveness and quality in relation to ergonomics and how ergonomics can enhance this quality. Taking care of yourself, adjusting your posture and ensuring optimal organisation of your professional equipment leads to improved quality. In order to make the subject more attractive for employers and employees, we can certainly use this argument.

The commercial aspect also remains important for employers and it is important to link this to the ergonomic aspect, which can reduce absenteeism due to illness.

We wondered if there are still some products that could be designed to produce ergonomic results in work processes. There is still room for improvement, even with ergonomic hairdressing chairs.

One example is certification for ergonomic equipment. We need an institute that would provide an objective and unbiased evaluation of this type of equipment. This would make it easier for employers when purchasing their equipment.

- Subject 2:

**Implementation of the Agreement** – (European Framework on the Protection of Occupational Health and Safety at Work in the Hairdressing Sector)

- *How can the content of Clause 5 – Ergonomic Workplaces be implemented in daily practice?*
- *Do individual EU countries have experience in the prevention of MSD? Is there knowledge of concepts for prevention of other complaints and illnesses in the hairdressing sector (e.g. skin protection) and can this be used for the prevention of MSD?*

The question came up as to what took place in other countries with regards the norms. It was agreed that we needed global European norms.

In the Netherlands there is a folder for employers who want to change their equipment. You have above all to make sure that whatever is done is practical for hairdressers. Gloves for instance. Hairdressers see themselves a very great deal in the mirror. Breaks are scheduled every two hours.

The company doctors and the customers must be informed about safety and ergonomics in the hairdressing salons. This makes customers aware that they are in the hands of a good hairdresser. The importance of involving customers came up a lot in the discussion.

Both employers and employees in the Netherlands have agreed on certain standards that are important to everyone.

We should adhere to the KIS principle: Keep it simple.

A. Nienhaus wondered whether there is a brochure in the Netherlands or whether there are specialised furniture designers that offer guidelines for hairdressers about the correct way to purchase material. A poster already exists in Belgium with guidelines on safety in hairdressing salons and it is available for the sector. This is freely available on the Coiffure.org website ([www.coiffure.org](http://www.coiffure.org)).

With regards disabled people, projects are also afoot to ensure better accessibility to hairdressing salons.

- Subject 3:

**Health and Safety Rules** – *Do systems or models already exist in individual countries to ensure Health and Safety Rules (with emphasis on MSD)?*

- *What are the special requirements in SMEs?*
- *How is Health and Safety integrated into training programmes and education? How is MSD prevention integrated into training programmes and examinations? If it does not yet exist, what would this type of training programme comprise (name the essential points)?*

D. Theodorakis will simplify the system that exists in the various countries to integrate it into his work group. In France the basic education comprises a two-year training programme. This is followed by an additional two-year training programme in order to be able to work independently and to work with chemical products. These training programmes cover both theory and practice. Health and safety (including the subject of MSD) is laid down in law at national level and subsequently integrated by the sectors themselves into the training programmes and on the shop floor.

Croatia offers a three-year training programme to become hairdresser. After which one can practice the profession. One must have two years of experience to be able to open your own salon. Safety and health form part of the training programme. Unfortunately, there is not sufficient monitoring in practice. Are they doing well? There is a system for the educational part, but there is less control of its implementation.

In Italy there is a two-year training programme and one has to have two years' experience in order to run one's own hairdressing salon (no more exams to pass at this point). The regions in Italy are also granted a great deal of autonomy, so that Health and Safety regulations and the implementation thereof differ considerably from one region to another.

Finland has a three-year training programme with one year of practical work in which an internship is organised and sourced by the school. Health and Safety forms part of the training programme, but in order to work with cosmetic products, doctors and chemists are brought in. Experts in the field of MSD are also brought in which is different from the other countries mentioned.

## Special requirements for SMEs

For France, specific recommendations are needed about how to integrate ergonomics into small businesses. Social security, or at least the element associated with healthcare, could provide subsidies when a hairdressing salon re-equips its premises. The system has worked well, but now there is no money available to continue to finance this.

For Croatia the question is whether you want to be an employee or employer. Employees have to go through a formality (fill in paper), rather than follow a real training course on Health and Safety. The OiRA tool must be applied. The most important thing is to ensure the survival of these companies, rather than focusing on Health and Safety.

In Italy there is an umbrella organisation that acts as a good platform for consultation (regional, national and among different partners). Industry helps businesses well, but there is no financial support like there is in France. Studies are being carried out to see whether this could be achieved.

A lot of interesting things are taking place in Finland. There is financial support for the purchase of ergonomic equipment and this applies to all SMEs not just hairdressing salons. Each sector has a right throughout the country to financial support therefore when they purchase ergonomic equipment.

Finland has a national social health service. If MSD is diagnosed as an occupational illness, the employer receives a reimbursement of 60% of the employment costs and 50% if the cause is related to working conditions.

- Subject 4:

**European prevention strategy for reducing MDS?** – Is a large-scale prevention strategy reasonable and practicable?

- What are the essential points of importance for this type of strategy?
- Who does this strategy target and which institutions could be involved in the implementation of such a strategy? (multipliers, working hairdressers, employer organisations, teachers, training institutes, trade associations, insurance companies).
- Which effective resources and media could be used to disseminate information about prevention problems and opportunities and provide an explanation?
- Do specific recommendations need to be provided with regards the purchase or design of equipment, furniture and devices (namely name of manufacturer and

model)? Would the introduction of a certificate /label for ergonomic facilities make sense?

We think prevention should start with students. It is easier to learn about these aspects early on in the process rather than unlearning bad habits later on. The supervisor for apprenticeships in the hairdressing salons must also receive training in ergonomics. We also talked about the equipment that could still benefit from improvement in terms of ergonomics, and the correct way to use them that we also need to teach to the hairdressers.

We all agreed that, given that we work in a creative, beauty-focused sector, we all want to look good and that we are less focussed on health. We also talked about social media and an app where videos can be shown (hairdressers prefer visual communications rather than written ones). It is important to be aware that a healthy lifestyle is important both for one's work and for one's private life.

Philippe asked about the constant use of social media, as surveys have revealed that this is an unhealthy aspect of current lifestyles. Diet is important.

## 05. Recommendations and conclusions

F. Laurent said that he would attempt to formulate conclusions and recommendations.

- we have sufficient scientific research material in order to be able to demonstrate the problem of MSD in our sector. The figures and statistics still need to be completed with the number of workers who have sadly had to leave the sector due to this problem.

- MSD affects the upper body in particular: upper and lower back, shoulders, neck, arms, hands, wrists.

- As we age, we need to take account of the fact that the condition of our bodies declines.

- Employees with complaints who leave the sector (temporarily) (e.g. absenteeism due to illness) cost society and employers a lot of money.

- Being aware of a problem does not automatically result in a change of behaviour. Elements that are very important in a prevention policy are:

- Where and how should a prevention policy be implemented?

- in all training centres (schools, further education, at any point in time during a professional career)

- it must be specific and practical (visual, able to put into practice). Theory is not enough on its own. It must be demonstrated in an authentic environment.

- people need to be able to learn to analyse their own body and adjust their posture.

- diet must definitely be discussed in the prevention policy in training centres. Emphasis should be made that a healthy lifestyle is also essential outside of work! Getting enough sleep, a good diet, being fit, etc. all contribute to the prevention of MSD.

- prevention must also be implemented in the hairdressing salons among apprentices, employees, employers and the self-employed (diverse public).

- employers are important players in prevention policy. The posture, the number of breaks and all in a structured and well-prepared working environment.

- ergonomic equipment must be available. In order to determine what constitutes being ergonomic, we can follow general guidelines (in the Netherlands there are norms, in France a definition of what constitutes an ergonomic wash basin and in Finland there are also norms).

At the workshop in Paris, we must draw up norms and standards for the equipment. It is an ambitious goal and it is perhaps not possible to do this for all types of equipment, but we will definitely attempt to do this for several pieces of equipment. In order to achieve this we need to gather information and work out proposals. This seminar must be prepared by the participants.

- Ergonomic equipment must ensure that adopting unsuitable postures is avoided (arms above the shoulders, bent back).
- Several factors contribute to MSD. Stress is very important and prevalent in hairdressing salons. A pleasant working climate, healthy work environment and diet will reduce stress.
- The role of employers is very important in the combat against MSD. They organise the work, provide advice and are responsible for creating a pleasant working environment.

## How do we go about communicating these findings and recommendations?

- Do not make prescriptive statements like telling people they need to wear gloves.
- Making documents available is useful, but not sufficient.
- Answering questions by telephone has proved to be of little use.
- One-shot operations are not the answer. This will not result in a change in behaviour. Regular monitoring should take place to see if the message has got through and resulted in change.
- We must put over our message positively! That way we will obtain the best results. Investing in of prevention produces results. We must make sure we exchange experiences.
- The University of Hamburg will launch a website with documentation on MSD. Other websites of other organs exist and these are also very useful. Lorenzo Munar also recommended documentation from the European Agency for Health for us. He has made himself available to us and repeated the importance of OiRA.

## In order to prepare for Paris:

- Come up with a proposal for standards for equipment (ergonomic)
- Suggest the form of recommendation

He suggests that the French should provide an ergonomic framework, certainly to be able to take good notes. He thanked the interpreters, the organisers and the participants and wished Agnessa all the very best with the birth of her baby - who knows, **he/she** might turn out to a hairdresser.

## **06. Ends**

A. Nienhaus thanked François for his excellent summing up. He asked to fill in the evaluation, which must be submitted to the European Commission in the report. At 13h everyone was invited to lunch. He wished everyone a safe return home.

Stéphane Coigné was pleased to see the collaborative work between so many different partners. The profession of hairdresser may be sexy, but it's still tough so we have to make sure that hairdressers can work healthily, that they are happy and can earn good money. We want a win-win situation for the employee, employer, self-employed and the customer.