



Body Mapping for Health & Safety

A Resource for CSP Safety Reps



Section 4 - CSP Safety Rep Resource Pack



Body Mapping for Health & Safety

An Inspection Tool for CSP Safety Reps

Introduction

When undertaking inspections that are relevant to your members' needs you may like to consider first getting them together to complete an activity called 'body mapping' which has proven helpful in identifying health and safety problems.

Body mapping assist members in identifying their symptoms through marking them on a body chart.

Through this type of activity, safety reps can see how physiotherapists sustain injuries in their workplace now or even how they are affected by what they did years ago.

The information provided can assist members to successfully challenge their employer to acknowledge and to properly address the problems identified.

Body Mapping

Identifying Members' MSDs

What is it?

The technique of body mapping is supported by Health and Safety Executive and TUC and has been validated and published in peer reviewed journals. It is a useful tool to facilitating discussion with members about the effects of work on their health. It assists safety representatives and members by sharing experiences of a particular ailment or a pain in a part of the body, including what could be the cause. By marking out those shared pain sites on a body map it also provides evidence for the safety rep to then share with management.

Why do it?

The CSP's previous research on work-related musculoskeletal disorders (MSDs) indicated we had a big problem. The reported prevalence of MSDs was high among members - 67.5% and that there was serious under-reporting, which mask the extent of the problem with employers. Of those surveyed only 15.9% reported their injury to their line manager and 10.4% completed a workplace accident report.ⁱ

At the time, the study explored the possible reasons for under reporting which may or may not be relevant still today:

- Members may blame their symptoms on getting older or being unfit without realizing that others are being affected as well.
- They may just accept the symptoms as 'part of the job'.
- A common behavioural trait displayed by physios, is that of a 'can-do' attitude, which implies a 'good physio' just gets on with it.
- Physios believe that their knowledge and skills should protect them from such injuries and therefore it is their own fault if they get hurt.

ⁱ "Work-related musculoskeletal disorders affecting members of the Chartered Society of Physiotherapy" – Research Study Report 2005. Copies of report on sale £10 from CSP Enquiry Handling Unit, CSP, 14 Bedford Row, London WC1R 4ED

- New graduates (are the most vulnerable to injury) tend to be keen and eager to impress & may lack the confidence to speak up if they are exposed to poor practices.
- The ‘patient first’ culture in the profession which puts pressure to conform to the way things are done even if it is at personal risk to the physiotherapist.

To see if the situation is ongoing Safety reps utilising body mapping could begin to raise awareness among members and get them to share their experiences and discuss the importance of submitting incident/accident report forms when injured.

Under Regulation 4 of the Safety Representatives and Safety Committee Regulations 1977, accredited safety reps can investigate potential hazards, complaints by employees and causes of accidents and ill health. Carrying out a body mapping session is a form of inspection as described under these Regulations and reps can legitimately negotiate facilities & paid time to meet members to carry out this exercise.

How to do it

There is nothing difficult about body mapping. A body map is a chart showing the front and back view of a body. Using coloured stickers or pens, members are asked to mark the site of any MSD complaints they may have on the body chart.

Different coloured pens or stickers can be used to identify different problems, for example -

- **Red** - For pain caused by work
- **Blue** - For pain experienced through work but not certain that it was caused by your job in the first instance – i.e. pain could be from an injury or strain from a sports/leisure activity.
- **Green** - For pain experienced by causes or factors outside your job but is also impacting or made worse by your work.

The best method for body mapping is to enlarge the chart on page 6 and get a group of members to fill it in together. It would be ideal if they came from the same service or specialty as that would more readily expose their shared symptoms as a consequence of the way they work or how their work is organised.

Once they start talking to each other, members are quick to spot common problems and often can come up with practical solutions as well. At the end of the

exercise it should be possible to identify any significant problems. Clear clusters may emerge around a particular body part on the map, showing that many people doing the same job are suffering similar symptoms. This evidence along with suggested causes and solutions from participants then sent to management to inform their risk assessments and associated action plans.

If you have difficulties in getting a group together, you could also use the technique by giving every member a chart to complete on their own. Alternatively, you can put it up on your union notice board with instructions for use. However, both these methods are less effective as the real benefits of body mapping is bringing a group of members together to talk about shared problems and to identify solutions. Meeting with the members in this way provides a valuable opportunity for increasing their understanding & support for you in your role as their safety rep as well as show them the value of belonging to the CSP.

Body Mapping Chart

The body-mapping chart on the page 6 can be handed out to members or enlarged to A3 size for use with a group or put on a notice board.

Facilitating Group Discussion –

When facilitating the body mapping session do ask members these questions:

1. Are there common pains/ailments?
2. What types of work/task is causing problems? i.e. see if there is correlation between work specialty and type of MSDs experienced
3. Identify if there are other health problems linked to MSDs e.g. headaches/sleeplessness, irritability etc.
4. If injured at work or experiencing pain caused by their work – did they complete an incident form?
5. In their current post have they been risk assessed for manual handling?
6. As a result of doing this body map is there an immediate issue/problem that needs to be raised with your employer?

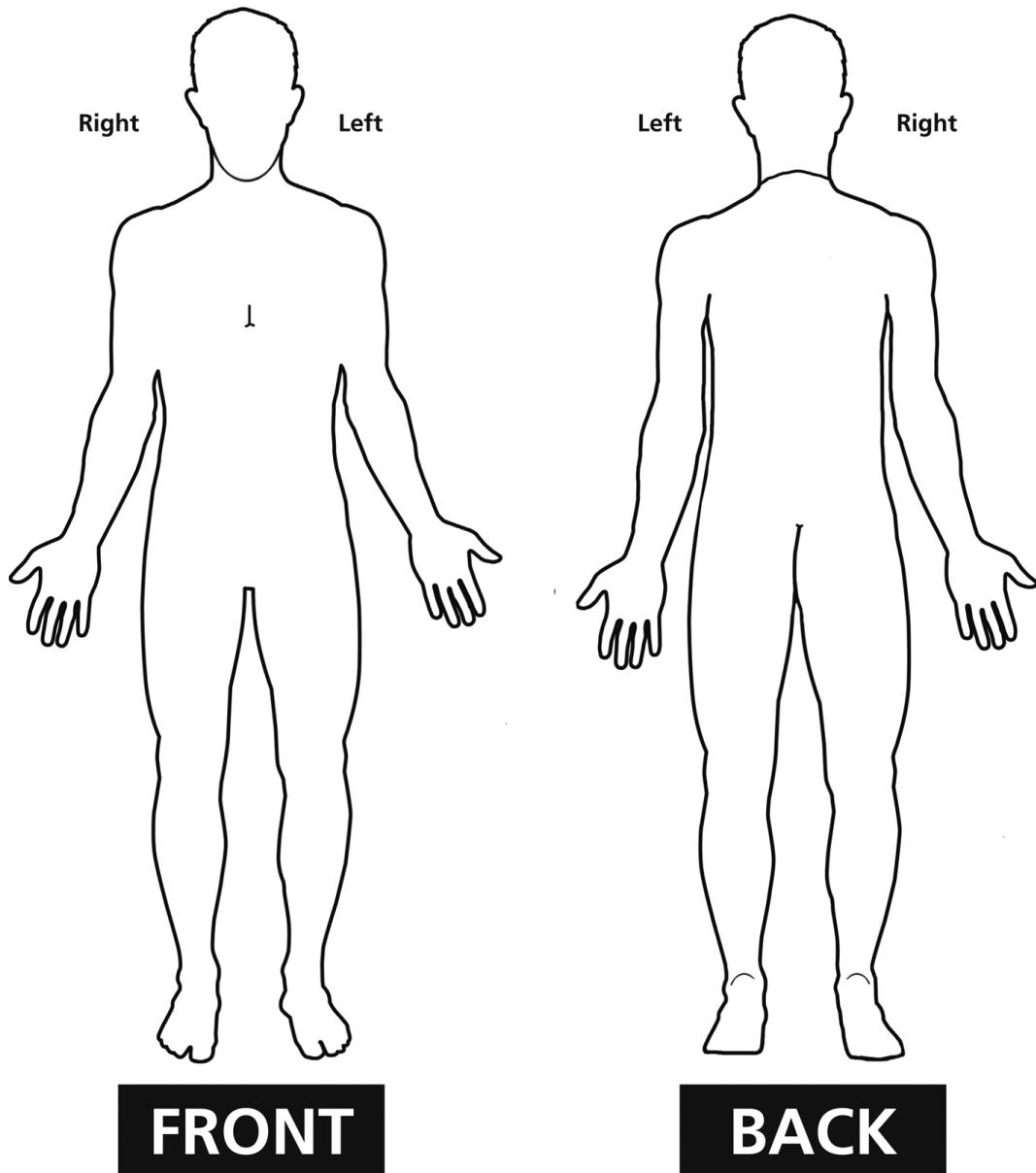


TAKING ACTION

The above responses to your questions will assist in gathering important information needed for you & your members to develop an effective action plan. See pages 9 & 10, for a checklist & chart on how to do this.

It is important to let members who take part to see the results of this exercise. If any improvements are introduced following discussion with your manager, make sure members know about it. Also, continue to monitor the impact of any changes to ensure that they really do work. Undertake another body map with the same group of members after implementation of any improvements to see if they are effective or not.

CSP Body Mapping Chart



Referring to the below sample which allocates a particular colour to each type of pain, please mark (with the correlating coloured pen or spot sticker) on the body chart the areas you are currently or have recently experienced pain. (Your CSP rep will confirm what colour represents each of the 3 pain types listed below)

1. Colour (e.g. Red) = Pain caused by work
2. Colour (e.g. Blue) = Pain experienced through work but not sure if it was caused by your job
3. Colour (e.g. Green) = Pain experienced by causes outside of work but is impacting or made worse by your work.

REPORT OF YOUR BODY MAPPING SESSION

Date of the Meeting: _____

Name of Employer: _____

Department/Service/s _____

Total number participating:

RESULTS OF YOUR BODY MAPPING ACTIVITY

1. Members with pain caused by work

No. of members affected in group

Please give details of location of pain & possible causes?

2. Of those injured at work, or experiencing pain caused by their work did they complete & submit an incident form at the time

No. of members

3. In their present job have they had a manual handling risk assessment undertaken by their employer?

No. of members

Developing an Action Plan – A Checklist

What to do if you got a problem

Introduction

You have done your body mapping with members and uncovered there is a possible problem so what do you do next? It is likely that you & the members may have run out of time, to properly discuss either the origins of the problem or what solutions would be desirable.

If this is the situation, we suggest you ask for a couple of volunteers from your body mapping group to meet up with you. Ideally this meeting should be arranged as soon as possible after your session, so you can review your completed body charts and utilise the below PIP (Problem/Investigation/Plan) checklist and PIP worksheet on the next page to develop your action plan. Don't forget you can contact your Senior Negotiating Officer (SNO) (call CSP 020 7306 6666 if you are not sure who your SNO is) for advice and support.

Problem

- Which of the four factors (job/individual/patient/organisation) do you think is the main cause/s? (Section 1 “New grads & MSDs” of the MSD pack has further information on the factors).
- What sort of problem is it - is it an individual case or a broader problem?
- Can it be resolved at a local level?
- Are others involved? If so, who are they?
- Is it a grievance?

Information

- What further information do you need to help you assess the problem (apart from the findings of your body mapping exercise with members?)
- How can you get relevant information and documents?
- What do local/national agreements say on MSDs/manual handling/relevant training?
- Does your employer follow the criteria for best practice as set out for dealing with musculoskeletal disorders and ensuring safe manual handling in the NHS Staff Council’s Occupational Health & Safety Standards?

- Has your employer undertaken a generic risk assessment that should have covered this problem/cause factor? (see section 5 of the MSD pack on risk assessments)
- If the problem is just for an individual - have they been risk assessed in their current post? If so, what reasonable adjustments do you think your employer should have made?
- Review the CSP's excellent *Guidance on Manual Handling in Physiotherapy* – which is available to download from the CSP website www.csp.org.uk)
- Was an incident/accident form completed at the time & did the member keep a copy?
- Is there a role for Occupational Health?

Plan and Organise

- How can you plan and organise to try and deal with the issues? Can you request the employer undertakes or reviews their risk assessment?
- What advice, assistance and support do you need from other union reps and the CSP?
- What options are there to discuss with your member/s?
- What can you see as a realistic aim and approach?
- What could the member/s do for themselves with your support and assistance?
- If other members are concerned, how will that influence your plan?
- Can you take this up as a collective issue, and how should you keep other members involved?
- What is the best way, and level, to raise the issue with management?
- How should you keep your members or CSP informed?
- As the problem is taken up, what could you ask members to do to get them more active in the CSP?

The PIP Chart

Tackling the key causes of MSDs

Turn over this page for further information on the 4 key causes - job/individual/patient/organisation

The Job	The Individual
Problem	Problem
Investigation	Investigation
Plan	Plan
The Patient	The Organisation
Problem	Problem
Investigation	Investigation
Plan	Plan

MSD Four Key Causes:

1. The Individual – how aware the member is of the risks they face, their feelings of responsibility for the patient, their ability to time manage. Do they struggle to properly prioritise their cases? How assertive are they in raising issues regarding their level of knowledge or concerns about their work?

2. The Job, including

- (a) **Lack of time** provided to fully implement safe manual handling from the perspective of the graduate.
- (b) **Heavy caseload** - Consistently treating a large number of patients (as is often the case with new graduates) may result in a less precautionary approach to manual handling.
- (c) **The culture of the workplace** by setting the boundaries of behaviour/expectations. For example, if treating a high number of patients on a daily basis is considered ideal behaviour then that may strongly influence or define a physiotherapist's level of prestige among his or her peers/employer.
- (d) **Therapeutic handling** -The bulk of physiotherapy patient handling is about physical rehabilitation, and this may limit how physiotherapists can practically apply some preventative measures, which are primarily about lifting and moving objects.

3. The patient, such as

- (a) **Unexpected events** when dealing with the patient, and thus can't be easily planned for in advance, which reduces the likelihood of adopting or the effectiveness of any precautionary/preventative strategies they may have used.
- (b) **Patients' expectations or needs** influencing the kind of preventative strategies that the member may have otherwise pursued.

4. The Organisation/Employer, for example –

- (a) **Peer support** – The level or extent of support on offer from colleagues, which could make it much easier for them to adopt safer practices.
- (b) **Equipment provision** – when equipment is not provided or time is wasted trying to locate it - can all negatively impact on whether preventative strategies are applied.
- (c) **Ineffective Manual Handling Training** – having to wait too long to get on a course after commencing employment. Or the level of training is too abstract from the realities of the clinical situation.
- (d) **Staff shortages** – the member ends up lifting or working on their own as opposed to looking for help.
- (e) **Environment** – the actual space to work is inadequate.
- (f) **Culture & working practices** –Working alongside colleagues who don't apply preventative strategies. The most common reason this happens is the individual lacks the confidence to say 'no'.
- (g) **Rotation** - Are managers including the physical 'wear and tear' as a rotation planning consideration in terms of ensuring balance between the different intensity of manual handling work? For example, working in Musculoskeletal Outpatients where patient rehabilitation therapy requires the physiotherapist to undertake repetitive actions, which can lead to thumb and hand injuries if insufficient breaks in this type of work is not provided.