THIRD MEETING OF THE SRM TRIPARTITE WORKING GROUP

(25-29 SEPTEMBER 2017)

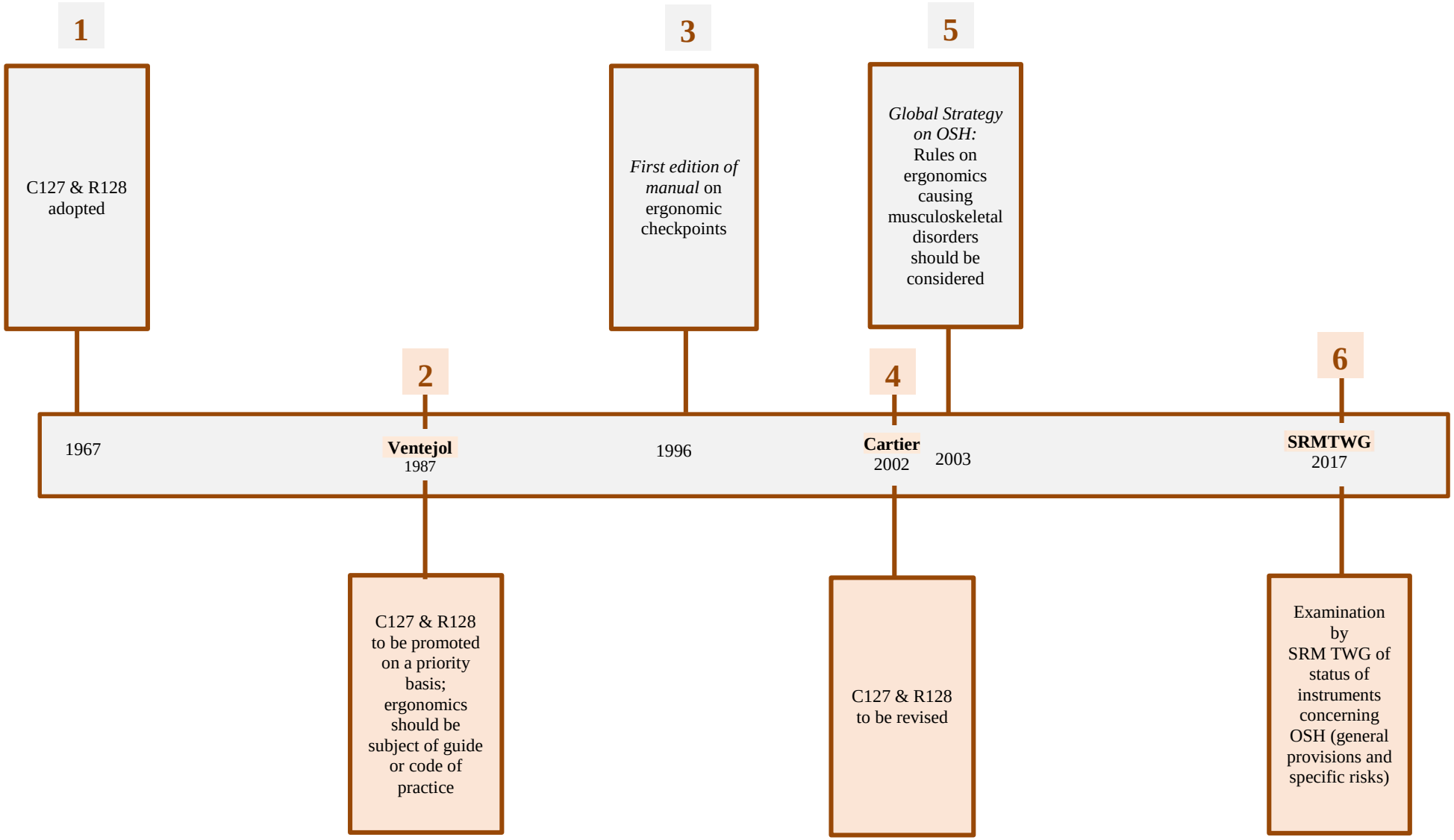
EXAMINATION OF INSTRUMENTS CONCERNING OCCUPATIONAL SAFETY AND HEALTH (GENERAL PROVISIONS AND SPECIFIC RISKS

Technical Note 8: Instruments concerning maximum weight

- The sub-topic of *maximum weight* falls within the category of instruments dealing with 'specific risks' (ergonomics).
- The sub-topic of maximum weight includes the **Maximum Weight Convention, 1967 (No. 127)** and the **Maximum Weight Recommendation, 1967 (No. 128)**
- *Current status of instruments:* to be revised (upon recommendation of Cartier Working Party)
- *Possible action to be considered*: classification as *instruments requiring further action*; possible gap in coverage in relation to the broader topic of ergonomics; consideration within any revision process on OSH

18 August 2017

ILO regulation of maximum weight: Chronology of developments



ILO regulatory approach to the maximum weight to be carried by workers

The **Maximum Weight Convention, 1967 (No. 127)** and the **Maximum Weight Recommendation, 1967 (No. 128)** aim at the protection of workers arising out of the manual lifting**,** lowering and moving of weights. These instruments deal with a single specific hazard (and belong to the category of instruments dealing with specific risks).

At the time that Convention No. 127 and Recommendation No. 128 were adopted, the accepted regulatory approach was for a focus on industrial safety and the prescription of precise rules. This approach in dealing with hazards has expanded in more recent OSH instruments, which are policy-based and focus on safety and health at the workplace level and on the assessment of risks, providing for responsibilities of employers, workers and their representatives in this respect.

Chronology: Convention No. 127 and Recommendation No. 128 at a glance

1. 1967: ILC adopted Convention No. 127 and Recommendation No. 128

Convention No. 127 provides that workers shall not be required or permitted to engage in the manual transport of a load which, by reason of its weight, is likely to jeopardize their health or safety. The Convention requires ratifying States to take appropriate steps to this effect, particularly as regards the training of workers and the use of suitable technical devices. Recommendation No. 128 provides further guidance, such as in relation to training, weight limits and suitable technical devices.

See: Maximum Weight Convention, 1967 (No. 127)
Maximum Weight Recommendation, 1967 (No. 128)

2. 1987: Governing Body decided that Convention No. 127 and Recommendation No. 128 should be promoted on a priority basis, and proposed regulation of ergonomics

The Governing Body, upon recommendation of the Ventejol Working Party, decided that Convention No. 127 and Recommendation No. 128 should be promoted on a priority basis.[1] The Ventejol Working Party considered that the subject of "ergonomics and organisation of methods of work" should be the subject of codes of practice or guides.

See: GB.235/WP/ILS/1, para. 11 and Appendix II, GB.235/12/8, Appendix III, para.26
GB.236/3/2, para. 13 and GB.194/PFA/12/5, Appendix I, p. 67 and 69

[1] The *Ventejol* Working Parties classified Conventions and Recommendations into four categories: (1) existing instruments, the ratification and application of which should be promoted on a priority basis; (2) existing instruments, the revision of which should be appropriate; (3) other existing instruments; and (4) subjects for which the formulation of new instruments should be considered.

3. 1996: First edition of manual on ergonomic checkpoints

The manual was prepared by the ILO in collaboration with the International Ergonomics Association. It offers guidance on ergonomic problems, particularly for small and medium-sized enterprises, in order to reduce occupational accidents and diseases and increase productivity. Rather than prescribing maximum weight limits, it recommends the use of suitable mechanical devices and properly designed packages and containers when lifting or moving weights. It also proposes practical and effective measures to prevent and reduce fatigue and injuries where manual lifting of load is unavoidable. The manual also recommends a number of other ergonomic measures.[2] More recently, smartphone and smart terminal applications on ergonomic checkpoints have been made available on the ILO website.

See: Manual on ergonomic checkpoints (revised edition published in 2010)
Ergonomic checkpoints app on the website of the ILO

4. 2002: Governing Body classified Convention No. 127 and Recommendation No. 128 as instruments to be revised

The Governing Body decided, upon recommendation of the Cartier Working Party, that Convention No. 127 and Recommendation No 128 should be revised, preferably through a general, rather than a partial, revision. Revision was considered necessary for a number of reasons, including that the instruments should require a preventive and risk assessment approach rather than an approach based on predetermined fixed safety limits; and the instruments should be adapted to modern knowledge, including for example, references to lifting techniques.

See: GB.283/LILS/WP/PRS/1/2, paras. 7 and 43, Appendix II, Table 1
GB.277/LILS/WP/PRS/4, page 10, I.13.
GB.271/LILS/WP/PRS/2, paras. 10-18, GB.268/LILS/WP/PRS1, VIII.5

5. 2003: ILC adopted Global Strategy on OSH: Convention No. 127 and Recommendation No. 128 to be revised

At its 91st Session, the ILC considered the implementation of an integrated approach to ILO standards-related activities in the area of OSH. The resulting Global Strategy on OSH included priorities for revising existing, and developing new, instruments. In the context of the suggested revision of Convention No. 127 and Recommendation No. 128, a "preventive" (or risk assessment) approach was discussed, while it was considered that a protective approach might still be relevant in countries where manual lifting is more prevalent. The Global Strategy prioritised the development of new instruments in the area of ergonomics and hazards causing musculoskeletal disorders, a broad topic which includes, but is not limited to, the lifting of weights.

[2] The manual recommends, for example, that materials should be moved horizontally at the same working height, that bending or twisting should be avoided; that objects should be lifted and carried close to the body, and that the muscle power of the legs (not the back) should be used.

See: 2003 Global Strategy on Occupational Safety and Health para.8
ILO standards-related activities in the area of OSH: An in-depth study for discussion, Report VI: ILC, 91st Session, 2003, Geneva, paras. 173 and 174

The instruments in 2017: developments since the instruments were adopted

A Policy context

Ergonomic problems and bad work organization are workplace risk factors. These factors include postural stress from prolonged sitting, standing, or awkward position; stereotyped and repetitive tasks leading to chronic injury; peak overload injuries to the axial or peripheral skeleton; environmental factors; and psychosocial factors including psychological stresses, job dissatisfaction, and complex social issues, such as compensation laws and disability system.

Adverse ergonomic working conditions can cause visual, muscular and psychological disturbances such as eye strain, headaches, fatigue, musculoskeletal disorders (MSDs) such as chronic back, neck and shoulder pain, Cumulative Trauma Disorders (CTDs), Repetitive Strain Injuries (RSIs) and Repetitive Motion Injuries (RMIs), psychological tension, anxiety and depression. Psychosocial factors that result from the organization of work are considered to have impacts on the development of MSDs. Work organization, working time arrangement, different work schedules (day work versus various types of shift work), working hours and overtime can also produce negative impacts on the health of workers.

MSDs are one of the most common health problems caused by adverse ergonomic working conditions affecting tens of millions of workers across all employment sectors. Musculoskeletal complaints are also a major cause of absence because of sickness in developed countries; they are second only to respiratory disorders as a cause of short-term sickness absence. The cost of work related MSDs is immense. Preventing ergonomic problems and MSDs and obtaining optimal performance can be achieved when equipment, workstations, products and working methods are designed according to human capabilities and limitations: that is by applying the principles of ergonomics.

In response to the grim picture of the global occupational safety and health problems including the increased concern with the workplace ergonomic problems and work-related MSDs in both developed and developing countries, the 2003 ILO Global Strategy on OSH requested the ILO to give highest priority to the development of new instruments in the areas of ergonomics and biological hazards. Further, the List of Occupational Diseases in the Annex to the List of Occupational Diseases Recommendation, (No. 194) includes a specific section on occupational MSDs, and occupational MSDs have been recognized by a number of countries and included in the 2003 European schedule of occupational diseases. ILO's technical cooperation activities on ergonomics have been focused on the promotion in the member States of voluntary,

participatory and action-oriented actions to improve working conditions and work organizations of the small and medium sized enterprises.[3]

B International labour standards context

(1) Information relating to the ratification of Convention No. 127

The Convention has been moderately well ratified. Since the classification of Convention No. 127 as "to be revised" following the recommendation of the Cartier Working Party in 2002, there have been four additional ratifications.

Convention	Effective ratifications:	Further information
Convention No.127	29 effective ratifications (0 denunciations)	• Last ratification: 2012 (*Honduras*) • Ratification by dates: 1969-1978: 18 ratifications; 1983-1997: 7 ratifications; 2008-2012: 4 ratifications • Ratification by region: Europe and Central Asia: 13 ratifications,[4] Americas: 10 ratifications,[5] Africa: 3 ratifications,[6] Asia and the Pacific: 2 ratifications,[7] Arab States: 1 ratification.[8]

The subject of ergonomics is mentioned in the Occupational Health Services Convention, 1985 (No. 161), where advice on ergonomics and collaboration in providing information, training and education in the field of ergonomics are listed among the functions of occupational health services. Further references to ergonomics are contained in the Safety and Health in Construction Convention, 1988 (No. 167), which requires ergonomic principles to be taken into account in the design and construction of vehicles, earth-moving or materials-handling equipment, plant, machinery and equipment including hand tools and protective equipment and clothing.[9]

[3] ILO. Work Improvements in Small Enterprises: ilo.org/travail/whatwedo/instructionmaterials/WCMS_152468/lang--en/index.htm; ILO. Working conditions: Agricultural workers (WIND), www.ilo.org/travail/whatwedo/projects/WCMS_122334/index.htm.
[4] *Bulgaria, France, Hungary, Italy, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Republic of Moldova, Spain* and *Turkey.*
[5] *Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, Ecuador, Guatemala, Honduras, Nicaragua, Panama* and *Peru.*
[6] *Algeria, Tunisia* and *Madagascar.*
[7] *India* and *Thailand.*
[8] *Lebanon.*
[9] Report VI: ILC, 91st Session, 2003, Geneva, para. 173

(2) Information concerning the implementation of Convention No. 127

There are currently 20 pending comments by the Committee of Experts concerning the application of the Convention in ratifying States. The major recurrent themes concerning the application of Convention No. 127 include:

- The prohibition of the manual transport of loads likely to jeopardize the health and safety of workers, including the absence of specifying weight limits in law and practice (*Article 3*);[10]
- Training provided to workers before being assigned work involving the manual transport of loads (*Article 5*);[11]
- Minimum age concerning the assignment of the regular manual transport of loads to young workers (*Article 7*);[12]
- Consultation with the social partners in taking steps to give effect to the Convention (*Article 8*);[13]
- Enforcement activities, including adequate inspection to ensure compliance.[14]

There has been one representation made under article 24 of the Constitution in relation to the application by *Costa Rica* of several Conventions, including Convention No. 127. The tripartite committee set up by the Governing Body to examine the representation did not reach any conclusions on the application of Convention No. 127 in view of the absence of specifications concerning the alleged violation of that Convention.[15]

The application of the Convention has been considered by the Conference Committee on the Application of Standards in relation to *Tunisia* (effect given in the national legislation to *Articles 5* and *6* of the Convention concerning the maximum weight to be transported by one worker, training of workers and the use of technical devises for the transport of loads),[16] *Algeria* (general OSH conditions in the country in law and practice),[17] and *Madagascar* (absence of

[10] *India*, direct request published in 2016, *Malta*, direct request published in 2017, *Turkey*, direct request published in 2016.
[11] *Bolivarian Republic of Venezuela*, direct request published in 2015; *Guatemala*, direct request published in 2016; *Panama*, direct request published in 2015; *Poland*, direct request published in 2015;
[12] *Guatemala*, direct request published in 2016; *Thailand*, direct request published in 2015;
[13] *Poland*, direct request published in 2015; *Spain*, direct request published in 2015
[14] *Nicaragua*, direct request published in 2015; *Panama*, direct request published in 2015; *Poland*, direct request published in 2015; *Thailand*, direct request published in 2015
[15] ILO: *Report of the Committee set up to examine the representation alleging non-observance by Costa Rica of the Right of Association (Agriculture) Convention, 1921 (No.11), the Labour Inspection Convention, 1947 (No.81), the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No.87), the Protection of Wages Convention, 1949 (No.95), the Right to Organise and Collective Bargaining Convention, 1949 (No.98), the Social Security (Minimum Standards) Convention, 1952 (No.102), the Employment Policy Convention, 1964 (No.122), the Maximum Weight Convention, 1967 (No.127), the Medical Care and Sickness Benefits Convention, 1969 (No.130), the Minimum Wage Fixing Convention, 1970 (No.131), the Workers' Representatives Convention, 1970 (No.135), the Minimum Age Convention, 1973 (No.138), and the Tripartite Consultation (International Labour Standards) Convention, 1976 (No.144)*, Governing Body, 230th Session, Geneva, June 1985, Vol. LXVIII, 1985, Series B, Special Supplement 3/1985, paras. 48, 49 and 50.
[16] Individual case concerning the application of Convention No.127 by *Tunisia*, ILC, 73rd Session, 1987.
[17] Individual case concerning the application of Convention No.127 by *Algeria*, ILC, 73rd Session, 1987.

weight limits of loads for adult men and the widespread use of sacks of 90, 75 or 70kg in factories, transportation and agriculture).[18]

Key considerations in determining the status of Convention No. 127 and Recommendation No. 128

In examining Convention No. 127 and Recommendation No. 128 for the purposes of determining their status, the following considerations are particularly relevant:

- Convention No. 127 is moderately well ratified.
- In 2002, Convention No. 127 and Recommendation No. 128 were considered by the Cartier Working Party to be in need of revision, subsequently confirmed in the 2003 Global Strategy on OSH which proposed the adoption of a new instrument on ergonomics, a broader topic including the lifting of weights. No follow-up has yet been taken to this proposal.
- The more modern OSH instruments provide for a national policy on the subject matter they regulate and take a management approach to OSH, recognising the role of employers and workers to manage OSH at the workplace level.[19]
- Contrary to other OSH Conventions, Convention No. 127 does not explicitly require Governments to establish systems to ensure compliance.
- Recommendation No. 128 provides that "where the maximum permissible weight which may be transported manually by one adult male worker is more than 55 kg, measures should be taken as speedily as possible to reduce it to that level". European Directive 90/269/EEC of 29 May 1990, transposed into national law by many European Union Member States, focuses mainly on risk analysis and prevention and does not prohibit the manual transport or handling of loads likely to jeopardize workers' health as required by Article 3 of Convention No.127. The same approach is taken in the ILO manual on ergonomic checkpoints. On the other hand, the 2003 Global Strategy on OSH recognised that the protective approach (i.e. the prescription of maximum weight limits) taken in Convention No. 127 and Recommendation No. 128 might retain its relevance in some countries and in the informal economy.

Possible action to be considered in relation to Convention No. 127 and Recommendation No. 128

As the issue of protection against musculoskeletal disorders remains a valid issue in the world of work, especially in the light of the ongoing ageing of the workforce, the instruments do not appear to have lost their purpose. However, other hazards than the lifting of weights relating to the broader subject of ergonomics are not addressed in the instruments, suggesting that

[18] Individual case concerning the application of Convention No. 127 by *Madagascar*, ILC, 79th Session, 1992
[19] Report VI: ILC, 91st Session, 2003, Geneva, para.47. See for example, the Occupational Safety and Health Convention, 1981 (No. 155), the Chemicals Convention, 1990 (No. 170), the Prevention of Major Industrial Accidents Convention, 1993 (No. 174) and the Safety and Health in Mines Convention, 1995 (No. 176)

Convention No. 127 and Recommendation No. 128 are not fully coherent with the development of scientific knowledge and changes to the world of work. Further, the instruments do not appear to fully reflect the modern regulatory approach to OSH.

Taking into account the continuing need for regulation concerning ergonomics, the SRM TWG may wish to consider whether Convention No. 127 and Recommendation No. 128 are in need of revision, including whether there is a gap in coverage in relation to the broader issue of ergonomics. If it concludes, following its examination, that these instruments are in need of revision, the SRM TWG may wish to consider:

1. Determining that, as Convention No. 127 and Recommendation No. 128 require revision, they should be classified as *instruments requiring further action* within their current legal status as active instruments, accordingly necessitating practical and time-bound follow-up action.
2. Proposing practical and time-bound follow-up action through a revision process on OSH that particularly takes into account the discussions of the SRM TWG in this regard, notably in relation to any gap in coverage identified.
3. Deciding that it will monitor the Organization's implementation of the proposed follow-up and, at an appropriate time, reconsider changing the legal status of the instruments to recognise developments.
4. Making any resulting recommendations to the Governing Body.