

Risk assessment for Hairdressers

Summary

Following a brief introduction to the hairdressing sector and occupational health and safety in the sector, this article includes sections on 'How to do a Risk Assessment' and 'How to use a Checklist'. A checklist is then presented to help identify the hazards in the sector. An extensive list of 'proposed solutions and examples of preventive measures' is then considered for different questions posed in the general checklist. A case study is then presented, to show the importance of identifying hazards and taking the appropriate preventive measures. Finally, sources of further information are presented at the end of the article.

Introduction to the hairdressing sector

There are approximately 355,000 hairdressing companies and 400,000 hair salons in Europe.[1] The hairdressing sector is a typical SME sector, and most salons are independent enterprises. A small part of the sector (about 10-15%) consists of large salon chains. In some countries – in particular the Netherlands, Switzerland and Denmark – a substantial number of hairdressers carry out their business at home or in a dwelling. The number of employees in the sector is estimated to be around 940,000. More than 50% of them work in Germany or Italy, and another 29% are based in France and the United Kingdom. About 40% of hairdressers work part-time. The employee turnover is relatively high.[1]

Hairdressers are exposed to serious occupational health risks, which can cause absenteeism from work, early drop-out and social security applications at a relatively young age. Consequently, improving the working conditions of hairdressers is a major priority.

Introduction to the health and safety risks of hairdressers

Physical load and ergonomics

The number of hairdressers reporting with serious or regular musculoskeletal complaints is estimated to be almost 40% for work-related arm, neck and shoulder complaints and 30% for back complaints.[2] This high prevalence of musculoskeletal complaints is caused by (a combination of) working postures and repetitive and sometimes forceful movements of the hands and fingers.[3] In many of their daily work tasks hairdressers work for prolonged periods with elevated arms, bent back and bent head. These working postures induce a static load of the neck and shoulder muscles, causing muscle fatigue. Moreover, in washing, haircutting and styling tasks, extreme



positions of the forearm and wrists occur frequently, increasing the risk of tendon-related disorders, e.g. tennis elbow or carpal tunnel syndrome. Lack of ergonomically designed workplaces and equipment (hairdryers, scissors) contributes to these risks.

Working with chemicals

Other common occupational health problems of hairdressers are skin and respiratory disorders from allergenic or irritating materials.[4,5,6]

Aerosols are widely used in hairdressing. Aerosol particles may penetrate the lungs. Short peak concentrations (<1 minute) for particles and aerosols could exceed the maximum accepted concentrations for particles by a factor of 10.[7] Occupational hygiene measures such as appropriate ventilation are often lacking.[8]

Rinses, dyes, bleaches and perm chemicals include emulsifiers, preservatives and scents. These substances destroy the skin's natural protective function and can cause toxic contact eczema and allergies. Fumes and dust that are produced during the mixing and preparation of the dyes can irritate the mucous membranes and cause respiratory diseases. They may also be associated with the slightly increased reproductive risk of hairdressers.[9] Employees who are responsible for hair washing, e.g. trainees and untrained assistants, are particularly at risk. Finally, prolonged contact with moisture (wet work) impairs the skin's protective function and causes irritant contact dermatitis and allergies.

Psychosocial issues

It is estimated that 30% of sick leave taken by hairdressers is related to psychological complaints.[2] Little information is available on the causes of these complaints in the sector. In general, stress and stress-related problems can be caused by psychosocial issues at work. Psychosocial issues that could be expected to be relevant for hairdressers are: time pressure, lack of control in organising the work and taking breaks, lack of support by colleagues or superiors, lack of appreciation or rewards, conflicts, lack of career development possibilities, imbalance between work and private life, sexual harassment, aggression and violence and teasing at work. Some of these factors can also increase the risk of musculoskeletal disorders. Therefore, it is very important to be aware of both the risks and the preventive actions that can be taken.

How to do a Risk Assessment

Risk assessment is the process of evaluating risks to workers' safety and health from workplace hazards. A risk assessment is a systematic examination of all aspects of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not



what preventive or protective measures are, or should be, in place to control the risks.

For most businesses, especially small and medium-sized enterprises, a straightforward five-step approach (incorporating elements of risk management) such as the one presented below should work well.

Step 1. Identifying hazards and those at risk.

Looking for those things at work that have the potential to cause harm, and identifying workers who may be exposed to the hazards.

Step 2. Evaluating and prioritising risks Estimating the existing risks (the severity and probability of possible harm...) and prioritising them in order of importance.

Step 3. Deciding on preventive action Identifying the appropriate measures to eliminate or control the risks.

Step 4. Taking action

Putting in place the preventive and protective measures through a prioritisation plan.

Step 5. Monitoring and reviewing

The assessment should be reviewed at regular intervals to ensure that it remains up to date.

However, it is important to know that there are other methods that work equally well, particularly for more complex risks and circumstances.

For more information: <u>http://osha.europa.eu/en/topics/riskassessment</u>

What is (and is not) a checklist and how to use it

- A checklist can help identify hazards and potential prevention measures and, used in the right way, forms part of a risk assessment.
- A checklist is not intended to cover all the risks of every workplace but to help you put the method into practice.
- A checklist is only a first step in carrying out a risk assessment. Further information may be needed to assess more complex risks and in some circumstances you may need an expert's help.
- For a checklist to be effective, you should adapt it to your particular sector or workplace. Some extra items may need to be covered, or some points omitted as irrelevant.
- For practical and analytical reasons, a checklist presents problems/hazards separately, but in workplaces they may be intertwined. Therefore, you have to take into account the interactions



between the different problems or risk factors identified. At the same time, a preventive measure put in place to tackle a specific risk can also help to prevent another one; for example, air conditioning put in place to combat high temperatures can also prevent stress, given that high temperatures are a potential stress factor.

- It is equally important to check that any measure aimed at reducing exposure to one risk factor does not increase the risk of exposure to other factors; for example, reducing the amount of time a worker spends reaching above shoulder level may also increase the time spent working in a stooped posture, which may lead to back disorders.
- It is essential that checklists are used as a means of development support, not simply as a 'tick-the-box' formal checklist.

Checklist and examples of preventive measures

The checklist consists of questions on six types of occupational hazards. The questions can be answered 'yes' or 'no'. Measures that can be taken to eliminate or reduce the hazard are often already indicated by the questions themselves. In addition, for each hazard, one or more further examples of risk reduction measures are described. Three types of measures can be distinguished: Technical, Organisational and Person-oriented measures.

| Part A. | Does the hazard exist at the workplace | e? | |
|---------|---|-----|----|
| 1 | Physical load and ergonomic workplace design | | |
| | Questions | Yes | No |
| 1.1 | Do clients' and hairdressers' seats and washbasins enable a good working posture for the variety of different tasks carried out by a hairdresser? | | |
| 1.2 | Are (sufficient) hairdressers' seats/sitting aids available in the salon? | | |
| 1.3 | Does the amount of working space – e.g. around the washbasin and client seat – cause uncomfortable working postures? | | |
| 1.4 | Are special child seats or seat enlargers used for children? | | |
| 1.5 | Are clients' and hairdressers' seats easily adjustable and do all employees know how to adjust the seats to obtain an upright working posture? | | |
| 1.6 | Do scissors meet the ergonomic criteria (do they have a little finger support, are they nickel free and sharp)? | | |
| 1.7 | Do employees work in solid shoes (without heels) that give good support and enable a good working posture? | | |



| 1.8 | Is there sufficient variation in the work, enabling the employees to work in different postures? | | |
|------|--|-----|----|
| 1.9 | Do employees take regular breaks (i.e. 5 minutes each hour and 10 minutes every 2 hours)? | | |
| 1.10 | Do employees complain about the climate (temperature, draught, fresh air) or smell in the salon? | | |
| 1.11 | Is there sufficient light for safe and efficient task performance? | | |
| 2 | Working with chemicals | | |
| | Questions | Yes | No |
| 2.1 | Is all information about the hazards of the chemicals available and known to all employees? | | |
| 2.2 | Is the fresh air supply sufficient? | | |
| 2.3 | Are employees sufficiently protected from exposure to chemicals? | | |
| 2.4 | Have substitutes been checked? | | |
| 2.5 | Are employees exposed to dust, e.g. from hair bleaching products? | | |
| 2.6 | Are the manufacturers' safety instructions followed? | | |
| 2.7 | Have employees been instructed on working safely with dangerous materials? | | |
| 2.8 | Are applicators, serving dispensers and closed systems used for application of the products? | | |
| 2.9 | Is the break area free from chemicals? | | |
| | | | |
| 3 | Risks of skin disorders | | |
| | Questions | Yes | No |
| 3.1 | Are there cosmetic products that can cause skin disorders? | | |
| 3.2 | Is there a skin-protection plan in the salon that is communicated to all employees? | | |
| 3.3 | Is the amount of wet work evenly distributed among the employees to reduce the duration of wet work to 2 hours per employee per day? | | |
| 3.4 | Do employees wear jewellery on hands and arms? | | |
| 3.5 | Are protective gloves routinely being used for washing hair, for chemical tasks and for cleaning tasks by all employees? | | |
| 3.6 | Are all employees instructed in the use of, and encouraged to use, protective gloves and creams? | | |



| 4 | Electrical risks, falls and cuts | | |
|-----|---|-----|----|
| | Questions | Yes | No |
| 4.1 | Are the floors slippery and dirty with hair, water, polish and oil during work time? | | |
| 4.2 | Are aisles or passageways tidy (e.g. without vacuum cleaner hoses, cords, electrical cables and extension boards lying on the floor)? | | |
| 4.3 | Do the employees wear slippery shoes? | | |
| 4.4 | Do scissors and knives have safety features? | | |
| 4.5 | Is electrical equipment (hairdryers and clippers) used according to the suppliers' safety instructions, i.e. not in the neighborhood of washbasins? | | |
| 4.6 | Are the electrical devices and cables undamaged and regularly examined? | | |
| 4.7 | Are electrical devices protected against splashwater? | | |
| | | | |
| 5 | Psychosocial issues and work organisation | | |
| | Questions | Yes | No |
| 5.1 | Is there often heavy time pressure? | | |
| 5.2 | Can problems in relation to the work, i.e. heavy time pressure, be discussed openly and solved with the help of colleagues or superiors? | | |
| 5.3 | Can employees control their own daily work schedule, i.e. which tasks they perform when and when to take breaks? | | |
| 5.4 | Is there sufficient appreciation for the hairdressers' work from the employer, colleagues and customers? | | |
| 5.5 | Is it possible for employees to follow professional courses or training programmes? | | |
| 5.6 | Is the work largely specialised and therefore monotonous for some employees? | | |
| 5.7 | Do the employees take regular breaks? | | |
| 5.8 | Are employees trained to deal with aggressive customers or threatening situations? | | |
| 5.9 | Can employees talk to someone (an independent person) about confidential problems, e.g. sexual harassment, conflicts or teasing at work? | | |



| 6 | General issues | | |
|-----|--|-----|----|
| | Questions | Yes | No |
| 6.1 | Are there conditions in the working environment that could contribute to absence through sickness? | | |
| 6.2 | Is there someone in the neighborhood educated for first aid in case of emergency? | | |
| 6.3 | Have the necessary measures for first aid, fire- fighting and evacuation of workers been taken? | | |
| 6.4 | Are young employees, under 18 years, supervised by an adult? | | |
| 6.5 | Have young employees, under 18 years of age, received training and instructions on the occupational risks and preventive measures? | | |
| 6.6 | Is special attention given to the increased risks of pregnant women, i.e. with respect to working with chemicals, uncomfortable working postures and standing for long periods of time? | | |
| 6.7 | Do breastfeeding women have the opportunity and facilities for pumping? | | |



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The proposed solutions presented in Part B are examples of preventive measures that can be taken to prevent or reduce risks. The preventive measures correspond to the questions in Part A.

| Part B. | Examples of preventive measures | |
|-----------|---|--|
| Questions | 1. Physical load and ergonomic workplace design | |
| | Technical measures: | |
| 1.1 | Using furniture and equipment that meets the ergonomic guidelines is important to achieve healthy working postures. This includes: - Using height-adjustable client seats that are easy to adjust and can be turned around. The client's position determines the working height and thus the working posture of the hairdresser. Therefore, it is important that the client's seat can be adjusted to enable hairdressers of different heights to work in an upright posture. The seat should be stable and preferably have a flat ground plate that enables standing on them. - Using washbasins that are not too deep and long (front-back) and have sufficient space for the feet and knees under the basin | |
| | to enable the hairdresser to stand close to the client's head in order to minimise reaching distances and prevent bending postures. | |
| 1.2 | Providing a special hairdresser's sitting aid on wheels that can easily be moved around the client; this reduces the duration of standing task performance and of bending the back. | |
| 1.3 | Designing the workplace in such a way that there is sufficient space behind the washbasins and the hairdresser's sitting aid can be used around the client's seats. | |
| 1.4 | Using special child seats for small children and seat enlargers for larger children to avoid bending forward with the neck and back. | |
| 1.6 | Using sharp scissors with little finger rest to reduce and improve the division of the force needed. | |
| 1.7 | Using good, solid shoes without heels, to enable a good working posture, prevent backache and increase grip. | |
| 1.10 | The salon should be a comfortable place for the hairdresser to work in. The temperature should be adjusted to suit all employees, e.g. by installing an air conditioning system. Draughts and smells should be avoided and there should be sufficient fresh supply (at least 100m ³ /h per employee). | |



| 1.11 | The amount of light should enable the hairdressers to perform their jobs properly. Daylight is preferred. If daylight is impossible lamps of 5000-6000 Kelvin are recommended to imitate daylight. The lamps should be placed in such a way that reflections of light in the mirrors and working in one's own shadow are avoided. | |
|-----------|--|--|
| | Organisational measures: | |
| 1.8 | Introducing task rotation in such a way that regular variation of working postures is possible. | |
| 1.9 | Taking regular breaks to be able to recover from the physical workload and also to unwind. | |
| | Person-oriented measures: | |
| 1.5 | Training and educating the staff in the application of risk reduction measures, e.g. using the available means to optimise their working posture (adjusting the height of client seats), improving their working posture (keeping the elbows low), taking sufficient breaks, etc. | |
| | | |
| | 2. Working with chemicals | |
| | Technical measures: | |
| 2.2 | Setting up a separate room for mixing the materials and ensuring that this is ventilated. Ensuring that the air supply in the workroom is at least 100m ³ /h per employee | |
| 2.2 | Installing air conditioning systems. | |
| 2.4 | Checking replacement substances. | |
| 2.5 | Using dust-free products and closed systems. | |
| | Organisational measures: | |
| 2.1 | Composing a list of dangerous substances. | |
| 2.4 | Asking manufacturers about alternative safe products. | |
| 2.6 | Complying with the manufacturers' safety instructions. | |
| 2.8 | Purchasing mixing applicators, portion dispensers. | |
| | Person-oriented measures: | |
| 2.3 | Selecting and purchasing suitable protective equipment, such as disposable safety gloves. | |
| 2.1, 2.3, | Instructing employees in working with hazardous substances | |
| 2.7 | and in the use of protective equipment. | |
| 2.7 | Having good hygienic house rules, involving: washing hands using paper towels changing towels and capes after each client thoroughly cleaning equipment such as brushes, combs, scissors after use. | |



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| | 3. Risks of skin disorders | |
|----------|---|--|
| | Technical measures: | |
| 3.1 | Using cosmetic materials with low risk, checking replacement materials. | |
| 3.1 | Using ph-skin-neutral cleansing products. | |
| | Organisational measures: | |
| 3.1 | Composing a list of dangerous substances. | |
| 3.2 | Drawing up and displaying a plan for skin protection. | |
| 3.3 | Distributing the amount of wet work evenly among all employees to avoid wet work for more than 2 hours by one employee. Person-oriented measures: | |
| 3.2, 3.6 | Instructing the employees about risks to the skin, skin | |
| | protection and preventive measures. | |
| 3.4 | Prohibiting wearing of hand jewellery. | |
| 3.5 | Encouraging regular use of a cream for skin protection and care, at work and home. | |
| 3.5 | Purchasing suitable protective gloves for washing hair, chemical and cleaning tasks | |
| | 4. Flootwigel wieles falls and suite | |
| 4.1, 4.2 | 4. Electrical risks, falls and cuts Keeping the workplace tidy and clean by good housekeeping | |
| | rules. Accidents can be avoided by: regularly inspecting the floors to see that they are free from hair, nail clippings etc. cleaning up any spilt oil, chemicals or water at once removing rubbish (boxes etc.) from walkways immediately | |
| 4.3 | Encouraging the use of non-slip shoes to prevent employees from falling. | |
| 4.4 | Protecting sharp equipment with protection systems. | |
| 4.5 | Using electrical equipment according to the safety instructions from the supplier. For example: hairdryers should not be used near washbasins. | |
| 4.5 | Train and educate the personnel in using electrical devices | |
| 4.6 | Having electrical devices checked regularly and if necessary repaired by technical personnel. | |
| 4.7 | Installing mountings for electrical equipment. | |
| | 5. Psychosocial issues and work organisation | |
| 5.1 | Planning appointments with sufficient time to fulfill the client's wishes; this will not only be better for the employee but also for the customer. | |



| 5.2 | Introducing a regular work meeting where any work problems or occupational hazards and possible solutions can be openly discussed. |
|------------------|---|
| 5.4 | Letting employees know how much their work is appreciated, both by praising them and by increasing their salary if they deserve it. |
| 5.5 | Discussing individual education and training needs with employees and helping them to fulfill these needs in offering education and training programmes. |
| 5.6 | Organising the work in such a way that there is sufficient variation in work tasks for every employee and individual preferences are being met. |
| 5.7 | Organising regular breaks, stimulating the employees to take breaks and offering a separate room to spend the breaks in. |
| 5.8 | Organising training for the employees in dealing with aggression and violence at work. |
| 5.9 | Hiring an independent person whom employees can turn to with confidential problems. |
| | 6. General issues |
| 6.1 | Performing health assessments that are appropriate to the health and safety risks they encounter at work. |
| 6.2, 6.3 | Taking the necessary measures for first aid, fire-fighting and evacuation of workers. |
| 6.2, 6.3 | Stores and companies in the neighborhood can agree to take collective measures for first aid, fire-fighting and evacuation of workers. |
| 6.3 | Writing down a description of all emergency and first aid procedures and making sure that they are known by everyone involved. |
| 6.4, 6.5, 6.6 | Giving special attention to the risks of special groups, such as young employees, or pregnant and breastfeeding women. Preventive actions and good training and instructions on health risks and preventive measures are of extra importance to these special groups. |
| 6.7 | Offering breastfeeding women extra breaks and a separate room that can be locked, for pumping or breastfeeding. Regular pumping is important to avoid blocked ducts and mastitis. |



A case description

A hairdresser reports:

The problems with my hands started three years ago. I developed blisters on my left index finger. I thought: 'It's only a blister. It will go away.' Shortly afterwards, I got blisters on my middle and ring fingers too. I bought gloves for washing hair but found it too embarrassing to wear them. It was more embarrassing than showing my open wounds.

I always liked wearing jewellery. The water dripped from my bracelet onto my open wounds, which were also on my lower arm now. That hurt like hell. My hands were so swollen that my favourite ring had to be broken open. But I couldn't give up my jewels and my nail varnish, as this reassured me that the world was OK and that I was healthy. I didn't go to the dermatologist. I still thought it would just go away.

I was the only one in the salon with skin problems. I hid my hands by sticking them in my trouser pockets. It was very unpleasant for me to give change and shake hands. After 2 years, I finally went to the dermatologist. My palms and lower arms were open and itched and burnt. I scratched all night and it kept getting worse. My only thought was: 'I hope the customers don't ask about it!' Of course they asked, particularly the regular customers. Fortunately they were sympathetic.

My dermatologist reported my disorder to the trade association and started a treatment programme. I finally accepted that I had a skin disease and had to take action.

My manager also recognised that preventive measures can prevent the development of these kind of skin diseases. We have now distributed the wet work in the salon among all employees. When wet work is necessary, we use gloves. Before putting them on, we apply protective cream to stop the skin from swelling. For cleaning the skin, we don't use a shampoo concentrate, but a cleaning solution with a skin-friendly pH. We have also set up a fixed place for washing our hands, which is provided with these products. We use disposable paper gloves from a dispenser for drying our hands.

We use domestic gloves with long cuffs for cleaning and disinfection. For all work with chemicals, we use latex-free disposable gloves, made of vinyl or nitrile.

As a result of all these measures my skin is stable. My colleagues' less serious skin problems have also greatly diminished.



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Legislation

- Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers does not relate directly to MSDs, chemicals or psychosocial issues. However, it does oblige employers to take the necessary measures to safeguard workers' safety and health in every aspect of their work.
- Directive 89/654/EEC on the minimum safety and health requirements both for workplaces currently in use and workplaces that are used for the first time. The requirements concerning freedom of movement at workstations are of interest for the prevention of MSDs.
- Directives 89/655/EEC and 89/656/EEC cover the suitability of work equipment and personal protective equipment, which affects the risk of MSDs or skin disorders. All personal protective equipment must take account of ergonomic requirements and the

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worker's state of health, and it must fit the wearer correctly after any necessary adjustment.

- Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.
- Directive 93/104/EEC concerns the organisation of working time. Factors such as repetitive work, monotonous work and fatigue can increase the risk of MSDs. Requirements are set out in this Directive relating to breaks, weekly rest, annual leave, night work, shift work and work patterns.
- Directive 94/33/EEC on the protection of young people at work.
- Directive 98/24/EEC on the protection of the health and safety of workers from the risks related to chemical agents at work.
- Directive 2000/54 on the protection of workers from risks related to exposure to biological agents at work.

Further information

Other checklists/guides from different European countries (and Australia) can be found in:

http://www.healthyhairdresser.nl/ (a Dutch risk assessment checklist)

http://www.hse.gov.uk/hairdressing/index.htm (a British checklist)

http://www.workcover.nsw.gov.au/NR/rdonlyres/D0D25598-CD30-4C4C-ABFD-4986586BE343/0/guide hs hairdressers 123 1.pdf (an Australian checklist)

http://osha.europa.eu/en/campaigns/hwi/ra_tools_checklists/service_sector/checklist_hairdre_ssing/view (a Danish checklist, available in different languages)

<u>http://www.bossons-fute.fr/index.php?option=com_content&view=article&id=659-entreprise0017&catid=15-fichesentreprises</u> (a French checklist)

http://www.av.se/dokument/publikationer/adi/adi 456.pdf (a Swedish checklist)

Guías para la acción preventiva – Peluquerías. Instituto Nacional de Seguridad e Higiene en el Trabajo (INHST), Madrid, ISBN 84-7425-511-2 (a Spanish checklist)

TMS chez les coiffeurs (a Belgian guide on MSDs amongst hairdressers), CCMECC-CSC, June2001,http://csc-brabant-wallon.csc-en-ligne.be/Images/-17-05-Msacoiffeuse tcm102-74448.pdf