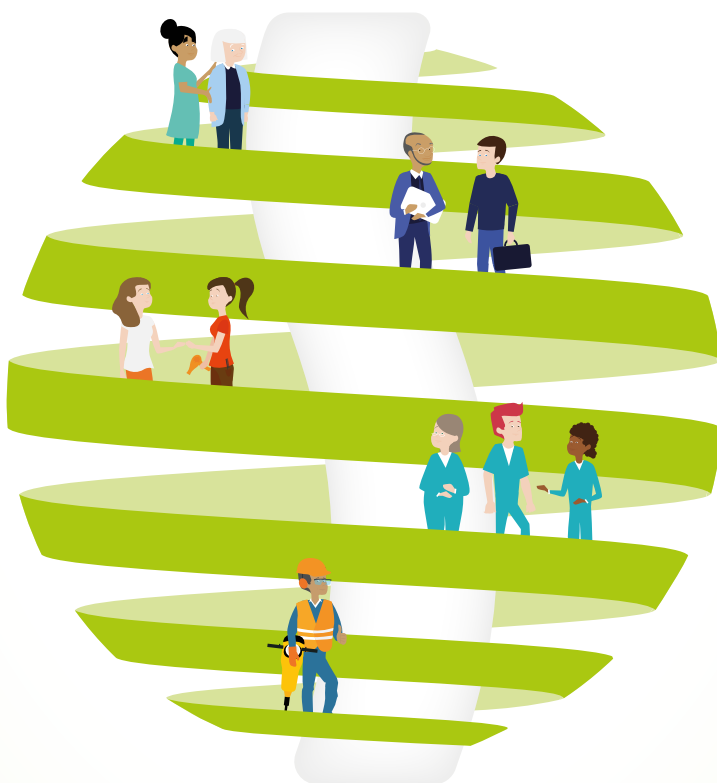


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Healthy Workplaces **LIGHTEN THE LOAD**

Campaign Guide



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EU-OSHA carried out a 3-year OSH overview project on work-related MSDs.¹ The aim was to investigate the issues associated with work-related MSDs and related policies, improve our understanding of this topic and identify effective ways of preventing work-related MSDs. The project also looked

into workplace measures to help prevent work-related MSDs and manage chronic MSDs, including supporting workers' return to work and rehabilitation. The OSH overview project addresses the needs of policy-makers and researchers and complements this campaign.

1. Introduction

Good management of workplace safety and health risks benefits everyone: workers, businesses and society. It depends on a strong culture of risk prevention — which means that employers and managers are committed to preventing risks and encouraging worker participation. Active, participatory occupational safety and health (OSH) management makes all businesses more competitive — for example by reducing sickness absence, increasing productivity and making work more sustainable.

This brochure is an introductory guide to the 2020-22 campaign 'Healthy Workplaces Lighten the Load', run by the European Agency for Safety and Health at Work (EU-OSHA). The campaign aims to raise awareness of work-related musculoskeletal disorders (MSDs) and the importance of preventing them. The objective is to encourage employers, workers and other stakeholders to work together to prevent MSDs.

The campaign shows how work-related MSD risks that cannot be completely eliminated can at least be controlled. And it explains how work-related MSDs that do arise can be prevented from becoming chronic by early intervention. In addition, it explains how good OSH management can help workers already suffering from chronic MSDs to return to work and stay at work. The campaign also raises awareness of the numerous MSD risk factors — physical, organisational, psychosocial, sociodemographic and individual factors — and the need to develop preventive approaches that take them all into account.

EU-OSHA has already run two campaigns on work-related MSDs — in 2000 and 2007 — so why run another campaign on this topic now? Work-related MSDs affect workers of all ages and in all types of jobs, so this campaign is

relevant to many people. Preventing exposure to risk factors that contribute to work-related MSDs is important for the sustainability of work, especially in the context of the ageing workforce and the policy goal of increasing employment rates among older age groups. Furthermore, the scale of the problem and the time it takes to bring about change at workplace level are compelling reasons for revisiting this key OSH topic now.

Recent evidence on the impact of sedentary work on people's health has focused attention on posture (especially sitting and working with computers) and the lack of physical activity at work. Prolonged sitting occurs in many types of working situations, from industrial types of work at assembly lines to cashiers in supermarkets and computer work. This campaign will raise awareness of the importance of preventing work-related MSDs associated with prolonged static sitting postures.

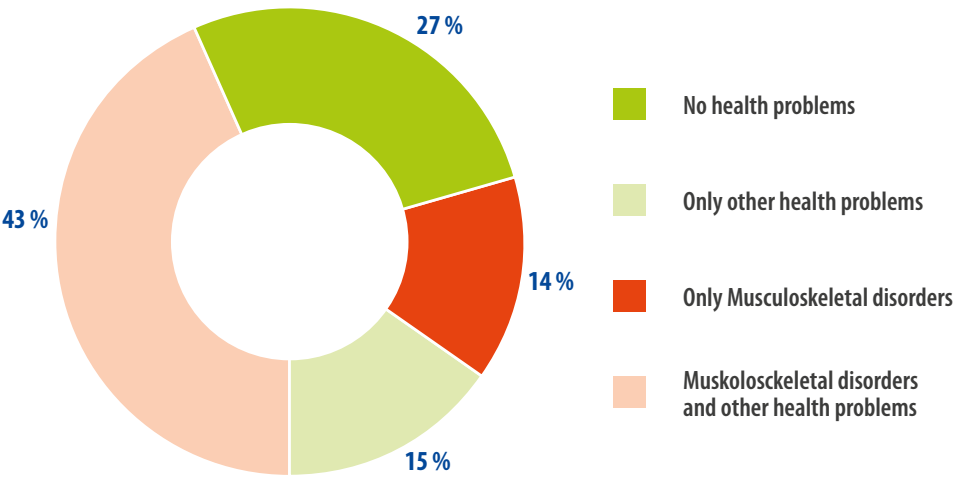
The campaign shows how, despite their complexity, work-related MSDs can be dealt with in the same way as any other OSH problem. It will provide enterprises with the tools and support they need to deal with work-related MSDs in a systematic way: practical tips and guides and audio-visual materials, and good practice examples and case studies. All of this information and more is available on the campaign website (<https://healthy-workplaces.eu>), including a new database of relevant resources.

1.1. What is the issue?

Millions of workers throughout Europe suffer from MSDs. Despite significant efforts to prevent them, work-related MSDs remain the most common work-related health problem in Europe. Eurostat's 2013 Labour Force Survey revealed that, of all workers who mentioned that they suffered from any (physical or mental) work-related health problem during the past 12 months, 60 % reported an MSD-related complaint as their most serious health problem.² The second most commonly identified health problem (mentioned by 16 %) was stress, depression or anxiety.

These figures are based on the European Working Conditions Survey (EWCS), which found that roughly three out of five workers in the EU reported suffering from an MSD (see figure below)³. The most common types of MSD reported by workers are backache and muscular pains in the upper limbs (43 % and 41 %, respectively). Muscular pains in the lower limbs are reported less often (29 % in 2015).

Health problems experienced by workers in the EU during the past 12 months, EU-28, 2015



Source: Panteia, based on the sixth EWCS, 2015.

Micro and small enterprises (MSEs) are particularly vulnerable to the consequences of work-related MSDs, as they often have less robust OSH management than larger enterprises. According to EU-OSHA's European

Survey of Enterprises on New and Emerging Risks (ESENER), micro enterprises are much less likely than other businesses to carry out risk assessments, which are vital to successfully tackling OSH issues.⁵

1.2. What are work-related musculoskeletal disorders?

Most work-related MSDs are cumulative disorders, resulting, for instance, from repeated exposure to high-intensity loads over a long period of time. However, work-related MSDs can also be acute traumas, such as fractures, that occur during an accident. These disorders mainly affect the back, neck, shoulders and upper limbs but can also affect the lower limbs. Some work-related MSDs, such as carpal tunnel

syndrome in the wrist, are specific because of their well-defined signs and symptoms. Others are non-specific, because there is pain or discomfort without clear evidence of a particular disorder.⁷

Why are work-related MSDs a problem?⁴

- Work-related MSDs are a cause for concern not only because of their effects on the health of individual workers but also because of their impact on businesses and national economies.
- Work-related MSDs are one of the most common causes of disability and sick leave and are the most commonly recognised occupational disease in countries including France, Italy, Latvia and Spain.
- Workers with MSDs tend to be absent from work more often.

Types of MSDs that workers may experience include the following.



Back pain and neck pain are some of the most common conditions.



Joint conditions can be caused by wear and tear or disease, or they may result from accidents at work.

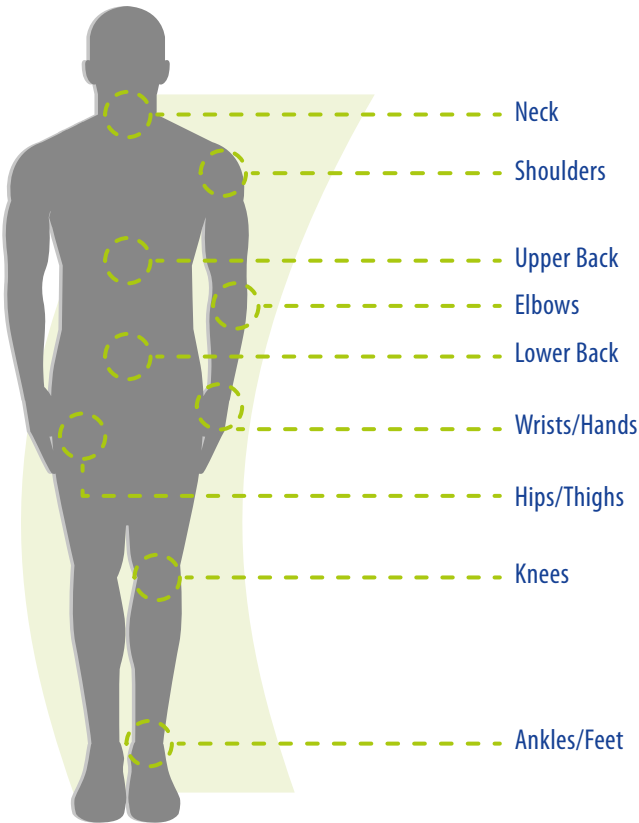


Muscle injuries can be caused by strenuous or repetitive activities.



Bone conditions typically result from an accident at work, as in the case of a broken bone.

Body map showing the parts of the body typically affected by MSDs



Source: EU-OSHA.⁸



Work-related musculoskeletal disorders are impairments of bodily structures, such as muscles, joints, tendons, ligaments, nerves, bones and the localised blood circulation system, that are caused or aggravated primarily by work and by the effects of the immediate environment in which work is carried out.⁶

Workers with MSDs are likely to find that their daily activities are affected not only by the MSD itself but also by associated health issues. In addition to experiencing pain, people with MSDs may have anxiety, problems sleeping and general fatigue. In the long term, they may not be able to continue in their current job or a similar one.

and psychosocial factors, and individual factors. These may act independently or in combination.⁹ Psychosocial risks and work-related stress can also play a role in acute pain becoming chronic pain.¹⁰ Exposure to a combination of risk factors should be considered when assessing work-related MSDs.

Different groups of factors can contribute to work-related MSDs, including physical and biomechanical factors, organisational

Factors potentially contributing to the development of work-related MSDs

| Type of factor | Examples |
|--|--|
| Physical | <ul style="list-style-type: none"> • Lifting, carrying, pushing or pulling loads or using tools • Repetitive or forceful movements • Prolonged physical effort • Awkward and static postures (e.g. prolonged sitting or standing, kneeling, holding hands above shoulder level) • Hand-arm or whole-body vibration • Cold or excessive heat • High noise levels, causing tension in the body • Poor workstation layout and poor workplace design |
| Organisational and psychosocial | <ul style="list-style-type: none"> • Demanding work, heavy workload • Long working hours • Lack of breaks or opportunities to change working postures • Lack of control over tasks and workload • Unclear/conflicting roles • Repetitive, monotonous work at a fast pace • Lack of support from colleagues and/or supervisor |
| Individual | <ul style="list-style-type: none"> • Prior medical history • Physical capacity • Age • Obesity/overweight • Smoking |

1.3. Why is preventing work-related MSDs a top priority?

Preventing work-related MSDs to improve workers' health and well-being has been set as a priority in every EU OSH strategy since 2002. Recently, the European Commission highlighted that MSDs are still 'one of the most serious and widespread work-related illnesses'. Their potential to stop millions of EU workers from staying in work throughout their lives is 'a major cost burden for individuals, businesses and society in general'.¹¹ Investing in preventing work-related MSDs will improve workers' health and career prospects, increase businesses' competitiveness and benefit national health systems.

Despite laws on preventing work-related MSDs — and the efforts of European and national authorities and businesses — these disorders have become only slightly less common in recent years.¹³ This raises the question, 'What are the gaps in current prevention and risk assessment approaches?'

A new EU-OSHA report addresses this question by analysing the effects of factors including digitalisation and new technologies, lack of adequate work organisation and/or work design, changing workforce demographics and the impact of psychosocial risk factors.¹⁴ Such emerging issues are giving rise to new risk factors and interfering with measures to prevent work-related MSDs. The Strategic Framework on Health and Safety at Work 2014-20 emphasises the importance of efforts to address emerging risks.¹⁵

Furthermore, preventing work-related MSDs is a priority not only in OSH but also in many other policy areas. A growing number of people are living with chronic MSDs as Europe's population ages. Effective collaboration between stakeholders from different policy areas — education, public health, industrial policy and equality — on promoting workers' musculoskeletal health could help to achieve the objectives of smart, sustainable and inclusive growth in Europe.

The impact of MSDs on business¹²

Absenteeism

Absence from work due to MSDs accounts for a high proportion of working days lost in EU Member States. In 2015, more than half (53 %) of workers with MSDs (including those with other health problems) reported being absent from work during the past year, which is considerably higher than the proportion of workers without health problems (32 %). Workers with MSDs are also more likely, on average, to be absent for a longer period of time.

Presenteeism

Experiencing pain at work as a result of an MSD is likely to affect performance and productivity.

In 2015, workers with MSDs (including those with other health problems) worked much more often while sick than workers with no health problems — 29 % compared with 9 %.

Early or forced retirement

Workers with MSDs are more likely than those without to believe that they will not be able to do the same job at the age of 60. More precisely, one third of workers with MSDs (including those with other health problems) think that will not be able to continue doing their job until they are 60 years old.

Case study

The TMS Pros programme — France

The programme, set up in 2014, provides enterprises with help in preventing MSDs, tailored to their needs. Enterprises with fewer than 50 employees can apply for co-financing of 70 % to train an internal project manager on MSD prevention and/or to commission an MSD study or action plan and for co-financing of 50 % to buy equipment to implement the plan.

Around 7,000 of the 8,000 businesses targeted had taken up the programme by the end of 2017. In total, 1,600 had reached the final evaluation stage, demonstrating sufficient competence to manage their own MSD prevention programme.

In addition to support from a network of regional offices with expertise in preventing MSDs, the following contributed to the success of the initiative:

- a clear step-by-step approach;
- managing the process through the website;
- tailored support;
- financial support.

In total, 110 companies participated in the competition Trophées TMS Pros 2018, and 7 were awarded prizes.¹⁶

In the previous edition (2016),¹⁷ Nursery Stenger Bachmann received a prize for companies with fewer than 50 workers. Its project's objectives were to reduce MSD-related absenteeism, improve the working environment by rearranging workspaces, reduce direct costs related to MSDs and prevent the onset of MSDs among workers.

More information about the TMS Pros programme is available in French at <https://tmspros.fr>



2. Preventing and managing work-related MSDs

2.1. Working together to prevent work-related MSDs

The Healthy Workplaces Campaign 2020-22 will not only increase awareness of work-related MSDs and their negative impact on individuals, businesses and society but also promote employers and employees working together to prevent MSDs in the workplace.

Collaboration between employers, managers and workers creates a common understanding of the issue and leads to lasting improvements. Workers' involvement can bring about a more open conversation about health problems, including MSDs, and ensure that effective preventive measures are taken.¹⁸

Talking about MSDs in the workplace

For some people, MSDs are a very personal problem that they rarely discuss. But avoiding the issue may lead to MSDs that are hard to manage or chronic, which may ultimately be detrimental to the person's working life.

It is therefore important to encourage workers to talk openly and as early as possible about MSDs in the workplace. If workers feel more comfortable discussing their physical health, they are more likely to look after themselves and receive early support and treatment.¹⁹

EU-OSHA's conversation starters for workplace discussions about MSDs can be used to facilitate group discussions in the workplace or during training. The tool contains guidance for managers and employees on communicating about MSDs²⁰.

'The employer shall take the measures necessary for the safety and health protection of workers, including prevention of occupational risks and provision of information and training, as well as provision of the necessary organisation and means.'

Article 6 of the OSH Framework Directive²¹

2.2. Legislation on work-related MSDs

Work-related MSD risks fall within the scope of the OSH Framework Directive, which aims to protect workers from work-related risks in general and establishes the employer's responsibility for ensuring workplace safety and health. Some MSD-related risks are tackled by specific directives, notably the Manual Handling Directive, the Display

Screen Equipment Directive and the Vibration Directive. The Use of Work Equipment Directive addresses the positions adopted by workers when using work equipment and makes clear that employers must consider ergonomic principles to comply with minimum OSH requirements.

Some key EU directives

Directive 89/391/EEC (the OSH Framework Directive)

of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work — 'Framework Directive'

Directive 90/269/EEC — the Manual Handling of Loads Directive

of 29 May 1990 on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers

Directive 2002/44/EC — the Vibration Directive

of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration)

Directive 90/270/EEC — the Display Screen Equipment Directive

of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment

Directive 2009/104/EC — the Use of Work Equipment

of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work

Directive 2006/42/EC — the Machinery Directive

of 17 May 2006 concerning the free market circulation of machinery and the protection of workers and consumers using such machinery.

There are also directives and regulations covering workplace requirements, personal protective equipment and the organisation of working time.

Find out more at <https://osha.europa.eu/en/safety-and-health-legislation>

2.3. Tackling work-related MSDs

Like any other OSH problem, MSDs are **preventable** and **manageable**. They can be tackled by taking an integrated management approach — based on the principles of the OSH Framework Directive — and promoting a prevention culture involving both employers and workers.²² As legislation at EU and Member State levels makes clear, workplace risk assessment is a fundamental condition for successful prevention.

For most organisations, especially MSEs, it is helpful to break down the workplace risk assessment process into steps. A risk assessment for work-related MSDs should involve:

1. Preparation:

- Decide who will lead the process and how and when workers and/or their representatives will be consulted and informed.
- Review available resources, such as information on work-related MSDs already available in the company (accident and ill health records, complaints, absences).
- Draw up a plan and allocate resources.

2. Workplace risk assessment:

- Identify MSD risk factors in the workplace (physical, organisational, psychosocial and individual)(see table page 8).
- Draw up an action plan listing the steps to be taken, in order of priority, to prevent or minimise work-related MSDs and specifying by whom, how and when each step should be taken. The actions should be based on the general principles of prevention (see below).

3. Implement and monitor agreed preventive and protective measures.

4. Regularly revise and update the risk assessment.

Preventive measures intended to eliminate MSD risks through design solutions, such as changes to workplace design or the design of work equipment and processes, should be a top priority. If an MSD cannot be completely eliminated, legislation sets out a specific hierarchy of prevention measures that employers are legally obliged to follow.²³

The campaign seeks to raise awareness of measures and initiatives taking participatory approaches (i.e. involving workers in the prevention and management of work-related MSDs) and encouraging good musculoskeletal health at work (e.g. through health promotion activities at workplace level).

The general principles of prevention and examples of measures²⁴ to prevent work-related MSDs

- Avoid the risks:
 - automate lifting and transport operations;
 - eliminate risks through design solutions ('ergonomic design'), workplace design, and design of work equipment and processes;
 - plan work to avoid repetitive work, prolonged work in awkward positions or prolonged static sitting postures.
- Combat risks at their source:
 - reduce the height that loads need to be lifted to;
 - address organisational issues (e.g. working in pairs, changing working patterns).
- Adapt the work to the individual:
 - design the workplace to provide enough room for workers to adopt the correct postures;
 - choose adjustable chairs and desks (e.g. standing desks that allow workers to alternate between sitting and standing).
 - allow variation in how work tasks are performed;
 - allow breaks.
- Adapt to technological progress:
 - keep up to date with new assistive devices and more ergonomic devices, tools and equipment;
 - keep workers up to date with technology to maintain their competence and confidence.
- Replace the risky with the safe or less risky:
 - replace manual handling of (heavy) loads with mechanical handling.
- Develop a coherent prevention policy that covers technology, work organisation, working conditions, social relationships and the work environment.
- Implement collective measures first:
 - prioritise good-grip handles over anti-slip gloves, smaller loads per lift over back belts (lumbar support) or wrist splints, and fewer tasks that require workers to squat or kneel over knee protectors.
- Provide good training and instruction for workers:
 - provide practical training on the correct use of work equipment (lifting devices, chairs, furniture), how to organise work and the workstation ergonomically, and safe working postures (sitting, standing).

As work-related MSDs are caused by multiple factors, a combined approach is the best way to tackle them. For instance, if a company needs to reduce MSDs related to sedentary work, this is likely to involve actions targeting (1) the workplace (e.g. ergonomic furniture), (2) work organisation (e.g. task variation alternating work in sitting and standing postures), (3) psychosocial factors (e.g. fostering work autonomy) and (4) workers (e.g. providing training on good work postures). These types of interventions will have a greater impact on workers' musculoskeletal health than those addressing only one risk factor.



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Sitting at work — practical solutions

Many jobs today are characterised by physical inactivity and long periods of uninterrupted sitting,²⁵ which increases the risk of MSDs and other health problems, such as diabetes and obesity.²⁶

Good workplace design, promoting physical activity and frequent changes in posture are required to prevent strain associated with sedentary work. It is important to increase awareness of:

- the benefits of alternate sitting and standing postures;
- the need to take breaks;
- the value of incorporating some form of physical activity and flexibility or strength exercises into the working day;
- the positive effects of organising work with these points in mind.

Employers and workers should also be aware that staying physically active even when experiencing musculoskeletal pain is very important.

Case study

Work-oriented rehabilitation in hairdressing

In Finland, work-oriented medical rehabilitation courses have reportedly helped hairdressers with a history of chronic neck and shoulder pain or back pain. The courses were part of a combined approach that included medical support and physiotherapy. They focused on changes in:

- work techniques;
- subjective well-being;
- physical and muscular capacity;
- perceived work ability;
- the design of workplaces/tools.

The hairdressers who took part reported reduced physical and mental strain, neck and shoulder pain, back pain and visits to the doctor due to an MSD after rehabilitation. They mentioned that the use of new work techniques, frequent use of a chair, exercise breaks and greater opportunities to relax during the working day had all been helpful.

Source: *ergoHair*.²⁸



To carry out effective risk assessments and risk prevention, employers need to keep themselves and their workers well informed and trained. As part of the Healthy Workplaces Campaign 2020-22, EU-OSHA has created a new database of practical material including helpful tools, guidance and good practice examples. By disseminating information about tools and guidance, EU-OSHA aims to support OSH risk assessment.

Visit the *Tools & Resources* section on the campaign website (<https://healthy-workplaces.eu/en/tools-and-publications>) to see what is available.

Other resources — such as OiRA (Online interactive Risk Assessment Tool)²⁷ — can offer support to MSEs and workers' representatives.

2.4. Early intervention and return to work

The high prevalence of work-related MSDs emphasises the importance of taking action to prevent their onset or occurrence. However, if someone does develop an MSD, taking simple measures — such as providing professional support and adjusting the work environment as soon as the symptoms appear — significantly lowers the worker's chance of experiencing long-term absence from work.²⁹ Early intervention can prevent and reduce absenteeism and lead to real savings for national health care and social welfare systems.

Effectively managing a musculoskeletal problem needs a coordinated effort: the worker, the healthcare service and their employer should all be committed to helping the person return to work or stay in work.³⁰

For early intervention in the workplace to succeed, workers need to be encouraged to talk to their employer about MSDs. Good communication is the key to identifying an individual's needs, finding appropriate solutions and preventing acute work-related MSDs from becoming chronic.³² Measures can then be taken to remedy the cause and adjust work tasks if necessary. For non-work-related conditions, such as arthritis, simple measures can often enable a person to continue working and ensure that work does not make the condition worse.³³

If the musculoskeletal problem is long term or recurring, rehabilitation³⁴ will be required and, if sick leave is needed, return to work³⁵ should be managed carefully.³⁶ Both research findings and practical experience show that OSH interventions in the workplace can help to ensure that return to work is a success.³⁷

This campaign will provide evidence and examples to show that early intervention and effective rehabilitation following a musculoskeletal problem are not only possible but also successful. It will also provide resources to encourage good communication about musculoskeletal problems between workers and their employers.³⁸ Furthermore, it will promote a systematic and multidimensional approach to early intervention and return to work, involving coordination between health and social services, employment services, work health insurers and other relevant services, to support workers and employers.

Female workers in a small Danish kindergarten were suffering from many work-related MSD complaints. To prevent the loss of older, experienced workers, the kindergarten implemented an intervention that included individual advice from an occupational therapist, early access to physiotherapy at a reduced cost and ergonomic improvements in employees' work. The benefits of this were more sustainable working conditions,

a reduction in MSDs and the retention of experience in the workplace. Success factors included support from trade unions and external experts and the diversity of the measures undertaken. Changing employees' behavioural patterns was identified as a challenge. While the measures were tailored to the kindergarten, the approach is transferable to other businesses.³¹

Case study

Early healthcare intervention — Hospital Clínico San Carlos in Madrid

The Fit for Work Coalition in Spain offers an example of what early intervention programmes can do.³⁹

Since 2012, the Coalition has supported the progressive expansion of Early Intervention Clinics for MSDs, which are the main cause of temporary work disability (TWD). In Spain, MSD-TWD results in almost 21 million working days lost per year, which translates into a financial loss of €1.7 billion.

Early intervention for this condition is based on the idea that there is a 'window of opportunity' in which patients with MSD disability can recover faster.

The hypothesis was tested in a randomised, controlled intervention for more than 10 000 cases of MSD-TWD, with a control group that received standard care and an intervention group that received a specific care programme that included expert clinical management, patient education and support to return to work; the other cases received standard care.

The intervention achieved an average 40 % reduction in sick days, while use of healthcare resources fell by 45% and permanent work disability rates were halved.



2.5. Some groups of workers are at particular risk

All workers need to be protected equally from the risks that cause work-related MSDs. At EU level, legislation has been introduced to enforce equality and improve safety and health at work for all.

Groups exposed to particular risks may include women,⁴¹ migrant workers,⁴² older workers,⁴³ young workers⁴⁴ and those at risk of suffering discrimination at work, such as LGBTI (lesbian, gay, bisexual, transsexual and intersex) workers⁴⁵, disabled workers, or those from an ethnic or minority background or who are discriminated against because of their skin colour or religion.

Some of these groups of workers may be at greater risk of suffering from MSDs because of:

- inexperience or lack of training;
- repeated or cumulative exposure to risks factors associated with a higher prevalence of MSDs⁴⁶, such as repetitive hand or arm movements, vibrations, carrying or moving heavy loads, exposure to high temperatures, harassment or bullying, or experiencing verbal abuse at work and stress.⁴⁷

- the sectors they work in, such as construction, agriculture, health and social work, and hospitality;
- the type of occupations they are more likely to be in, for instance typical examples of blue-collar or less skilled occupations (which have a higher prevalence of MSDs), such as plant and machine operators and assemblers and workers in elementary occupations (e.g. cleaners, agricultural and fishery labourers, labourers in mining, construction, manufacturing and transport).

The particular needs and circumstances of these workers have to be considered when assessing MSD-related risks and establishing prevention measures. Guidance on diversity-sensitive risk assessment is available for enterprises and will be promoted during the campaign.⁴⁸

Data at EU and national levels indicate that women, older workers and less skilled workers are more likely to report suffering from an MSD.⁴⁰



Case study:

Swedish Labour Inspectorate initiative — Gender equality inspections

In 2012, over a couple of weeks to tie in with International Women's Day on 8 March, the Swedish Work Environment Authority carried out a number of **'gender equality inspections'**, that focused on gender equality enforcement in the workplace. Since then, the gender perspective has been routinely incorporated into its inspections. Inspectors talk to employers about how to achieve gender equality in the work environment. For example, asking an employer to consider why more women than men have been absent from work because of ill health may inspire them to address inequality in their OSH action plan.

The Authority has made a film that looks at the working environments of men and women in a fish-processing factory. The film shows how the men's tasks, such as heavy lifting and driving forklift trucks, are varied and involve them moving about the factory. It illustrates how the women work continuously on the production line, doing very repetitive work at a fast pace and with little variety. If the work were organised in an equal way, employees would be healthier and the business would be more profitable.

You can watch the film here:

<https://www.av.se/en/work-environment-work-and-inspections/work-with-the-work-environment/gender-equality-in-the-work-environment/#4>



2.6. Promoting good musculoskeletal health at an early age

Research findings indicate that schoolchildren are reporting musculoskeletal pain at an early age. This raises the issue of young workers entering the workplace with MSD problems that may be exacerbated by work.⁴⁹ Young people have their entire careers ahead of them. It is therefore important to make them aware of the problem as early as possible, which is why prevention and promotion of good musculoskeletal health must begin at school.

Raising awareness of the issue as early as possible is in everyone's interest. New teaching styles and programmes used by public health authorities to encourage physical activity inside and outside schools aim to promote good musculoskeletal health in the future

generation of workers. This campaign is an opportunity to support these initiatives and help reduce MSD risks to schoolchildren and young people in vocational training. EU-OSHA intends to work closely with the public health and education sectors to raise awareness and disseminate practical ideas.



Sitting at school

Some people mischievously claim that school serves less to impart knowledge and more to prepare children for a lifetime of sitting. Currently, around 33 % of children and young people suffer from posture-related damage. Having established a link between unsuitable chairs, continuous sitting and posture-related damage, experts have recommended that schools adapt their furniture to each child's height. Many schools have also attempted to stop pupils hunching by encouraging good posture and more physical activity.

The German Federal Working Group for Posture and Movement Promotion at Primary Schools' initiative, 'Das bewegte Klassenzimmer' (the Mobile Classroom), shows how learning can be combined with movement. The approach is as follows:

- Sitting in motion: promoting dynamic sitting, providing varied sitting facilities and improving ergonomic design by introducing desk mountings and wedge cushions.
- Learning in motion: tasks are designed to incorporate movement (e.g. running dictation and arithmetical gymnastics).
- Movement breaks: these are incorporated into the teaching schedule. Activities involving motion and relaxation breaks are alternated, and the playground is divided into playing zones and quiet zones.

More information is available in German at <https://www.baua.de/DE/Angebote/Publikationen/Praxis/A66.html> (pp. 26-28)



3. The Healthy Workplaces Campaign 2020-22

3.1. About this campaign

The Healthy Workplaces Campaign 2020-22 aims to raise awareness that work-related MSDs affect all sectors and jobs and to show that they are **preventable** and **manageable**. We aim to do this through the following strategic objectives.

1. Raise awareness of the importance and relevance of preventing MSDs by providing facts and figures on exposure to and the impact of MSDs.
2. Promote risk assessment and proactive management of work-related MSDs by providing access to MSD resources, such as tools, guidance and audio-visual material.
3. Demonstrate that MSDs are an issue for everyone in many types of workplace across various sectors and can be successfully tackled, including by providing good practice examples.
4. Improve knowledge about new and emerging risks and other developments in relation to MSDs.
5. Increase awareness of the importance of reintegrating and retaining workers with chronic MSDs and how this can be done in practice.
6. Mobilise and stimulate effective collaboration among different stakeholders by bringing them together and facilitating the exchange of information, knowledge and good practices.

To provide practical support to employers, EU-OSHA has created a database of resources and case studies on MSDs. Looking to the future, our collaboration with ENETOSH, the European Network for Education and Training in Occupational Safety and Health, and the education sector will inform a campaign pack for schools with useful resources.

We will be working closely with our network and partners to facilitate the exchange of experiences and best practices on MSDs and to make sure that the campaign's messages reach workers and employers, especially those in MSEs. EU-OSHA will also organise key activities and events throughout the campaign, such as the Healthy Workplaces Good Practice Awards.

The campaign will conclude with the Healthy Workplaces Summit, which allows those who have contributed to the campaign to celebrate the achievements of the campaign. It also presents an opportunity to reflect on the lessons learned.

Key dates

Campaign launch

October 2020

European Weeks for Safety and Health at Work

October 2020, 2021 and 2022

Healthy Workplaces Good Practice Exchange event

October 2021

Results of the Healthy Workplaces Good Practice Awards

April 2022

Healthy Workplaces Summit

November 2022

3.2. Who can take part in the campaign?

We encourage all organisations and individuals to participate in this campaign, but we aim in particular to work with these groups of intermediaries to convey its message:

- EU-OSHA's focal points and their networks;
- social partners (European and national);
- sectoral social dialogue committees;
- policy-makers (European and national);
- large enterprises, sectoral federations and associations of small and medium-sized enterprises (SMEs);
- European institutions and their networks (Enterprise Europe Network);
- European non-governmental organisations;
- the education sector and educational establishments (primary, secondary, tertiary and vocational);
- youth organisations;
- OSH professionals and their associations;
- the OSH research community;
- labour inspectorates and their associations;
- the media.

3.3. How to get involved

Support this campaign by:

- organising events and activities, such as workshops and seminars, training courses, competitions;
- disseminating and publicising campaign materials;
- using and promoting the practical tools and other resources for MSDs in the workplace;
- sharing good practices for the prevention of work-related MSDs;
- taking part in the Healthy Workplaces Good Practice Awards;
- getting involved in the European Weeks for Safety and Health at Work;
- becoming an official campaign partner (open to pan-European or international organisations) or a national campaign partner (open to organisations operating at national level);
- becoming an EU-OSHA media partner (open to national or European media outlets);
- keeping in touch and up to date with our activities and events through the campaign website (<https://healthy-workplaces.eu>) and our social media outlets — find us on **Facebook**, **Twitter** and **LinkedIn**.



Why not join us as an official campaign partner?

In return for spreading the campaign's messages and supporting it in practical ways, our partners benefit from a raised profile on the campaign website and the chance to take part in good practice exchange events and other networking opportunities.

Find out more on the campaign website <https://healthy-workplaces.eu/en/get-involved/become-campaign-partner>.

3.4. The Healthy Workplaces Good Practice Awards

The Healthy Workplaces Good Practice Awards recognise sustainable and innovative approaches to managing OSH. In doing so, they demonstrate the benefits to businesses of adopting good OSH practices.

All organisations in Member States, candidate countries, potential candidate countries and members of the European Free Trade Association (EFTA) are welcome to submit entries.

Entries should demonstrate:

- employers and workers working together to manage MSD risks in the workplace and promote a strong culture of risk prevention;
- successful implementation of interventions;
- measurable improvements in terms of MSD risk prevention/reduction and OSH in general;

- sustainability of interventions over time;
- interventions that are transferable to other organisations in different sectors or countries.

EU-OSHA's network of focal points collects entries and nominates national winners for entry to the pan-European competition. The Good Practice Awards competition is launched at the official campaign launch in October 2020. The winners are announced in April 2022 and an awards ceremony is also held in the final year of the campaign, to celebrate the achievements of the participants.



3.5. Our network of partners

Our partnerships with key stakeholders are instrumental to our campaigns' success. We rely on the support of a number of partnership networks:

- **National focal points:** EU-OSHA's network of focal points coordinate all Healthy Workplaces Campaigns at national level. Find out more about the focal points on the campaign website (<https://healthy-workplaces.eu/en/campaign-partners/national-focal-points>).
- **European social partners:** the social partners represent the interests of workers and employers at European level.
- **Official campaign partners:** 100 pan-European and international enterprises and organisations support the Healthy Workplaces Campaign as campaign partners. Find out more about becoming an official campaign partner on the campaign website (<https://healthy-workplaces.eu/en/get-involved/become-campaign-partner>).
- **Media partners:** EU-OSHA is supported by an exclusive pool of journalists and editors across Europe who are interested in promoting OSH. Leading European OSH publications promote the campaign. In return, the media partnership offer raises the profile of publications and allows partners to connect with EU-OSHA's networks and stakeholders across Europe.
- **Enterprise Europe Network:** the EEN supports SMEs across Europe to take advantage of business opportunities and new markets. As a result of its long-standing cooperation with EU-OSHA, the EEN has a network of national-level OSH Ambassadors in over 20 European countries, and they play an active role in promoting the Healthy Workplaces Campaign.
- **EU institutions and their networks,** in particular the holders of the Presidencies of the European Council.
- **Other EU bodies with an interest in the campaign topic.**



3.6. Further information and resources

Visit the campaign website to find a wide range of campaign materials designed to help you promote and support the campaign.

These include:

- the campaign guide and a flyer for the Healthy Workplaces Good Practice Awards;
- PowerPoint presentations, posters and other materials;
- the campaign toolkit — advice on running your own campaign and resources to support you;
- the latest Napo films on MSDs and Napo training resources;
- a hazard and body mapping guide;
- a database of instruments and tools, audio-visual materials, case studies and other good practice materials at European and national levels;
- an updated OSHwiki section on MSDs, with a special focus on tools and instruments;
- a series of infosheets and infographics on topics related to MSDs;
- a resource for running group discussions or ‘conversations’ on MSDs in the workplace;
- seminar online summaries.

Most of the campaign resources are available in 25 languages at <https://healthy-workplaces.eu>



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The **European Agency for Safety and Health at Work (EU-OSHA)** contributes to making Europe a safer, healthier and more productive place to work. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency researches, develops and distributes reliable, balanced and impartial safety and health information, networking with organisations across Europe to improve working conditions.

EU-OSHA also runs **Healthy Workplaces Campaigns**, backed by the EU institutions and the European social partners, and coordinated at national level by the Agency's network of focal points. The 2020-22 campaign, Healthy Workplaces Lighten the Load, aims to raise awareness of work-related MSDs and the need to manage them and to promote a culture of risk prevention.

European Agency for Safety and Health at Work
C/Santiago de Compostela 12
48003 Bilbao, SPAIN
Email: information@osha.europa.eu
www.healthy-workplaces.eu

